AIMS For a better birth...

Birth Activists Briefing: NHS England Equity and Equality initiatives

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By the AIMS Campaigns Team

In response to recent MBRRACE[1] reports that show worse maternal and perinatal outcomes for those of Black, Asian and mixed ethnicity or from areas of social deprivation (see previous AIMS articles by Gemma McKenzie[2], Tinuke Awe & Clotilde Rebecca Abe[3], and Megan Disley[4]), NHS England has adopted two aims:

- To improve equity for mothers and babies from Black, Asian and mixed ethnic groups and those living in the most deprived areas (where equity means that all "will achieve health outcomes that are as good as the groups with the best health outcomes")
- To improve equality in experience for staff from minority ethnic groups

Two recently published documents set out firstly,four pledges[5] for achieving these aims, and secondly, guidance for Local Maternity Systems (LMSs)[6] on how to align their Equity and Equality action plans with the health inequalities which exist in their areas. Their guidance highlights five priorities.

The four pledges

Pledge 1: The NHS will take action to improve equity for mothers and babies and race equality for NHS staff

This will be through a five-pronged approach. The 'five prongs' mostly consist of vague statements such as "take action on maternal mortality, morbidity and experience". However, "underlying interventions" that aim to achieve these are detailed in the guidance to LMSs.

Pledge 2: Local maternity systems will set out plans to improve equity and equality

LMSs have until 30 November 2021 to submit an equity and equality analysis and to set out how they plan to co-produce an Equity and Equality Action Plan – the plan itself to be submitted by 28 February 2022. It is good to see the urgency of tackling these issues reflected in the tight time frame. However, AIMS wonders how much opportunity there will really be in such a short time to "work in partnership with women and their families to draw up the plans" especially when those most affected by health inequalities include many hard-to-reach groups. Accessing these groups and building trust is likely to

need longer than this timetable allows.

Pledge 3: LMSs will receive support to improve equity and equality

£6.8m is being allocated to LMSs both to cover the development and implementation of their action plans and to "implement targeted and enhanced continuity of carer".

AIMS believes that relational midwifery[7] care (Continuity of Carer) can make a substantial contribution to equity through the delivery of safe and personalised maternity care. Whilst any focus on improving the provision of Continuity of Carer is to be welcomed, we note that this is not a new target. The NHS Long Term Plan of 2019 stated that, "By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period."[8] AIMS hopes that a substantial portion of the budget allocated to LMSs will go towards ensuring that a robust and sustainable model of relational care is put in place at least for these groups.

Pledge 4: The NHS will measure progress towards the equity aims

As well as continuing to track maternal and perinatal mortality rates in Black, Asian and mixed ethnic groups and those living in deprived areas, there are also plans to develop ways of identifying 'near misses.' This should provide a broader picture of health inequalities than mortality rates alone.

The five priorities

The second document consists of guidance to LMSs.[6] It sets out five priorities for tackling health inequalities with a list of possible interventions and suggested indicators for monitoring implementation.

Priority 1: Restore NHS services inclusively

This is about addressing the widening disparities in access to NHS services that developed during the pandemic.

Priority 2: Mitigate against digital exclusion

This includes ensuring that face-to-face care is offered to those who cannot use remote services, and that, "personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion".

Priority 3: Ensure datasets are complete and timely

In particular, better collection and recording of data on ethnicity and postcode to help with monitoring health outcomes and the prioritisation of service improvements.

Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes

This is the longest section, setting out a number of interventions that LMSs can adopt to improve equity

and equality. Though little in this list is new, (much of it drawing on Better Births, the Maternity Transformation programme and the NHS Long Term Plan) hopefully the increased focus on pregnant women and people who are Black, Asian or of mixed ethnicity, as well as those experiencing social deprivation, will mean that the long-standing health inequalities for these groups will begin to be addressed.

It is positive to see recognition that "different approaches are needed for different populations" – which of course underlines the importance of *genuine* co-production with the relevant communities. Also helpful is the reminder that, "The effective use of data is central to tackling health inequalities" – as what gets measured is at least a bit more likely to get done! AIMS hopes that this data will not only be collected but shared transparently, to enable proper scrutiny of the effectiveness of any initiatives undertaken.

It is a matter of concern that there is no explicit recognition of the role that either institutional racism or unconscious bias on the part of the maternity staff might play in the poorer outcomes experienced by maternity service users of Black, Asian and mixed ethnicity. The only place where this is touched on is in the section on 'Support for maternity and neonatal staff', which talks of the need to "equip maternity and neonatal staff to provide culturally competent care". The suggested interventions are multidisciplinary training in cultural competence, and that services, "when investigating serious incidents, consider the impact of culture, ethnicity and language". Unfortunately, the focus there is on "whether the impact of culture, ethnicity and language on the woman's needs was discussed and considered during the antenatal risk assessment process, initial assessment and follow-up" with no mention of exploring how staff attitudes in relation to ethnicity or cultural assumptions might have impacted on the quality of care given.

Priority 5: Strengthen leadership and accountability

This section sets out expectations for how LMS action plans should be developed and what they should contain. This list includes "strong evidence of co-production from the outset and how parents and staff will be involved in implementation". AIMS hopes that all LMSs will deliver on this co-production requirement, which we believe is vital to ensuring that plans are relevant and effective.

We are also pleased to see the requirement for "actions, milestones and metrics... with responsible owners, timescales and monitoring arrangements". We call on LMSs to make sure that both these detailed action plans and the monitoring data are published in a publicly accessible form to enable local service users to scrutinise progress against the initiatives. There is mention of "a high-level stakeholder communication plan" and we trust that this will include communication with the most important stakeholders – local maternity service users and their families.

In summary, it is good to see NHS England putting a long-overdue focus on improving equity for pregnant women and people of Black, Asian and mixed ethnicity, and those experiencing social deprivation. The test will be whether the LMS action plans are truly based on co-production with the groups concerned, and whether they are implemented effectively.

Ideas for Birth Activists

- Contact your LMS to ask how they are co-producing their action plans, including details of how they are involving different groups from your local community. Also ask them for details of where they plan to publish the action plans and monitoring data.
- Ask your LMS and NHS Hospital Trust what progress they have made so far towards the target of 75% of women from BAME communities and the most deprived groups receiving Continuity of Carer by 2024, and how they plan to ensure that the target is met.

Editor's note: The Equality Strategy guidance goes beyond ethnicity and social deprivation. It calls on LMSs to look at their own population demographics and include any other cohorts of people who might suffer worse health outcomes. For whatever reason, if any of these issues are a concern for you, or if you have been affected by any of the issues raised in this article and you would like to share your experience or speak with someone, you can do so by contacting us through the AIMS helpline: helpline@aims.org.uk

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[1] Editor's note: MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
Latest MBRRACE reports: www.npeu.ox.ac.uk/mbrrace-uk/reports

[2] McKenzie G. (2019) MBRRACE and the disproportionate number of BAME deaths. AIMS Journal, 2019, Vol 31, No 2. www.aims.org.uk/journal/item/mbrrace-bame

[3] Awe T & Abe C R (2020) #Fivexmore: Addressing the Maternal Mortality Disparities for Black Women in the UK. AIMS Journal, 2020, Vol 32, No 3. www.aims.org.uk/journal/item/fivexmore

[4] Disley M. (2021) MBRRACE report: racial inequalities in maternity outcomes continue. AIMS Journal, 2021, Vol 33, No 3. www.aims.org.uk/journal/item/mbrrace-2020-report

[5] NHS (2020) NHS pledges to improve equity for mothers and babies and race equality for staff. www.england.nhs.uk/wp-content/uploads/2021/09/C0734-ii-pledges-to-improve-equity-for-mothers-and-babies-race-equality-for-all-staff.pdf

[6] NHS (2021) Equity and equality Guidance for local maternity systems. www.england.nhs.uk/wp-content/uploads/2021/09/C0734-equity-and-equality-guidance-for-local-maternity-systems.pdf

[7] Editor's note: Relational care in midwifery is usually linked with continuity of carer. *Relational continuity* has been explained in one study thus: "Relational continuity is a key concept in the context of a

positive birth experience. Quality in the relation gives the woman a possibility to experience positivity during the childbearing process. Continuity in care and personal growth related to birth promote empowerment for both the woman and her partner. Relational continuity gives an opportunity for midwives to provide care in a more holistic manner."
www.sciencedirect.com/science/article/pii/S026661381200174X

[8] NHS (2019) The NHS Long Term Plan. page 41. www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf