



North Central London Local Maternity System and Birth Companions: Working together to improve care for women facing disadvantage and inequality

July 2020

Executive Summary

This summary report provides key findings and recommendations from the joint project between Birth Companions and North Central London Local Maternity System (NCLLMS) in 2019-20. For more information relating to this work please contact Kirsty Kitchen at Birth Companions (kirsty@birthcompanions.org.uk).

Introduction

Understanding and addressing health inequalities lies at the heart of NHS England's Maternity Transformation Programme and Long Term Plan. Increasing attention is being given to those experiencing severe and multiple forms of disadvantage in order to achieve this. The COVID-19 pandemic has further exposed the extent and impact of health and social inequalities, particularly those experienced by women from Black and Asian communities and other minoritised groups.

Understanding disadvantage and inequality

Disadvantage is a continuum. Women at the more severe end present with a number of challenging factors, and may have involvement with multiple services. These go beyond clinical concerns to include wider social and public health matters. They include highly sensitive issues that require specialist knowledge and expertise.

Definitions of and terminology about disadvantage and inequalities vary greatly across services and systems. You may encounter terms such as 'severe and multiple disadvantage', 'complex social factors' or 'complex needs', amongst others.

At Birth Companions we focus on women who experience severe disadvantage. We advocate for a consistent focus on a comprehensive list of factors that may co-occur in women's lives. These should include:

- Housing issues and homelessness
- Historic or ongoing domestic or sexual violence or abuse
- Financial difficulty
- Mental ill health

- Physical ill health and disability
- Substance misuse
- Criminal justice involvement
- Learning disabilities
- Experience of recent migration or asylum seeking
- Trafficking
- Social services involvement, as a child or an adult

These factors are often made worse by the impact of wider health and social inequalities, including discrimination on the basis of race, gender and income.

By focusing on the co-occurrence of any of these issues, we recognise the fact that multiple forms of disadvantage have a compound effect, creating a level of complexity that is more than the sum of its parts. Working with multiple services and systems often leads to challenges which are difficult for women to navigate without support.

In the maternity context, women facing disadvantage and inequality not only present with the most challenges but also find it harder to get the support they require, often falling through the gaps between services. They are more likely to die during pregnancy or after childbirth¹ and their babies are also more likely to die². Women facing disadvantage also experience poorer maternity care; need extra support and trusted relationships to navigate their care³; and face inequities in the current provision of care. They are more likely to experience mental ill health during pregnancy, but less likely to be offered support⁴.

The perinatal period provides a golden opportunity to work with women to improve their lives and the outcomes for their children. Pregnancy is often a point at which women with complex needs most want to make changes and accept offers of help, and maternity is a service that most women engage with in some way, even when they may mistrust other statutory services. However, the complex realities of disadvantage and inequality are not widely understood within the maternity system, and data on prevalence and outcomes is not routinely collected.

Facilitating engagement with seldom-heard women, listening to their voices and working with them to coproduce services that meet their needs are essential components of developing maternity services for women experiencing disadvantage. Maternity Voices Partnerships (MVPs) are the patient public involvement (PPI) forums developed through the Maternity Transformation Programme, but many struggle to engage seldom-heard women and thus to inform the development of services effectively.

¹ Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK (2018). Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16

² Draper, E, Gallimore, I, Kurinczuk, J, Smith, P, Boby, T, Smith, L & Manktelow, B (2018). MBRRACE-UK Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2016

³ McLeish, J and Redshaw M (2019). 'Maternity Experiences of mothers with multiple disadvantages in England: A qualitative study'. *Women and Birth*, 32(2),178-184; Birth Companions and Revolving Doors Agency (2018) Making Better Births a reality for women with multiple disadvantages; Thomson, G and Balaam, M (2016). Birth Companions Research Project: Experiences and Birth Outcomes of Vulnerable Women. University of Central Lancashire

⁴ Redshaw, M and Henderson, J (2016). 'Who is actually asked about their mental health in pregnancy and the postnatal period? Findings from a national survey' *BMC Psychiatry*, 15(1), 322.

During 2019/20 Birth Companions and North Central London Local Maternity System (NCLLMS) were funded by NHS E/I to run an innovative project to:

1. Engage with maternity system stakeholders to understand how the needs of women experiencing disadvantage were being addressed, and highlight the challenges and opportunities for the LMS with this group;
2. Work with Maternity Voices Partnerships (MVPs) to build representation of women with lived experience of disadvantage and inequality;
3. Establish recommendations for continued work to:
 - Better address the needs of women experiencing disadvantage;
 - Maintain and develop engagement with the MVPs across NCLLMS.

Methodology

Delivering maternity care to women experiencing multiple disadvantage in NCLLMS

Birth Companions undertook a series of phone interviews with consultant and safeguarding midwives and one matron working at North Middlesex, Royal Free/Barnet, UCLH and the Whittington. Interviews explored the following areas:

- Ways in which teams define and identify women facing severe or multiple disadvantage in their services.
- Data collection relating to these women and their needs.
- How teams currently work to support these women.
- Recent and planned changes to services for these women.
- The biggest issues teams experience in trying to support women facing disadvantage.
- What works best in current services for these women.
- Opportunities to shape services through engagement and coproduction.

Engagement and coproduction with women with lived experience through the work of Maternity Voices Partnerships (MVPs)

We worked with four MVPs across NCLLMS to build effective and sustainable input from and representation of women with lived experience of disadvantage and inequality. We supported lay Chairs to develop their practice, and with the help of Birth Companions' Lived Experience Team we explored ways in which women want to engage, and supported that engagement. This included:

- Working with MVP lay Chairs to provide training; identify and solve challenges; facilitate shared learning; share best practice; and build a mutually supportive network.
- Supporting MVPs to identify and implement changes to their structures and ways of working to enable better engagement and coproduction from women with lived experience of disadvantage and inequality.
- Supporting women with lived experience to engage with MVP processes such as 15 Steps events.

This report summarises the findings of this work and recommendations for future priorities in NCLLMS. These recommendations also have relevance to the work of the London Maternity Strategic Clinical Network, Maternity

Transformation Programme, National Maternity Voices programme and NHS Long Term Plan.

The impact of COVID-19

The pandemic brought into sharp relief the disproportionate impact of health and social inequalities for certain groups of people, particularly those living in poorer neighbourhoods and those from Black and Asian communities and other minoritised groups. Addressing these inequalities as they impact on women accessing maternity services is now a more urgent task than ever.

Key findings

Delivering maternity care to women experiencing disadvantage and inequality in NCLLMS

This part of the project found:

- Dedicated staff across NCLLMS try their best for women experiencing disadvantage and inequality.
- There is widespread recognition of the complexity and significance of the needs of women facing multiple disadvantages.
- Stakeholders believe there are many more women experiencing complex health and social factors who would benefit from specialist care than the teams are currently able to provide care for.
- There is a lack of clarity on the range of factors midwifery teams should be using to identify need; and
- There is a corresponding lack of data on the number of women experiencing these issues.
- Stakeholders see opportunities to address inequalities through the Maternity Transformation Programme and the Long Term Plan, specifically through the focus on continuity of carer.
- However, the resource and senior level buy-in to translate the visions in those plans into reality has been slow to emerge.
- Specialists in this area are not always listened to.
- There are concerns about the ability to staff continuity teams while protecting the needs of midwifery professionals and preventing burnout.
- There are concerns about the effectiveness of trusts' use of interpreting services and language support.

Engagement and coproduction with women with lived experience through the work of Maternity Voices Partnerships (MVPs)

This part of the project found:

- NCLLMS has one very well established and impactful MVP, and had successfully set up/re-established three new MVPs to cover the whole patch.

- Lay MVP Chairs are extremely committed to improving services for all women, and particularly for those facing disadvantage and inequalities.
- MVP Chairs have not been able to access training, and do not always have the tools or ongoing support with which to do their job.
- Bringing Chairs together for training enabled them to solve challenges, share best practice and benefit from mutual, ongoing peer support.
- Some MVPs are well supported by management and clinical staff who attend meetings and action MVP proposals.
- However, not every MVP has been built on trusted relationships between the lay Chair and clinical teams.
- There is a lack of buy in to the work of MVPs from obstetricians across the patch.
- Every MVP struggles to get meaningful engagement from women with lived experience of disadvantage; but
- Changes could be made to the way MVPs are run in order to improve engagement.
- Running the 15 Steps programme with the participation from members of Birth Companions' Lived Experience Team enabled MVPs to identify quick wins to improve the care offered to women experiencing disadvantage and inequality.

Key recommendations

There is a need for:

- Better data in order to understand the prevalence, needs and outcomes among women facing disadvantage and inequality.
- A focus on specific groups who experience disadvantage and inequality, including women from Black and Asian communities and other minoritised groups; those living in areas of deprivation; and women who are known to social services. Co-produced pathways should be developed to deliver effective, evidence-led responses to complex needs.
- Further support and investment in MVPs to make them effective in engaging with women who experience disadvantage and inequality. This will mean these experiences can be learnt from and acted upon, including through the co-production of services.
- The introduction of a trauma-informed approach across maternity services that includes the work of MVPs.
- A review of the use of language services across the LMS.

Conclusion

NCL has already established a leading role in improving care for women experiencing severe and multiple disadvantages. Excellent care is being given to

many women through local trust-level continuity of carer pathways and specialist midwifery services. However, the findings of this project demonstrate the need for stronger coordination across the LMS in response to the complex realities of disadvantage and inequality.

NCL's work to develop effective MVPs is well underway, and there is significant commitment to this work from lay Chairs, commissioners and clinical teams. While the LMS has one very well-established and effective MVP, the amount of time and support needed to create the new MVPs has been underestimated. There is significant opportunity to build on the work of this project to support the development of MVPs and increase engagement to reflect the local populations.

Developing this work further will give the LMS the tools to invest appropriately in effective, co-produced and trauma-informed pathways for women facing disadvantage and inequality, that include those from Black and Asian communities and other minoritised groups; those living in areas of deprivation; and women who are known to social services. By embedding a comprehensive, evidence-led response NCLLMS will consolidate its leading national position in tackling inequalities in maternity care.

Further reading

Holding it all together: Understanding how far the human rights of women facing disadvantage are respected during pregnancy, birth and postnatal care (Birth Companions and Birthrights).

Making Better Births a reality for women with multiple disadvantages (Birth Companions and Revolving Doors).

A Window of opportunity: Understanding the needs and experiences of pregnant women and new mothers in contact with the criminal justice system in the community (Birth Companions).

Supporting midwives to address the needs of women experiencing severe and multiple disadvantage: Position statement from the Royal College of Midwives.

A range of publications and research relevant to maternity care, disadvantage and inequality can be found on our website at:
www.birthcompanions.org.uk/pages/111-resources



Birth Companions is a charity specialising in the needs and experiences of women who face disadvantage and inequality during pregnancy and early motherhood, working with a focus on the criminal justice, maternity, social services and immigration systems. Birth Companions Find out more about our work at www.birthcompanions.org.uk or contact info@birthcompanions.org.uk