

LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

Subject:	Update from the Task and Finish Group Addressing Differential Maternal Experiences and Outcomes of Black, Asian and Minority Ethnic Women
Presented to the Health and Wellbeing Board by:	Dr Ruw Abeyratne, Director of Health Equality and Inclusion, UHL Rob Howard, Consultant in Public Health, Leicester City Council
Author:	Dr Ruw Abeyratne and Rob Howard

EXECUTIVE SUMMARY:

This task and finish group was formed at the request of Cllr. Vi Dempster former Chair of the Leicester City Health and Wellbeing Board. The group has met fortnightly since October 2022 and has heard from a series of professionals and experts to work towards a consensus agreed framework for defining action to tackle race related disparities in maternal experiences and outcomes across LLR. See Appendix 1 for the groups Terms of Reference.

Purpose of the Report

1. To provide an update on the work of the LLR Addressing Differential Maternal Experiences and Outcomes of Black, Asian and Minority Ethnic Women Task and Finish Group.
2. To share the draft framework for action to address differential experiences and outcomes for women from Black, Asian and Minority ethnic groups. This framework covers work that is already taking place where relevant as well as proposed future work.

Introduction

The national MMBRACE report demonstrates that Black and Asian people are more likely to die than White counterparts (3.7x and 1.8x respectively) during pregnancy and childbirth. Similarly, Black and Asian babies experience higher chances of stillbirth and neonatal mortality. In response to this, a task and finish group was set up to address the question of specific action being taken to address these stark inequalities, with particular reference to the outcomes and experiences of individuals of Black African and Black Caribbean backgrounds.

The task and finish group is chaired by the UHL Director of Health Equality and Inclusion. Membership of the group includes clinicians and academics across a range of disciplines including obstetrics, midwifery and public health as well as colleagues from the LLR ICS. In addition, membership also includes external

stakeholders to reflect partnership working and enable a degree of benchmarking and accountability.

The group has met alternate weekly with regularity, allowing for public holidays, annual leave and sickness, since October 2022. The group has heard from senior ICS colleagues regarding the existing LLR Maternity Equity Action Plan sanctioned by NHSE, the engagement process that informed the development of the action plan and a series of experts on a range of other areas including original research, local service improvement including the development of a maternity health inequalities dashboard and leaders on national audits and policy.

Evidence and Data

The Task and Finish Group has to date considered a wide range of evidence and data and heard from a number of national experts to inform our work. These will be presented in the final report of the group, but some examples include:

1. Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. MBRRACE-UK November 2022.

The report confirms that 'There remains a more than three-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women, emphasising the need for a continued focus on action to address these disparities'. It also concludes that in relation to the impact of Covid-19, "The majority of women who died from Covid-19 in 2020 were from ethnic minority groups, but it is encouraging that despite this the disparity in maternal mortality rates between women from Black, Asian and Mixed ethnic groups and White women has continued to decrease slightly. Nevertheless, the maternal mortality rate amongst women who live in the most deprived areas is increasing and addressing these disparities must remain an important focus".

2. The Black Maternity Experiences Survey: A nationwide Study of Black Women's Experience of Maternity Service in the UK; Tinuke Awe and Clotilde Abe, Co-founders of Five X More MAY 2022.

The survey found "Though both positive and negative experiences were reported, negative experiences far outweighed those in which women were happy with the care that they had received. These negative experiences were found to fit within a framework overarched by three interrelated constructs centred around the healthcare professional:

- Attitudes (e.g., using offensive and racially discriminatory language; being dismissive of concerns),
- Knowledge (e.g., poor understanding about the anatomy and physiology of Black women; poor understanding of the clinical presentation of conditions in babies of Black women), and
- Assumptions (e.g., racially based assumptions about the pain tolerance, education level, and relationship status of Black women)"

3. Adverse pregnancy outcomes attributable to socioeconomic and ethnic inequalities in England: a national cohort study Jardine et al 2021. Lancet 2021; 398: 1905–12

This study indicates that socioeconomic and ethnic inequalities were responsible for a substantial proportion of stillbirths, preterm births, and births with Fetal Growth Restriction in England. The largest inequalities were seen in Black and South Asian women in the most socioeconomically deprived quintile. It concludes that prevention should target the entire population as well as specific minority ethnic groups at high risk of adverse pregnancy outcomes, to address risk factors and wider determinants of health. It also provides evidence that even after controlling for deprivation, there remains a significant and large disparity of poor outcomes for Black and Asian women and their babies.

4. Leicester, Leicestershire & Rutland Local Maternity System Maternity Equity & Equality Analysis November 2021.

Locally the picture mirrors the national data and over a 5-year period (2016-2021) we have had 7 maternal deaths. All 7 women were from a Non-White ethnic background.

This analysis identified key themes that correspond to the national findings around the poor health outcomes experienced by those living in the most deprived areas as well as those from certain ethnic minority groups. This included:

- In 2017, Leicester City had the highest percentage of births to non-UK parents (where one or both parents were born in a non-UK country) across the East Midlands, at 59.7%.
- In Leicester City, the rate of under 18 conceptions is significantly worse than the national rate although has decreased for the past 4 years.
- Flu uptake for pregnant women is generally lower in most deprived GP practice areas
- Covid Vaccination uptake of pregnant women is lower amongst those aged under 30, and the lowest uptake is amongst Mixed, Black/Black British and White groups. Uptake is lowest in the most deprived areas, and highest in the least deprived areas of the City.
- Around 50% of Asian or Asian British: Bangladeshi have antenatal complications
- Gestational diabetes and diabetes are higher in certain ethnic groups (Asian, African and Chinese)
- Higher proportion of caesarean sections (elective and emergency) at UHL and increasing compared with the regional position.
- The proportion of Postpartum Haemorrhage (PPH) across LLR is generally higher than the Midlands position.
- The highest percentage of premature births are within the Black or Black British: Caribbean ethnic group
- Significantly higher low birthweight rate in Leicester than England and Leicestershire. Higher proportions of low birthweights are seen in areas of Leicester with larger numbers of Asian mothers
- Highest prevalence of Smoking at the time of Delivery are White: Irish mothers, with Mixed: White and Black Caribbean mothers and Black

or Black British: Caribbean mothers also being higher than the LLR average.

- Neonatal mortality rate in Leicester is significantly higher than England.
- Perinatal Mental Health services are accessed less by patients living in the most deprived areas of LLR. There is a higher percentage of LLR teenage mothers and mothers aged over 40 accessing perinatal MH services, compared to the Midlands benchmark, and a lower percentage are from Black: Black British and Asian: Asian British ethnic groups.

Development of existing work to address inequity in maternal outcomes

The Task and Finish Group has compiled and reviewed a wide range of existing work programmes interventions and improvement plans to address this issue. Again a full description of these will be in our final report, but they include:

1. LLR Maternal Equity Action Plan

Following the above analysis, the LLR Local Maternity and Neonatal System (LMNS) have developed an action plan to address maternal inequities and inequalities. The vision for this work is:

“We will work towards a vision where our mothers are listened to and together, we will strive for mothers and babies In Leicester Leicestershire and Rutland to achieve health outcomes that are as good as the groups with the best health outcomes which aligns to our LLR ICB Health Inequalities Framework “Better Care for All – A framework to reduce health inequalities in Leicester Leicestershire and Rutland”. Our prime aim is to have a healthier population with everyone having a fair chance to live a long life in good health.”

The action plan contains a wide range of interventions to address the poor maternal outcomes faced by women from Black, Asian and Minority Ethnic backgrounds. The principles in developing the action include:

Principal 1: Appropriate training and support will be given to enable people to think and act in ways that reduce health inequity.

Principal 2: We will draw upon ‘population health management’ to provide us with the best evidence to take action to reduce inequalities and to evaluate the impact of our services.

Principle 3: Prioritise prevention, helping prevent or lessen the impact of illness.

Principle 4: A focus on gaining a fair balance between mental and physical health

Principle 5: Local public sector organisations will seek to reduce health inequalities through offering ‘social value’. This approach includes efforts to make the workforce more representative of the local population.

Principle 6: Investment in services will be proportionate to the needs of people using those services.

Principle 7: We will draw on the strengths of communities and individuals to reduce health inequality and inequity. Our services will aim to focus on ‘what matters to people’ rather than focusing on ‘what is the matter’ with them.

Principle 8: We will ensure that all plans and policies put forward by the ICS partners take into account issues of health equity. This is particularly

important in relation to the wider factors that can affect people's health such as housing, education or employment.

Principle 9: We will take effective action during the key points of a person's life to help reduce health inequality and inequity. This means a specific focus on giving children the best start in life, prevention of ill health and the promotion of wellbeing and resilience.

Principle 10: The ICS is accountable for delivering on health inequalities across the local health and care system.

Principle 11: Actions will be undertaken at the most appropriate level of the ICS where they can be most effectively owned and delivered.

Principle 12: Improve access to digital technologies and seek opportunities for integration.

CDP Event on Maternal Equity

The Task and Finish Group with UHL have organised a CDP event for up to 150 people on 22nd June 2023. The event aims to improve equity in maternity, neonatal and perinatal mental health for women from Black and Asian and minority ethnic communities in Leicester, Leicestershire and Rutland. The event has a wide range of senior leaders and local and national experts in the field and will also hear from 'patient' voices from people with powerful stories to tell about their experiences of inequality in maternity service provision. See Appendix 3 for the Draft Programme and Poster.

Future work plans

There will be a wide range of additional work programmes developed to continue this work. This includes the development of a framework that outlines actions against gaps that have been identified in the current approach, accounting for the comprehensive nature of the Maternity Equity Action Plan and without duplicating this. The framework attached in Appendix 2 is in draft format and is being shared for update, assurance and discussion.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Receive the update and be assured of ongoing work to confirm a framework for addressing maternal disparities experienced by Black, Asian and Minority Ethnic groups.

Appendix 1

Improving Maternity Access and Experience for Women from Black, Asian & Minority Ethnic Populations Task and Finish Group

Terms of Reference

About the Group

The Improving Maternity Access and Experience for Women from Black, Asian & Minority Ethnic Populations Task and Finish Group will bring together subject experts and relevant senior local professionals to discuss what we know about the issue of maternal mortality for people from Black, Asian and Ethnic minorities and develop specific actions to address the disparities in the outcomes and access of services.

Meetings will be held online via MS Teams. If the need arises for face to face meetings then these will be convened (providing it is safe to do so) at an appropriate and convenient location.

This group will function at an **operational and strategic** level and report into/be supported by the Health and Wellbeing Board and ICB Health Equity Board. The group will also have links to the Equity and Equality groups, Maternity Voices Partnership (MVP),

In line with local governance arrangements, the members of this group will:

- Review operational-level processes to improve maternity access and experiences for women from Black, Asian & Minority Ethnic Populations
- Feed into wider strategic objectives within the system
- Plan and coordinate how and when tasks will be undertaken
- Obtain additional resources if required
- Ensure the health and safety of the public and personnel

Purpose:

The Improving Maternity Access and Experience for Women from Black, Asian & Minority Ethnic Populations Task and Finish Group will be responsible for:

- Reviewing, understanding the health inequalities data and concerns
- Scrutinising local processes and pathways
- Identifying and assessing local gaps and risks to the service user and organisations
- Understanding local financial budgets across acute, community and partner organisations
- Determining priorities for allocating available resources
- Constructing business cases to illustrate opportunities across maternity services
- Providing specialist advice and guidance to wider governance structures within the ICBs, providers, partner organisations, service users and community representatives
- Ensuring good communication between key stakeholders in the coordination of maternity services in LLR. Key agencies include:
 - University Hospitals Leicester (UHL)
 - LLR Integrated Care Board (LLR ICB)
 - Leicester City Council

- Rutland County Council
- Leicestershire County Council
- Maternity Voice Partnerships (MVP)
- NHS England/Improvement
- Caribbean and African Health Network (CAHN)
- De Montfort University (DMU)
- Leicestershire Partnership Trust (LPT)
- Public Health (PH)
- Other organisations/groups with a vested interest in maternity services

Attendance:

Each person listed in the table below is expected to attend each meeting or send a nominated deputy in the event of there being insufficient representation from their respective organisation.

Name	Job title	Organisation
Dr Ruw Abeyratne (Chair)	Director of Health Equality and Inclusion	UHL
Councillor Vi Dempster	Cabinet Member for Health	Leicester City Council
Rob Howard	Consultant in Public Health	Leicester City Council
Farah Siddiqui	Consultant Obstetrician	UHL
Kerry Williams	Deputy Head of Midwifery	UHL
Elaine Broughton	Head of Midwifery and Head of Nursing	UHL
Flo Cox	Midwifery Matron for Specialist Midwifery/Antenatal and Safeguarding	UHL
Julie Hogg	Chief Nurse	UHL
Beverley Cowlshaw	Specialist Midwife in Public Health	UHL
Bina Kotecha	Associate Director of Systems Leadership and Organisations Development	UHL
Prof Angie Doshani	Consultant Obstetrician Gynaecologist	UHL/ Loughborough Uni
Dr Gillian O’Brady-Henry	Consultant Psychiatrist	LPT
Prof Bertha Ochieng	Professor of Integrated Health and Social Care	DMU
Faye Bruce	Chair of Caribbean and African Health Network Greater Manchester and Co-Chair of Black & Asian Maternity	CAHN
Steve McCue	Senior Strategic Development Manager	LLR ICB
Mina Bhavsar	Maternity Transformation Programme Manager	LLR ICB
Rabina Ayaz	CYP and Maternity Senior Officer	LLR ICB
Community/patient reps		

Quoracy:

The meeting shall be considered quorate where there is suitable operational representation from all required organisations. If commissioners or providers can’t be present, notes of the meeting will be shared following the meeting.

Frequency:

Bi-weekly on Wednesday 4pm-5pm until end of March 2023.

Meetings will include:

- An agenda
- Other supporting papers as required

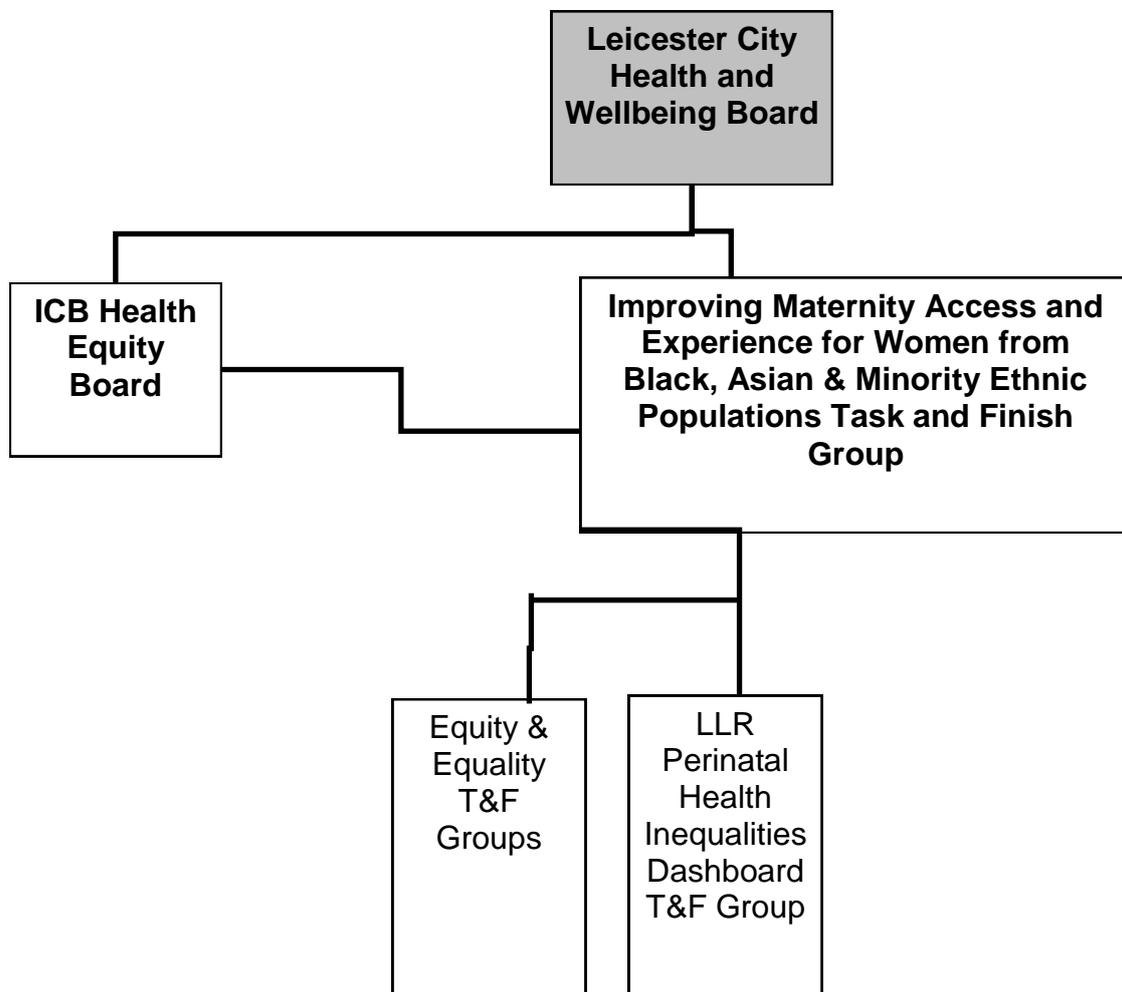
Reporting:

Improving Maternity Access and Experience for Women from Black, Asian & Minority Ethnic Populations Task and Finish Group will report to the Health and Wellbeing Board.

Conduct of Business:

- Members will allow open discussion and respect organisational confidentiality
- Decisions will normally be reached by agreement of members present. If agreement cannot be reached, a vote may be held at the discretion of the Chair. The outcome of the vote will be on the basis of a simple majority. If the votes are tied, the Chair will have the casting vote.

Governance structure:



Appendix 2

DRAFT FRAMEWORK FOR REPORT ON ACTION TO ADDRESS RACIAL DISPARITIES IN MATERNAL OUTCOMES IN LLR

1. INTRO/CONTEXT – What is the problem?
 - a. MBRRACE
 - b. Local research
 - c. International/migrant data
2. What do we want to achieve? Vision
 - i. Access
 - ii. Experience
 - iii. Mortality
 - iv. Morbidity
3. What is the problem? – systemic +/- structural racism
4. What **current** actions are we taking *to address racial injustice* in maternity for people in LLR?
 - a. Equity Action Plan
 - b. Engagement (plus others)
 - c. Language
 - i. CardMedic
 - ii. Janam
 - d. Improving early booking
 - e. Pre-conception education
 - f. Education and training
 - g. Empowering Voices
5. **What else** do we need to do *to address racial injustice* in maternity for people in LLR? (Recommendations and what can we do differently?)
 - a. Be data driven and explicit in defining the problem
 - i. Where do we focus our interventions; be bold and direct guided by the data
 - ii. Inequalities dashboard
 - iii. Improvement approach
 - iv. PPI
 - b. Organisational change
 - i. Systemic racism +/- structural racism
 - ii. Inclusive leadership
 - iii. Inclusive recruitment and retention
 - c. Community relationships
 - i. Academic understanding / historic context for Black and Asian communities
 - ii. Trust
 - iii. Celebrate to co-create
 - d. Education of current workforce (post grad/CPD)
 - i. Systemic racism
 - ii. Cultural competency, active bystander training, (unconscious) bias?
 - iii. Decolonising midwifery
 - e. Support for workforce
 - i. Empowering voices
 - ii. Action on WRES →

- iii. Recognise trauma e.g. names?
 - f. Education of future workforce
 - i. Decolonising midwifery
 - g. Clinical areas of focus:
 - i. Maternal mental health Gillian
 - ii. Improving early booking
- 6. Other
 - a. Decolonising language
 - b. Community link worker
 - c. Community voices

Appendix 3: Maternal Equity Event: Programme and Poster



22 June

Improving equity in maternal care

This event aims to improve equity in maternity, neonatal and perinatal mental health for women from Black and Asian and minority ethnic communities in Leicester, Leicestershire and Rutland.

De Montfort University
22 June 2023, 08.30-16.30
Free entry. Lunch provided
Limited places available

Booking via Eventbrite
Scan the QR with your smart phone



Working in collaboration:
Leicester, Leicestershire and Rutland Integrated Care Board
Leicestershire Partnership NHS Trust
University Hospitals of Leicester NHS Trust



**IMPROVING EQUITY IN MATERNITY, NEONATAL AND PERINATAL MENTAL
HEALTH FOR WOMEN FROM BLACK, ASIAN AND MINORITY ETHNIC
COMMUNITIES LLR**

Draft PROGRAMME

0830 – REGISTRATION AND COFFEE/TEA

- 0900 – OPENING WELCOME – Caroline Trevithick
- 0905 – Counsellor Dempster – Interest in Equity in Leicester
- 0910 – Julie Hogg – What is the RCM approach to equity
- 0915 - Richard Mitchell – How is equity on the agenda for our Trust
- 0920 – Service Users Story – Esi (sickle cell and pregnancy experience)
- 0930 – Ruw Abeyratne – Pursuing Equity
- 0945 – Liz Draper – National data on Perinatal Health outcomes
- 1005– Rob Howard – National data on Maternal Mortality
- 1020 – Penny McParland – Local data from LLR on Maternal Mortality
- 1035 – Opportunity to hear from our stands (x5)

1040 – BREAK – tea/coffee

- 1055 – Service Users Story – Victoria Seidu
- 1105 – Tilly Pillay – Neonatal mortality/morbidity equity plan
- 1115– Gillian O’Brady-Henry – improved accessibility of Perinatal Mental Health Services
- 1125– Adebimpe Matiluko – challenges in clinical practice
- 1135 – Panel Discussion (Richard, Julie, Liz, Rob, Jonathan, Danni, MNVP)
- 11.55 - Opportunity to hear from our stands (x5)

1200 – LUNCH and Networking

- 1300 – Service User - MNVP
- 1310 – Marit Bodley – healthcare inequalities, pathways in place
- 1320 - Cornelia Weisender - FGM clinic
- 1330 – Helena Maybury – Diabetes in pregnancy
- 1340– Annabelle Foxwell – Homebirth Report
- 1350- Academic view
- 1400 – Mina Bhavsar and Rabina Ayaz(Equity and Equality Plan)

1420 – BREAK

- 1435 – BREAK OUT SESSIONS
- 1600 – Farah Siddiqui -CLOSING