



North East London

North East London Local Maternity and Neonatal System Equity and equality strategy and action plan Summary report

09 December 2022

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Note: We understand the importance of adopting inclusive language in all our services. We also acknowledge that social disadvantage and marginalisation contribute to poorer health outcomes, as do barriers to quality healthcare. At NHS North East London we are committed to promoting the use of language that reflects and represents the diversity of our population, so that no one is excluded.

Whilst in this report we have used the term 'pregnant women' for brevity, the data represents all pregnant people, whatever their gender identity. On an individual basis, pregnant people are referred to using the language of their choice.

Throughout this report we have used the terminology Black, Asian and Minority Ethnicity (BAME) or Black and Minority Ethnicity (BME) in line with the context from the National policies and guidelines where it has been used.

1.0 Introduction

North east London has the highest birth rate in the UK and one of the fastest growing populations. When accessing and experiencing maternity services, we know there are health, social and economic inequities and inequalities, especially for women of Black, Asian and Mixed Ethnic backgrounds and those living in the most deprived areas. North east London is the most ethnically diverse Integrated Care System in the country, with 53% of our population identifying as from Black, Asian or Mixed ethnicity, compared with 11% across England overall. Five of our Boroughs are in the 20 most deprived in England.

We know there are improvements to be made to ensure pregnancy and birthing experiences for all our women and pregnant people are equitable, safe, personalised and culturally appropriate. When we get it right for our populations who experience the poorest outcomes, we'll get it right for everyone.

In November 2021, we produced a needs assessment to look at the data and outcomes for women in our communities and identified a number of clinical outcomes and experiences that were poorer for certain communities than others. The needs assessment was produced in response to the [equity and equality guidance for local maternity systems](#), and can be [viewed here](#).

This maternity equity and equality strategy sets out our vision to ensure we improve equity for mothers and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas, and improve equality in experience for staff from minority ethnic groups.

It describes our commitment to listen and work with our maternity service users and their advocates to improve services and experiences that better meet the needs of those who use them, putting an equity lens on all we do and establishing different ways of working to ensure everyone receives safe and personalised care.

This document has been produced by working with maternity staff and maternity services users in North East London. With engagement, interviews and co-production undertaken by Healthwatch and Maternity Mates in collaboration with the Local Maternity and Neonatal System. Thank you for all your energy and efforts in engaging with our communities, many seldom heard, to ensure their voices were at the heart of this work.

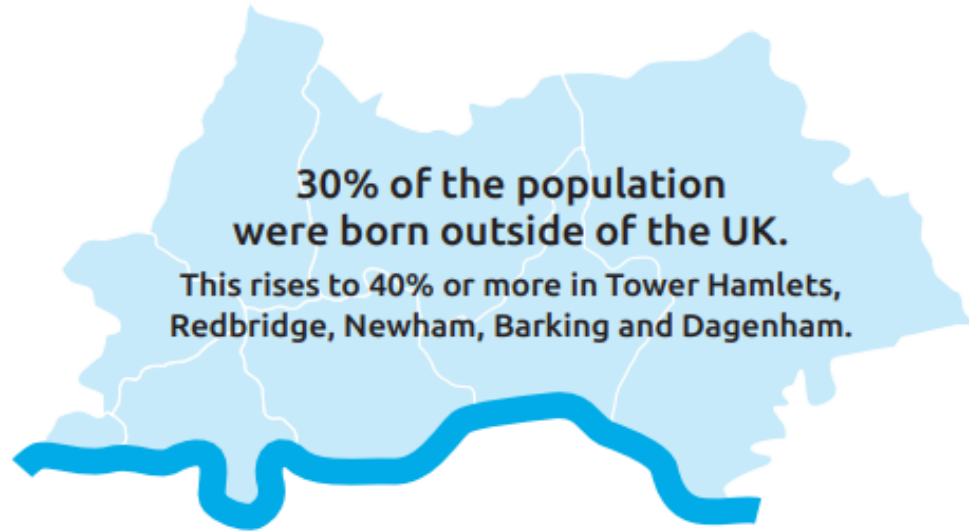
[The full report can be viewed here.](#)

For more information contact:

North East London Local Maternity and Neonatal System
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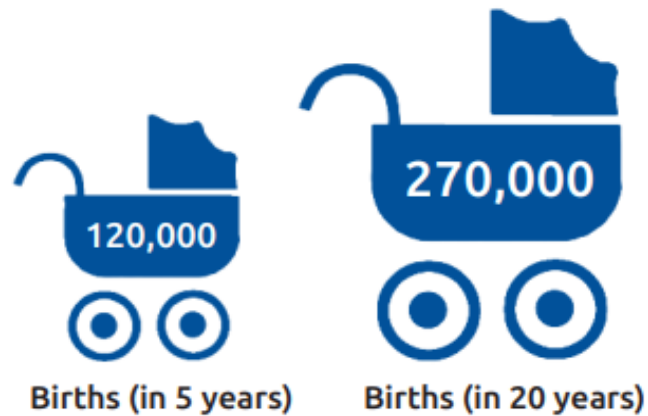
The population of north east London is **2.02 million**

Our residents belong to a number of different faiths including Christianity, Hinduism, Judaism, Islam and Sikhism



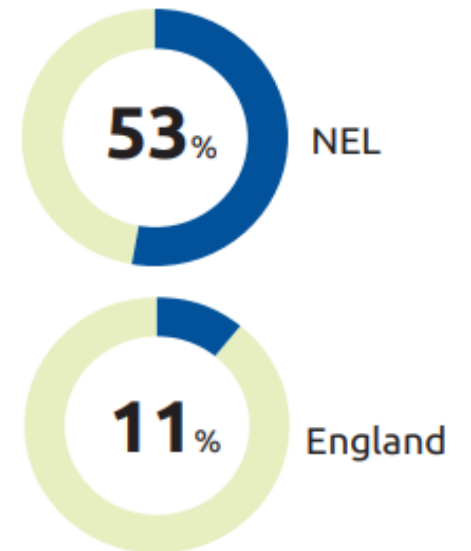
We have the **highest** birth rate in the UK...

with population expected to grow by 120,000 in the next five years and by 270,000 in the next 20 years. This is equivalent to adding another place the size of Waltham Forest, Havering or Hackney.



Our diversity is our strength

We are the most diverse ICS in the country with over half (53%) of NEL's population identifying as **Black, Asian** or from an **ethnic minority** compared with 11% across England overall.



With the exception of Havering and City and Hackney, all NEL Places have predominantly non-white populations.

Newham is the most ethnically diverse locally and within England with white ethnic groups making up 25% of the population.

2.0 Our Local Maternity and Neonatal System

Area covered by NHS North East London Local Maternity and Neonatal System, with hospital locations identified below.

Please note: King George Hospital and St. Bartholomews do not have labour wards or maternity units



2.1 Our vision

The North East London Local Maternity and Neonatal System aligns strongly with a number of NHS North East London priority areas, whilst also having its own vision to support maternity units in our system to provide **high quality, safe, equitable and personalised care** for all our communities.

With understanding from our engagement with maternity service users, their advocates and maternity staff, our vision to bring an equity lens to all our work, specifically for those from Black, Asian and Mixed ethnic backgrounds and those living in the most deprived areas, is focused on four areas:

We want to ensure we understand, and adapt our practice, to meet the cultural and social needs of all the pregnant women we care for.

We want to ensure we communicate with pregnant women and their families in a way that is accessible, transparent and kind.

We want to ensure we develop a culture of trauma informed care to better inform our practice and provide more positive experiences for pregnant women and staff.

We want to ensure we support the health and wellbeing of our staff by providing the resources and tools they need to care for their pregnant women.

2.2 Current work to support our communities

There is currently lots of work, projects and practices taking place across north east London to support our communities, including women and pregnant people from Black, Asian and Ethnic Minority backgrounds and those living in deprived areas, to help reduce health inequalities.

Further information on all the areas below can be read in the [full report](#), pages 26-28.

- Advocacy and support for women and pregnant people
- Information for women and pregnant people
- Independent Senior Advocate pilot
- Personalised Care and support plans
- MVP engagement and support
- Digital Transformation
- Infant feeding strategy
- Maternal mental health services
- Smoke-free pregnancy pathways
- Culturally sensitive genetics services for consanguineous couples
- Maternal Medicine Network
- Family Hubs



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3.0 You said

Engagement to understand maternity experience

Prepared by North East London Healthwatch

3.1 Talking with our communities

We wanted to make sure everyone had the opportunity to feedback on their experiences. We used online surveys, face to face interviews and focus groups to gather feedback with people who are currently pregnant or had given birth in the last four years.

Engagement was led by [Healthwatch](#) and [Maternity Mates](#), and over 1000 responses were collated in total.

From this, an analysis report was produced to outline the key findings and themes shared by women who experience our maternity care. The full analysis from Healthwatch can be viewed in the [full report](#), pages 50-117.

952

Survey responses

87

In depth interviews
focusing on maternity
units

76

Advocate survey
responses

5

Focus groups with
Somali and Pakistani
communities

3.5 You said – key themes

With feedback collected from surveys, interviews, focus groups and the Community Insight System, six key experience themes and three clinical themes were identified to express pregnant women’s experiences of their pregnancy and maternity outcomes.

The areas highlighted outline a summary of what our communities have said and shared with us.

It was evident that some difficult experiences and poor outcomes could have been different with more accessible information, stronger communication, greater cultural awareness and a trauma informed approach.

Experience	Clinical
<ul style="list-style-type: none">• Engagement – listening to pregnant women and understanding their needs• Information-sharing and trust – providing accessible information for all and staff having a greater awareness of cultural differences• Consent and co-production – pregnant women to be at the centre of decision making and involved in their care• Discrimination - ethnic minority service users, some religious communities and young parents, feel they face discrimination whilst using NEL Maternity services• Life-saving care excellence – positive feedback regarding lifesaving care and clinical excellence for pregnant women and babies• Pandemic impact and recovery – trauma for both staff and service users	<ul style="list-style-type: none">• Diabetes - clarity about clinical pathways, regular testing, reassurance, and greater links with GP and antenatal notes• Triage - reports of long waits, unclear points of access, confusion over advice and feelings of concerns being dismissed. The triage systems do not always seem appropriate for seeing the whole picture of a medical issue• Early labour - a strong theme of being sent home to progress without clear guidelines and any central contact helpline



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4.0 We will

Action plan for improvements

Prepared by North East London Maternity Equity an Equality Task and Finish Group

4.1 We will - action plan overview

The action plan is a commitment to make improvements and positive change based on what our communities have told us.

It has been formed based on the feedback and recommendations from the survey, interviews and focus groups undertaken by Healthwatch and Maternity Mates. Ideas, actions and indicators were discussed with the Maternity Equity and Equality Task and Finish Group which included support and involvement from maternity staff, patient experience midwives, consultant midwives, public health colleagues, GP clinical leads, commissioners and MVP Chairs.

To ensure a joined up approach, the actions are in line with existing actions from other national reports, including: Ockenden report, CQC reports, Trust plans and objectives, Women's Health Strategy and the NHS Long Term Plan.

The action plan follows a 'do now, do soon, do later' approach to help guide the level of importance as well as expectations of timeframes based on need, resource and outcomes.

The action plan is a living document so items may change over time. Many of the actions are around scoping or exploring practices and training or new ways of working, therefore the plan may change as new information is learnt, the environment changes or different priorities are identified.

Whilst the strategy initially covers a broad five year period, the action plan will be more timely, and specific, as further details are identified. We will work with all five of the maternity units in north East London to ensure the broad actions are relevant to their communities. With such diversity across our places, it's important to ensure these actions are not identical for each trust but give an indication to the direction of travel, allowing each of the trusts to work with Healthwatch colleagues further on understanding feedback more specific to their units and communities they see.

The action plan was approved by the North East London Local Maternity and Neonatal System Board and Senior Responsible Officer, Chief Nurse.

4.2 Engagement – actions (1)

Focus	Actions	Measure	Timeline
Trauma informed care	<p>Understanding current provision for trauma informed care information and training at each maternity unit and what this looks like for both service users and staff. OCEAN service provision for Hackney, Tower Hamlets and Newham and TULIP service for Waltham Forest. Look at what resources and training can be shared across NEL</p> <p>Work with People and Culture teams at each Trust to understand staff training provisions and feasibility of trauma informed care training for all staff. Look into the possibility of utilising OCEAN and TULIP services to inform and train maternity staff in their practice.</p> <p>Work with Head of Midwifery, Directors of Midwifery and LMNS workforce lead to understand staff culture among maternity units and how best to support and/or improve staff health and wellbeing</p>	<p>Increase % staff undertaking trauma informed care training</p> <p>Increase % improvement on staff survey responses, specifically related to health and wellbeing as well as overall response</p> <p>Increase % improvement on positive responses on feedback for maternity services</p>	Do now
Community asset mapping	<p>Develop and provide accessible document to be used within maternity teams detailing Local Authority led support services including children's centres, baby banks and foodbanks, as well as place based social prescribing teams and how to refer so staff can better support and signpost pregnant women to access certain services. Example of this can be seen in the full report Appendix 3 (pages 162-169).</p> <p>Inclusion of place based child and family social prescribers by place, as information is mapped and relationships formed. Work with NEL Babies, Children and Young Peoples transformation team on this.</p>	<p>Increase % in referrals to social prescribing teams from midwifery teams. Current uptake is unknown but we will work with social prescribers to understand baseline measure and measure future uptake</p>	Do now
	<p>Work with London Maternity Clinical Network on understanding the data and actions following their recent social prescribing survey. This will help detail further actions in this space and increase knowledge around social prescribing teams and utilise these where appropriate</p>	<p>Share data and outcomes of the survey with maternity units</p>	Do soon / Do later depending on survey report dates

Engagement - actions (2)

Focus	Actions	Measure	Timeline
Gathering feedback	Work with Maternity Voices Partnership (MVP) Chairs and maternity units to develop standard reporting model for feedback and experience, so analysis can be made to recognise themes across NEL.	Regular reporting in standardised format from MVP Chairs, recognising time pressures and need for accessible updating	Do now
	<p>Work together with MVP Chairs, voluntary organisation providers including Maternity Mates and Birth Companions, and Healthwatch, to further gather feedback of maternity experiences on a more regular and reportable format. Utilising community connections and relationships within these groups to increase reach of maternity users, both in terms of number and diversity.</p> <p>Develop a reporting model to across all feedback platforms to link in themes and identify improvement areas</p>	Summary reporting for LMNS Board, with standing item regarding patience experience at each meeting	Do soon
Co-production	<p>Work with MVP Chairs, voluntary organisations and Healthwatch to establish further engagement and co-production working on areas around patient experience.</p> <p>Utilising the opportunities for focus groups, particularly for communities from Black, Asian and Mixed Ethnic backgrounds and those from deprived areas, to ensure opportunities to feedback and be involved in service develop happen in an environment familiar and accessible to them</p>	Schedule of planned engagement events throughout the year in different community settings with different groups to hear experiences and gather feedback	Do later

4.3 Information sharing and trust – actions (1)

Focus	Actions	Measure	Timeline
Tangible information	Undertake collateral audit to understand what information currently exists, and in what formats (leaflets, booklets etc) detailing any easy read or translated versions	Record log of collateral based on topic, language and alternative digital versions	Do now
	Develop a format of standard information leaflets, that can be adapted by each maternity unit for local content. Pool existing resources regarding translated documents to develop these into an easy read format and translated into appropriate community languages	Suite of leaflets, accessible to all trusts in selection of community languages, utilised by pregnant women	Do later
	Understand what information is shared at what appointments, and establish process for postnatal information to be shared antenatally so pregnant women have more time to access information and feel more prepared.	Pregnant women feel they have the information they need in advance of when they need it	Do soon
Digital information	Increase uptake of Baby Buddy app among NEL users	% increase of registrations year on year	Do soon
	Develop localised content available, working across Trusts and planning for the year ahead with scheduled content on service updates and helpful information at appropriate intervals, as well as sharing unplanned messages and proactive information via push notifications	Time spent on the app increased across users	
	Obtain data from Baby Buddy regarding most used content in NEL, segmented by ethnicity and income demographics to understand information these groups most regularly access. Scope translating of certain general articles and localised content into appropriate community languages	% increase of staff undertaking e-learning training package	
	Audit maternity content and accessibility tools on each trust website to understand if the digital offer and access is equitable. Learnings and data from each Trust on good practice, innovation and areas of development	Improved analytic rates on poor performing webpages Refreshed content reflective of accessibility, cultural and language needs	Do soon

Information sharing and trust - actions (2)

Focus	Actions	Measure	Timeline
Maternity helpline	<p>Explore the provision and necessary resource required to establish a NEL maternity helpline that is active 24/7</p> <p>Establishing feedback and data from Trusts on current usage of maternity helplines, accessibility, staffing and success rate</p>		Do later
Communication support	<p>Explore the possibility of a dedicated communications resource per maternity unit, providing support for communication, engagement and patient experience work.</p> <p>With so much information to regularly create, update and share, having an allocated communications professional to assist midwives in this space to help with information sharing and informed consent</p>		Do later

4.4 Consent – actions (1)

Theme	Actions	Measure	Timeline
Communication	Scope training for staff regarding fluency vs. comprehension when assessing English proficiency to ensure pregnant women understand what is being shared and asked of them		Do soon
Interpreting services	Audit current interpreting services utilised by maternity units across NEL and explore options to bring equity to service provision		Do soon
	Work with London Maternity Clinical network to understand how NEL benchmarks against their interpreting toolkit and scope training in this area		Do later
	Explore digital tools to improve interpreting services, that provide accurate, timely, user friendly interpretations for a number of community languages, both written and spoken		Do later
Cultural competencies	Scope cultural competency training specific to maternity settings and localised to their communities. Working with Trust training teams to understand what is already offered and how this can be adapted for maternity environments and local cultures		Do now
	Engage with LMNS workforce lead to understand how this approach can be undertaken at each trust, whilst maintaining a NEL overview		
	Work with Tower Hamlets to understand how their culturally appropriate communications and engagement toolkit was produced. Understand how this can be adapted to suit all NEL places and utilise training to support teams in embedding this toolkit in their work and the information they produce	Share report from Tower Hamlets regarding development process of the toolkit Schedule information/training sessions to understand how this can be utilised at each maternity unit	Do now



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