

Co-production good or promising practice example – projects & programmes

This template has been designed to help you share co-production learning and practice. It may also be used where evidence of co-production is required to be submitted e.g. Maternity Incentive Scheme safety action 7 (CNST), Ockenden immediate and essential actions from the interim report 2-Listening to women & families and 7-Informed Consent, Perinatal Equity action plans.

Title of project/programme or service area	Peer Support in Sussex for pregnant women and people who are Black, Asian or from another ethnic minority group
Aims and objectives	<ul style="list-style-type: none"> • Filling a gap by providing a service that helps to meet the needs of those suffering from mild to moderate perinatal mental health (PNMH) issues (estimated to be approximately 20% of birthing parents, but potentially more during the pandemic and for those of BAME background); • Raising awareness and understanding of perinatal mental health issues and removing the stigma associated with this for a specific cohort of maternity service users; • Increasing awareness of and access to other services, e.g. SPMHS, IAPT, for a specific cohort of maternity service users who are potentially more at risk of perinatal mental health issues; and • Mitigating the risk of PNMH issues going undetected amongst Black, Asian and Mixed Ethnicity parents or of the services that are accessed not providing those parents with the appropriate or necessary support.
Scope and target audience	Ethnic diversity varies across Sussex with relatively small numbers of BAME maternity service users in East Sussex and parts of coastal West Sussex, but much more significant numbers in North Sussex (Crawley) and Brighton & Hove (PHE Fingertips data used).
Date commenced	July 2020 – EOI invited March 2021 – Started June 2021
Date completed	Due to be evaluated and reviewed in June 2022
Stakeholders e.g. <ul style="list-style-type: none"> • Who? (include equality, diversity and inclusion (EDI) best practice) • How identified? How involved?	Chair of MVP - Strategic Lead Commissioner from personalised care, maternity and mental health Project manager at LMNS Clinical Lead for PNMH Clinical Network and MH Trust Lead Obstetrician for PNMH Better Births Lead Midwife Specialist PNMH Midwife and Health Visitors Community groups, voluntary organisations working within this area Initial discussions, formulation of business case, presentation to LMNS Programme Board, Personalisation team, PNMH Clinical Network and Disparities Group of ICS

Co-production good practice example – Sussex LMNS

Peer Support for pregnant women and people who are Black, Asian or from another ethnic minority group

	<p>Identified potential organisations who may wish to express an interest in running the Peer Support Group and then interviewed those who expressed an interest.</p>
<p>Description/additional information</p>	<p>A virtual peer support group, focused on engaging with those women and birthing people from Black, Asian or other Minority Ethnic backgrounds, to encourage individuals who might not otherwise access, or have the same outcomes from accessing services, as White British women and birthing people to do so, bringing people together across geographies to share their experiences, be offered information, advice, guidance and support.</p>
<p>Training or guidance provided to support the co-production process (include name and details of training provider if applicable)</p>	<p>Experienced MVP Chair worked with the LMNS Project Manager in formulating the business case. Discussions with West Sussex MIND regarding their own peer support programme.</p>
<p>Evaluation, main impact and outcomes</p>	<ul style="list-style-type: none"> • This is ongoing. • There is evidence of disparities in access to and care received by parents from certain racial and ethnic groups who need support through perinatal mental health services. Health inequalities and poorer outcomes for these families will continue if these disparities are not recognised or addressed. • The aim of the project was to improve access to and quality of perinatal mental health support, particularly for service users of Black, Asian and Mixed Ethnicity backgrounds. If anything, this pilot may increase use of services due to an increased awareness of what is available and a reduction in stigma associated with accessing them. However, economic evaluation conducted by the London School of Economics for the Side by Side Research Consortium has “cautiously suggested” an economic case for investing in peer support initiatives and this is one of the recognised forms of support in the new MMHS.
<p>Learning points e.g.</p> <ul style="list-style-type: none"> • What went well? • Challenges and resolutions 	<p>This is ongoing</p>

Co-production good practice example – Sussex LMNS

Peer Support for pregnant women and people who are Black, Asian or from another ethnic minority group

<p>Future plans e.g.</p> <ul style="list-style-type: none"> • Learning and practice presented where and to whom? e.g. Trust, LMNS website, FutureNHS platform • Review (e.g. after 12 months) • Maintaining relationships • New areas of work identified 	<p>Key data to collect during the pilot will be:</p> <ul style="list-style-type: none"> • Numbers and demographics of those accessing the peer support group - ethnic group, location, maternity provider; • Emotional health and wellbeing before/after accessing peer support; • Routes of referral – how did they come to access the service • Has it led to an improvement in access to PNMH services from women and birthing people from black, Asian or other minority ethnic groups • Feedback from service users, peer supporters, midwives and health visitors • Provide insight into the value of peer support to inform any future service developments around peer support in the field of Perinatal Mental Health.
---	--

Co-production good practice example – Sussex LMNS

Peer Support for pregnant women and people who are Black, Asian or from another ethnic minority group