NHS
North East London

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

30 September 2022

Contents of this report

Note: 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.

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. Whist 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.

1.0 About this document

This strategy sets out our vision to ensure North East London Local Maternity and Neonatal System improves 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.

For more information contact:

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1.1 Equity and Equality Needs Assessment and strategy process

The Equity and Equality needs assessment has been conducted in direct response to the NHS 2021/22 priorities and operational planning guidance. Supplementing the Local Maternity Transformation plans developed in 2017.

The MBRRACE-UK reports about maternal and perinatal mortality show worse outcomes for those from Black, Asian and Mixed ethnic groups and those living in the most deprived areas. There is strong evidence highlighted in the NHS People Plan that: "…where an NHS workforce is representative of the community that it serves, patient care and…patient experience is more personalised and improves". If equity for mothers and babies is to improve, so must race equality for staff. The NHS has therefore set out two aims for maternity and neonatal care:

The two aims:

- equity for mothers and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas
- race equality for staff

The two-step process:

- Step 1 - an equity and equality assessment covering health outcomes, community assets and staff experience
- Step 2 - Co-produce equity and equality action plan, ensuring it is aligned with the health inequalities work of Integrated Care Systems

Step 1 needs assessment

- population needs analysis
- outline of our community assets
- summary of our staff experience data
- approach to co-production

Step 2 action plan

- Co-produce equity and equality action plan, ensuring it is aligned with the health inequalities work of Integrated Care Systems

Read more about the equity and equality local maternity system guidance in the supporting document.

1.2 Four pledges

Alongside the local maternity system guidance, the NHS has made four pledges to improve equity for mothers and babies and race equality for NHS staff in England.

In summary:

- Pledge 1: The NHS will take action to improve equity for mothers and babies and race equality for NHS staff
- Pledge 2: Local maternity systems will set out plans to improve equity and equality
- Pledge 3: LMSs will receive support to improve equity and equality
- Pledge 4: The NHS will measure progress towards the equity aims

Read more information in their four pledge document

1.3 Executive summary

North East London is a community of over two million people, living across seven boroughs and the City of London. It's the second largest health economy in the UK, with the highest birth rate and one of the fastest growing populations. Four of our boroughs are within the top ten most diverse Local Authorities in England and Wales, and five of our boroughs are in the twenty most deprived.

We know from the women and families we see, there are health, social and economic inequities and inequalities for women of Black, Asian and Mixed Ethnic backgrounds and those living in the most deprived areas when accessing and experiencing maternity services. Our initial needs assessment looked 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.

As part of our engagement and co-production in developing a strategy and action plan to help deliver improvements in this space, we worked with Healthwatch and Maternity Mates to better understand the experiences and expectations of the women in our care. By meeting women where they are, prenatally and postnatally, in a variety of community based settings, we were able to have rich discussions and gain a real insight into their experience of maternity services. By utilising face to face interviews, focus groups and survey responses, from maternity service users and staff, we were able to identify themes and areas for improvements.

The key themes focussed on engagement, communication, information sharing and consent. 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.

With these themes identified, an action plan has been developed, worked on collaboratively with maternity staff, public health colleagues, and Maternity Voice Partnership Chairs. The action plan will provide direction for the five maternity units in North East London to have an equity lens in all these areas. The action plan isn't necessarily about creating something new, in terms of pathways, processes or ways of working, but creating a culture that looks to the diversity of our people and provides safe, equitable and personalised care regardful of this.

Alongside this equity and equality action plan, we will work with our maternity units on the priorities and actions from the Ockenden Report, CQC reports and the Women's Health Strategy, ensuring plans are working together to ensure Black, Asian and Ethnic minority women and those living in the most deprived areas, feel supported and listened to, and that outcomes for these women improve.

This strategy and action plan is the start of change over the next five years. It will need to be a living document that is adapted and developed over time as environments change. The action plan is an overview for north east London, understanding that our communities have different needs, and each maternity unit will need to develop a localised plan to fulfil these needs.

We are committed to working together, as a system, to improve equity for mothers and babies and race equality for NHS staff.

2.0 Introduction

Equity means that all pregnant people and babies will achieve health outcomes that are as good as the groups with the best health outcomes. For this, maternity and neonatal services need to respond to each person's unique health and social situation – with increasing support as health inequalities increase – so that care is safe and personal for all.

We know that outcomes are poorest for those from Black, Asian and mixed ethnic groups, and those from the most deprived areas.

North east London is the most ethnically diverse Integrated Care System (ICS) 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.

With the highest birth rate in the UK, our population is expected to increase by 120,000 in the next five years, bringing our total population to over 2.2 million.

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

This report sets out our population background, the engagement undertaken with maternity service users and staff to understand their experiences and what they would like to see done differently, alongside supporting data, to support our equity and equality action plan for north east London.

2.1 Our area

North East London (NEL) is a vibrant, diverse and distinctive area of London.

The 2012 Olympics regenerated much of Stratford (Newham) and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities.

Additionally, the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel (Tower Hamlets) and confirmed funding for a new health and wellbeing hub in Redbridge, making it an exciting time to live and work in North East London.

2.2 Our people

North East London (NEL) consists of eight place based partnerships:

City of London	Hackney	Tower Hamlets	Newham	Waltham Forest	Redbridge	Barking and Dagenham	Havering

Population

- With a population of over 2 million, it is the second largest health economy in England.
- Our population is predicted to increase by 13% to 2.2 million by 2028.
- This growth is faster than the London average with the greatest growth at 20% expected in Newham.

Ethnicity

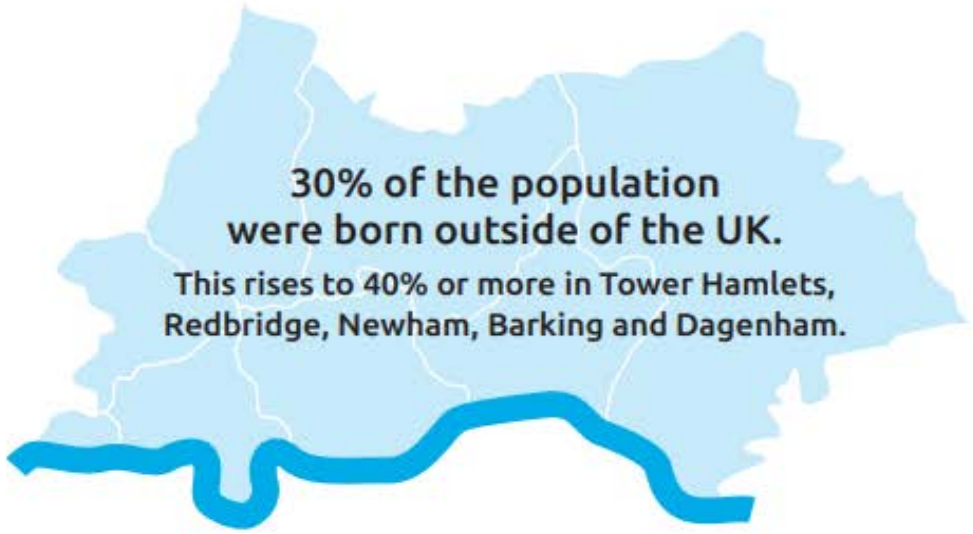
- Our local communities are richly diverse with over 50% identifying as Black, Asian and Minority Ethnic groups.
- Four of our boroughs in the top ten most diverse Local Authorities in England and Wales.

Deprivation

- Five of our boroughs are in the 20 most deprived in England.
- Many local people: rely on benefits, experience fuel poverty, unemployment and live in poor housing. There are significant variations across our boroughs in terms of health and care outcomes, population, services & quality, relationships between organisations and resources.

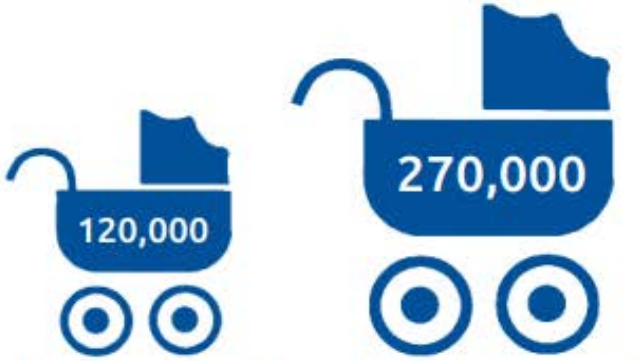
The population of north east London is 2.02 million

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...

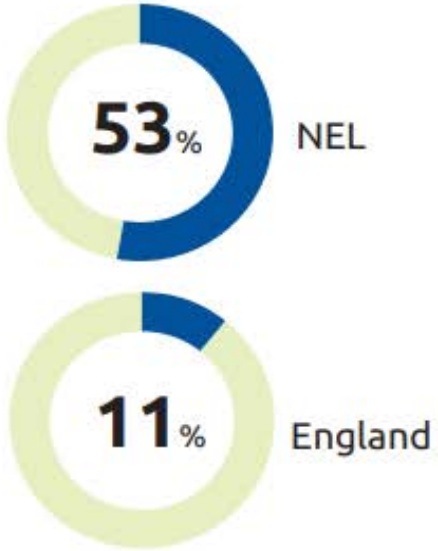
with population expected to grow by 120,000 in the next five years and by 270,000 in the next 20 years. This is equivalent to adding another place the size of Waltham Forest, Havering or Hackney.



Births (in 5 years) **Births (in 20 years)**

‘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.

NEL has among the most ethnically diverse and deprived boroughs in England

This map shows the prevalence and concentration of people of **Asian** ethnicity by neighbourhood - darker colours indicate higher %

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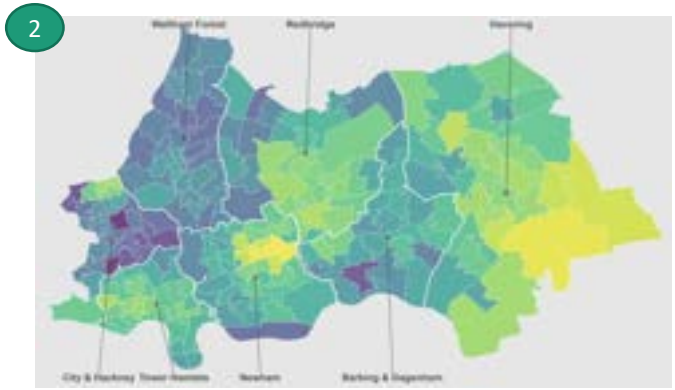

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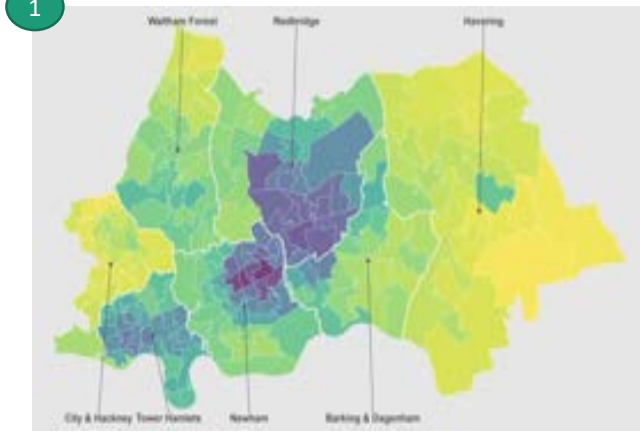

This map shows the prevalence and concentration of people of **Black** ethnicity by neighbourhood - darker colours indicate higher %

This map shows the prevalence and concentration of people of **Mixed** ethnicity by neighbourhood - darker colours indicate higher %

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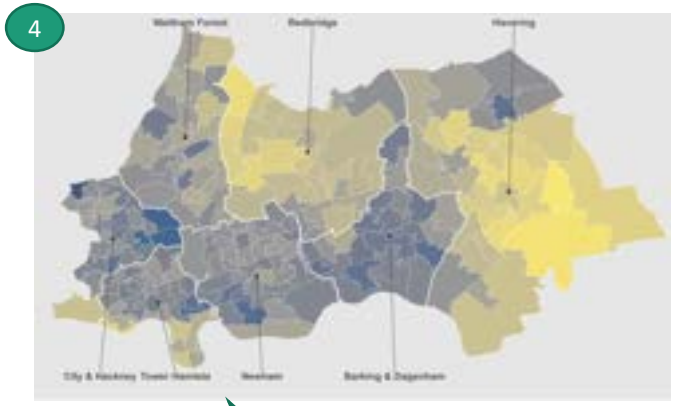

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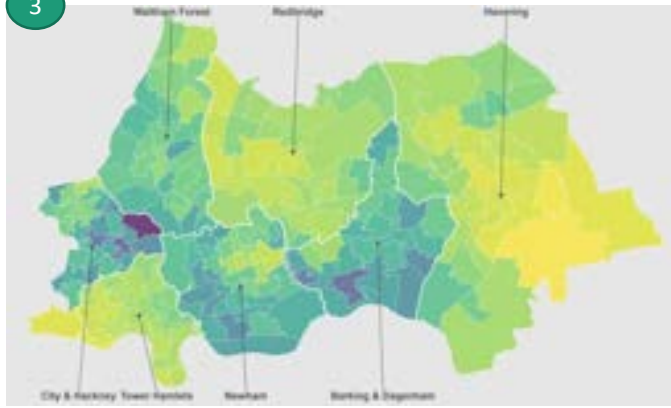


This map shows the IMD score - darker colours indicate higher deprivation

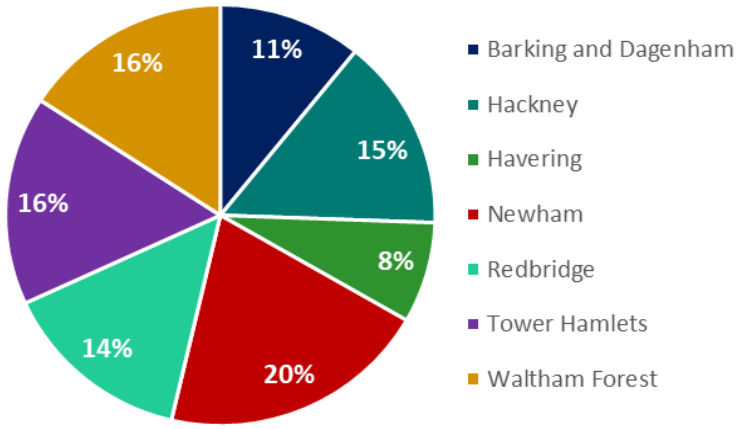
This diversity means that the effects of any inequalities are amplified as they impact more people

There were 25,950 babies born in NEL in 2020/21

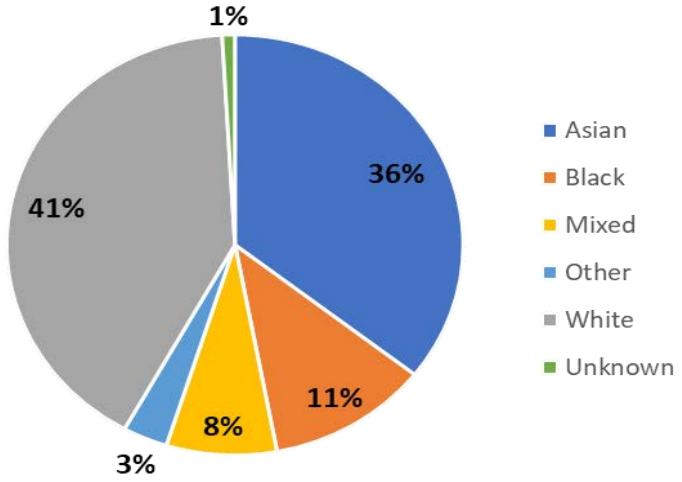
58% of those babies were born to Black, Asian, Mixed and Other ethnicity women

72% of those babies were born to women in two most deprived quintiles

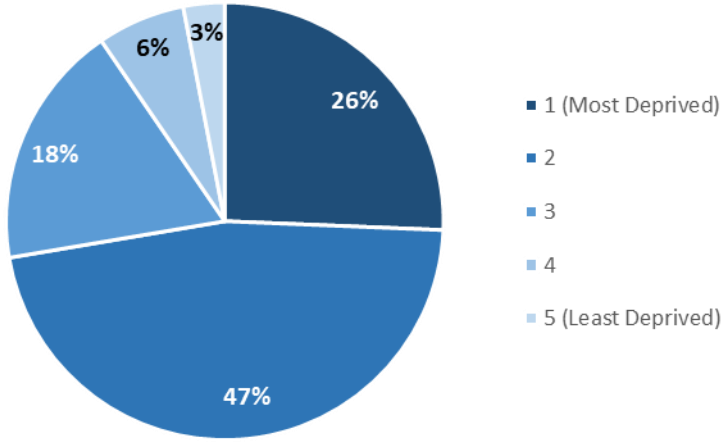
% of babies born by borough in 2020/21



% of babies born by ethnicity in NEL (2020/21)



% of babies born by deprivation quintile in NEL (2020/21)



Source: Hospital Episode Statistics (HES)

2.3 Our Local Maternity and Neonatal System

High quality, *safe*, *equitable* and *personalised care*

NEL Local Maternity and Neonatal System (LMNS) has a responsibility and duty to listen to all women and their families accessing maternity and neonatal services across NEL.

We want to continuously and actively collaborate, with all those who interact with our service, to improve access and health outcomes for mothers and babies, using their experiences to transform services with providers and other stakeholder.

North east London has the highest birth rate in the UK. Our health and care services must cope with this growth and continue to ensure the best possible outcomes for mothers and babies. We want to make sure that all babies born in north east London have the best possible start in life and that their parents experience the best possible pregnancy and birth.

There are three providers working over five acute sites for maternity services, each with an obstetric labour ward and a midwifery led unit. There are also two freestanding midwifery led birth units.

Barts Health Trust

- The Royal London Hospital
- Newham University Hospital
- Whipps Cross Hospital

Barking, Havering and Redbridge University Trust

- Queen's Hospital

Homerton University NHS Foundation Trust

- Homerton University Hospital

NEL LMNS is accountable to North East London Integrated Care Board (ICB) delegated to the Quality committee and the London Maternity Perinatal Board. NEL LMNS has a representative membership from sector-wide stakeholders to ensure clinical, system level and service user input is used to inform and direct targeted service improvement interventions.

Area covered by NHS North East London with hospital locations identified

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

2.4 Summary of analysis of inequalities across North East London Local Maternity and Neonatal System

Our initial needs assessment of inequalities in maternity outcomes was completed in November 2021.

The full report can be viewed on our North East London Health and Care Partnership website.

This section of the report reminds us of the key findings from the needs assessment.

The analysis focuses only on those pregnant women that gave birth in north east London in 20/21. It focuses on identifying potential inequalities across four main ethnic groups of pregnant women and babies (Black, Asian, Mixed, Other) relative to White women and across the 5 deprivation quintiles.

It looked at a vast range of metrics covering health outcomes and other relevant indicators that we know may have an important influence not only on health outcomes but also on the overall experience of women and babies.

2.5 Key findings from our needs assessment – NEL level (1)

1. The stillbirths among babies born to Black and Asian women are concentrated in 3 boroughs with rates markedly higher than for babies born to White women

- Overall across NEL, there were **90** stillbirths in 20/21. While we have calculated the rates across each ethnicity, without further analysis, the size of the sample means that any conclusions on the 'true' differences between ethnicities based on these numbers alone may not be reliable.
- Across NEL, the rate of babies born stillbirth was higher for babies born to Black women (**3.8 per 1000)** and Asian women (**4 per 1000**) compared to the rate for those both to White women (**2.6 per 1000**). This compares with the national average of **3.8 per 1000** babies.
- Stillbirths to Asian and Black women tend to be concentrated **in 3 boroughs** – Hackney, Newham and Waltham Forest – with the rates for babies born to Asian women (**6.5 per 1000**) and Black women (**9 per 1000**) being highest in Newham. The rate for Other ethnicities was even higher at **12.7 per 1000.**
- In contrast, there were stillborn babies born to White women **across all NEL boroughs** with the exception of Newham.

2. Babies born to Black and Asian women are more likely to have had a neonatal admission than those born to White women

- On average, nearly a quarter of babies born in NEL were admitted to neonatal care **(24%)** although there is a much higher degree of variation between boroughs. Havering and Barking and Dagenham had the highest proportion of admissions **(48% and 39%)** which was over 3 times the percentage of admissions in Hackney **(11%)**, Tower Hamlets **(16%)** and Waltham Forest **(12%).**
- On average at NEL level, Asian and Black ethnicities had the highest percentage of babies admitted to neonatal care **(27% for both)**, compared with **22%** for babies born to White women.

3. Babies born to Black and Asian women are also nearly twice as likely to have a low birth weight than those born to White women

- Across NEL, **11%** of babies born to Black and Asian women had a low birth weight – nearly **double the rate** for babies born to White women (**6%**). This disparity is largest within Hackney where the percentage of babies born with low birth weight of Black and Asian ethnicity is nearly **three times as high** as the percentage found for White ethnicities. In Waltham Forest and Tower Hamlets this difference is **twice as high**.

4. In total across NEL there were 5 women that died within 42 days of delivery (i.e. direct deaths)

- Concerns around Information Governance (IG) - in terms of risks around re-identification - mean that we are not able to provide a ethnic breakdown of this group of women
- Also, without further analysis (e.g. looking across a larger number of years) we are unable to draw any reliable conclusions on potential disparities across ethnicities on this sample alone.

2.5 Key findings from our needs assessment – NEL level (2)

5. We have been unable to collect and validate data at this stage on neonatal deaths or infant mortality

- It has not been possible within the time frame allowed for this analysis to collect, validate and analyse data on these outcomes and how they vary by ethnicity and deprivation status. This will be covered within the scope of the proposed next steps of our analysis into maternity inequalities.

6. Black women are more likely to have attended A&E than White women within 6 months of delivery

- On average across NEL, Black ethnicities **(11%)** had the highest percentage of women attending A&E within 6 months of delivery, compared to White **(7%)** and Other ethnicities **(7%)** who had the lowest percentage.

7. Women in Black, Mixed and Other groups tend to present to healthcare services at least 2 weeks later into their pregnancy than White women

- On average across NEL, Mixed women take an average of **11 weeks** into their pregnancy to present, Black women **11 weeks**, and women from Other ethnicities **10 weeks**, compared **8 weeks** for White women.
- In Newham, for example, the average gestational age at first contact was approximately **twice as high** for Black and Mixed ethnicities than White ethnicities (i.e. **9, 10** and **4 weeks** respectively). In Tower hamlets, Black and Mixed women made first contact between **3 and 4 weeks later** than White women.

8. Black and Asian women are also more likely to have attended A&E during their pregnancy than White women

- On average across NEL, **37%** of Black women **and 31%** of Asian women had at least **one attendance to A&E** during their pregnancy compared with **23%** among White women. This pattern is consistent at the borough level, with Black women having **the highest percentage of women** with an A&E attendance during pregnancy in all 7 NEL boroughs.
- The differences between rates among Black and White women are largest in Tower Hamlets and Newham. In Tower Hamlets, for example, the rates for these same two ethnicities are **42%** compared with **26%** and in Newham are **48%** compared with **35%.** Similarly, in Havering the rate among Black women (**23%**) is more than twice that for White women (**11%).**

9. Black women are also more likely than White women to have been admitted to hospital during their pregnancy

- On average across NEL, **38%** of Black women had at least one admission to hospital during their pregnancy compared with **29%** among White women.
- Hackney (as well as having the highest overall proportion of women with an admission), has the largest variation between ethnicities with **65%** of Black women having an admission compared with **50%** for White women.

2.5 Key findings from our needs assessment – NEL level (3)

10. Black pregnant women are almost twice as likely to be obese than White women

- On average across NEL, **36%** of Black women giving birth in 2021 were obese compared with **19%** of White women and **22%** of Asian women. The difference between White, Asian and Mixed women are relatively less marked.
- At the borough level, Black women also have the highest rates of obesity across every NEL borough with the exception of women of **Mixed ethnicity** in Barking & Dagenham where the rate is as high as **45%**

11. Asian pregnant women are more than 3 times - and Black women more then two times –likely to have diabetes than White women

- **26%** of Asian women had diabetes (T1/T2/gestational) compared with **15%** of Black women and only **7%** of White women. This is despite their having comparatively lower obesity rates than other ethnicities.
- Variations between ethnicities looks to be highest within Newham and Tower hamlets. Prevalence rates among Asian women in these two boroughs are **27-28%** compared with **17-19%** among Black women and **7%** among White women.

12. Black pregnant women tend to have higher rates of hypertension than White women

- Across NEL, the prevalence rate of hypertension among Black women is **higher** compared with all other ethnicities. On average **8%** of Black women that gave birth in 2021 have hypertension compared with **5%** among White women. And this disparity is a trend across all 7 NEL boroughs. In Havering the prevalence among Black women is by far the highest at **11%** and more than double that of White women at **5%**

13. Black and Asian women are less likely than White women to be taking folic acid in pre/early pregnancy although deprivation is potentially the more important driver underlying differences

- On average across NEL, the rate among White women is relatively higher than those among both Asian and Black women (i.e. **44%, 37% and 37%** and respectively)
- On average across NEL, deprivation appears to be **more closely correlated** with the likelihood of women having a (good) folic acid status. On average across NEL, the rate among women in the l**east deprived** quintile is **67%** which is **almost twice as high** as for those in the **most deprived quintile** (**36%).** This closely linked correlation may – in part – be explained by the cost associated with taking folic acid supplements for which women in the least deprived areas may be more able to afford.

14. Black pregnant women are more likely to be out of employment compared with all other ethnicities

- On average, **a higher proportion** of women in ethnic minority groups are not in employment compared with White women (i.e. **10-13%** across **BME** groups compared with **8%).** On average, the rate is highest among Black women at **13%.**
- As expected, deprivation appears to be strongly linked to the likelihood of being out of employment with **13%** of women **in** the most deprived areas not being in employment compared with **4%** in the least deprived **(i.e. more than three times the rate).**

2.5 Key findings from our needs assessment – NEL level (4)

15. There are no consistent trends in the rates for 'complex social factors' but this may be due to lack of reporting consistency

- **Redbridge** (**15%)** and **Barking & Dagenham** (**13%)** have much higher rates of women that gave birth in 2021 having complex social factors, with the rate in **Tower Hamlets (2%)** being the lowest. On average, the proportion of White women with complex social factors (**8%)** is either **very similar** or even **slightly higher** than compared with all ethnic minority groups **(6-8%)** with the exception for women of Other ethnicity **(9%).**
- However, the accuracy of these findings may be undermined by inconsistent reporting practices both within and across boroughs due to the relatively large scale and variety of factors that make up this indicator.

16. The likelihood of a vaginal delivery is relatively similar across ethnicities, with larger variations in unplanned C-section deliveries

- Across and between boroughs, the rates for Asian, Black and White women for vaginal deliveries (which do not include assisted vaginal deliveries) are **relatively consistent** at approximately **57%.**
- While the average rate of vaginal delivery for Mixed women across NEL is only slightly higher at **59%,** the rate among this group this **markedly** higher than in any other ethnicity in three of the boroughs: Newham **(71%),** Redbridge **(67%)** and Havering **(65%).**
- In contrast, average unplanned C-sections rates vary much more across borough from **4%** in Hackney to **24%** in Havering.

17. Black and Asian women are more likely to have an unplanned C-section compared with White women

- Overall across NEL, approximately **30%** of deliveries take place via C-sections (planned/unplanned)
- On average across NEL, Asian women **are twice as likely** as Mixed or Other women to have an unplanned C-section (**19**% compared with **9%)** and are also more likely than White women to give birth in this way **(13%) .**
- On average, Black women **are also more likely** than White women (and compared with other non-Asian ethnicities) to have an unplanned C-section **(i.e. 18%** compared with **13%).**

18. White women are twice as likely to deliver via forceps compared to Black women

- On average across NEL, **8%** of white women had deliveries via forceps' compared with **4%** among Black women.
- In contrast the average rates among Asian **(7%)**, Mixed **(7%)**, Other **(7%)** and White **(8%)** women are relatively similar.

19. Asian women are more likely than White women to have a second or third degree tear

- More than a quarter of women in all boroughs had a second degree tear**. 30%** of Asian women had a second degree tear compared with **25%** among White women and **19%** among Black women.
- Third degree tears are significantly more rare, with less than **3%** of women across NEL suffering from this. On average, the rate among Asian women is **3%,** higher than for White women **(2%)** and Black women (**1%).**

2.5 Key findings from our analysis – Borough level (1)

- Overall stillbirth rate of 3.4 in 1000 and one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated
- Babies born to Asian (10%) and Black (11%) women twice as likely as babies to White women (5%) to have a low birth weight.
- Black women (16%) **twice as likely** than White women (**8%**) to have had an unplanned C-section
- Black and Mixed women tend to present to healthcare services c.4 weeks later into their pregnancy than White women.
- Black, Asian and Mixed women more likely than White women to have attended A&E or been admitted to hospital with 6 months of delivery than White women
- Black and Mixed women are two times more likely that White women to be obese and Black women twice as likely to have hypertension

- Overall still birth rate of 3 in 1000 It was one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated
- Babies born to Black (14%) and Asian (15%) women nearly three times as likely than those to White women (5%) to have a low birth weight
- Babies born to Black women (20%) twice as likely to be admitted to neonatal care than those to White women (**10%)**
- More than half of women admitted to hospital during pregnancy with rates much higher among Black (65%) than White (50%) women
- Highest average rate of planned C-section across NEL (26%) with rates much higher for Black (37%) and Asian (30%) women than for White (22%)

- Overall stillbirth rate of 1 in 1000 and lowest in NEL
- Has the highest average rate across NEL of women having an unplanned C-section (24%) with rates for Black (32%) and Asian (28%) women are markedly higher than for White women (22%)
- Black women tend to present to healthcare services c.4 weeks later into their pregnancy than White women.
- Black women (11%) more than twice as likely as White women (5%) to have hypertension
- Asian women (25%) more than twice as likely as White women (10%) to have diabetes

- It has one of the highest rates of stillbirths across NEL at almost 5 in every 1000 births and one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated.
- Highest rates in NEL of stillbirths among Black, Asian and Other ethnicity women (**6.5 per 1000** among Asian women, **9 per 1000** among Black women, and **12.7 per 1000** among Other ethnicities)
- It has the **highest average proportion** of women giving birth to babies with **low birth weight** in NEL (c.1 in 10)
- Black and Mixed women tend to present to healthcare services more than 4 weeks later into their pregnancy than White women.
- Has among the largest disparities between Black and White women in attending A&E during pregnancy (and the largest average rate across NEL overall). Also has one of the largest disparities between Black, Asian and White women in diabetes prevalence

2.5 Key findings from our analysis – Borough level (2)

- Overall stillbirth rate of 2.5 in 1000
- Babies born to Asian (37%) and Black (34%) women much more likely those born to White women to be admitted to neonatal care (25%)
- Black women are twice as likely and Asian women are three times more likely to have diabetes than White women.
- Black women (9%) are three times more likely than White women (3%) to have hypertension
- Black women (35%) are much more likely to be obese than White women (20%)

- Highest overall stillbirth rate in NEL at 6.2 in 1000 and is based mainly by stillbirths to White women and those Unknown ethnicity – who have a very high rate at 12 per 1000 births
- Babies born to Black (12%) and Asian (11%) women are **twice as likely** to have a low birth weight than those born to White women (**5%**)
- It has one of the largest difference in rates between Black (42%) and Mixed (40%) women compared with White (26%) women attending A&E during pregnancy
- It is has the **highest** average rate across NEL of women attending A&E with 6 weeks as well as 6 months after delivery (7% and 10%)
- It has the highest average rate across NEL of diabetes prevalence (**21%) and has one of** the largest differences in rates between Asian (28%) and Black (19%) women compared with White women (**7%)**

- Overall stillbirth rate of 2.2 in 1000
- Second highest average rate across NEL of babies admitted to neonatal care (40%)
- Black women twice as likely than White women to have attended A&E and been admitted to hospital within 6 months of delivery
- Second highest average rate across NEL of women having an unplanned C-section (23%) with rates higher among Black (29%) and Mixed (29%) women compared with White women (21%)
- Mixed ethnicity women tend to present to healthcare services c.4 weeks later into their pregnancy than White women.
- Highest average prevalence rate of obesity (27%) across NEL with rates for Mixed (45%) and Black (35%) women markedly higher than among White women (25%)
- Prevalence of hypertension twice as high among Black and Mixed women compared with White women

2.6 Pandemic recovery

In March 2021, the NHS set out the COVID-19 recovery plan for patient care and staff wellbeing. The £8.1 billion plan is aimed to help the health service recover all patient services following the intense winter wave of COVID. The money, which is set out in the NHS Operational Planning Guidance included a £95 million for maternity services, to create new midwifery and obstetrician roles, providing more training and leadership programmes for midwives.

Much like all areas of the NHS, maternity services in north east London are still recovering from the COVID-19 pandemic, and recovery looks and feels different from place to place. Whilst visiting restrictions have lifted and birth partners are allowed to stay overnight again, recovery looks at more than just hospital footfall. Elements such as staffing levels, staff health and wellbeing, face to face antenatal classes and Maternity Voices Partnerships Walking the Patch and engaging with service users at local children's centres and community groups. It's about maternity unit tours, infant feeding services and in person birth reflection sessions. Whilst support and care was made available for pregnant women with online classes and digital apps, as we start to move to a place of recovery, beyond the pandemic, we need to look at the needs of our communities and our staff.

Trauma informed care looks at a complete picture of a patients situation. Both past and present, to understand what has happened, not what is wrong. Taking this holistic approach can improve patient experience and patient outcomes, as well as improving staff wellness. It comes with a cultural shift, not a behavioural one among staff at both clinical and organisational level, recognising the signs and symptoms of trauma, realising its widespread impact and understanding paths for recovery.

As we look to pandemic recovery and what this means both practically in terms of operational delivery, as well as culturally, in terms of staff wellbeing and how we care for pregnant women, the role of trauma informed care can contribute to both these areas significantly.

Our engagement with maternity service users and their advocates, as part of this work, demonstrated pandemic-related trauma being evident in throughout and is the prevailing context for both staff and service users.

2.7 Our vision

NHS North East London Health and Care Partnership's core purpose is to ensure that the population of north east London are healthy and thriving, with good levels of mental wellbeing, and have good access to high quality health and care services that wrap around the individual, and ensure the best possible outcomes. Our agreed ambition as a partnership is that we will work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity.

We will design and operate the NEL ICS in a way that; improves quality and outcomes, secures greater equity, creates value and deepens collaboration.

To help guide our work, together we have agreed four priorities where we want to create measurable change, these are:

Employment and workforce – to work together to create meaningful work opportunities and employment for people in north east London now and in the future

Long term conditions – to support everyone living with a long-term condition in north east London to live a longer, healthier life and to work to prevent conditions occurring for other members of our community

Babies, children and young people – to make north east London the best place to grow up, through early support when it is needed and the delivery of accessible and responsive services

Mental health – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London

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.

2.8 Current practices and projects to support health inequalities in our communities

- **Advocacy and support for women and pregnant people.** NEL LMNS commission Maternity Mates to support vulnerable women in Tower Hamlets, Newham and Waltham Forest through their pregnancy journey. This service has been supporting women for 10 years and continues to see an increase in referrals. A new pilot service named Cradling Culture has recently started in BHRUT, looking to support women where English isn't their first language, with trained volunteers. Homerton Maternity Unit are recruiting for an Equity and Equality Midwife, BHRUT have had an Ethnic Empowerment Midwife whose role is to proactively seek out and implement changes and solutions that will work towards reducing health inequalities and disparities faced by Black, Asian and Minority Ethnic women during pregnancy and childbirth, both in their outcomes and experiences, and all three Barts Health maternity units have Patient Experience Midwifes, all of whom are proactive in advocating for improving women's experiences and in in their care.
- **Information for women and pregnant people**. Since the beginning of the COVID-19 pandemic, NEL LMNS set up a number of online platforms to ensure women and pregnant people had a number of opportunities to seek information and ask questions, particularly around maternity service arrangements during this time and COVID-19 vaccinations. Tailored communications were shared across our Boroughs to reassure pregnant women from ethnic minority groups that maternity services are available during the pandemic. A Facebook group was set up for service users to ask questions and share information with each other, a number of webinars were hosted in the evenings, covering topics including; Celebrating Black Births and exploring the role of the COVID-19 vaccination in ensuring safety in pregnancy and fertility. The North East London Women's Experience Forum started during the COVID-19 pandemic as a monthly online forum anyone could join to ask questions of Senior Midwives, the forum still continues today with many maternity staff and maternity voluntary and community groups joining to ask questions on behalf of the women they support.
- **Independent Senior Advocate pilot** – NEL LMNS recently expressed an interest for funding for an Independent Senior Advocate role for maternity services across the system. The expression was successful, with funding for a pilot 6-month role due to be recruited in 2023.
- **Personalised Care and support plans (PCSPs).** PCSPs are all currently being recorded electronically and are also able to printed off if required for pregnant women and people who are unable to access digital resources for any particular reason, including social, religious or cultural reasons. BHRUT are already using the Baby Buddy App to capture their PCSPs.
- **Continuity of Carer** - All trusts have either paused or scaled back their plans to implement Continuity of Carer (CoC) due to workforce pressures. However once staff vacancies have decreased all maternity services in east London will prioritise implementing CoC to women living in more deprived areas. One team in NEL has been identified as and enhanced model supporting women from deprived areas or from Black, Asian and mixed ethnic groups.

- **MVP engagement and support.** MVP Chairs work closely with midwifes and maternity units to share feedback and suggestions from the women and pregnant they engage with. In person engagement sessions at local children's centres have re-started post COVID-19 in many of our Boroughs and feedback is reported to NEL LMNS. Ensuring our MVP Chairs and members are representative of the communities they support is important to ensure inclusion and accessibility. Information around ethnic diversity of our local MVPs has been requested from the MVP Lead for London and will be used to plan engagement with communities going forward.

- **Digital Transformation.** Digital and data workstream meetings including Digital Midwives, Data Analysts, Directors of Midwifery and IT department colleagues are led by the NEL LMNS every six weeks to discuss and plan digital transformation of maternity services. In addition to these sessions, there are also monthly Clinical Negligence Scheme for Trusts (CNST) and Maternity Services Data Set (MSDS) meetings with Digital Midwives and Data Analysts from all north east London maternity units. These meetings enable discussions as a group regarding to raise concerns with their data capture and ensure problems are resolved or escalated to the London Regional Team or to NHS Resolution. This meeting also allows a space to share learning and support across the sites. NEL LMNS is achieving 6/6 for their MSDS CNST submissions across all sites.

  Digital Midwives at each of the maternity units capture electronic data fields regarding vitamins, supplements and nutrition on their antenatal booking forms within their digital maternity systems to ensure all women and pregnant people receive appropriate information to support their health and wellbeing during pregnancy.

  The Baby Buddy app is a free pregnancy and parenting app available nationally. In February 2022, NEL LMNS has commissioned a localised version of the app, so anyone registering with a north east London postcode with have additional information regarding their local maternity units. With information including maternity helpline numbers, specialist services, contact information for Maternity Voices Partnerships (MVP) and push notification capabilities to share messages around winter vaccines, MVP community engagement events and online antenatal classes, it's proved to be a useful tool to share information with our communities. Registrations total 800-1000 per months, with over 8,500 in north east London by the end of November 2022

- **Infant feeding strategy.** Work is currently underway with infant feeding specialist at each north east London site to establish infant feeding support services, and data around breastfeeding. Each site has their own plans and strategy around this and will bring these together to establish a NEL LMNS breastfeeding strategy.

- **Maternal mental health services.** There are two maternal mental health services in north east London, these are provided by North East London NHS Foundation Trust and East London NHS Foundation Trust, between them they offer support to women and pregnant people in all Boroughs supported by NEL LMNS.

  OCEAN (Offering Compassionate Emotional Support for those Living Through Birth Trauma & Birth Loss) is a service for people who live or work in the London boroughs of City & Hackney, Newham and Tower Hamlets. TULIP (Trauma and understanding loss and infertility in perinatal period) is a service for people who live or work in the London boroughs of Waltham Forest, Redbridge, Barking and Dagenham and Havering.

  Both are integrated maternity and mental health services providing support for those affected by birth loss or birth trauma.

- **Smoke-free pregnancy pathways.** All maternity services in north east London are working towards implementing the recommendations outlined in the Long term plan to reduces the prevalence of smoking in pregnant women. All have the support of additional funding to employ specialist staff to implement smoke free pathways.

- **Culturally sensitive genetics services for consanguineous couples.** Equity & Equality: guidance for Local Maternity Systems (pp. 26, 29-30) made a commitment to roll out, in eight high need areas, culturally competent genetics services for consanguineous couples. There are two aims of this work:
    - improve access to genomics services for underserved groups; and
    - give families the opportunity to make informed reproductive decisions

  Applications were invited from LMNS's for funding to improve access to services for families at increased genetic risk associated with close relative marriage. Priority will be given to projects in eight high need areas. Newham was identified as one of these areas. North east London was successful in this application to employ a Close relative marriage midwife to develop a genetic literacy programme

- **Maternal Medicine Network.** The north east London Maternal Medicine Network is fully operational with a full establishment of staff, including Obstetric Lead, Obstetric Physician and Lead Maternal Medicine Midwife. Maternal Medicine is the specialist carte of pregnant women who either have a pre-existing medical conditions or pregnancy-related medical conditions. The network has set up a number of initiatives to ensure appropriate training and education is delivered to medics and midwives across all north east London sites, that Specialist Maternal Midwife posts have been created at all sites to ensure relationship building with Primary healthcare GPs and the ability to work on robust referral pathways and promotion of the Maternal Medicine service. Service development has seen an established specialist MDT across the network, establishment of pre-conception clinics, commencement of a joint liver clinic at the Royal London Hospital and connecting with MVPs and service users across the network to ensure co-design when appropriate.

- **Serious incidents.** When sharing learnings from serious incidents, information regarding ethnicity and language of service users will be recorded as part of the serious incident summary. This will allow for analysis to identify themes and consider approaches for improvements.

- **Family Hubs**. Six of our NEL boroughs will see new Family Hubs developed to share a single approach to working with families across a given area. Bringing together early intervention work delivered by the wide spectrum of early help services – the offer from Children's Services, Health Visiting, School Health, CAMHS as well as housing, maternity services and local voluntary service providers. . A more integrated workforce: A 'virtual' network of providers working with children 0 – 19 years, who share a single approach to working with families across a given area. Bringing together early intervention work delivered by the wide spectrum of early help services – the offer from Children's Services, Health Visiting, School Health, CAMHS as well as housing, maternity services and local voluntary service providers. A physical building: Using existing children's centre hub sites and sourcing new locations to provide the opportunity to bring families into a physical building - a focal point in the community where they can access help and information. The centre will also provide a space to co-ordinate a range of services which will be delivered at venues across the locality.

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3.0 Engagement with maternity service users and maternity staff Summary of feedback and analysis

Prepared by North East London Healthwatch

3.1 Summary

North East London Local Maternity and Neonatal System commissioned all seven north east London Healthwatch's to undertake engagement with maternity service users, their advocates and maternity staff to better understand their experiences of maternity services, and help form ideas and actions on how to make improvements.

Engagement was focused around two main methodologies, face to face interviews and focus groups, and an online survey. Both these methods were available and accessed by anyone with experience of north east London maternity services over the past four years, targeted engagement was focused on those from Black, Asian and Mixed ethnic background and those who live in the most deprived areas.

A summary of engagement methodologies from each of the Healthwatch boroughs can be found in appendix 1.

Engagement was vast, reaching all parts of our communities, and through utilising contacts and relationships with faith and community groups, Healthwatch leads and volunteers were able work with communities whose voice is seldom heard.

952 surveys were completed by service users and 76 by maternity advocates or staff. 87 interviews were conducted and 5 focus groups were hosted. Through this engagement rich, in depth discussions were had, understanding experience at all parts of the maternity journey. The survey asked questions about accessing GPs, ease of booking appointments and wait times. It explored similar questioning regarding midwife appointments, and sought to understand feelings of informed choice, respect and dignity and levels of comfort in communication and asking questions. The survey also looked at screening, urgent and emergency care and experience of giving birth.

Once analysed, the survey responses highlighted which groups of people experience services differently, and in what ways. Young mothers are more likely to see their GP during pregnancy, those from Black ethnicities are more likely to attend scans alone by choice, those from South Asian ethnicities are more likely to be accompanied by a friend or family members when giving birth and mothers on low incomes are less likely to plan on giving birth at home or in a free standing midwife-led unit.

The survey routed respondents through three pathways, depending on their previous responses. This meant we could seek views from; those who support pregnant women or work in maternity services, the advocate survey route, those who have been pregnant which resulted in a baby and those who have been pregnant which resulted in pregnancy loss.

We know from our initial needs assessment that stillbirths among babies born to Black and Asian women are markedly higher than for babies born to White women. Survey data specific to pregnancy and child loss can be found in Annex 1 (pages 46-102).

Interviews and focus groups provided an opportunity to explore a little further, not only to understand greater depth of experiences but also to establish ways in which to make improvements. Hearing about what service users would like to see, and how we could do things differently. The key themes identified through all interviews, across boroughs with all communities included; engagement, information sharing and trust, consent and co-production, discrimination, lifesaving care excellence and pandemic impact and recovery. The full engagement report with all thematic analysis in shown in Annex 1 (pages 46 – 102).

This section only provides a summary of the methodology, key findings and themes.

3.2 Methodology

To ensure a wide range of communities were engaged with and given the opportunity to feedback on their experiences, a mixed methods approach was use.

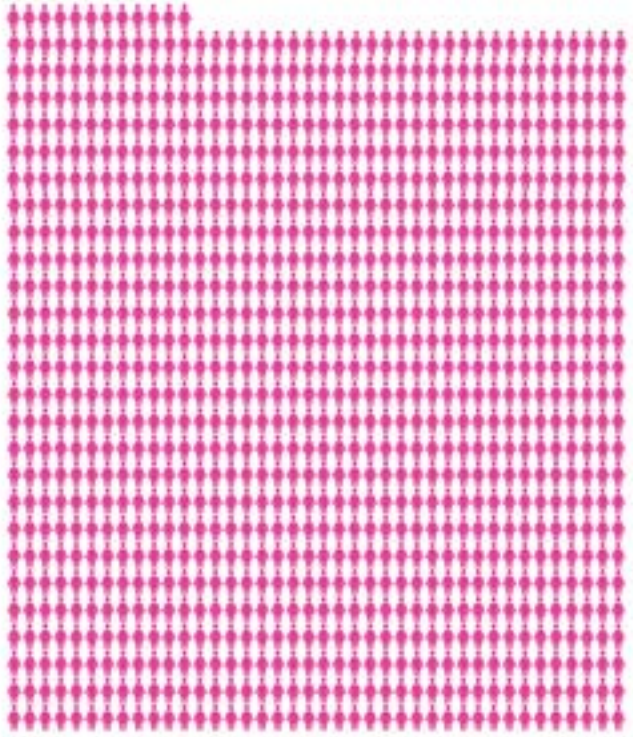
We wanted ensure everyone had the opportunity to feedback, meeting them in places they felt comfortable such as children's centres and community groups for 1-2-1 interviews and focus groups, as well as promoting widely the option of digital feedback via an online survey.

Our engagement focused on three areas:

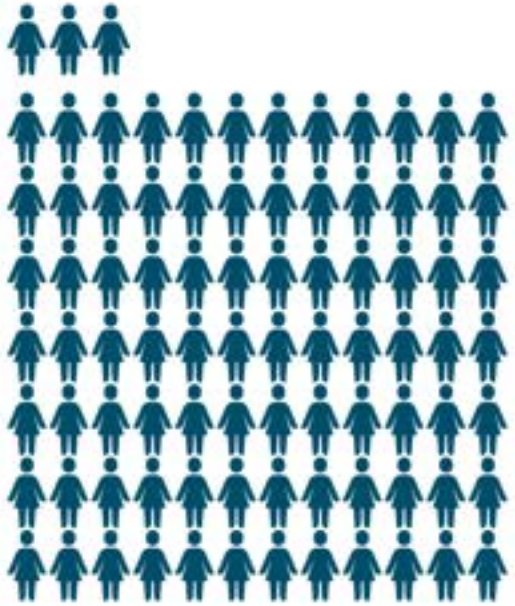
- A widely disseminated online survey was conducted with statistical analysis coded for Maternity Unit experience, and experience of services by ethnicity. Service users with experience of pregnancy loss, and advocates for women living with intersectional disadvantage were also asked to contribute. A large proportion of respondents from Newham (79%) was received. On analysis, thematic differences in the data after the Newham entries were extracted showed marginal differences except in ethnicity. This led to a late change in analysis to analyse responses by ethnicity, also in line with the equity and equality focus of the project. Routes of survey dissemination via social media, Instagram, email, community groups, faith communities are listed in Appendix 1 (pages 103 - 113).
- Local engagement to gather lived experience data with rich context was undertaken by each Healthwatch team across all the North East London. There was a wide and creative variety of approaches for face to face interviews, some telephone interviews and 5 focus groups. This led to a large, rich and ethnically diverse data set. The individual engagement strategies of each Borough are listed in Appendix 1 (pages 103 - 113). Healthwatch has a core function to engage with volunteers from the local community. A number of trained and appropriately assessed volunteers helped us to engage with our local communities, and strengthened the depth and reach of this work as a result.
- Maternity Mates independently conducted 13 qualitative interviews following their engagement with seldom heard groups, such as victims of domestic violence and female genital mutilation.

3.3 Data collected July- August 2022

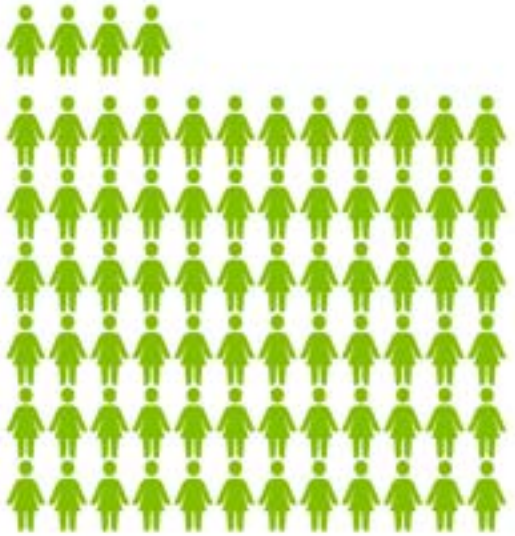
952
survey respondents



87
in-depth interviews focusing on maternity units.



76
advocate survey respondents



5
focus groups with Somali and Pakistani communities

3.4 Key findings

Through engagement with pregnant women and their advocates, a number of key findings were identified from the three data sets

Community Insights Data	Statistical analysis from survey data	Thematic narrative from interviews
• Coded data for comments about services showed the highest proportion being made about **support, quality and staff attitude.** These were the same themes identified in the NEL Community Insights Maternity Survey undertaken from April 2021 to April 2022 • **BAME communities were less likely to feel positive** about general quality and empathy; less likely to feel well-informed, involved and supported; and less likely to feel that services were easy to access	• The survey findings show **marked differences in the way that different communities experience services.** E.g. service users from Black ethnicities were significantly more likely to give negative feedback about their hospital experience than all other communities • 57% of service users **gave birth in a different way** or setting to their original plan • **Young mothers experience more access barriers** than other communities for GP services; were more likely to attend A&E or an early pregnancy Unit and were more likely to report emergency caesarean section • Digitally excluded service users felt that **services ran less smoothly** than other communities • 30% of service users who **experienced pregnancy loss did not speak to anyone about the grief** they were experiencing • Advocates felt the biggest challenges faced by their clients were service capacity; **language barriers and cultural issues** • Advocates recommend **cultural awareness training**; to involve service users in co-producing maternity services; to increase the number of multilingual advocates onsite; to increase early intervention and to provide support with transport costs	• Issues of **cultural competency and language barriers** are significant factors affecting the maternity journeys of ethnic minority service users; also corresponding to the survey findings • **Co-production** of maternity services would be highly desirable and requires a different approach • **Pandemic-related trauma** is evident in interviews and is the prevailing context for this study for both staff and service users

3.5 Themes

Through cross referencing the statistical and Community Insights trends with those thematic narrative from interviews and focus groups, six key themes were identified relating to pregnant women's experiences of their pregnancy and maternity outcomes, alongside three clinical areas that were reoccurring within these themes.

These themes are explored and explained further in Annex 1, and form the basis of our action plan.

Experience	Clinical
• **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	• **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

3.6 Maternity CQC Survey themes 2021

Following engagement and survey response, themes were cross referenced with the Maternity CQC survey themes from each of the North East London Trusts.

Details of these themes can be found on the next page in two tables: positive and negative.

- Those items in the positive table, where there was a majority positive response to that question, for each trust, the item is ticked.
- Those items in the negative table, where there was a majority negative response to that question, for each trust, the item is ticked.

Some negative themes focus around information sharing, be it regarding induction of labour or infant feeding. There are also negative areas around communication and not being able to talk to their midwife as much as they would like or concerns taken seriously.

These areas are in cohesion with the engagement, information sharing and trust and consent themes identified as part of the engagement undertaken by Healthwatch.

Summary of maternity CQC survey themes 2021

Positive scoring questions	BHRUT	Barts Health	HUH
Information re induction of Labour (IOL	√	√	
Staff aware of medical history of mother and baby	√		
Choice where to have P/N care	√		√
Given enough information about Covid restrictions	√		
Women felt listened to postnatally	√		
Partner able to be involved in care		√	√
Involved in decision to be induced		√	
Opportunity to ask questions postnatally		√	
Involved in decisions about care		√	
Involved in decision to be induced			√
Concerns taken seriously			√
Midwife asked about mental health			√

Negative scoring questions	BHRUT	Barts Health	HUH
Partner could not stay	√		
Left alone at a time that worried them	√	√	
Did not speak to a midwife as much as they wanted	√		
Partner not able to be involved in birth as much as they wanted	√		
In first 6 weeks did not recieve as much help as wanted	√		
Treated with kindness and understanding		√	
Getting help in hospital when needed		√	
Concerns taken seriously		√	
Cleanliness of hospital		√	
In hospital partners not involved as much as they wanted			√
Midwives did not give info re feeding baby			√
Given enough info re IOL			√
See a midwife as much as they wanted P/N			√

3.7 Violence and aggression towards staff

The NHS Long Term Plan and the NHS People Promise both demonstrate a commitment to the health and wellbeing of NHS colleagues, recognising the negative impact that poor staff health and wellbeing can have on patient care. Violence and abuse toward NHS colleagues is one of the many factors that can have a devastating and lasting impact on health and wellbeing. Therefore, a fundamental part of our partnership work around health and wellbeing is focused on the prevention and reduction of violence and abuse toward NHS colleagues. The primary aim of the violence prevention programme is to embed a culture where our NHS colleagues feel supported, safe and secure at work.

The 2021 NHS Staff survey, of which there were nearly 600,000 responses from 220 NHS trusts, found that:

- 14.3% of NHS staff have experienced at least one incident of physical violence from patients, service users, relatives or other members of the public in the last 12 months. In the ambulance sector, paramedics have experienced a much higher volume of abuse (31.4%).
- The impact on staff is significant, with violent attacks contributing to 46.8% of staff feeling unwell as a result of work-related stress in the last 12 months, with 31.1% said thinking about leaving the organisation.

We know that violence and aggression towards staff in maternity units across north east London is also prevalent. Directors of Midwifery have stated their staff have experience this, and want to ensure this is acknowledged and addresses within this work and action plan. The Local Maternity and Neonatal System workstream lead with work with Trust to identify if there is an increasing trend.

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4.0 Action plan

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

4.1 Action plan overview

The action plan has been formed based on the feedback and recommendations from the engagement interviews, surveys and focus groups undertaken by Healthwatch and Maternity Mates.

Ideas, actions and indicators were formed in discussions with the Maternity Equity and Equality Task and Finish Group that included support and involvement from maternity staff, patient experience midwives, consultant midwives, public health colleagues, GP clinical leads, commissioners and MVP Chairs.

The action plan is to be a living document that will change over time as items change and update, more information is learnt or known, and the ever changing environment in which maternity teams work continues to transform.

It was noted that these actions, in part, need to be in line with existing actions from the Ockenden report, CQC reports, Trust plans and objectives, Women's Health Strategy and the NHS Long Term Plan, to ensure a joined up approach.

The actions in this plan follow the themes identified in the engagement work, with many of them looking at scoping or understanding details further, before being able to formalise into specific outcome driven actions.

We will continue to work with those involved in the Task and Finish Group to ensure actions are based on the feedback and recommendations provided maternity service users and their advocates, and maternity staff. These actions will also be developed to ensure they are relevant to the environment in which they are applied, are viable in terms of existing plans and strategies and are feasible in terms of resourcing, be that staffing or otherwise.

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 has been approved by the North East London Local Maternity and Neonatal System Board and Senior Responsible Officer, Chief Nurse.

4.2 Timescale framework

As part of the action plan, as well as area of focus, action and measure, a time frame scale has been added to each action.

The ‘do now, do soon, do later’ framework is an adaptation of the ‘now-next-later’ framework. Designed to guide direction of a strategy and provide an overall vision of priorities without promising specific delivery dates.

The action log for the maternity equity and equality strategy 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.

As work progresses, some of these timelines may change. Many of the actions are around scoping or exploring practices, training or new ways of working. They don’t necessarily have a specific timeframe or deadline, therefore this framework works well to establish an order sequence whilst allowing flexibility depending on the outcomes of scoping.

4.3 Engagement – actions (1)

Focus	Actions	Measure	Timeline
Trauma informed care	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 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. Work with HoMs, DoMs and LMNS workforce lead to understand staff culture among maternity units and how best to support and/or improve staff health and wellbeing	Increase % staff undertaking trauma informed care training Increase % improvement on staff survey responses, specifically related to health and wellbeing as well as overall response Increase % improvement on positive responses on feedback for maternity services	Do now
Community asset mapping	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 Appendix 3 (pages 162-169). 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.	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	Do now
	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	Share data and outcomes of the survey with maternity units	Do soon / Do later depending on survey report dates

Engagement - actions (2)

Focus	Actions	Measure	Timeline
Gathering feedback	Work with 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
	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. Develop a reporting model to across all feedback platforms to link in themes and identify improvement areas	Summary reporting for LMNS Board, with standing item regarding patience experience at each meeting	Do soon
Co-production	Work with MVP Chairs, voluntary organisations and Healthwatch to establish further engagement and co-production working on areas around patient experience. 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	Schedule of planned engagement events throughout the year in different community settings with different groups to hear experiences and gather feedback	Do later

4.4 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 recourses 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 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 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 registrations year on year Time spent on the app increased across users % increase of staff undertaking e-learning training package	Do soon
	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	Explore the provision and necessary resource required to establish a NEL maternity helpline that is active 24/7 Establishing feedback and data from Trusts on current usage of maternity helplines, accessibility, staffing and success rate		Do later
Communication support	Explore the possibility of a dedicated communications resource per maternity unit, providing support for communication, engagement and patient experience work. With so much information to regularly create, update and share, having an allocated communications professional to assist midwifes in this space to help with information sharing and informed consent		Do later

4.5 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 Engage with LMNS workforce lead to understand how this approach can be undertaken at each trust, whilst maintaining a NEL overview		Do now
	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

4.6 Reoccurring clinical themes

Three distinct clinical areas came through as recurring themes from the qualitative in-depth engagement that took place across all Boroughs. These three areas were:

- Diabetes
- Triage
- Early labour

Where themes of engagement, information sharing and trust, and consent were evident throughout, they were often associated with challenges or improvements that could be made in these areas.

As part of the overall action plan, these areas have been identified as pilot areas of impact, allowing us to measure feedback and experience in these areas to see impact of where improvements and positive changes have been made.

To demonstrate some of the conversations regarding these clinical areas that took place during our engagement, three case studies have been identified and shared on the following pages.

4.7 Diabetes case study

‘Was admitted again from Day Unit in the morning, where I was having daily observations, to Antenatal Ward so to observe blood sugars due to having erratic and bad hypos ahead of planned C-section in the morning. No-one took my lunch order, I asked 3 times, and then lunch was delivered and I had nothing to eat. Had to request a special order so not to have a hypo. Was made to feel like I was asking a lot! Had a hypo of 2.9 just an hour and a half after eating a large lunch and told the Nurse who said, ‘just go eat something!’ I had biscuits that were in my handbag and tested after 10 minutes; it went to 4.2. Tested again after this and it had dropped to 3.4. Told Nurse I needed help with my sugars and was very worried. My Diabetic Midwife was shocked when I told her what had happened when she came to visit me. I did ask the Nurse if she knew what to do with diabetic needs as 2.8 could be a coma/fatal; she replied that I had to, ‘stop testing and stressing!’

No nurse checked my blood sugars the whole time I was on this ward [24 hours] – although it was the main reason I was admitted! Baby was born at 9.30am and taken straight to NICU with hyperglycaemia and suspected sepsis. Was meant to have my own room due to baby in NICU but this did not happen.’

4.7 Triage case study

‘I rang the Triage line at 38 weeks pregnant because I had just tested positive for Covid. I was really alarmed. I couldn’t get in touch with my midwife. It can be really hard to wait for an hour, especially in an urgent situation. I was given the impression of being a time-waster. The person on the phone asked if this was the only reason I had rung. I felt dismissed and stupid. I then didn’t attend my next appointment due to Covid and the Consultant Midwife rang me to ask if I was OK. This was really amazing, she totally rescued the situation. She reassured me, told me to keep drinking and if anything was worrying me about the baby to come in. She listened to how I was feeling, she was caring and concerned and rescheduled my appointment.’

4.7 Early Labour case study

‘A day before I gave birth to my second baby in April 2021 my water broke. I contact the midwife and she told me to go to the hospital straightaway, which I did. There was someone in the midwifery team but I’m not sure who she was and what her title was but she wasn’t a midwife. I think she was someone who's taking the blood pressure. She checked the dilation and she said that I am only at 3cm. She suggested I should go for a walk for four hours and then come back. When I did come back, I was in a pain and even in agony. I felt I was having labour contractions. I was also very tired from walking and wanted to take a seat and head towards the chairs close by. The same person was there and she rolled her eyes shouting at me saying that I shouldn't sit anywhere because she just disinfected the place and that I wasn’t allowed to. She also said that I am still too early and I should go and come back again in 3 hours. She didn’t even check on me but stated that it is just too early. I then had to leave and go home and came back after 3 hours still in very much pain. The same person was again rolling her eyes on me saying that I am still too early and should go back. She was telling me “Why are you here? Why are you crying, you should go home.”

Then another person came and checked my dilation. She told me to go home and not to come until the following morning at nine or 10am when I will be induced. Two hours after that while at home I started getting contractions more frequently and the pain was unbearable. My husband took me straightaway to the hospital and it was the very same lady there who continue saying “why are you here, you are only on 3cm. you shouldn't be coming now”. And she wasn’t at all nice when she was saying that. So my husband had to interfere and said to her, “don't talk to us like that. I need someone to check her because she has contractions every one to two minutes.” They finally checked on me and the dilation was already on eight centimetres. I then delivered the baby within an hour. So if I would have listened to them, I would have had the baby at home.’

NHS
North East London

Annex 1
Local engagement of maternity services across north east London full report

Prepared by North East London Healthwatch

NEL Healthwatch: NEL NHS in collaboration with Maternity Mates

July/August 2022

Index

North East London research context

Provided in collaboration with Maternity Mates

- North East London (NEL) has four of the ten most diverse Local Authorities in England and Wales. As such, women living in NEL are more likely to experience health inequalities when accessing maternity services. The National Health Service England (NHSE) has asked Local Maternity Systems (LMS) to focus on their five priorities to improve equitable maternal and neonatal care
- Recent adversity has exacerbated existing health disparities between populations from different demographic factors. With regards to maternal and neonatal care, Black and Minority Ethnic women are disproportionately affected by poor maternity services nationally, with Black women four times more likely to die in pregnancy childbirth that white women; Asian and mixed-race women are twice as likely. At present, there is a gap in mortality rates between women from deprived and affluent areas during pregnancy and childbirth. Not only does North East London (NEL) have some of the most deprived areas in Britain, it has the second largest health economy in the UK and one of the fastest growing populations. For women with different and intersecting demographic factors, living in NEL, there is a need to evaluate the equity and equality of their experience
- The NHSE's aim is to improve equitable care for Black, Asian and Mixed Ethnic mothers and those living in the most deprived areas. This report aims to amplify the voices of the Black, Asian and Minority Ethnic women, and women from deprived areas, who took part in this study and contribute to understanding of their experience and perspective.

Healthwatch research questions

- This project was refined in discussion with the NEL Maternity and Neonatal System to address:

- Maternity service user experience over the last 4 years, including that of pregnancy loss, for residents of North East London with a particular focus on ethnic minority community views;
- To particularly ascertain the views of service users about what could have been improved, again with a focus on ethnic minority service users
- To gain the perspective of advocates for women living with intersectional disadvantage
- To gain a broad picture of service user experience by a widely disseminated survey
- To gain in-depth lived experience data from local contexts across the North East London Boroughs
- To utilise the strength of Healthwatch teams with strong and embedded community links to access seldom heard groups

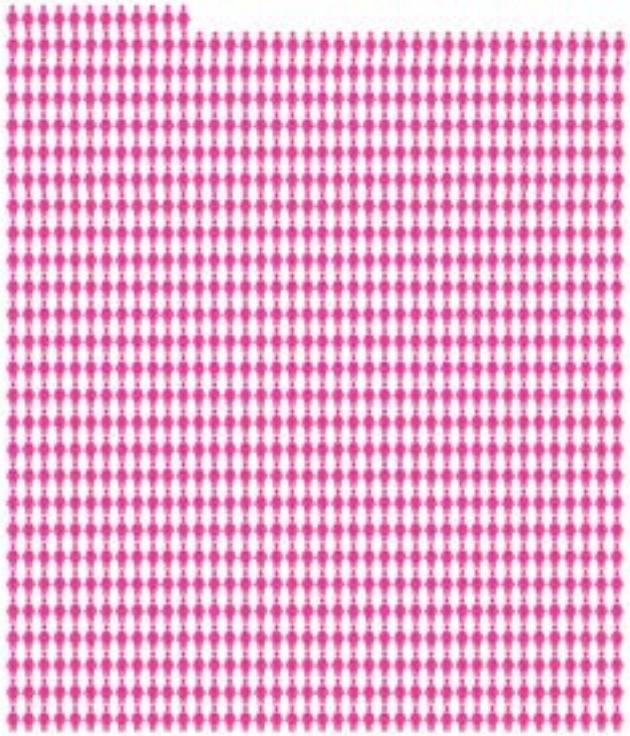
Methodology

A mixed methods approach to focus on service user experience was undertaken:

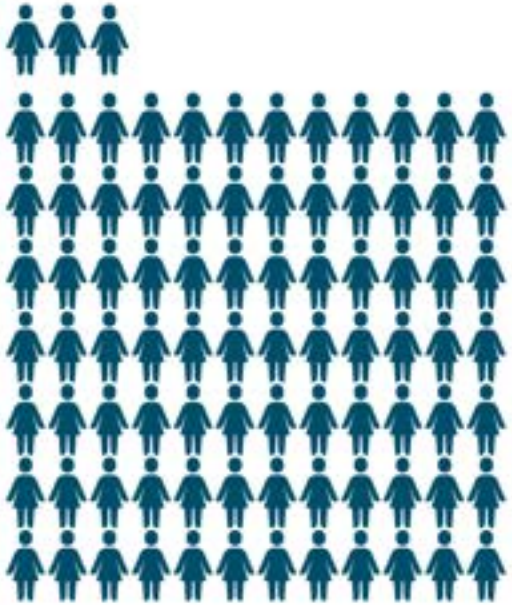
- Firstly, a widely disseminated online survey was conducted with statistical analysis coded for Maternity Unit experience, and experience of services by ethnicity. Service users with experience of pregnancy loss, and advocates for women living with intersectional disadvantage were also asked to contribute. We received a large proportion of respondents from Newham (79%). On analysis, thematic differences in the data after the Newham entries were extracted showed marginal differences except in ethnicity. This led to a late change in analysis to analyse responses by ethnicity, also in line with the equity and equality focus of the project. Routes of survey dissemination via social media, Instagram, email, community groups, faith communities are listed in Appendix 1.
- Local engagement to gather lived experience data with rich context was undertaken by each Healthwatch team across all the North East London Boroughs. There was a wide and creative variety of approaches for face to face interviews, some telephone interviews and 5 focus groups. This led to a large, rich and ethnically diverse data set. The individual engagement strategies of each Borough are listed in Appendix 2. Healthwatch has a core function to engage with volunteers from the local community. A number of trained and appropriately assessed volunteers helped us to engage with our local communities, and strengthened the depth and reach of this work as a result.
- Maternity Mates independently assisted us with 13 qualitative interviews following their engagement with seldom heard groups, such as victims of domestic violence and female genital mutilation.

Data collected July/August 2022

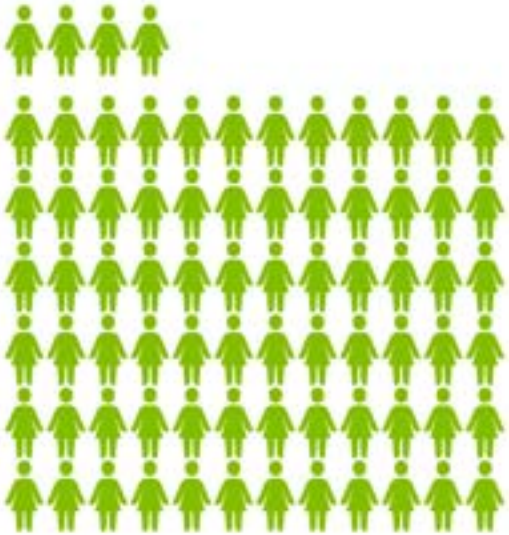
952
survey respondents



87
in-depth interviews focusing on maternity units.



76
advocate survey respondents



5
focus groups with Somali and Pakistani communities

Types of data

- High level data: statistical survey data
- Mid-level data: qualitative interview and focus group transcripts, and comments from the survey added to the Community Insights System for analysis of key trends
- Lived experience data from interviews and focus groups, analysed by hand; narrative thematic analysis giving rise to core themes drawn from service user recommendations

Process of thematic analysis for service user recommendations – patterns and meaning in the data

1. Data familiarisation
2. Coding each section of the data
3. Creating common themes from the large number of codes generated
4. Reviewing themes and checking they are a good fit for the codes
5. Generating clear definitions and names for each theme
6. Producing the report with clear and illustrative case studies and quotes for each theme

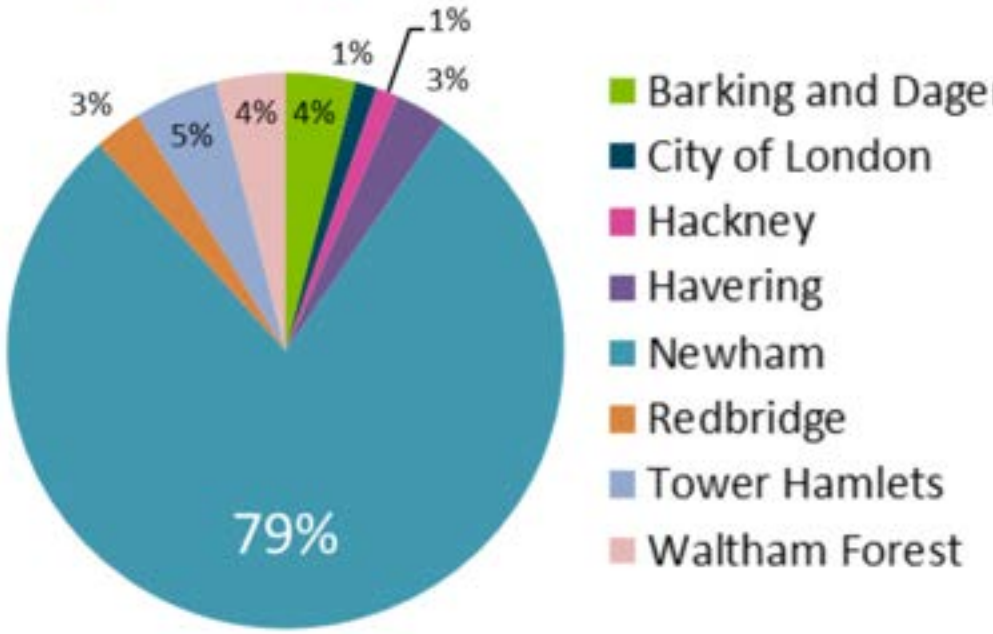
Braun and Clarke (2006)

Survey findings – service user and advocate surveys

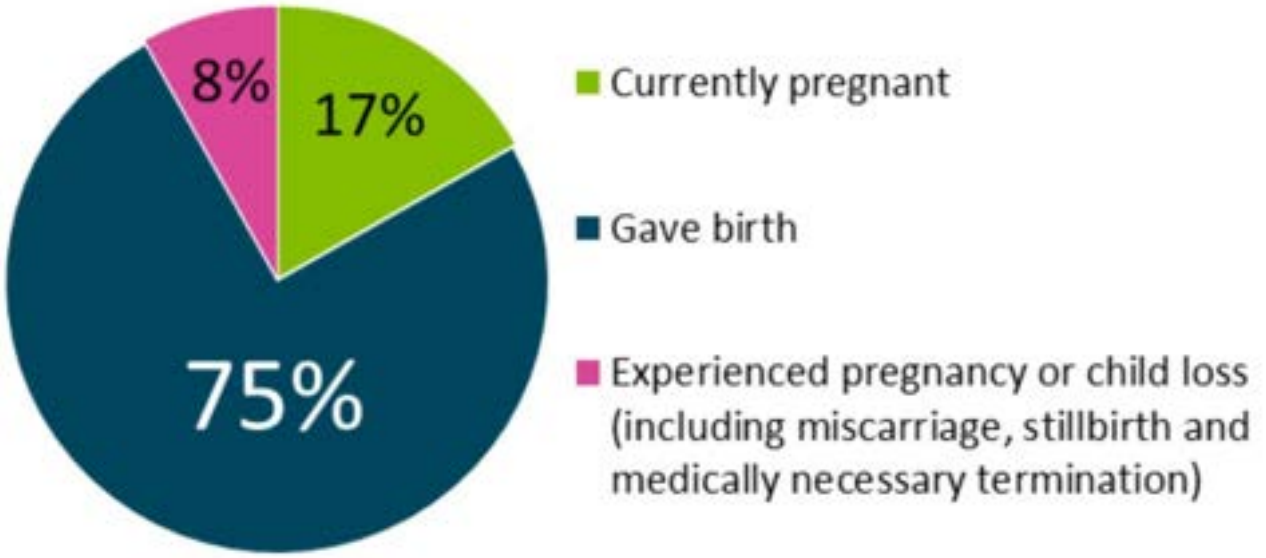
- The Survey findings show marked differences in the way that different communities experience services. For example, service users from Black ethnicities were significantly more likely to give negative feedback about their Hospital experience than all other communities
- 57% of service users gave birth in a different way or setting to their original plan
- Young mothers experience more access barriers than other communities for GP services; were more likely to attend A&E or an early pregnancy Unit and were more likely to report emergency caesarean section
- Digitally excluded service users felt that services ran less smoothly than other communities
- 30% of service users who experienced pregnancy loss did not speak to anyone about the grief they were experiencing
- Advocates felt the biggest challenges faced by their clients were service capacity; language barriers and cultural issues
- Advocates recommend cultural awareness training; to involve service users in co-producing maternity services; to increase the number of multilingual advocates onsite; to increase early intervention and to provide support with transport costs

Survey findings – service users

863 respondents by borough



Pregnancy outcomes



GP services used

1% were not registered with a GP or didn't know how to notify them.

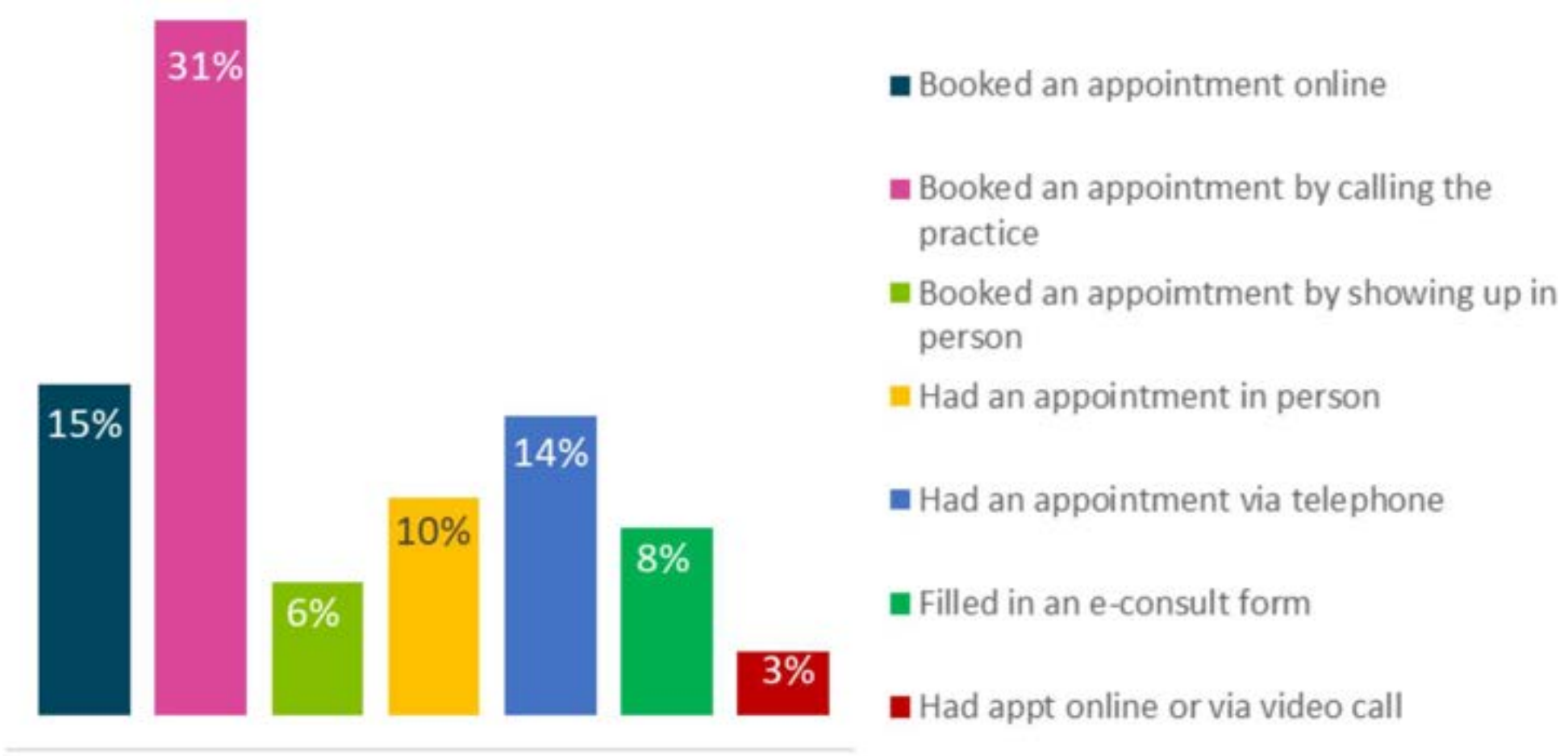
More likely to report seeing a GP:

- Young mothers (under 24)
- South Asian ethnicities, particularly Indian.
- Basic level of English

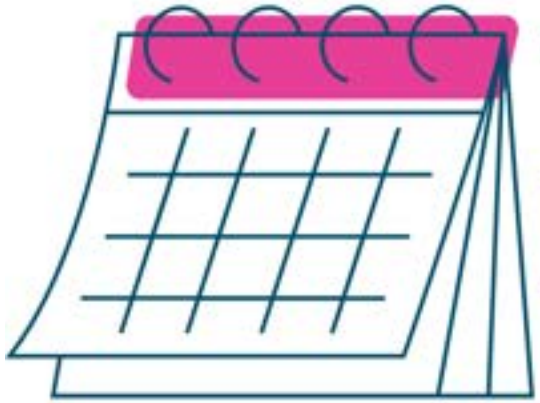
Less likely to report seeing a GP:

- White British
- On higher incomes

How women used GPs during pregnancy



How easy or hard people found making GP appointments

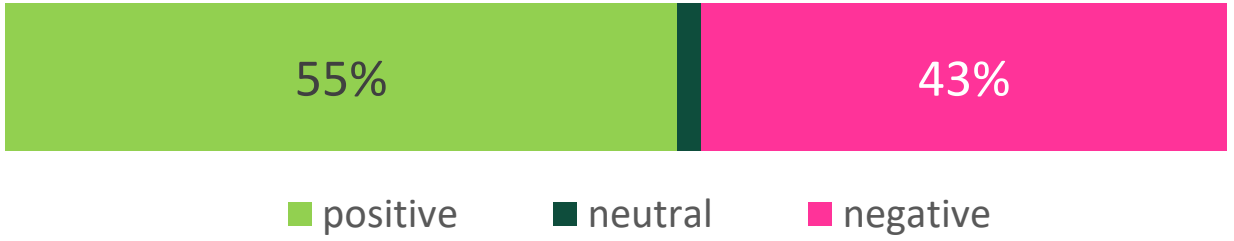


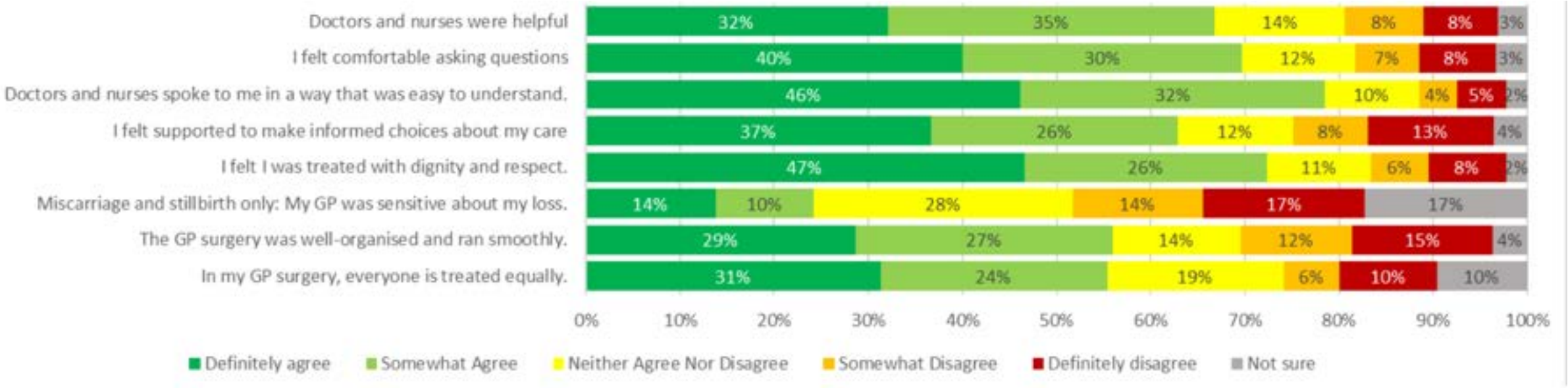
Who found it hardest to make an appointment?

- Young mothers (aged under 25)
- Pakistani, Indian and Black Caribbean ethnics.

Experience of GP services

Experience based on coded qual data:

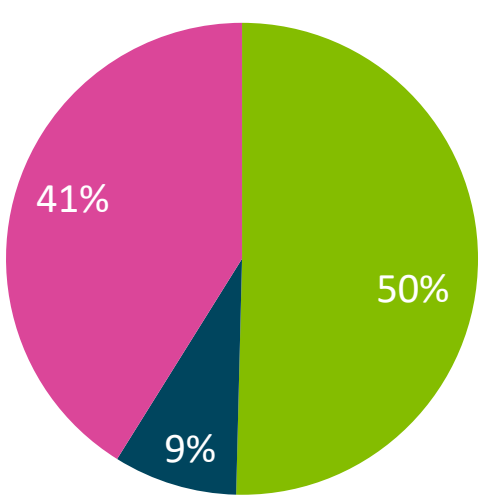


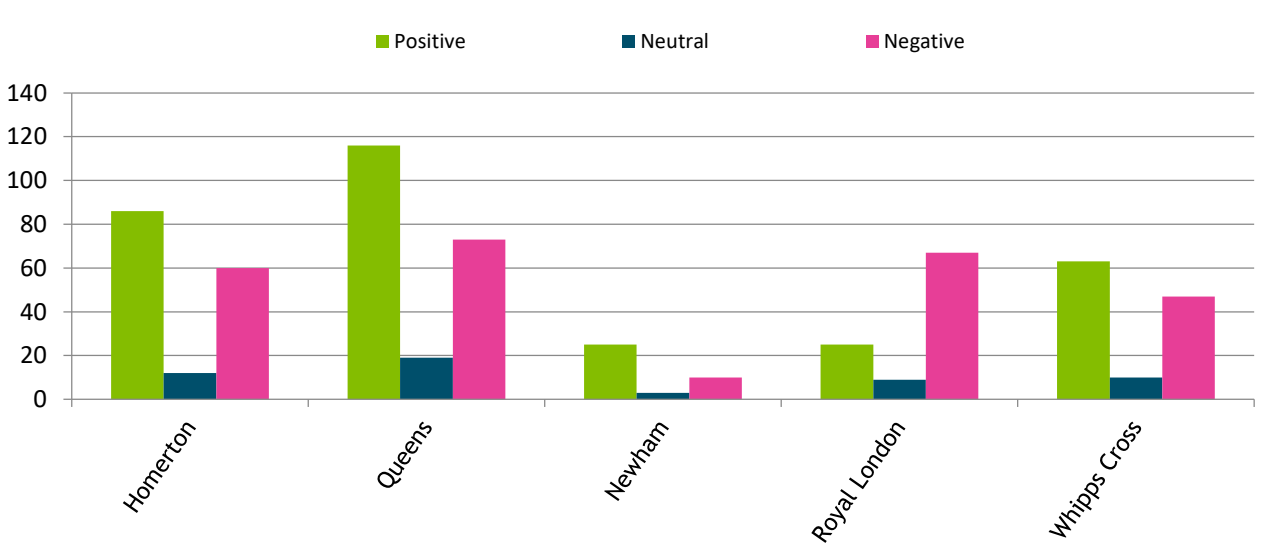


Hospital services

Experience based on coded qualitative data:

All hospitals:

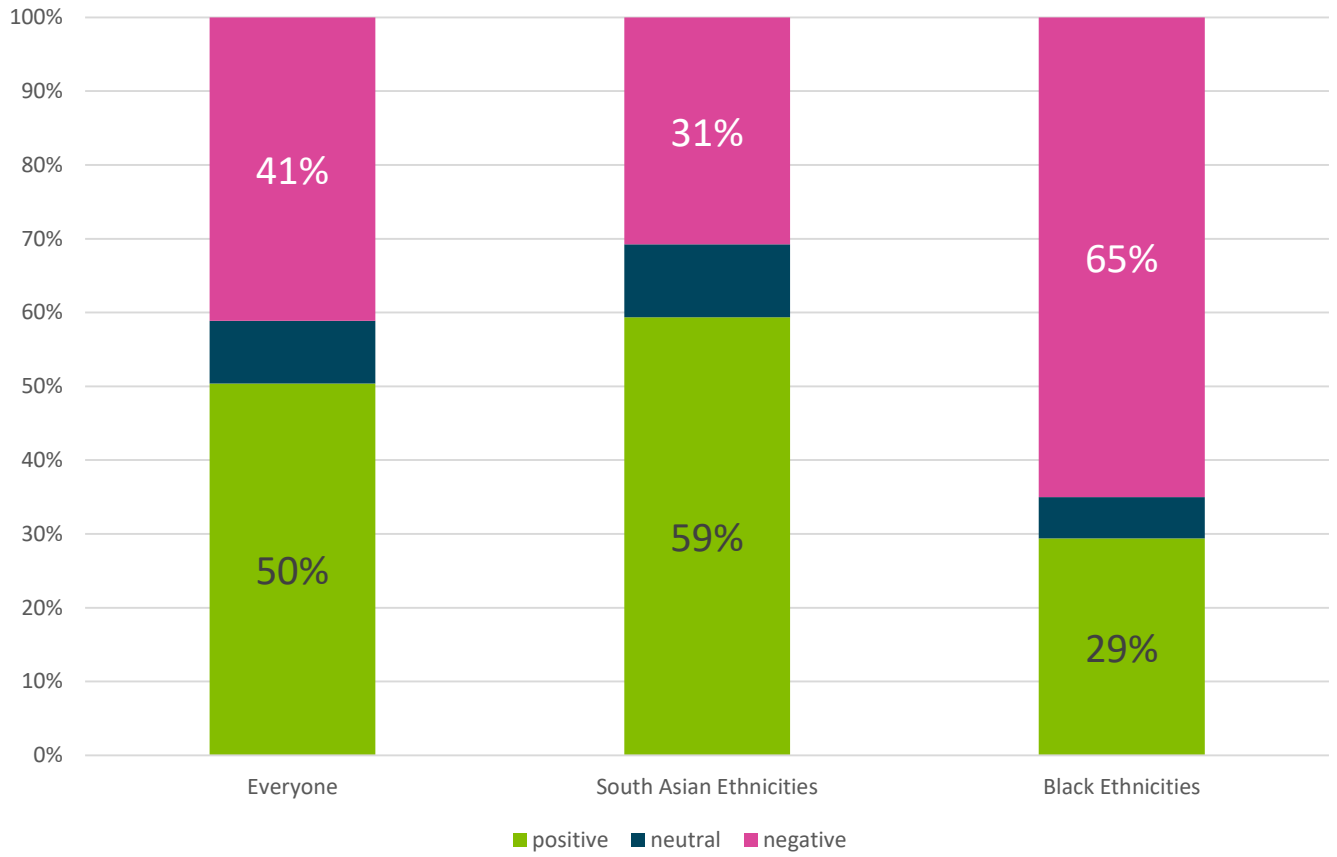




Including antenatal services, birth and postnatal

Hospital services

Experience based on coded qualitative data:



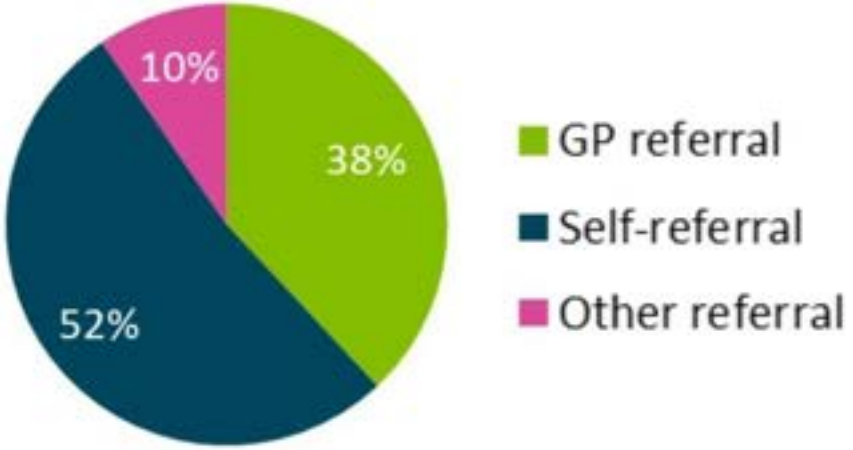
Patients of South Asian ethnicities gave slightly more positive feedback than average; on the other hand, patients of Black ethnicities gave significantly worse feedback.

Midwife appointments

92%

of respondents had at least one midwife appointment

How people accessed midwives



Waiting times for a midwife appointment

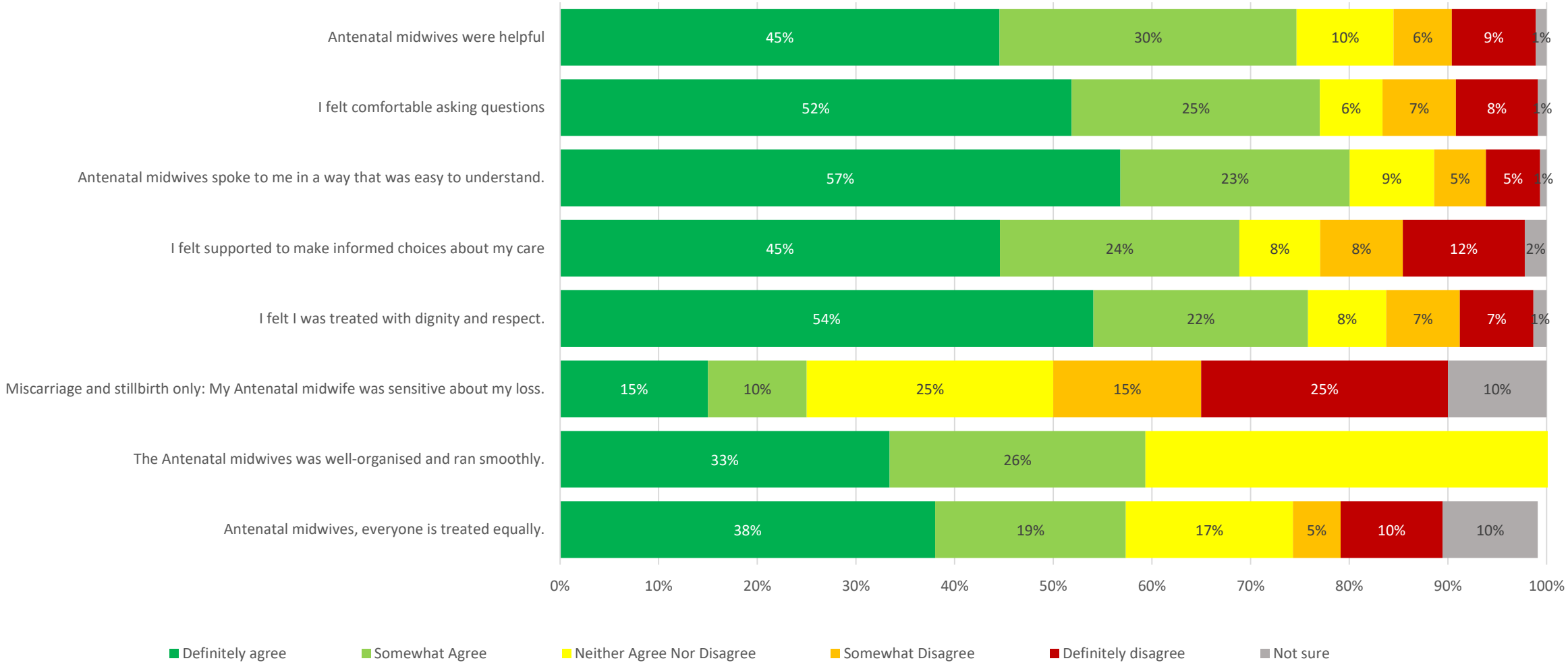
How patients felt about it

Most referrals that were not from a GP were from a hospital service.

Young mothers (aged under 24) were more likely to be referred by a GP.

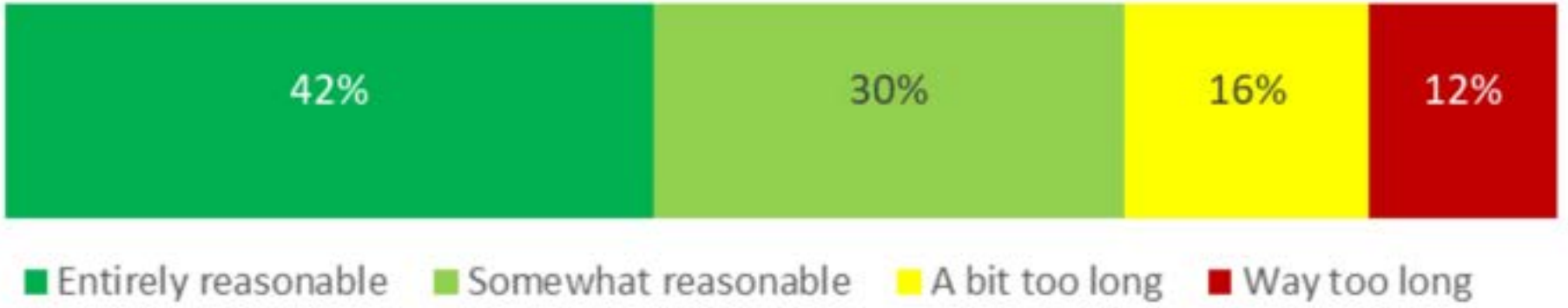
Women on higher incomes and educational levels were more likely to self-refer.

Midwife appointments

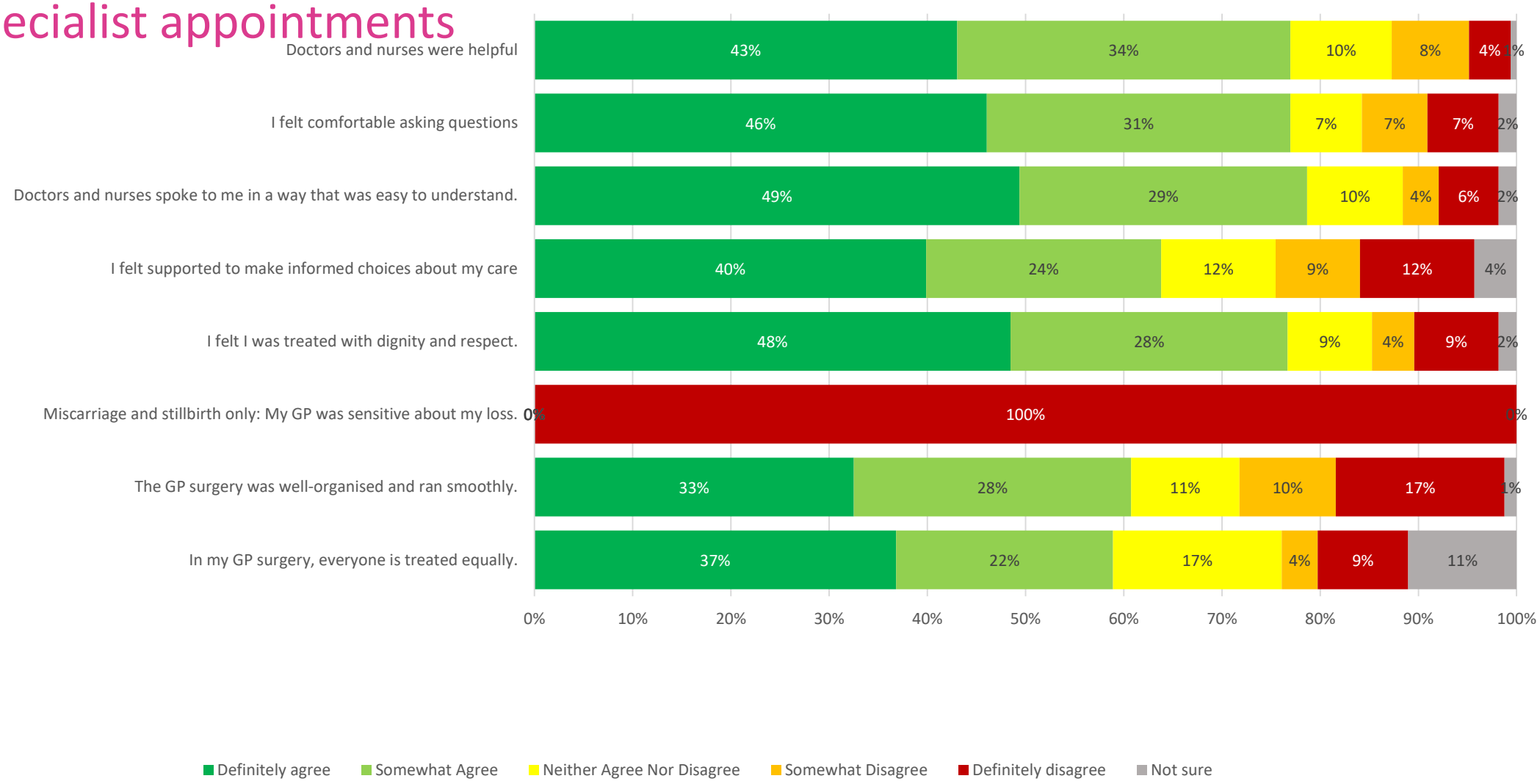


Waiting times for specialist appointments

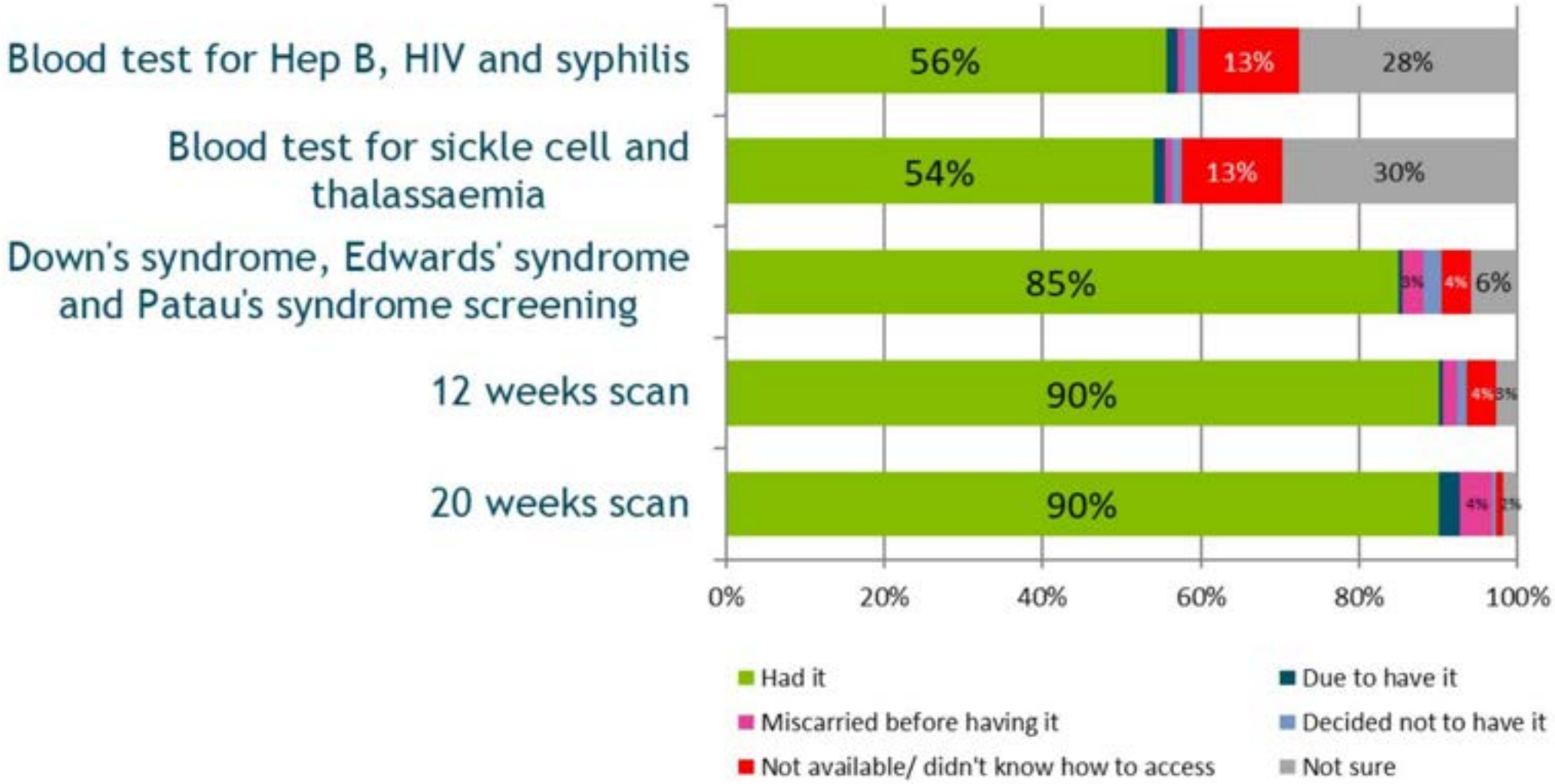
How patients felt about it



Specialist appointments



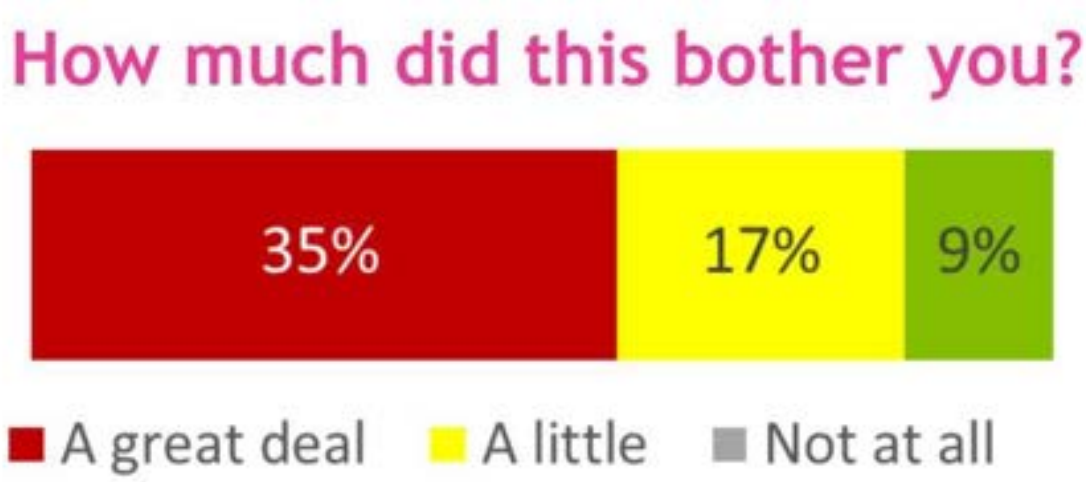
Screening underwent by patients



Screening underwent by patients

58%

of patients reported not being allowed to have a supportive person with them when undergoing scans



21%

reported delays to routine screening and testing. For nearly half of them, delays were longer than two weeks.

25%

reported admin issues in relation to the routine screening they underwent.

19% were referred for further testing, advice or treatment.

12% believe they should have been referred for further testing or treatment, but were not.

Urgent and emergency care

5%

of respondents called 111 with questions about their pregnancy

13%

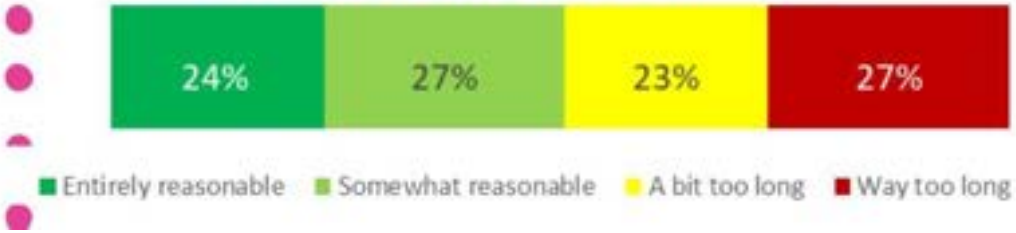
of respondents went to an Early Pregnancy Unit or hospital A&E with concerns related to their pregnancy

Most likely to attend A&E or an Early Pregnancy Unit:

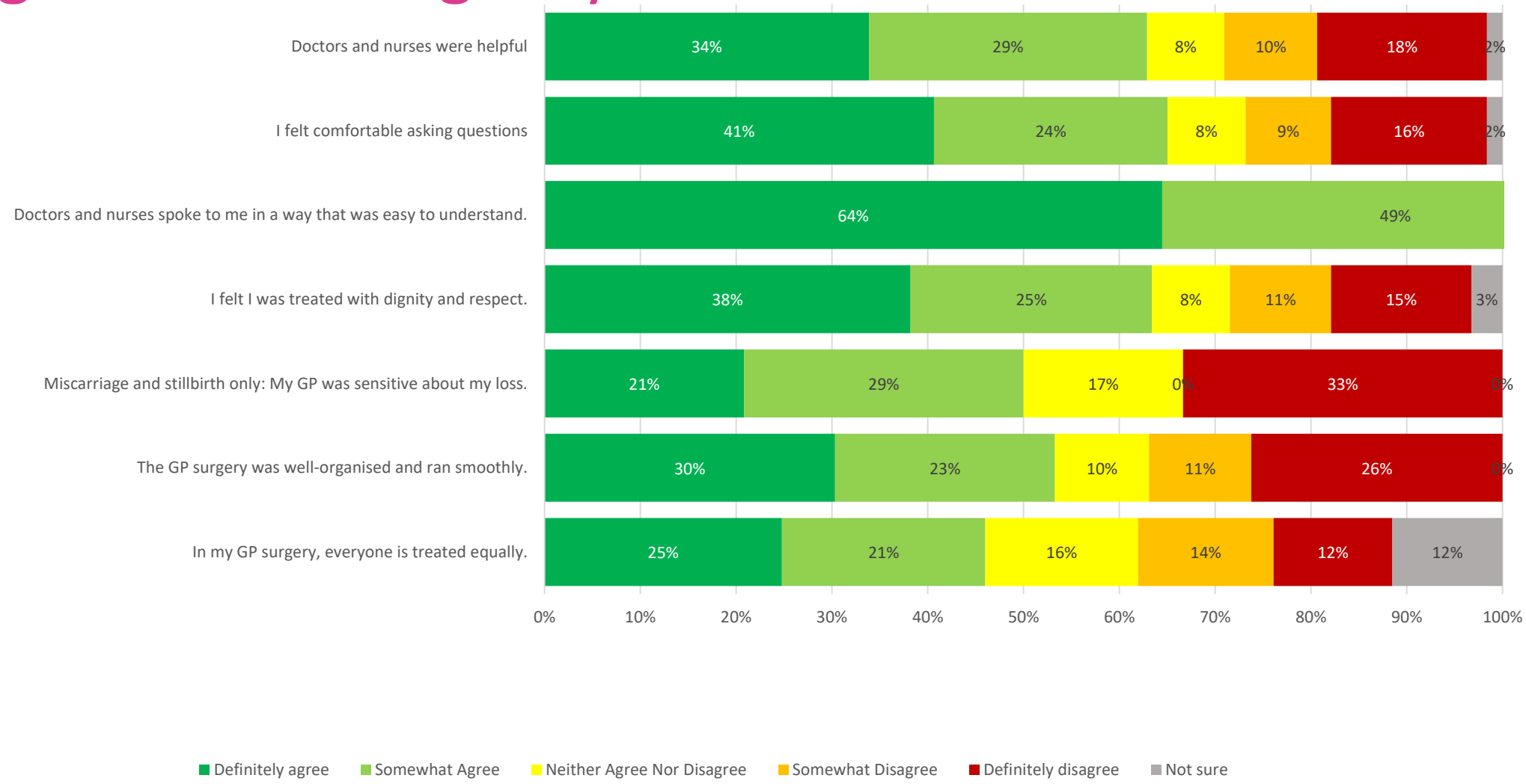
- Young mothers under 24
- Ethnic minorities
- Low levels of English and IT literacy

How long did patients wait to be seen?

How they felt about waiting times



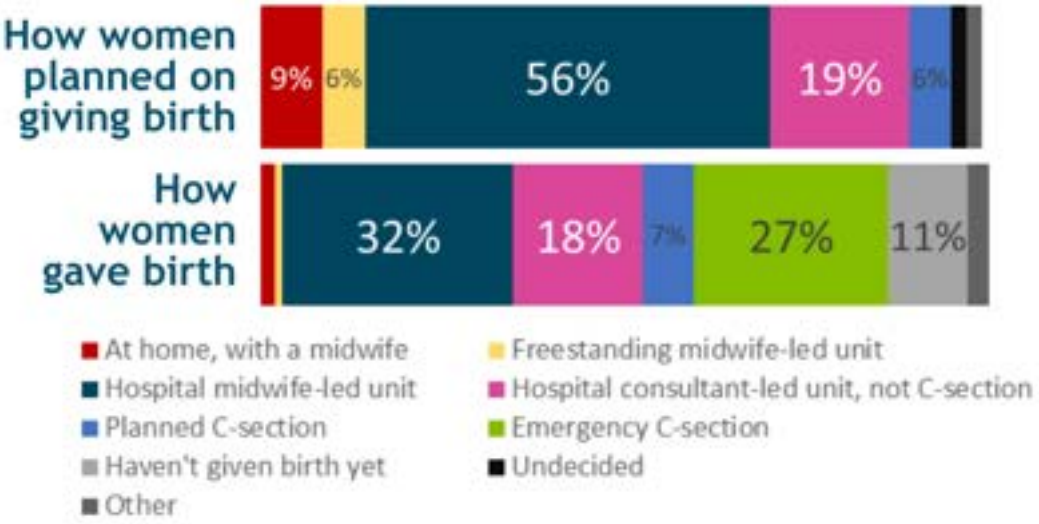
Urgent and emergency care



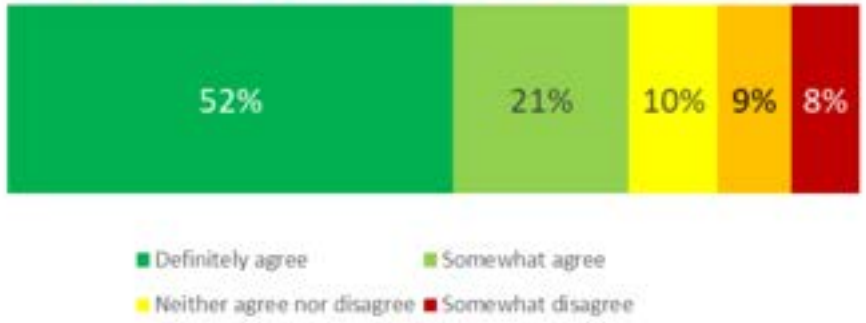
Giving birth

57%

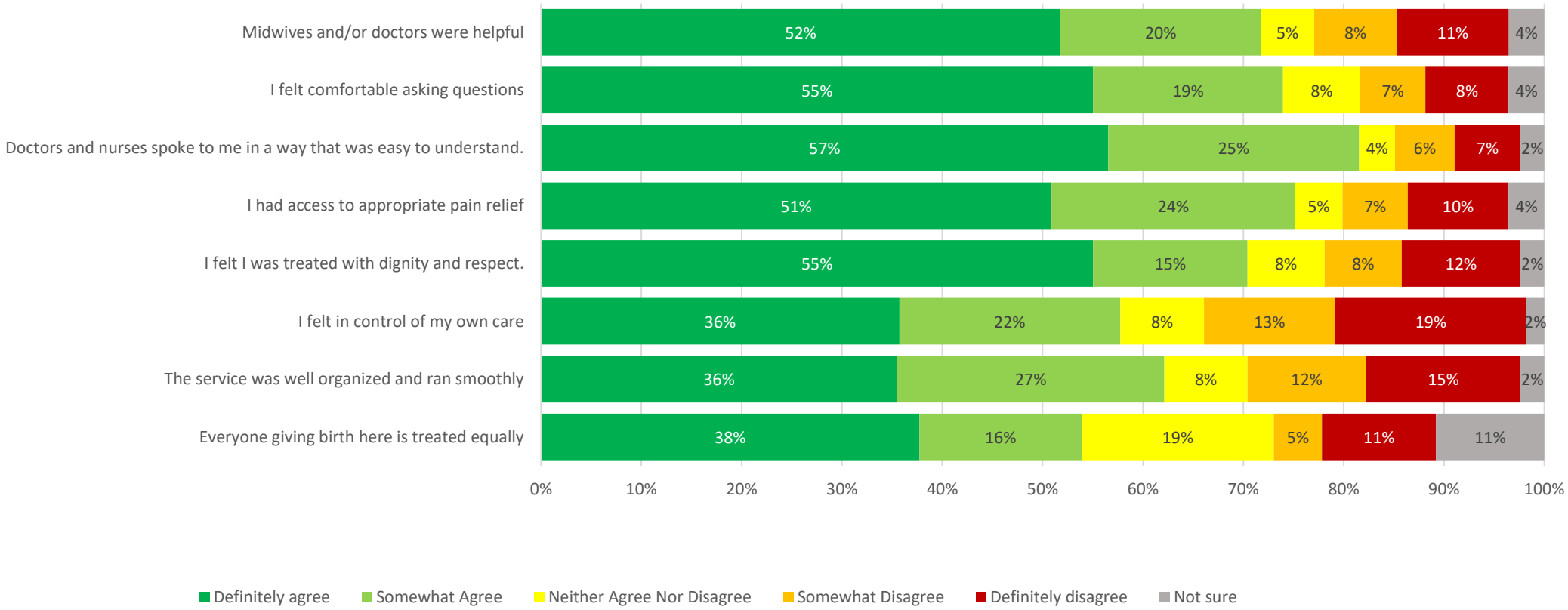
of women gave birth in a different way or type of setting than they initially planned.



If you gave birth in a different way/ location than initially planned, do you agree or disagree that this was necessary/ the best decision for you and your child?



Experience of giving birth



Different groups may use services differently: Young mothers

13 respondents

(4% of those who stated their age) were under 25

- More likely to see a GP during their pregnancy
- More likely to be referred to antenatal midwives rather than self-refer.
- More likely to make GP appointments online.
- Found it harder to make GP appointments.
- More likely to be accompanied by a partner, friend or family member at scans
- More likely to go to A&E or to an Early Pregnancy Unit during their pregnancy;
- More likely to plan on giving birth in a hospital/ with a consultant;
- More likely to report having emergency C-sections;
- More likely to be accompanied by a friend or family member when giving birth, but less likely to be accompanied by a partner.

Different groups may use services differently: Black ethnicities

51 respondents

(16% of those who stated their ethnicity) were Black- including African, Caribbean, Somali and other Black ethnicities)

- Less likely to be referred to antenatal midwives by a GP; more likely to self-refer or be referred by other professionals
- Less likely to make GP appointments online and more likely to make appointments by showing up at reception.
- Found it harder to make GP appointments.
- Less likely to attend scans in pregnancy.
- Less likely to be accompanied by a partner at scans; more likely to go to scans alone by choice.
- More likely to plan on giving birth in a midwife-led unit.
- More likely to be accompanied by a friend or family member when giving birth, but less likely to be accompanied by a partner.

Different groups may use services differently: South Asian ethnicities

86 respondents

(28% of those who stated their ethnicity) wereSouth Asian- including Bangladeshi, Pakistani and Indian)

- Less likely to be referred to antenatal midwives by a GP; more likely to self-refer or be referred by other professionals
- More likely to make GP appointments online or by telephone.
- Found it harder to make GP appointments.
- More likely to attend scans in pregnancy.
- More likely to be accompanied by a partner, friend or family member at scans.
- More likely to plan on giving birth in a hospital, either midwife-led or consultant-led.
- Less likely to have a C-section (planned or emergency)
- More likely to be accompanied by a friend or family member when giving birth, but less likely to be accompanied by a partner.

Different groups may use services differently: mothers on low incomes

32 respondents

(10% of those who stated their financial situation) said they struggled to afford basic necessities

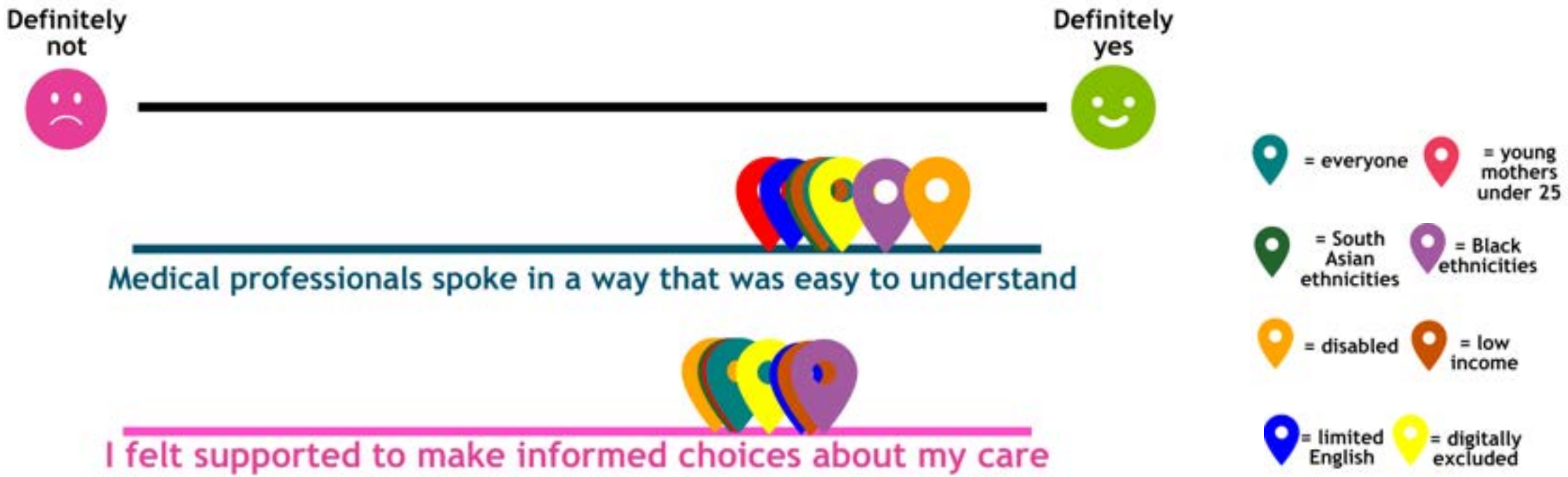
- More likely to be referred to antenatal midwives by health professionals other than a GP.
- More likely to make GP appointments online or by showing up at the practice; less likely to make them by telephone.
- Less likely to have a GP appointment in person; more likely to have one online.
- Less likely to be accompanied by a partner, friend or family member at scans; more likely to fo alone by choice
- Less likely to plan on giving birth at home or in a freestanding midwife-led unit; more likely to plan on giving-birth in a hospital midwife-led unit.
- Less likely to have a C-section (planned or emergency)
- More likely to be accompanied by a friend or family member when giving birth, but less likely to be accompanied by a partner.

Do different groups have different experiences?

Aggregated scores 1-5 based on matrix ranking questions

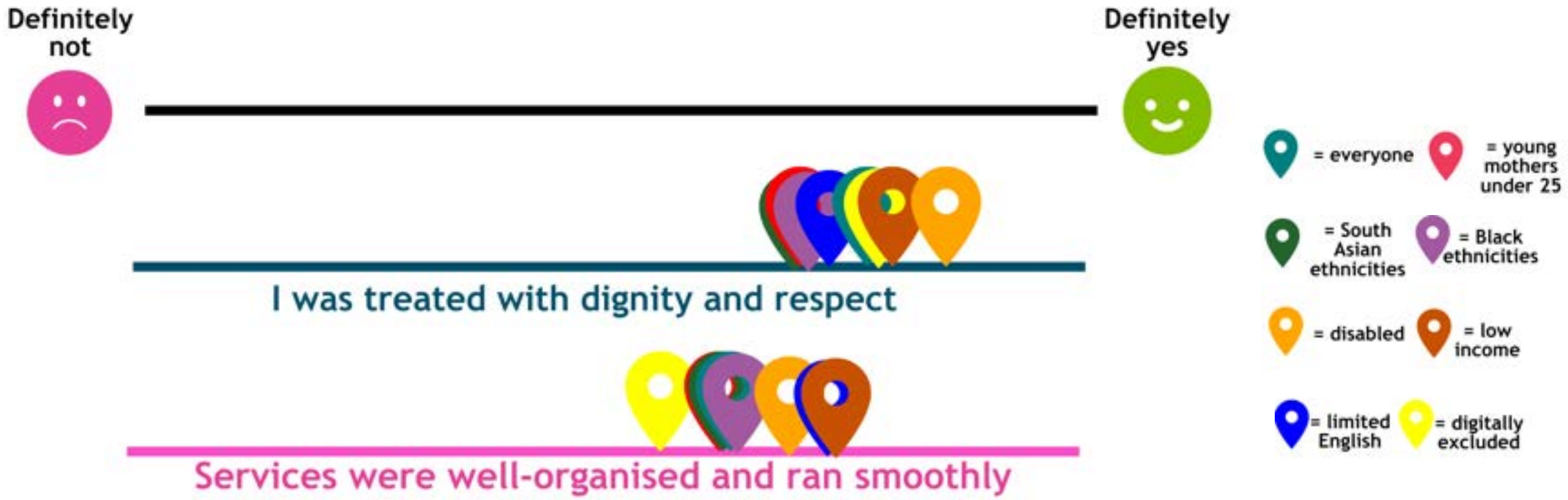
Do different groups have different experiences?

Aggregated scores 1-5 based on matrix ranking questions



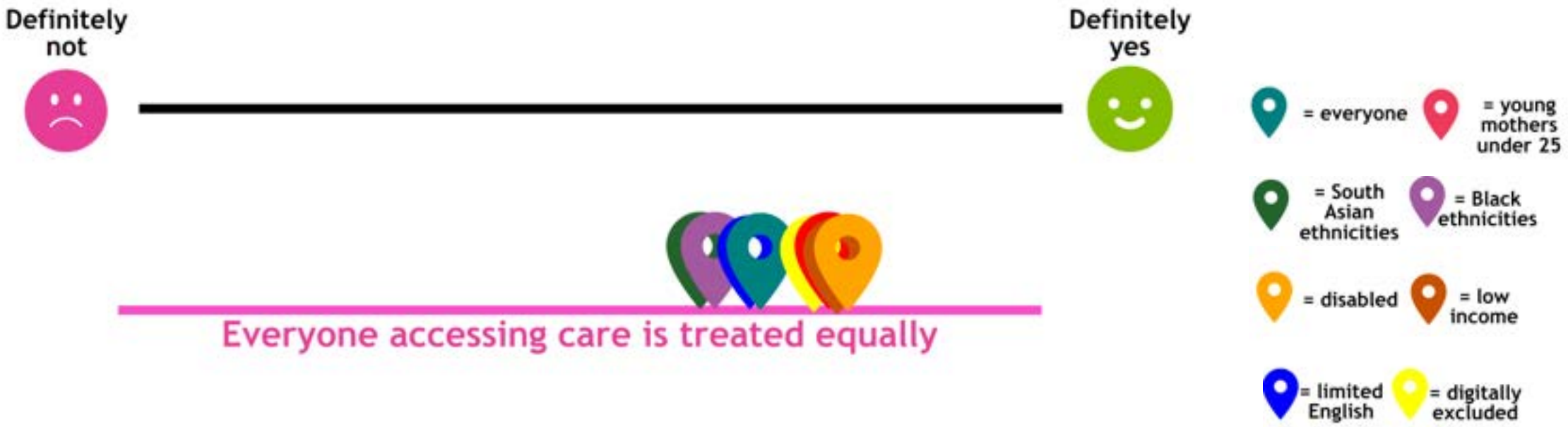
Do different groups have different experiences?

Aggregated scores 1-5 based on matrix ranking questions



Do different groups have different experiences?

Aggregated scores 1-5 based on matrix ranking questions



Pregnancy and child loss

70 respondents experienced pregnancy and child loss

- Only 19% said their GP was notified of their loss by other health services.
- Only 9% said their midwife was notified of their loss by other health services.
- 7% received help from their GP regarding their physical health after their loss.
- Only 4% received help from their GP regarding their mental health after their loss.
- 16% said they tried accessing help from their GP after their loss, but it was not available.
- 24% talked about their grief and how they were feeling with a therapist or counsellor.
- 30% said they didn't speak to anyone about their grief and how they were feeling.

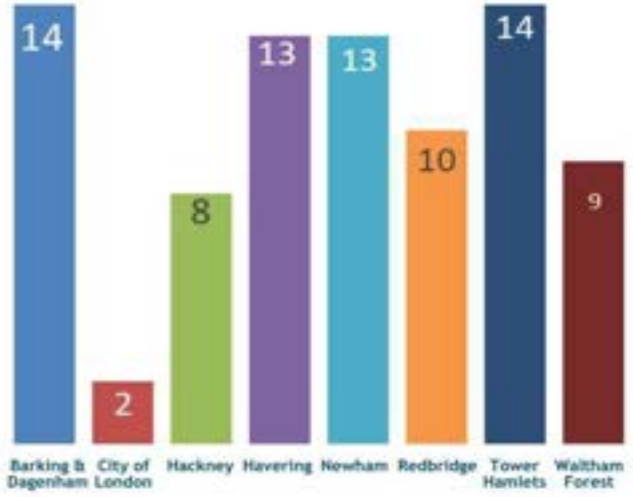
Therapist didn't really help. They didn't ask about the grief just told me to do exercise and go out more. Not that helpful when you already have two young children and not enough time to eat let alone grieve and exercise.

I had a 3 yr old child, then I miscarried and since I've had a baby. During my 3rd pregnancy I had a reframing session as my first birth was traumatic and during this appointment I talked about my miscarriage. The appointment was with a mental health nurse and a midwife at Homerton, it was really helpful and well run.

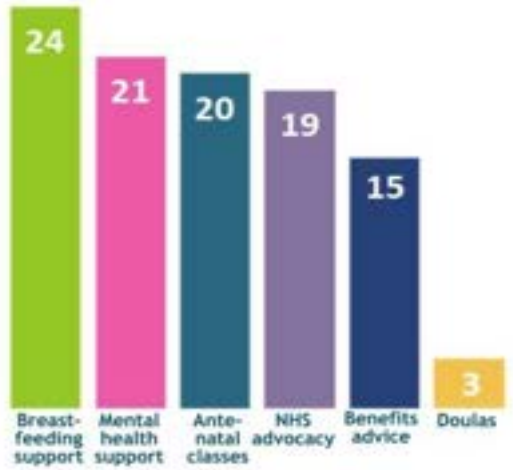
Professionals and advocates

We spoke to 30 professionals supporting expecting parents in North East London

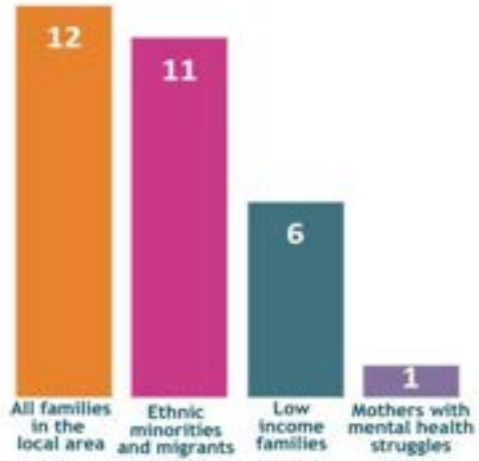
Where they operated



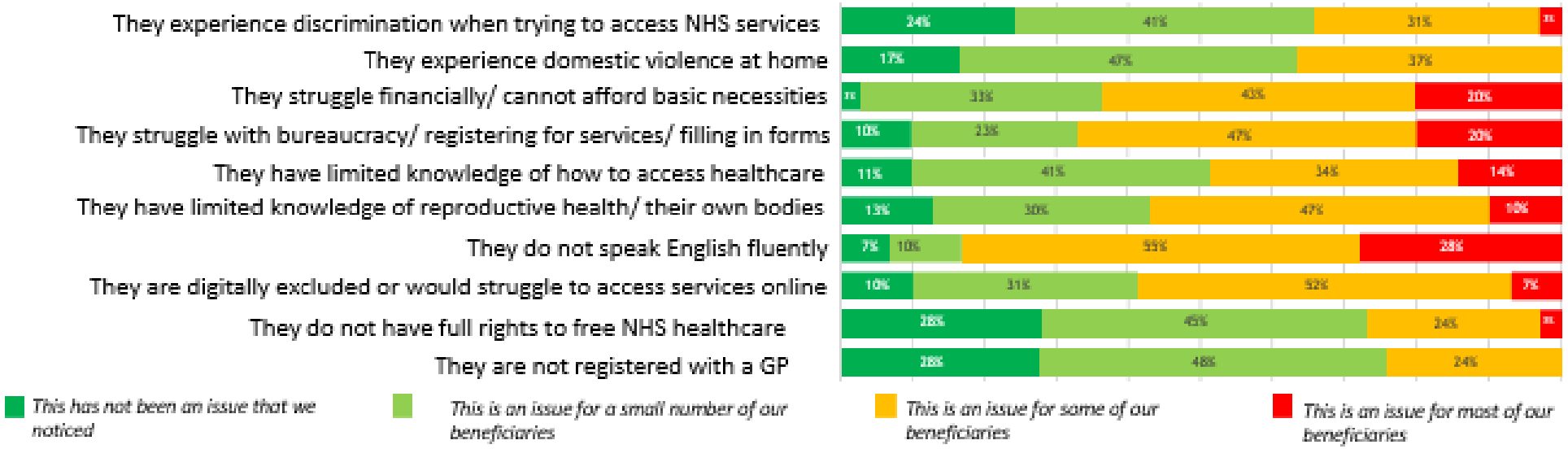
What they offered



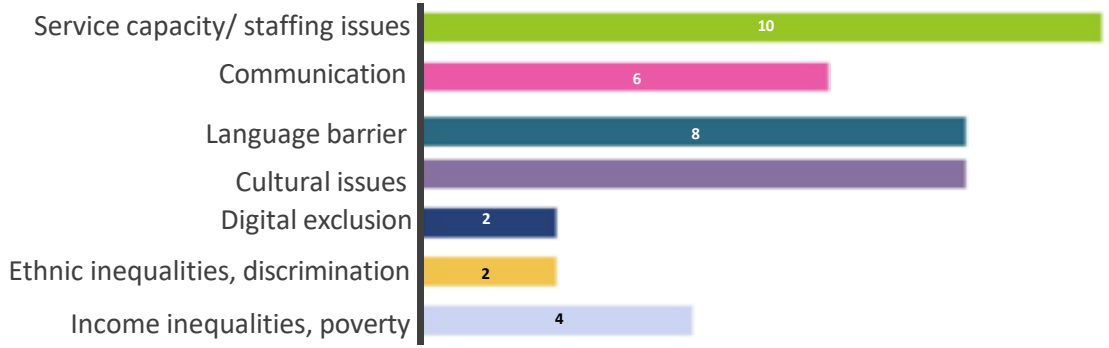
Whom they worked with



The issues experienced by their clients



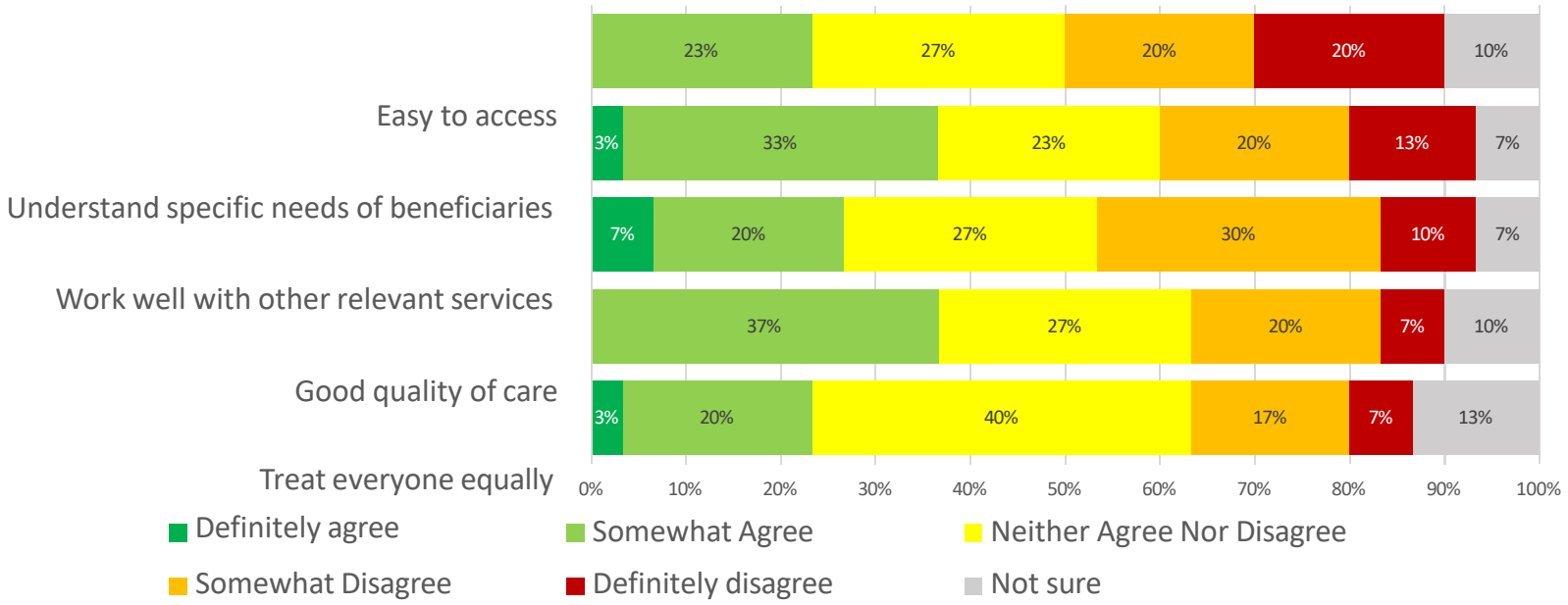
Biggest challenges their clients faced



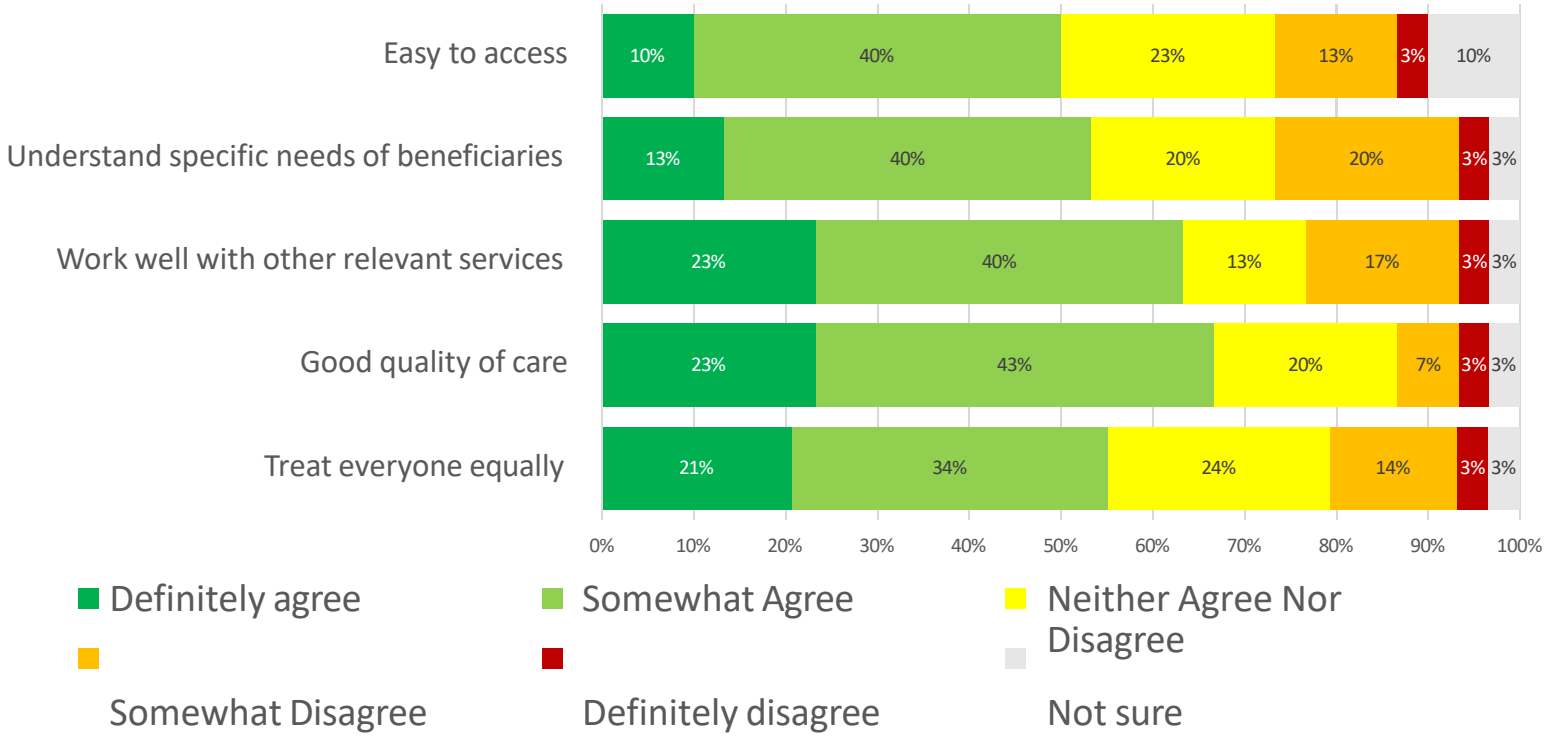
"The midwife assumed I had FGM and was advocating for me to have a c-section."

"All women are experiencing a reduced access to antenatal class services I do not feel this is due to their ethnic background but more their socioeconomic background as most services are paid for outside of the NHS due to the severe staff shortage."

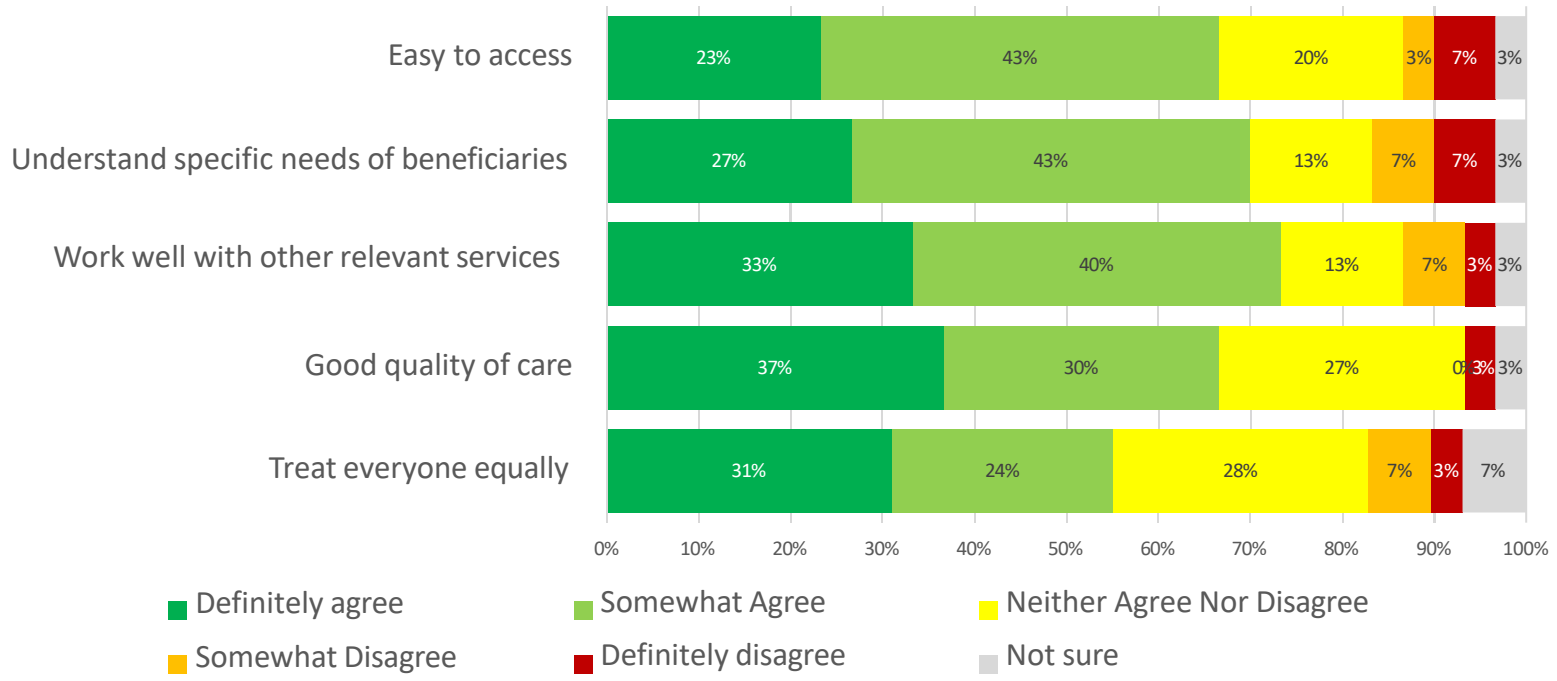
Advocates' perception of services: GP surgeries



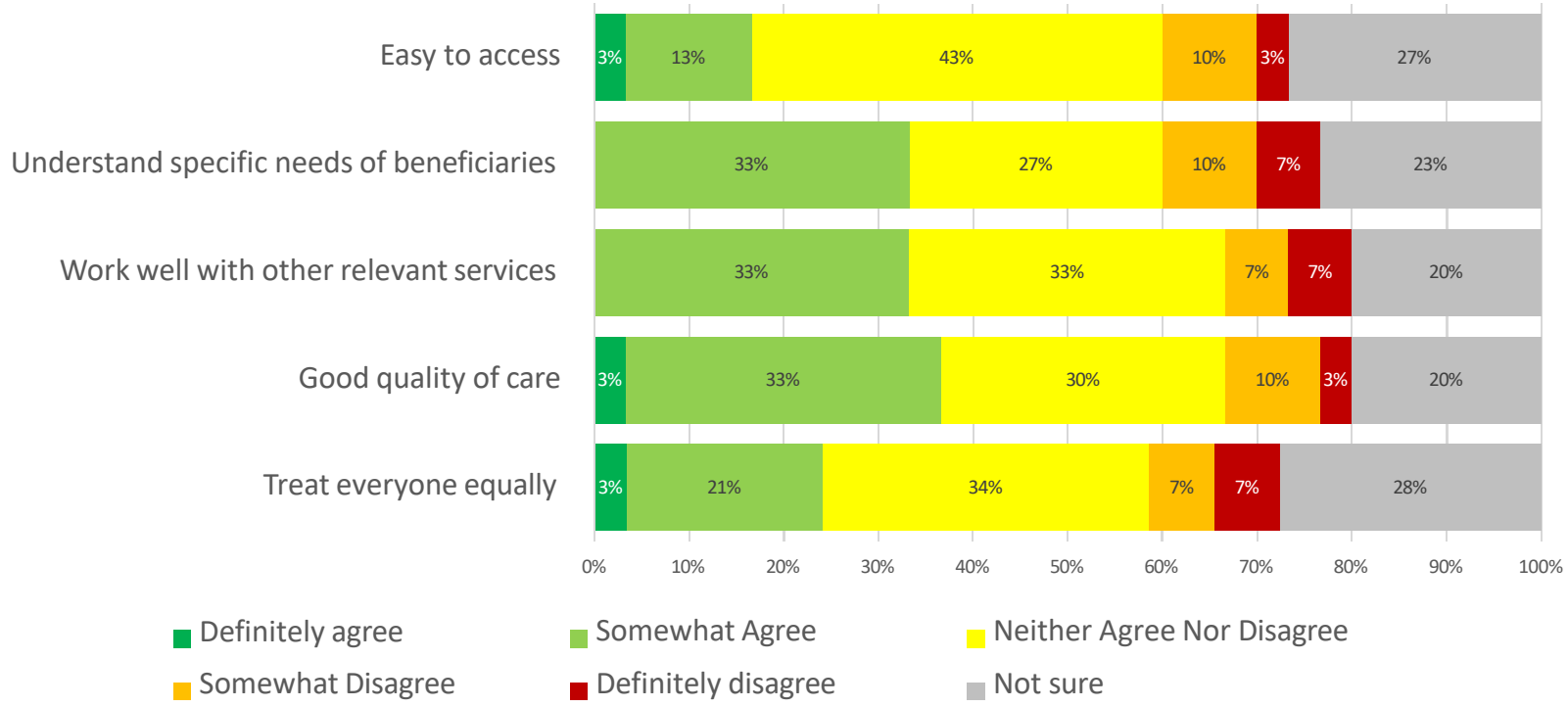
Advocates' perception of services: antenatal midwives



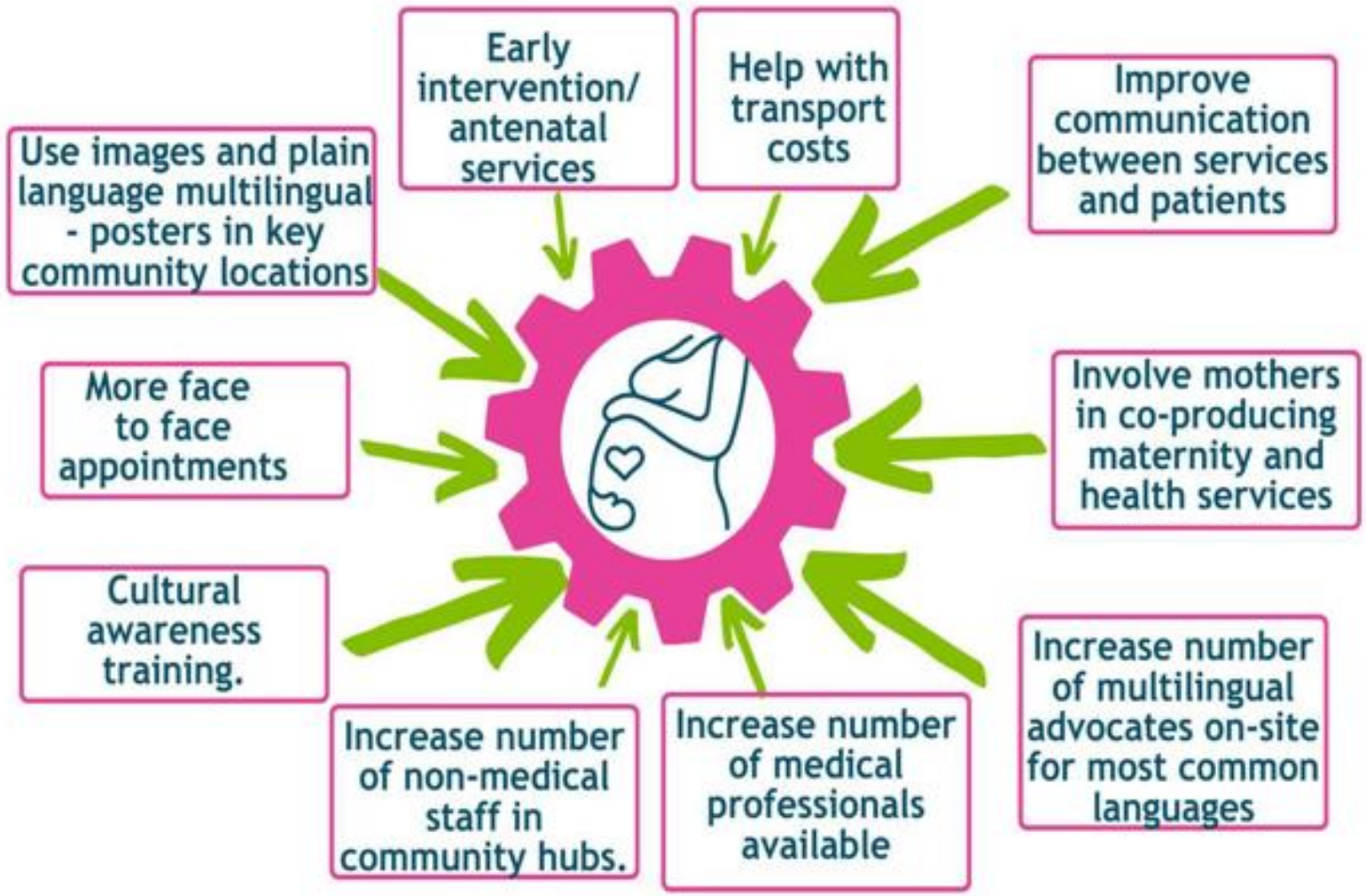
Advocates' perception of services: hospital maternities and birth centres



Advocates' perception of services: postnatal health visitors



What do you think could be done to improve access to maternity care for people like your beneficiaries?



Community Insights Data

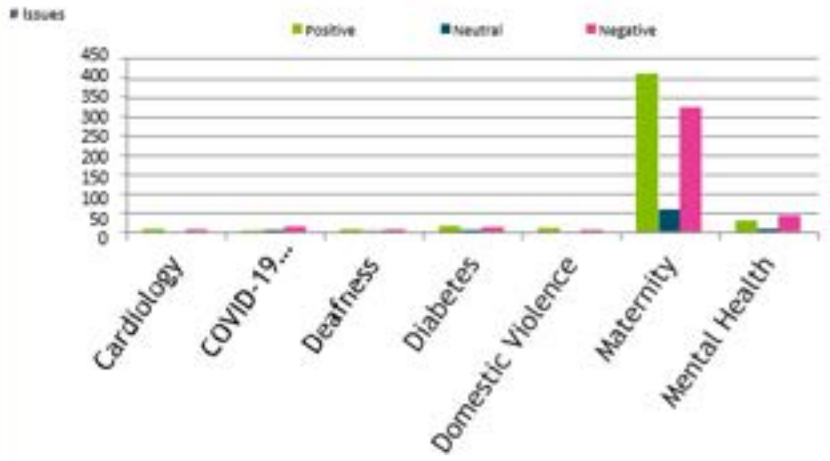
- Coded data for comments about services showed the highest proportion being made about **support, quality and staff attitude.** These were the same themes identified in the NEL Community Insights Maternity Survey undertaken from April 2021 to April 2022

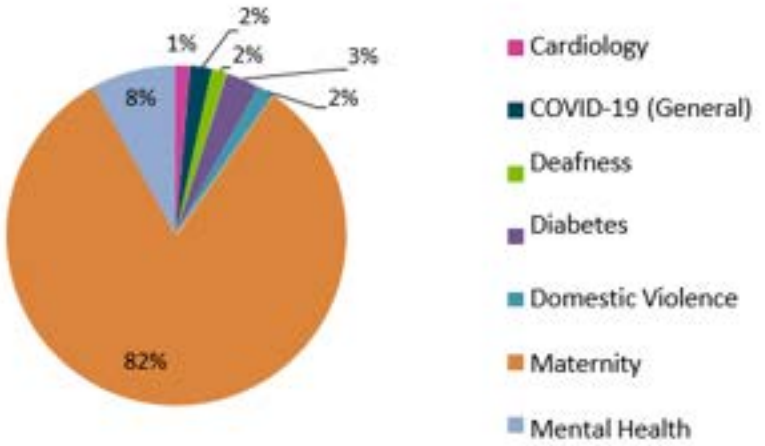
- **BAME communities were less likely to feel positive** about general quality and empathy; less likely to feel well-informed, involved and supported; and less likely to feel that services were easy to access

- These qualitative themes match the statistical data above and the narrative analysis data to follow

2. Which service aspects are people most commenting on?

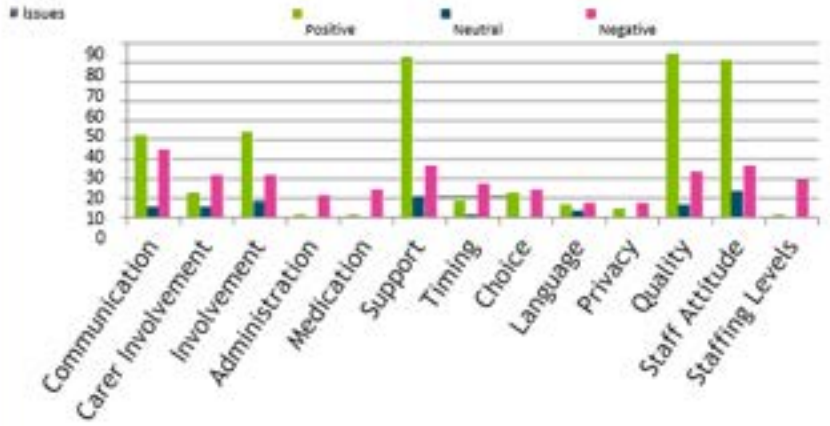
2.1 Stated medical conditions/topics

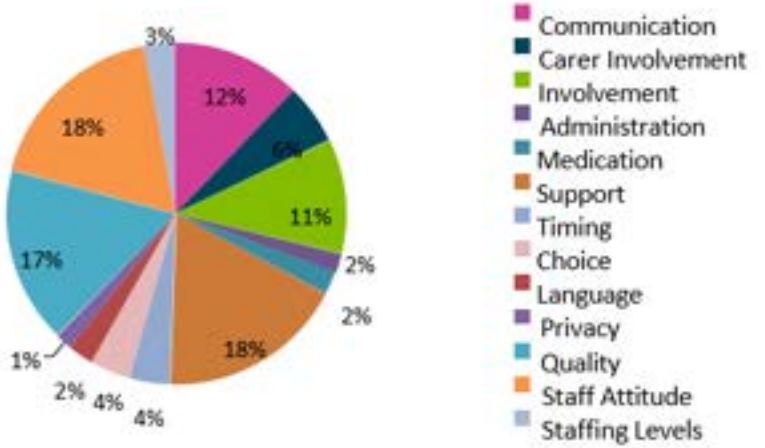




Medical conditions/topics receiving the most comments overall

2.2 Top Trends: 792 issues from 103 people

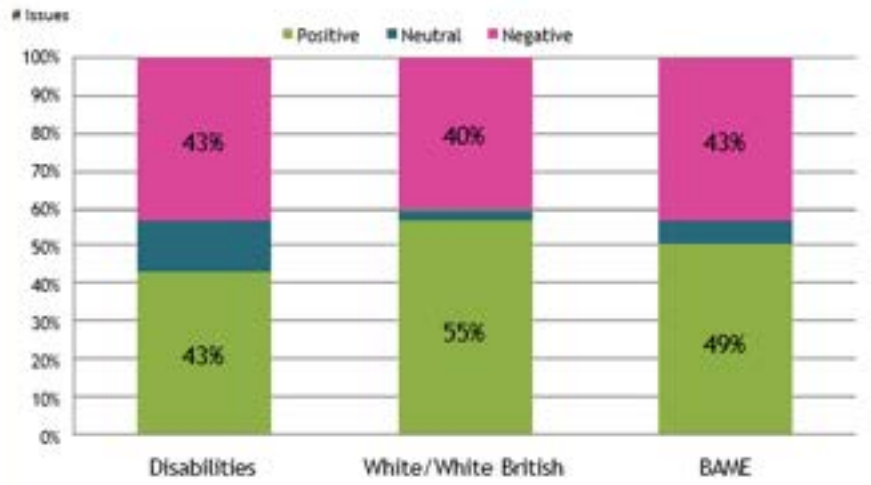




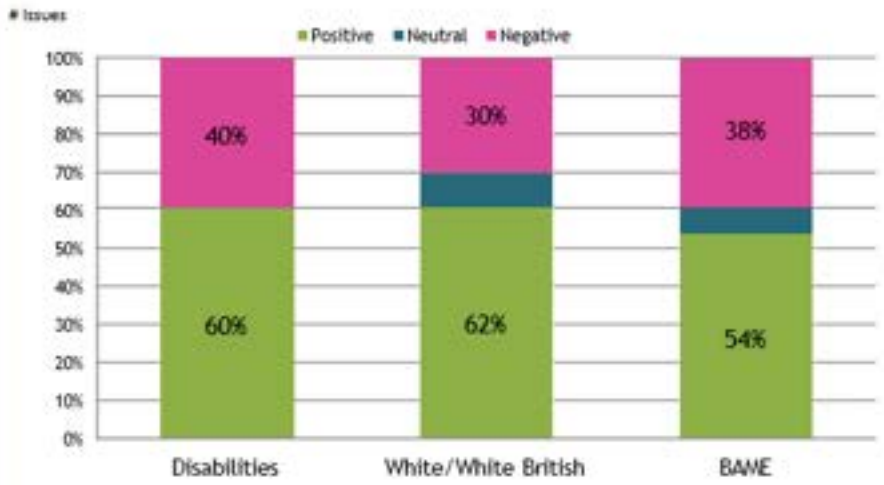
Issues receiving the most comments overall

4. Equalities: On the whole, how do people feel about Maternity services?

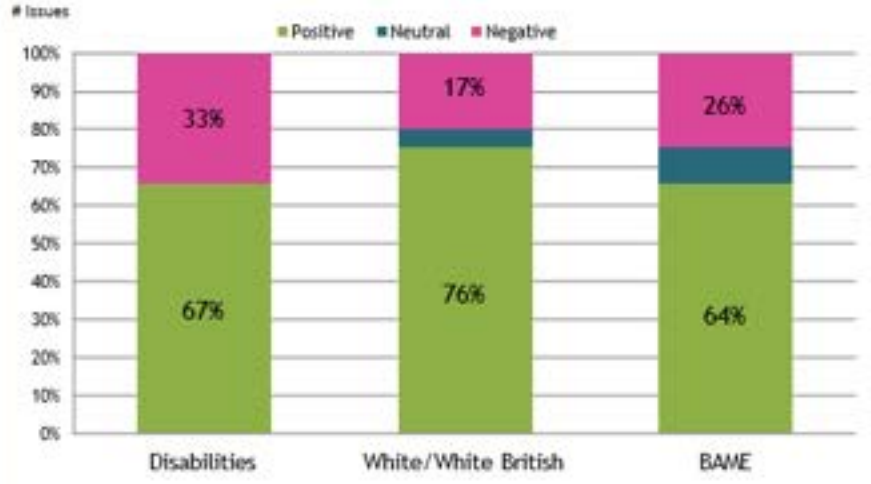
4.1 How do people feel about services overall?



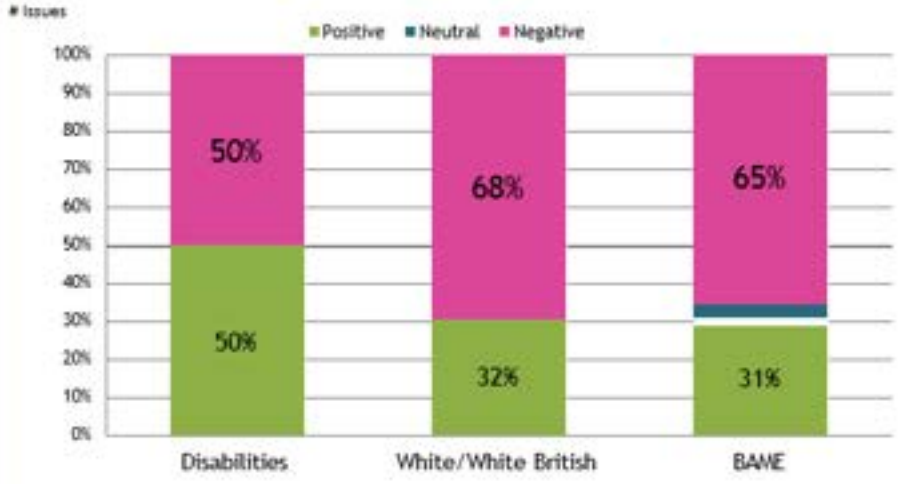
4.2 How well informed, involved and supported do people feel?



4.3 How do people feel about general quality and empathy?



4.4 How do people feel about access to services?



Thematic narrative analysis

- This section of findings corresponds with and corroborates the statistical and Community Insights trends that service users from ethnic minorities feel they experience discrimination
- Issues of cultural competency and language barriers are significant factors affecting the maternity journeys of ethnic minority service users; also corresponding to the survey findings
- Co-production of maternity services would be highly desirable and requires a different approach
- Pandemic-related trauma is evident in interviews and is the prevailing context for this study for both staff and service users
- Life-saving care excellence

Themes from interviews and focus groups:

- Engagement
- Information-sharing and trust – including accessible information and cultural competencies
- Consent and co-production
- Ethnic minority service users, some religious communities and young parents, feel they face discrimination whilst using NEL Maternity services
- Life-saving care excellence
- Pandemic impact and recovery – trauma for both staff and service users

Theme: Engagement

‘It’s really difficult to speak up for yourself when you are pregnant and vulnerable, especially when you are on your own.’

“Please can staff be more present. Know the patient.”

- Service users identified that they felt acutely vulnerable during pregnancy and especially approaching delivery. This was then a different basis for first contact with staff than in other less threatening situations. Service users asked that staff be in a position to understand their vulnerability
- A willingness to listen and understand the context of the service user enabled a sense of safety that was absent when staff were perceived to be unfriendly
- Staff engagement also enabled an understanding of the context, lives and previous trauma of service users. Vital information can be missed without this.
- Care over medical language such as ‘failure to progress’ which can sound like blame

Theme: information-sharing and trust

'my maternity system needs to be change, give people more information about the service available during and after birth, make it clear, different language. The poster needs to be clear to everyone.'

- Information-sharing was strongly linked to feelings of trust in the Maternity Team, and safety. The clarity and accessibility of information was highlighted, as well as the manner of communication. Particularly for ethnic minority communities, language barriers were a critical factor in feeling able to give birth in a secure setting. The manner of information-sharing needs to be collaborative rather than medicalised, particularly avoiding cultural assumptions.
- In sensitive and traumatic situations, such as unexpected pregnancy loss, service users reported occasions where they were given no support to process bad news. Awareness of the shock of sudden grief caused by pregnancy loss was recommended.
- Proactive early information-sharing about potential birth outcomes, particularly caesarean section, in accessible language would prevent misunderstandings in emergency situations

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Theme: consent and co-production

- Service users recommend that they be treated at the centre rather than margins of care planning. Service users report occasions where, for example, their waters were broken without warning or permission in non-emergency situations, leaving a feeling of violation

- Any interventions and scans need to be explained. Service users report being sent for tests that they do not understand. This means that they have not consented to the procedures

- Service users recommended a stronger emphasis on their participation and involvement in their care. Both engagement and information-sharing would facilitate this culture shift. Meeting clinicians at community groups was particularly requested as a route to co-production.

Service users from ethnic minorities; also religious groups and young parents: perceptions of discrimination

‘I wasn’t happy with the service, the care was bad, I was bleeding heavily but the nurse told me it fine I will be discharge in the evening, I cry with pain only paracetamol was prescribe till when I passed out that the nurse in charge say she thought I was making it up, I was calling for attention too much, if it was a white British things will have been different.’

‘They see a strong Black woman. I get treated as if I don’t need painkillers or any help. They say, “Don’t make a mess. You should be tough.”’

- Acknowledge the communication barriers and breakdown of trust via community focus groups in local areas
- Commit to bespoke care packages for service users from ethnic minorities and religious groups where unique contexts are acknowledged
- Constructively address communication barriers
- Staff training to support open questioning, non-judgemental listening, and the provision of appropriate reassurance
- Gain staff engagement through working appreciatively towards equality and equity: sharing the collaborative vision for this. Working as a partnership for the better outcomes that we all want.

Recurring clinical issues within themes

- 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

Ante-natal care

- Longer midwife appointments: “they feel like ticking boxes but we need things explaining” (Service user from the Asian community)
- Explanations of tests and interventions rather than being required to attend with no knowledge
- Clearer pathways for administration of appointments: many report chaotic systems, lost letters and appointments the next day when they are due to work
- Sonographers to give information about the scans in appropriate language for the service user: “not to be told new scary information as you are leaving”
- Effective triage for emergencies: many report long waits to be put through and the trivialisation of concerns such as having Covid at 38 weeks
- Stronger links with GPs: service users report instances where previous DVT is not alerted

Journey through the Maternity Unit

- An information sheet in multiple languages on arrival with multiple pathways
- More open discussion of Caesarean section
- Clarity about discharge while in early labour – many report being sent home with unclear messaging, shouted at for returning early, and then being in emergency situations as fully dilated
- That checks on dilation and foetal heart rate can happen anywhere in the Unit even in the early stages
- Clear communication about safety policies such as a bed being required on labour ward before induction: this alone would reduce anxiety, frustration and feelings of being abandoned
- Acknowledgement that run-down facilities are being addressed but that clinical care is unaffected

Access to follow-up

- Provision of clear advice about postnatal care and how to access this: service users report attending Accident and Emergency in the absence of other support

- Community presence: a member of the Patient Experience or Midwifery Teams to possibly attend local community groups such as Mums Matter (which serves service users identifying with anxiety and mental health disorders)

Conclusion and recommendations

In discussion with the NEL Task and Finish group we endorse:

- A vision for and commitment to co-production of maternity services with service users
- A commitment to work towards cultural engagement and contextual bespoke care for members of Black ethnic minorities with community outreach
- the provision of trauma-informed care for both staff and service users
- A single NEL wide maternity telephone number running 24 hours
- A communications post in each Maternity Unit to support the provision of accessible, timely information
- Case studies to be used in midwifery training
- Cultural competency training for each local culture to the Unit
- The provision of multilingual advocates on site

NHS
North East London

Appendix 1
Engagement methodologies

Prepared by North East London Healthwatch

Engagement methodologies

Each Borough had their own Healthwatch lead, co-ordinating and leading the engagement and research for pregnant women, advocates and maternity staff in their area.

Depending on the area, their communities and relationships with voluntary sector, faith groups and community groups, each Borough's engagement approach was different to reflect this.

Details of their engagement approach can be found here.

1. Healthwatch Hackney
2. Healthwatch Waltham Forest
3. Healthwatch Havering
4. Healthwatch Newham
5. Healthwatch Barking & Dagenham
6. Healthwatch Redbridge

Healthwatch Hackney

Fliers shared to raise awareness of the opportunity to share experiences of maternity services via a survey or 1-2-1 interview:
Healthwatch Hackney website & newsletter
HCVS newsletter and website
Homerton maternity Instagram
Healthwatch Hackney social media
Internal networks (C&H comms and engagement group network)
Via email to comms and engagement and maternity leads for place based partnership organisations
City and Hackney MVP

On site visits to engage directly with maternity service users:
Homerton hospital post-natal and ante natal wards
Clapton Park Children's Centre

Focus group arranged with Turkish speaking women via contacts with the Turkish speaking community (Turkish ante natal group manager).

1-2-1 interviews conducted as a result of contacts made through the above approaches.

Healthwatch Waltham Forest

We delivered a joint visit with HW Redbridge (Dawn Hobson) to Whipps Cross Hospital, post-natal ward 26, 27, 28 July, 1-4pm. This event was hosted by Nadiye Hassan, Patient Experience Lead Midwife, Whipps Cross Hospital.
Participants involved included HW Waltham Forest staff and volunteers, plus Cross Hospital volunteers. The planning of this event included liaison with the hospital, a team Briefing meeting - online: Monday 25th 1:30-2:30pm and a Debriefing meeting - online: Monday 29th 1:30-2:30pm. A total of 20 interviews were conducted over 3 days. Interviews captured the views of people using the service by asking 7 semi-structured open-ended survey questions which were initially recorded on paper. Interviews will capture the views of people using the service by using a semi-structured script, with seven open-ended flexible questions. Survey answers captured information including, an increase in confidence due to support, concerns about the environment of the ward the importance of working with diversity - cultural differences, equal access and so on……It was noted that it was essential for interviewers to have a good level of experience, and some familiarity and were mindful of this patient group due to the complexity of the patient's experience.

Additional engagement included brokering relationships with people in contact with those we were targeting: June-August

- Professional/advocate interview with the coordinator of Maternity Mates.
- Managers of children and family health centres – visits to Children's Centres
- the founder of black breastfeeding Week - promoting our project via her online platforms
- Public health - promoting our survey hosting black breastfeeding week - London Borough of Waltham Forest
- We also publicised our survey using social media platforms and working closely with local services.
- Individual survey with parent

Healthwatch Havering

Email contact was made with a range of community groups, ante-natal groups, parent and toddler groups and day nurseries (see next page). These groups were asked to alert their participants to the survey and to encourage those in the target population to respond to it.

The survey was promoted by BHRUT though the Maternity Voices Partnership (MVP), Patient Experience and PALS and the corporate Communications Team and by NHS NEL Communications, Havering Council and Healthwatch Havering Friends' Network.

Contact was also made with St Kilda's Children's Centre who promoted the survey within the borough's children's centres.

It is not known how many of each group's membership did respond but, in all, 58 survey responses centres (20 responses from patients and 38 from maternity professionals) were received from Havering residents or people working in the borough.

Contact was then made with the MVP and the Maternity Unit at Queen's Hospital. As a result, several interview sessions took place at the ante-natal unit and the post-natal ward there, from which a number of interviews were obtained with pregnant women and those who had just given birth. Two interview sessions were also held at St Kilda's Centre.

In all, 15 in-depth interviews were held.

A focus group was organised in conjunction with Mums Matter, who also encouraged the five participants to take the survey.

Healthwatch Havering (2)

Community Groups
Ardleigh Green Family Centre
Havering Asian Social and Welfare Association (HASWA)
Positive Parents
First Step
House of Polish and European Community
Foodbanks in Havering
Havering Volunteer Centre
Sight Action Havering
The Baby Bank
Happy Baby Community
HEAR Equality and Human Rights Network

Ante-Natal Groups
Magical Baby Moments
Daisy Births Active Antenatal
Stages academy
Midwife Taught Hypnobirthing
Lotus Mama
Active Antenatal Daisy Births
Do it like a mother
Home Start

Parent and Toddler Groups
Baby Massage
Baby Sensory
Buttercup Club
The Church of the Good Shepherd
Emerson Park Community Association
Fit Mamas Class
Gymnastics Club
Hartbeeps Romford
Jumping Jack
Little Bubs Hornchurch
Little Ducklings
Little Stars
Minnie Mites Toddler Group
Music Bugs
My Place Youth and Community Centre
Parent and Toddler Dance Group
Romford Reformed Church Toddler Group
South Hornchurch Library
Teeny Boppers
Tots and tubs
Upminster library
Eden Berries

Day Nurseries
A* Kids Nursery
Aardvark Nursery
Collier Row Abbscross day nursery
Hornchurch Abbscross day nursery
Rainham Alpha child Care
Bluebells Nursery
Chatter bugs day nursery
Corner stone academy
Cotton buddies
Hornchurch Fledglings day nursery
forget me not nursery
South Hornchurch fledgling's day nursery
Great Child Nursery
Little Robins
Lottie and Ollie Day Nursery
Mary Poppins
Over the Rainbow
the old station house
Scallywags
Starbright
Storybook day Nursery
The Railway Children Gidea Park
Toddle 105 inn
Truly Scrumptious day Nursery
Wendy House Day Nursery

Healthwatch Newham

As part of our involvement in this project, Healthwatch Newham undertook a series of group interviews with local mothers to better understand their experiences using maternity services in Newham. The focus group sessions sought to understand any issues residents faced when engaging with maternity services as well as providing a platform to comment on changes they would like to see in maternity services. The information and insight gathered will be used to form NEL-wide and Newham specific maternity unity action plans.

A promotional poster was developed and shared within the community to promote the focus groups and survey. We utilised the following to engage and recruit residents and promote the project:

- Healthwatch teams engaged digitally and face to face with Newham residents by visiting local nurseries, community centres and faith groups
- Engaged face-to-face with residents at Sphere Support foodbank which supports local women on limited income and those who have been victims of domestic abuse
- Using HW Newham volunteers to promote project to their local network of mothers
- Through extensive use of social media, Healthwatch team using social media platforms like the Healthwatch website, Twitter, Facebook, What's App groups to engage and network and make new connections with new groups.
- Engagement through community groups/community leaders and faith groups to reach communities who are reluctant or unaware of how to engage with maternity service providers to raise awareness on project
- Meetings with NHS and LBN stakeholders to promote project and share materials
- The survey was shared with the Home Visits team and Children's and Young peoples services in Newham Council

Healthwatch Newham (2)

We prepared a text message (see below) to share with residents on the antenatal lists as well as the 1-year health reviews and these were screened for cross-over. We sent out over 13,585 messages between 14-18 August.

Healthwatch Newham is working with Healthwatches in North East London to understand the experience of families who have used maternity services in the last 4 years. This includes people who are currently pregnant, have a child aged 4 and under and, who might have lost a pregnancy.

In particular, they are looking to understand the experiences of people from marginalised groups when accessing maternity services.

Please click here to take part - the survey closes on 19 August 2022
https://www.surveymonkey.co.uk/r/nel_maternity

Women were asked to contact at Healthwatch Newham if they were interested in attending a focus group and were screened for eligibility. Eligibility criteria for participation comprised of the following:

- Resident given birth using maternity services in the last 4 years in Newham or be currently pregnant and using Newham's maternity services
- Resident could attend focus group if they experienced pregnancy loss such as still birth or miscarriage in the last 4 years whilst using maternity services in Newham

After this, the time date and location of the focus group was shared with resident. The mothers self-identified their ethnic identities as Black African, South Asian and Eastern European. Some participants had recently immigrated to the UK in the last 5 years and some had contrasting experiences of giving birth in their native countries and the UK. The participants were aged between 25-35 years. All focus groups were conducted at in the Healthwatch Newham office at Stratford Advice Arcade in the English language. Participants were given £25 cash as remuneration for attending.
Three focus groups were conducted over August 2022, with each being attended by no more than 4 residents. This allowed mothers to freely express their concerns and experiences in a safe and secure setting.

Healthwatch Barking and Dagenham

The team used a targeted social media campaign to encourage participants to complete the survey, as well as encourage people to call the team or email over their feedback.

We also undertook telephone and face to face interviews and one focus group with the Somali community, facilitated by local community groups with whom we have existing relationship.

Face to face engagement was undertaken at a number of libraries, we also placed emphasis on talking to mothers in children's centres and local toddler or support groups for mothers. There was also one visit undertaken to Queens Maternity Ward.

Healthwatch Redbridge

The survey was published on our website, Facebook and twitter channels, in the local Ilford Recorder and sent to local GP Practice Managers.

Our in-person engagement was by building relationship with the patient experience lead Midwife at Whipps Cross Maternity Unit. Nadiye facilitated our access to this Unit along with Waltham Forest colleagues, and we were able to interview 20 service users across 3 days.

We also spoke to members of the Black Woman Kindness Initiative and were able to hear from 3 more service users. One in-depth case study illustrating a major theme was also given.

Survey promotion across NEL

NHS North East London stakeholder newsletter
NHS North East London website news article
North East London Health and Care Partnership website news article
North East London Health and Care Partnership Tweet - retweeted by BHR and TNW
NHS North East London staff newsletter
NHS North East London staff intranet
NHS North East London Primary Care intranet
Email to NHS North East London Local Maternity and Neonatal System stakeholders
Email to comms colleagues at all NEL hospital sites to share on their comms channels
Email to MVP Chairs and maternity voluntary sector stakeholders
NHS North East London Babies, Children and Young People's programme newsletter
Article and push notification on Baby Buddy app for NEL users
Healthwatch Hackney website & newsletter
HCVS newsletter and website
Homerton maternity Instagram
Healthwatch Hackney social media
Internal networks (C&H comms and engagement group network)
Via email to comms and engagement and maternity leads for place based partnership organisations in City & Hackney
City and Hackney MVP
BHRUT though the Maternity Voices Partnership (MVP),
Patient Experience and PALS and the corporate Communications Team
NHS NEL Communications
Havering Council
Healthwatch Havering Friends' Network
Home Visits team and Children's and Young people's services in Newham
Council – 13,585 text messages sent to promote survey
Healthwatch Barking & Dagenham social media channels
Ilford Recorder
Healthwatch Redbridge social media channels
TARACC – the Association of Redbridge African Caribbean Communities
Black Woman Kindness Initiative
AWAAZ – Women's Empowerment Ilford

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Annex 2
Equity and Equalities Assurance Report Part two

Prepared by NEL Insights Team

Primary objective

To analyse the scale and scope of current health inequalities in accessing maternity services and outcomes at both the north east London and local level.

This analysis will form part of our forthcoming north east London submission as a Local Maternity and Neonatal System (LMNS) to NHSE as part of the ‘Equity and Equality: Guidance for Local Maternity Systems’ which was issued in September 2021.

The ask includes the following:

- Satisfy NHSE requirements in terms of analysis and range of sources covered
- Recommend areas of focus for the equity and equality action plan that would have most impact on maternity outcomes
- Provide insight into how best to target interventions towards the demographic groups and localities where these will have the biggest impact

This further analysis will cover maternity inequalities on outcomes and access and will therefore support the development and acceleration of preventive programmes that engage those at greatest risk of poor health outcomes. This is one of the five priority areas set out within the 2021/22 priorities and operational planning guidance by NHSE.

Key Questions

1. What does the wider range of measures and data sources suggested by NHSE tell us about the local population's maternal and perinatal needs (including social determinants of health)?
2. The findings of part 1 analysis identified differences in maternity outcomes between population segments defined by ethnicity and deprivation. As demographic factors (ethnicity, deprivation and age) are not independent of each other, but clustered (e.g. higher deprivation populations more likely to also be ethnic minority) have we correctly attributed differences in maternity outcomes to the correct demographic factors?
3. Which service-related, and personal risk factors are the strongest drivers of poor maternity outcomes?
4. Which demographic factors are most strongly associated with the service-related and personal risk factors identified as most important under question 3?
5. Where are geographical hotspots in NEL for poor outcomes and key risk factors and demographics linked to poor outcomes?

Obtain and review additional data to meet NHSE minimum requirements (1)

The analysis in phase 1 will form part of the forthcoming NEL submission as a Local Maternity and Neonatal Service (LMNS) to NHSE as part of the ‘Equity and Equality: Guidance for Local Maternity Systems’ which was issued in September 2021. In November 2021, the NEL CCG (Insights and Maternity teams) submitted an equity and equality analysis report covering health outcomes, community assets and staff experience, and a co-production plan as set out in sub-priority 4a, interventions 1-4.

NHSE have requested additional information in terms of analysis and range of sources covered to satisfy NHSE’s requirements which is what phase 1 of this project fulfils. Priority 4a focuses on understanding your population and co-produce interventions:

- Understand the local population – its health outcomes and community assets.
- Understand staff experience, using Workforce Race Equality Scheme data.
- Use this understanding to plan co-production activity to design interventions to improve equity for women and babies and race equality for staff.

Key Findings (1)

- Bookings < 70 days gestation was the highest in the 45 and over age group compared to the other age groups.
- Bookings within 10 weeks for women with complex social factors was the highest in the 40 to 44 age group. Furthermore, deprivation deciles 1 and 8 (1 –most deprived, 10-least deprived) had the highest values for this metric.
- Within the North East London Health and Care Partnership STP (NEL HCP), Black and Asian women being placed onto a continuity of carer pathway by 29 weeks gestation has increased from 7 to 62 from Sep 21 to Oct 21. There was a sharp decrease from Sept 21 to Oct 21 from 62 to 24.
- Women living in the most deprived IMD decile being placed onto a continuity of carer pathway by 29 weeks gestation has overall increased from 17 to 50 from Oct 20 to Nov 21. There is a peak between Apr 21 - May 21 where the percentage reached 86 from 56
- The percentage of babies who had breast milk as their first feed was 84.5 in ELCP which is higher than the England (71.9) and regional average (84.1). When comparing the Trusts within the NEL HCP, BHRUT is 78.3 which is lower than the STP average (84.1) and Homerton is higher (91.0) than the STP average
- Barts Trust's neonatal mortality rate is 2.8 which is the highest out of the three Trusts. Furthermore, it is almost twice the England rate (1.6) and almost three times higher than BHRUT (1.0). Barts is an outlier which could be skewing the STP average to be high, although to note that the Royal London has a level 2 neonatal intensive care unit and therefore treats some of the sickest babies.
- Neonatal Audit Data - North Central and North East London meet the benchmark for most metrics. Our system excels in the following areas: Consultation; Early BM feeding; BM feeding at D and Mortality (treatment effect) .The biggest challenges our system face are: Temperature; Nurse staffing and ROP screening.
- There were minor differences between ethnicities in antenatal care plans by 17 weeks gestation. All ethnicities had between 10-14 of pregnant people with an antenatal care plan.
- There were larger differences between ethnicities in intrapartum care plans. Patients of Mixed ethnicity had approximately 5 times the proportion of patients with an intrapartum care plan than Asian patients. White patients had approximately 4 times the proportion of patients with an intrapartum care plan than Asian patients. The most deprived deprivation quintiles had approximately 3 times the proportion of patients with an intrapartum care plan as the least deprived quintile.

Key Findings (1)

Key:	Data completed	Data in progress	Data not available

Metric No.	Metric Name	BHRUT	Barts	Homerton	Comments
1.1	Booking < 70 days gestation	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22
1.2	Bookings within 10 weeks for women with complex social factors	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22
1.3	Bookings within 12+6 weeks for women with complex social factors	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22
1.4	Bookings within 20 weeks for women with complex social factors	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22
1.5	Placement on a continuity of carer pathway - Black/Asian Women	ELHCP			No Trust/ethnicity/deprivation breakdown available Date: Continuous till Jan 22
1.6	Placement on a continuity of carer pathway - Women living in the most deprived areas	ELHCP			No Trust/ethnicity/deprivation breakdown available Date: Continuous till Jan 22
1.7	Baby Friendly Accreditation	R	G	R	England, region and ELHCP breakdown available only. Only Trust data available is Barts Date: Feb 22
1.8	Breast milk at first feed	G	R	G	England, region and ELHCP breakdown available only. Trust data available except Barts Date: Jan 22
1.9	Deliveries under 27 weeks (Ethnicity and Deprivation)	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22
1.10	Deliveries under 37 weeks (Ethnicity and Deprivation)	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22

Key Findings (1)

Key:	Data completed	Data in progress	Data not available

Metric No.	Metric Name	BHRUT	Barts	Homerton	Comments
1.11	Women using Folic Acid	G	G	G	Ethnicity and Deprivation breakdown only available for East London Health and Care Partnership. Trust data also available but doesn't have ethnicity/deprivation breakdown Date: Jan 22
1.12	Neonatal Mortality	G	G	G	Neonatal Mortality rate metric available by Trust and STP level Date: 2019
1.13	Percentage of pregnant people vaccinated against COVID-19 (CEG)	R	R	R	Local authority breakdown available only
4	Ethnicity and Deprivation: No. of women with personalised o Antennal care by 17 weeks gestation o Intrapartum care by 35 weeks gestation o Postnatal care by 37 weeks	NEL			MSDS data only available for NEL. Trust breakdown not available
4	No. who had all 3 in place by dates above w/breakdowns by ethnicity and deprivation	NEL			MSDS data only available for NEL. Trust breakdown not available
	Implementation of COVID 4 actions: 1.Vitamin D 2. Women with risk assessment 3. Communication plans 4. Personalised Care plans	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts
	For each complex social factor grouping, the number of women who: attend for booking by 10, 12+6 and 20 weeks; and attend the recommended number of antenatal appointments	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts
	% of parent members of the MVP(Maternity voices partnership?) who are from ethnic minority groups	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts
	% of maternity and neonatal staff who attended training about cultural competence in the last two years	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts
	% of maternity and neonatal Serious Incidents relating to patient care with a valid ethnic code	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts
	% of Perinatal Mortality Review Tool cases with a valid ethnic code	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts
	WRES indicators 1 to 8 for midwives and nurses in maternity and neonatal services	A	A	A	Local Maternity Service (LMS) are in the process of requesting this data directly from Trusts

Validate part 1 key findings using crosstabs to segment data in terms of age, deprivation and ethnicity (2)

The findings from the part 1 analysis identified differences in maternity outcomes between population segments defined by ethnicity and deprivation. As demographic factors (ethnicity, deprivation and age) are not independent of each other, but clustered (e.g. higher deprivation populations are more likely to also be ethnic minority) we have conducted further analysis in phase 2. This phase will check whether we have correctly attributed differences in maternity outcomes to the correct demographic factors and validate the key findings taken from Maternity part 1.

Please see a list of key findings from maternity part 1 in the appendix 2.01 to 2.11.

In part 1, we looked at each metric in terms of ethnicity and deprivation. In phase 2, using crosstabs, analysis will be conducted by age, ethnicity and deprivation within the same table.

Key findings (2)

- There was a clear link between taking folic acid and deprivation. The most deprived quintiles had the lowest levels of folic acid consumption across all ages.
- There were higher rates of pregnant people infected with COVID-19 in the 3 most deprived quintiles (1 to 3), compared to deprived quintile 5.
- There were higher rates of admission to neonatal care for babies of Asian and Black ethnicities.
- Please see appendix for more detailed analysis (phase 2 graphs related to 2.01 to 2.11)

Quantify how much the probability of having each of the poor outcomes are affected by having each of the service-related and personal risk factors (3)

This phase aims to quantify the effect of Asthma, Epilepsy, Hypertension, Gestational hypertension, Obesity, Gestational Diabetes and Diabetes on maternity outcomes within secondary care. The following outcomes are covered:

- A&E attendances during pregnancy
- Inpatient admissions during pregnancy
- A&E attendances during the first 6 weeks after delivery
- Inpatient admissions during the first 6 weeks after delivery
- A&E attendances during the first 6 months after delivery
- Inpatient admissions during the first 6 months after delivery

In order to measure the impact, we have calculated the relative risk.

Relative risk is a measure of the risk of a certain event happening in one group (patients with Long Term Conditions) compared to the risk of the same event happening in another group (patients without Long Term Conditions).

The relative risk calculated for the condition and for the condition within demographic subgroups as an odds ratio.

Key Findings (3)

Pregnant patients with hypertension are three times more likely to have an inpatient admission within 6 weeks of delivery than pregnant patients without hypertension.

Hypertension was the only condition to have a statistically significant impact on a secondary care outcome in the NEL pregnant population.

Please see slide 14 for more detailed analysis.

<u>A&E attendances and Inpatient admissions during pregnancy</u>

- There were no statistically significant risks found in A&E attendances during pregnancy.
- There were no statistically significant risks found in inpatient admissions during pregnancy at condition level, however there were risks found when focusing on demographic subgroups:
    - In Barking and Dagenham, pregnant patients with hypertension were twice as likely to be admitted during pregnancy than patients without hypertension.

<u>Inpatient admissions after delivery</u>

- Pregnant patients with hypertension are three times more likely to have an inpatient admission within 6 weeks of delivery than pregnant patients without hypertension:
    - Pregnant patients with hypertension in the most deprived quintile were four times more likely to have an admission within 6 weeks of delivery than patients without hypertension.

Key Findings (3)

Inpatient admissions after delivery (continued)

- Pregnant patients with asthma living in deprivation quintile 3 were twice as likely to have an inpatient admission within 6 months of delivery than patients without asthma in quintile 3.

A&E attendances after delivery

- There were no statistically significant risks found in A&E attendances within 6 weeks of delivery at condition level, however there were risks found when focusing on demographic subgroups:
    - Pregnant people with gestational hypertension of mixed ethnicity were twice as likely to have an attendance within 6 weeks of delivery than pregnant patients without hypertension.
    - Pregnant patients with diabetes in Waltham Forest were twice as likely to have an A&E attendance within 6 weeks of delivery.
    - Pregnant patients living in deprivation quintile 4 with diabetes were three times more likely to have an A&E attendance within 6 weeks of delivery than patients without diabetes.
- There were no statistically significant risks found in A&E attendances within 6 months of delivery at condition level. However pregnant patients with diabetes in Redbridge were found to be three times more likely to have an A&E attendance than non-diabetic patients in Redbridge.

Key Findings (3)

The tables below state how many times more likely a pregnant patient with a condition of a certain demographic is to have the stated outcome than a patient within that demographic without the condition.

4 times more likely to have outcome		
Condition	Demographic	Outcome
Hypertension	Unknown ethnicity	Inpatient admissions within 6 weeks of delivery
	Deprivation 1 (Most deprived)	

3 times more likely to have outcome		
Condition	Demographic	Outcome
Hypertension	Asian	Inpatient admissions within 6 weeks of delivery
	Other	
	Hackney	
	Newham	
	Redbridge	
	Tower Hamlets	
	20-29	
	30-39	
Diabetes	Redbridge	A&E attendances within 6 months of delivery
	Deprivation 4	A&E attendances within 6 weeks of delivery

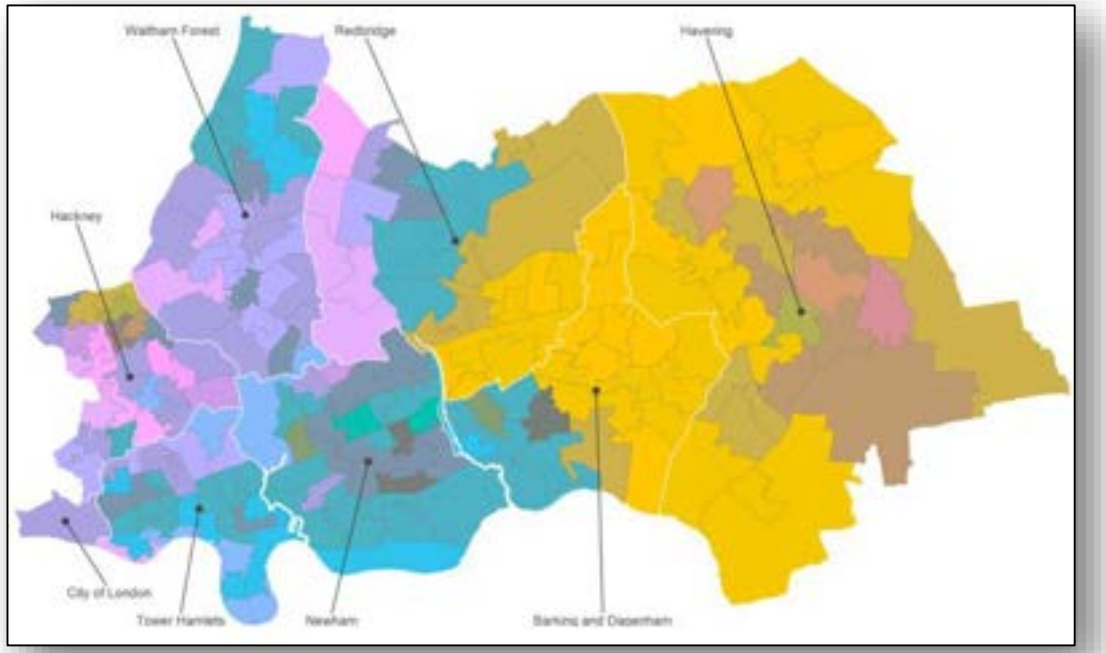
2 times more likely to have outcome		
Condition	Demographic	Outcome
Hypertension	Barking and Dagenham	Inpatient admissions during pregnancy
	White	Inpatient admissions within 6 weeks of delivery
	Deprivation 2	
Diabetes	Waltham Forest	A&E attendances within 6 weeks of delivery
	Redbridge	Inpatient admissions within 6 weeks of delivery
Asthma	Deprivation 3	Inpatient admissions within 6 months of delivery
Gestational Hypertension	Mixed	A&E attendances within 6 weeks of delivery

3 times more likely to have outcome	
Condition	Outcome
Hypertension	Inpatient admissions within 6 weeks of delivery

Age profile of people accessing maternity services by geography

Across NEL the relative age profile between younger (aged under 25), mid-range (25-34) and older users (age 35+) is 23.5, 52.1 and 24.5 respectively. However, this varies considerably across neighbourhoods at middle super output area (MSOA) level.

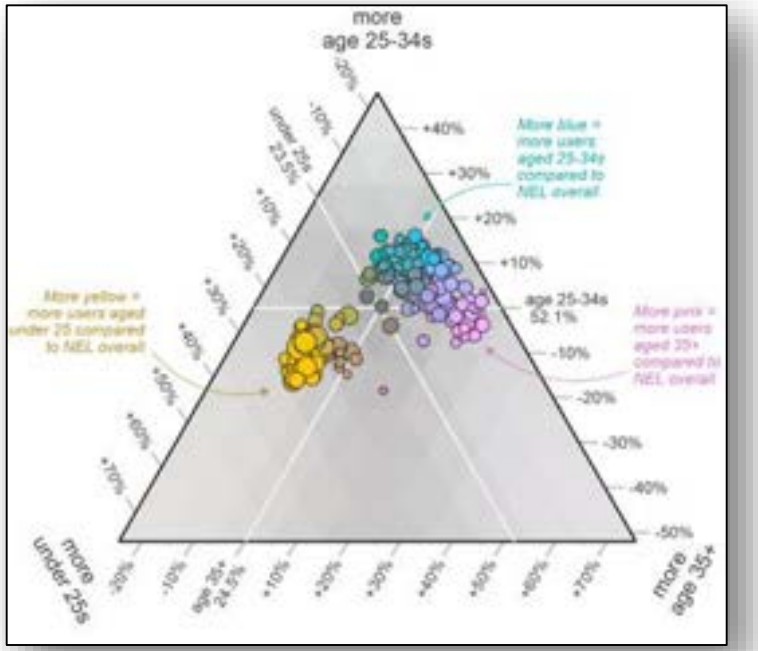
The pattern does generally reflect the overall age split by borough, with younger users more prevalent in Havering, Redbridge, and Barking and Dagenham. However, in Redbridge only the east side of the borough has predominantly younger users, with more older users on the west side. Likewise, the users in Hackney tend to be older, but in the north of the borough the proportion of younger users gets greater.



See appendix 2 (figure 0.1 and 0.2) for tables of neighbourhoods with high or low values.

Overall North East London % age-band split of maternity users by MSOA

Age under 25:	*23.5%*
Age 25-34:	*52.1%*
Age 35+:	*24.5%*



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Appendix 2
Equity and Equalities Assurance Report

Prepared by NEL Insights Team

Appendix

1.01 Age profile of women accessing services by MSOA

Barking and Dagenham neighbourhood (MSOA)	Becontree Heath	Rylands Estate & Dagenham Dock	Becontree North	Central Park & Frizlands Lane	Chadwell Heath East	Marks Gate	Becontree East	Dagenham Eastbrook	Old Dagenham Park & Village	Becontree West	Becontree South	Dagenham Central	Dagenham North	Eastbrookend	Goresbrook & Scrattons Farm	Barking East	Mayesbrook Park & Rippleside	Barking Central	Thames View	Creekmouth & Barking Riverside	Longbridge & Barking Park	Gascoigne Estate & Roding Riverside
% under 25	49%	48%	48%	48%	47%	46%	44%	47%	44%	44%	44%	43%	43%	43%	39%	23%	25%	17%	16%	15%	13%	8%
% 25-34	36%	36%	36%	38%	39%	39%	37%	40%	42%	41%	42%	40%	44%	45%	42%	59%	55%	63%	61%	62%	64%	66%
% 35+	16%	16%	16%	14%	15%	15%	19%	13%	14%	15%	15%	17%	14%	12%	18%	19%	21%	21%	23%	23%	23%	26%

More yellow = more users aged under 25 compared to NEL overall

More blue = more users aged 25-34s compared to NEL overall

Appendix

1.01 Age profile of women accessing services by MSOA

Redbridge neighbourhood (MSOA)	Loxford Park	Ilford South West	Goodmayes North	Seven Kings Park	Ilford South East	Seven Kings Meads Lane	South Park	Chadwell Heath West	Goodmayes South	Hainault East	Ilford North East	Aldborough Hatch	Ilford North West	Hainault West	Ley Street	Newbury Park	Barkingside East	Barkingside West	Valentines Park & Cranbrook	Fairlop	Clayhall South	Barkingside North	Woodford Bridge	Clayhall North	Woodford Green	Roding	South Woodford High Road	Wanstead	Snaresbrook	Wanstead Flats	Woodford Wells
% under 25	48%	44%	42%	44%	43%	43%	42%	42%	42%	40%	39%	39%	39%	39%	38%	34%	18%	18%	15%	14%	13%	11%	16%	12%	14%	8%	6%	5%	3%	2%	9%
% 25-34	36%	39%	40%	41%	43%	44%	44%	41%	44%	42%	44%	43%	46%	47%	43%	48%	61%	60%	62%	61%	61%	67%	57%	59%	54%	59%	54%	52%	54%	56%	48%
% 35+	16%	17%	18%	16%	13%	13%	14%	18%	14%	18%	16%	18%	16%	14%	18%	18%	21%	23%	24%	25%	26%	23%	27%	29%	33%	33%	41%	43%	43%	43%	43%

More yellow = more users aged under 25 compared to NEL overall

More blue = more users aged 25-34s compared to NEL overall

More pink = more users aged 35+ compared to NEL overall

Appendix

1.01 Age profile of women accessing services by MSOA

Havering neighbourhood (MSOA)	Harold Hill East	Havering-atte-Bower & Chase Cross	Hylands	Petersfield Avenue & Duck Wood	Romford North West	Collier Row & Park Farm	Dagnam Park & Noak Hill	Harold Hill West	Rainham West	Hornchurch Marshes	Rush Green	Romford South	Elm Park East	Rainham East & Wennington	Harold Park & Harold Wood	Central Romford	Gidea Park	Romford North	Elm Park West	Cranham East	South Hornchurch	Hornchurch	Hacton	Upminster South & Corbets Tey	Ardleigh Green	Romford East	Upminster Bridge	Rise Park	Emerson Park	Upminster North & Cranham West
% under 25	48%	47%	46%	44%	43%	48%	46%	46%	44%	44%	43%	42%	41%	41%	40%	40%	39%	39%	39%	32%	37%	36%	37%	36%	36%	36%	34%	38%	37%	32%
% 25-34	36%	38%	39%	36%	39%	41%	41%	41%	43%	41%	42%	43%	48%	48%	43%	43%	42%	47%	44%	50%	49%	51%	40%	42%	43%	44%	41%	39%	37%	34%
% 35+	16%	15%	16%	19%	18%	12%	13%	14%	12%	15%	15%	15%	11%	11%	17%	17%	19%	14%	17%	18%	13%	13%	23%	22%	21%	21%	26%	23%	26%	34%

More yellow = more users aged under 25 compared to NEL overall

More pink = more users aged 35+ compared to NEL overall

Appendix

1.01 Age profile of women accessing services by MSOA

Hackney neighbourhood (MSOA)	Stamford Hill South	Stamford Hill North	Stamford Hill West	Upper Clapton	Haggerston East	Woodberry Down & Manor House	Stoke Newington East & Cazenove	Clapton Leaside	Amhurst Road & Pembury Estate	Hackney Marshes	Hackney Central	Brownswood	Hoxton & Wenlock	Haggerston West & Kingsland Basin	Hackney Wick	South Hackney	Clissold North	Homerton South	Hackney Downs	Shoreditch	Lower Clapton	Dalston Kingsland & De Beauvoir	Homerton North	Stoke Newington South	Stoke Newington North	Clissold South	Dalston East	London Fields & Mare Street
% under 25	30%	38%	37%	34%	11%	13%	23%	13%	11%	11%	5%	11%	9%	11%	15%	13%	19%	11%	11%	9%	11%	6%	13%	8%	10%	5%	8%	6%
% 25-34	50%	43%	43%	42%	62%	59%	48%	58%	59%	56%	62%	56%	57%	55%	50%	51%	45%	52%	52%	53%	47%	51%	44%	48%	46%	51%	46%	48%
% 35+	19%	20%	20%	24%	27%	28%	29%	29%	30%	33%	33%	33%	34%	34%	36%	36%	37%	37%	37%	38%	42%	43%	43%	43%	44%	44%	46%	46%

More yellow = more users aged under 25 compared to NEL overall

More blue = more users aged 25-34s compared to NEL overall

More pink = more users aged 35+ compared to NEL overall

Appendix

1.01 Age profile of women accessing services by MSOA

Newham neighbourhood (MSOA)	Wallend North	Plashet West	West Ham & Stratford Park	Upton Park	East Ham Central	Beckton Park	Canning Town East	Forest Gate South	East Ham West	East Ham North	Beckton	Plashet East	Plaistow North East	Stratford Central	Plaistow Park	Forest Gate East	Plaistow North	Lonsdale Avenue	Wallend South	Custom House	Canning Town South & Bow Creek	Canning Town North	East Ham South	Manor Park South	Stratford East	Beckton North	Manor Park North	Little Ilford East	Plaistow South	East Ham South West	Little Ilford West	West Ham Park	Royal Docks & North Woolwich	Canning Town Central	Olympic Park & Mill Meads	Forest Gate West	Forest Gate North
% under 25	15%	18%	22%	16%	20%	12%	18%	19%	15%	17%	13%	17%	19%	13%	18%	17%	16%	23%	16%	13%	13%	12%	17%	16%	13%	12%	16%	13%	18%	17%	15%	15%	9%	18%	7%	14%	11%
% 25-34	68%	64%	60%	64%	60%	68%	62%	60%	64%	61%	66%	61%	59%	64%	59%	59%	60%	52%	59%	62%	62%	63%	58%	59%	62%	62%	58%	61%	56%	56%	57%	56%	62%	52%	63%	56%	49%
% 35+	17%	18%	19%	20%	20%	21%	21%	21%	21%	21%	22%	22%	22%	23%	23%	23%	24%	25%	25%	25%	25%	25%	25%	25%	26%	26%	26%	26%	27%	27%	27%	29%	29%	30%	30%	31%	40%

More blue = more users aged 25-34s compared to NEL overall

More pink = more users aged 35+ compared to NEL overall

Appendix

1.01 Age profile of women accessing services by MSOA

Tower Hamlets neighbourhood (MSOA)	Bethnal Green Central	Aldgate	Millwall North	Whitechapel	Bromley-by-Bow West	Shadwell North	Bromley-by-Bow East	Poplar West	Stepney Green	Mile End East & Burdett Estate	Limehouse East	Limehouse North & Stepney East	Spitalfields	Bethnal Green South	Blackwall & Leamouth	Poplar Leaside	Brick Lane North	St George in the East & Wapping North	Poplar Central	Bethnal Green North East	Mudchute	Bethnal Green East	Bow South	Bow North & Fish Island	Mile End West	Columbia Road	Shadwell Basin & Ratcliffe	Bethnal Green North West	Millwall South	Bow West	Canary Wharf	Tower Hill & Wapping South
% under 25	15%	12%	9%	11%	13%	11%	11%	13%	12%	11%	9%	9%	17%	14%	8%	10%	7%	10%	16%	14%	9%	11%	10%	8%	12%	17%	7%	9%	6%	8%	4%	6%
% 25-34	64%	65%	68%	65%	63%	64%	63%	62%	63%	63%	65%	63%	55%	58%	63%	61%	64%	61%	55%	57%	61%	59%	59%	61%	57%	52%	61%	58%	61%	59%	61%	52%
% 35+	21%	23%	23%	24%	24%	25%	26%	26%	26%	27%	27%	27%	28%	29%	29%	29%	30%	30%	30%	30%	30%	30%	31%	31%	31%	31%	32%	33%	33%	34%	35%	42%

More blue = more users aged 25-34s compared to NEL overall

More pink = more users aged 35+ compared to NEL overall

Appendix

1.01 Age profile of women accessing services by MSOA

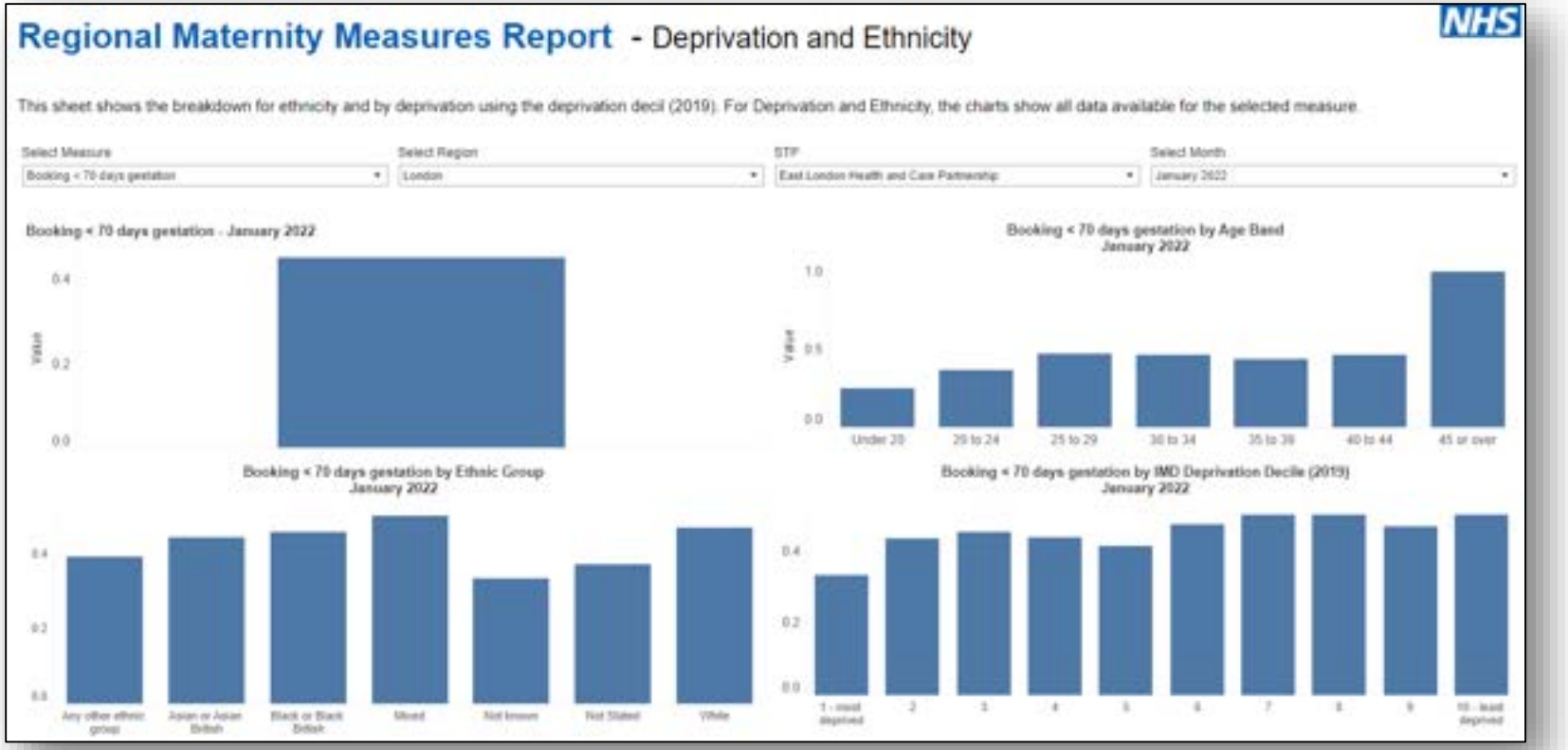
Waltham Forest neighbourhood (MSOA)	South Chingford	Chingford Green West	Friday Hill	Larkswood	Leytonstone South West	Chingford Mount	Highams Park West	Baker's Arms	Highams Park East	Leytonstone South East	Leyton South	Leytonstone East	Whipps Cross	Blackhorse Road	Leytonstone North	Higham Hill	Fulbourne Road & Walthamstow Forest	Chingford Green East	Leyton North	Wood Street	Walthamstow Market & South Grove	Leyton East	Walthamstow Central	Lea Bridge	Lloyd Park	Upper Walthamstow	Markhouse & St James Park	William Morris
% under 25	15%	15%	14%	8%	17%	11%	13%	14%	8%	8%	13%	12%	9%	10%	11%	14%	13%	8%	10%	13%	10%	7%	10%	13%	10%	5%	7%	10%
% 25-34	65%	63%	65%	66%	56%	62%	60%	57%	63%	60%	55%	56%	58%	57%	56%	53%	54%	58%	57%	53%	55%	57%	54%	51%	52%	57%	53%	50%
% 35+	20%	22%	22%	26%	27%	27%	28%	29%	29%	32%	32%	32%	33%	33%	33%	33%	33%	33%	34%	34%	36%	36%	37%	37%	38%	39%	40%	40%

More blue = more users aged 25-34s compared to NEL overall

More pink = more users aged 35+ compared to NEL overall

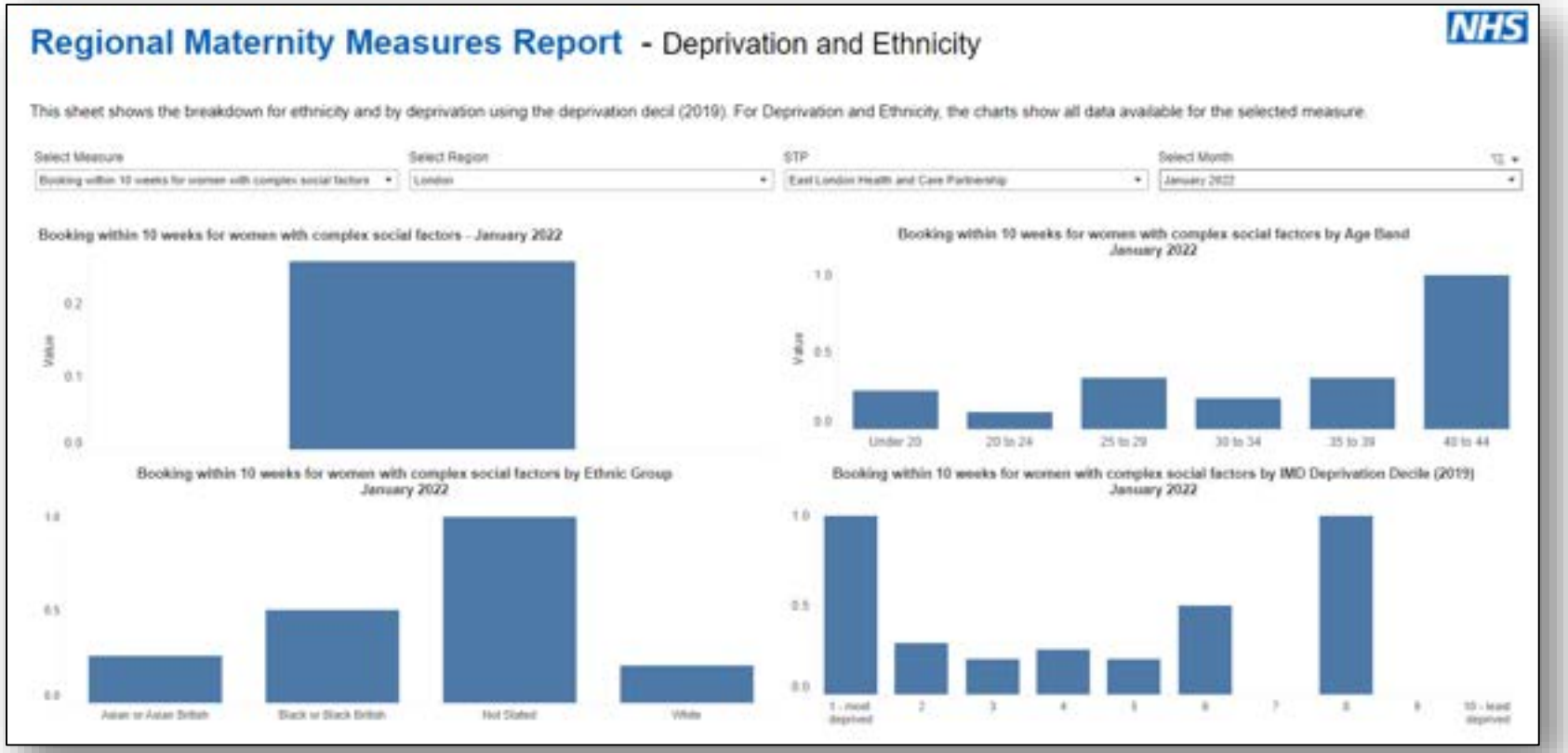
Appendix

2.01 Booking <70 days gestation



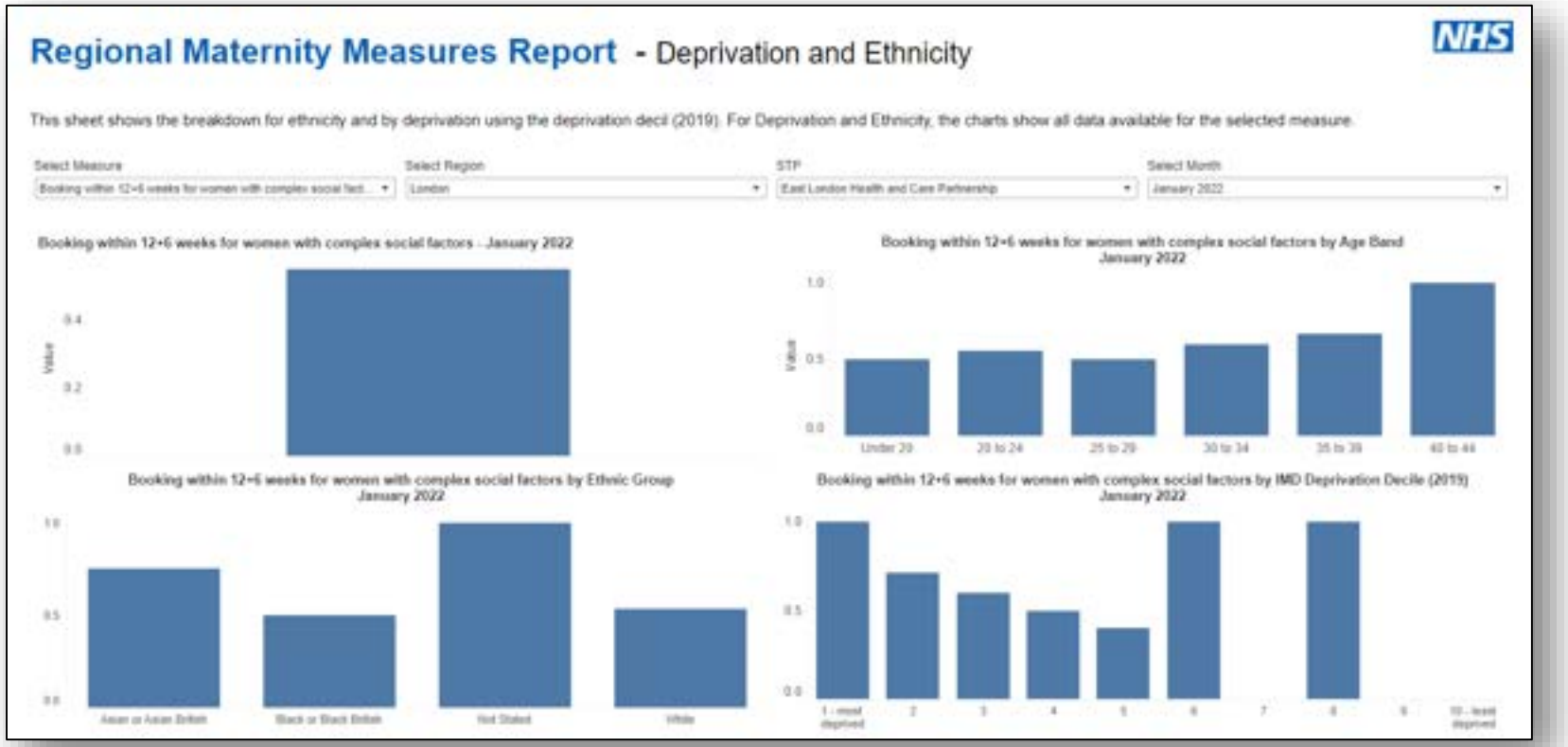
Appendix

2.02 Bookings within 10 weeks for women with complex social factors



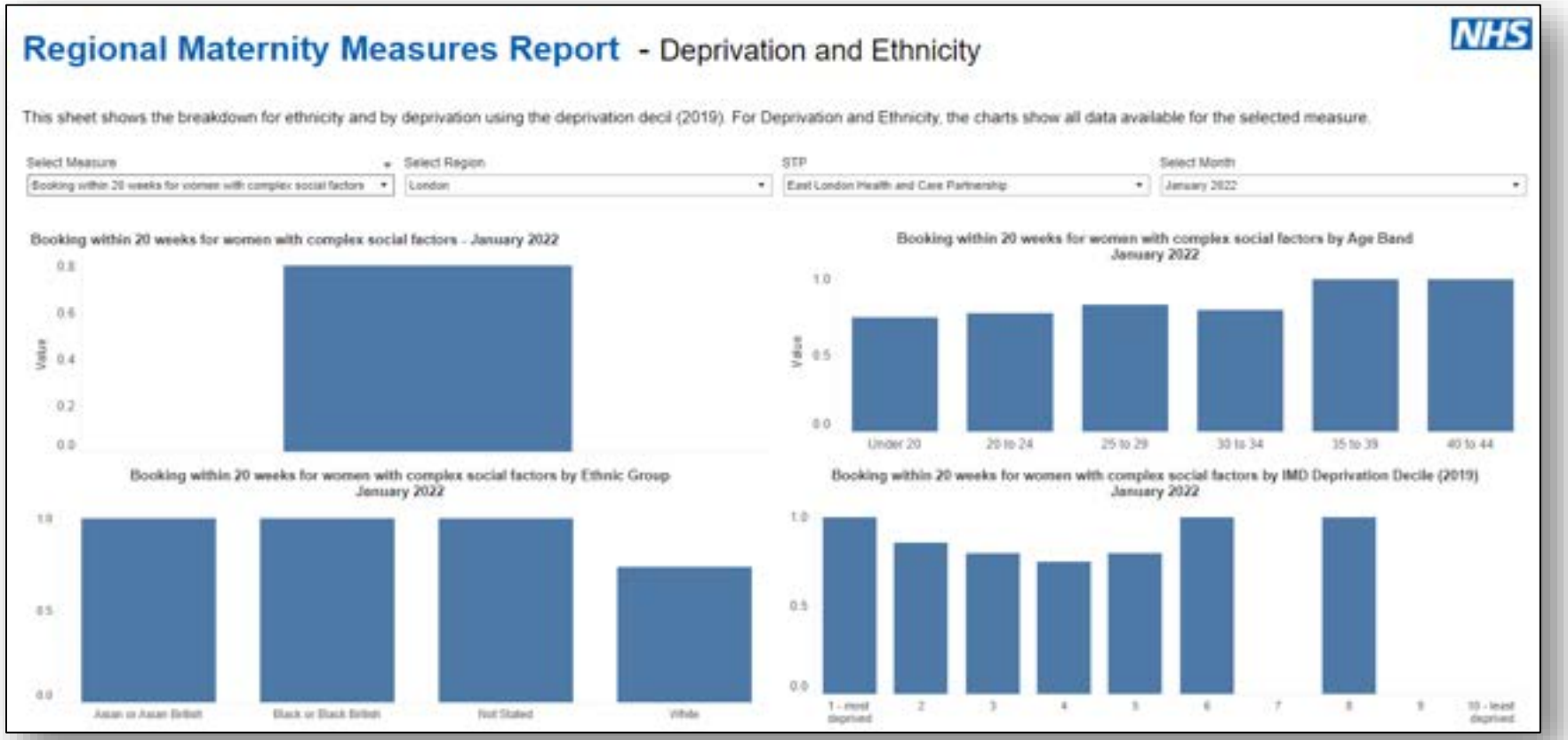
Appendix

2.03 Bookings within 12+6 weeks for women with complex social factors



Appendix

2.04 Bookings within 20 weeks for women with complex social factors

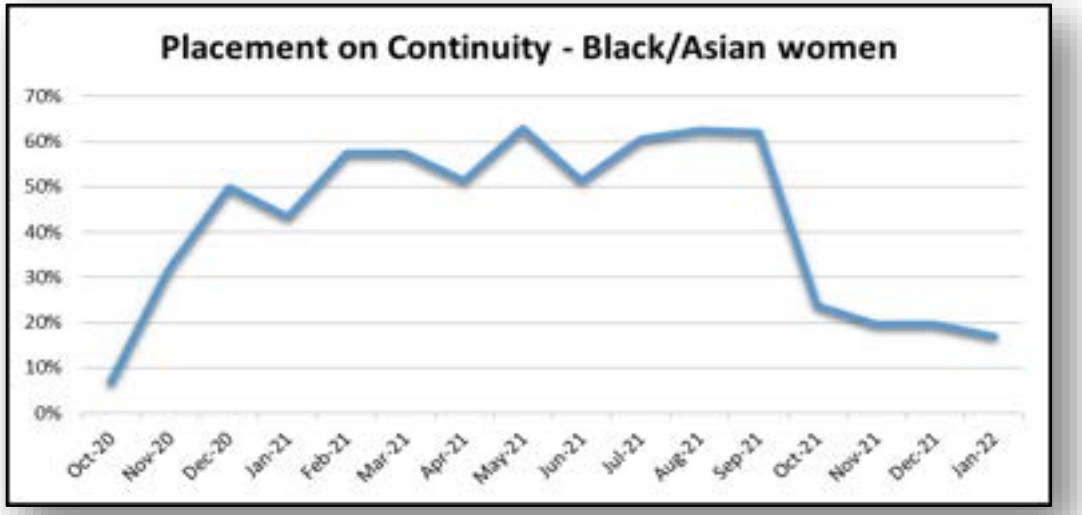


Appendix

2.05 Placement on a continuity of carer pathway – Black/Asian Women

- Within the North East London Health and Care Partnership, Strategic Transformation Plan, Black and Asian women being placed onto a continuity of carer pathway by 29 weeks gestation has increased from 7% to 62% from Oct 20 to Sept 21
- There is a sharp decrease from Sept 21 to Oct 21 from 62% to 24%. Although the number of women being placed onto a continuity carer pathway has increased from 90 to 95 people, a sharp rise in the population of Black and Asian women reaching 29 weeks gestation (from 145 to 400 people) means that the overall percentage of women on the carer pathway has decreased. This population increase is also seen from Nov 21 till Jan 22 however, the number of Black/Asian women were placed onto a carer pathway has decreased from Oct 21 to Jan 22 (95 to 75 people) which explains the percentage decrease from 24% to 17% in the same period.

Date	Number of Black/Asian women being placed onto a continuity of carer pathway by 29 weeks gestation	Number of Black/Asian women reaching 29 weeks gestation	Placement on Continuity - Black/Asian women
Oct-20	10	145	7%
Nov-20	40	125	32%
Dec-20	90	180	50%
Jan-21	65	150	43%
Feb-21	95	165	58%
Mar-21	95	165	58%
Apr-21	90	175	51%
May-21	120	190	63%
Jun-21	85	165	52%
Jul-21	85	140	61%
Aug-21	100	160	63%
Sep-21	90	145	62%
Oct-21	95	400	24%
Nov-21	75	380	20%
Dec-21	85	435	20%
Jan-22	75	440	17%

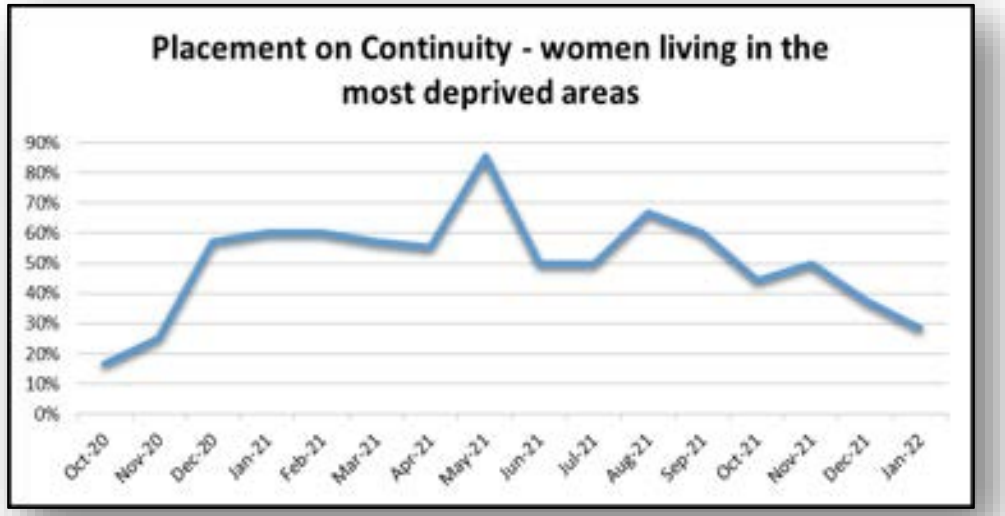


Appendix

2.06 Placement on a continuity of carer pathway – Black/Asian Women

- Within the North East London Health and Care Partnership STP, women living in the most deprived IMD decile being placed onto a continuity of carer pathway by 29 weeks gestation has overall increased from 17% to 50% from Oct 20 to Nov 21.
- There is a peak between Apr 21 - May 21 where the percentage of women living in the most deprived area on a placement on continuity reached 86% from 56%
- There is a declining trend from Aug 21 to Jan 22 (67% to 29%). The number of women being placed onto a continuity of carer pathway (numerator) hasn't changed much in this period however, the number of women living in the most deprived IMD Decile reaching 29 weeks gestation has increased in the same period

Date	Number of women living in the most deprived IMD Decile being placed onto a continuity of carer pathway by 29 weeks gestation	Number of women living in the most deprived IMD Decile reaching 29 weeks gestation	Placement on Continuity - women living in the most deprived areas
Oct-20	5	30	17%
Nov-20	10	40	25%
Dec-20	20	35	57%
Jan-21	15	25	60%
Feb-21	30	50	60%
Mar-21	20	35	57%
Apr-21	25	45	56%
May-21	30	35	86%
Jun-21	20	40	50%
Jul-21	15	30	50%
Aug-21	20	30	67%
Sep-21	15	25	60%
Oct-21	20	45	44%
Nov-21	20	40	50%
Dec-21	15	40	38%
Jan-22	10	35	29%



Appendix

2.07 Baby Friendly Accreditation – Feb 22 by Trust

- Within the North East London Health and Care Partnership STP, 20% of hospitals have a Baby Friendly Accreditation rate which is lower than the England (28.1%) and regional (36.0%) rates. Barts Health NHS Trust has a higher percentage (33.3%) of Baby Friendly Accredited hospitals compared to England but still lower than the regional rate.

Regional Maternity Measures Report - Table of all measures

NHS

Regional View of all measures

Select Region: London

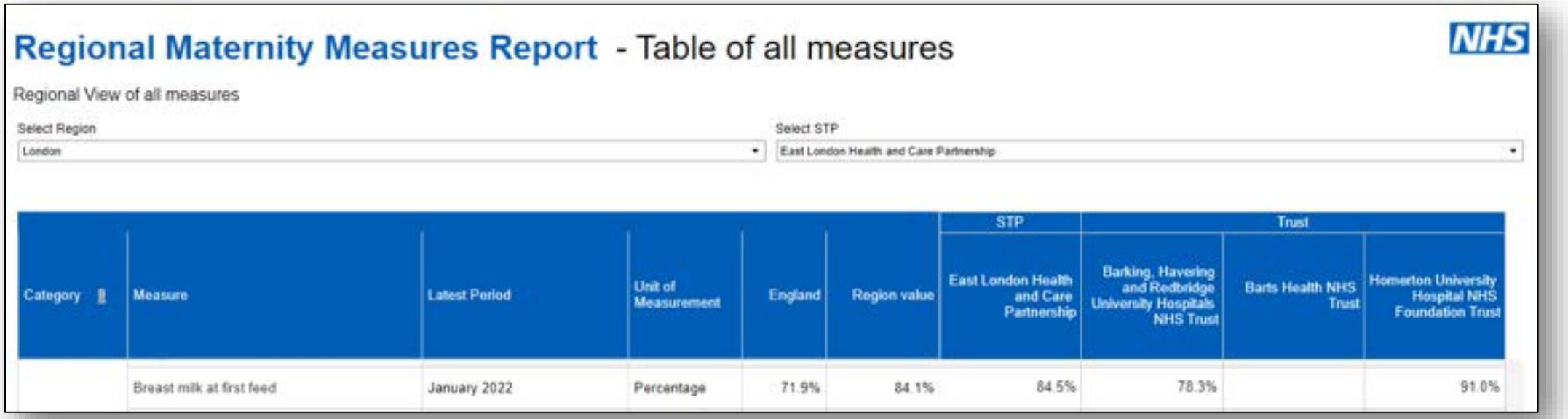
Select STP: East London Health and Care Partnership

Category	Measure	Latest Period	Unit of Measurement	England	Region value	STP	Trust		
						East London Health and Care Partnership	Barking, Havering and Redbridge University Hospitals NHS Trust	Barts Health NHS Trust	Homerton University Hospital NHS Foundation Trust
Equity	Baby Friendly Accreditation	February 2022	Percentage	28.1%	36.0%	20.0%	0.0%	33.3%	0.0%

Appendix

2.08 Breast milk at first feed – Jan 22 by Trust

- Within North East London Health and Care Partnership STP, the percentage of babies who had breast milk as their first feed was 84.5% which is higher than the England (71.9%) and regional average (84.1%)
- When comparing the Trusts within the North East London Health and Care Partnership, BHRUT is 78.3% which is lower than the STP average (84.1%) and Homerton is higher (91.0%) than the STP average



Regional Maternity Measures Report - Table of all measures

NHS

Regional View of all measures

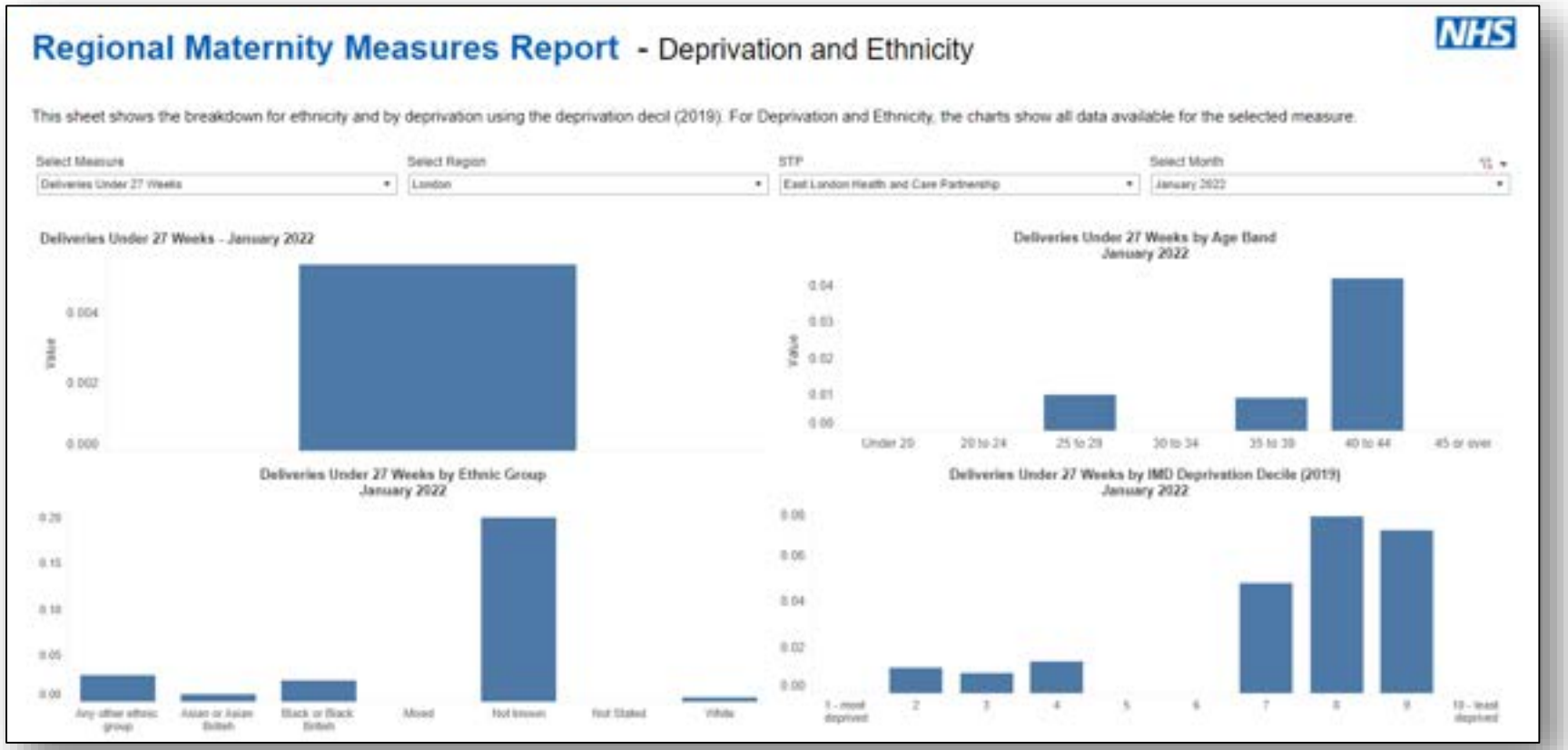
Select Region: London

Select STP: East London Health and Care Partnership

Category	Measure	Latest Period	Unit of Measurement	England	Region value	STP	Trust		
						East London Health and Care Partnership	Barking, Havering and Redbridge University Hospitals NHS Trust	Barts Health NHS Trust	Homerton University Hospital NHS Foundation Trust
	Breast milk at first feed	January 2022	Percentage	71.9%	84.1%	84.5%	78.3%		91.0%

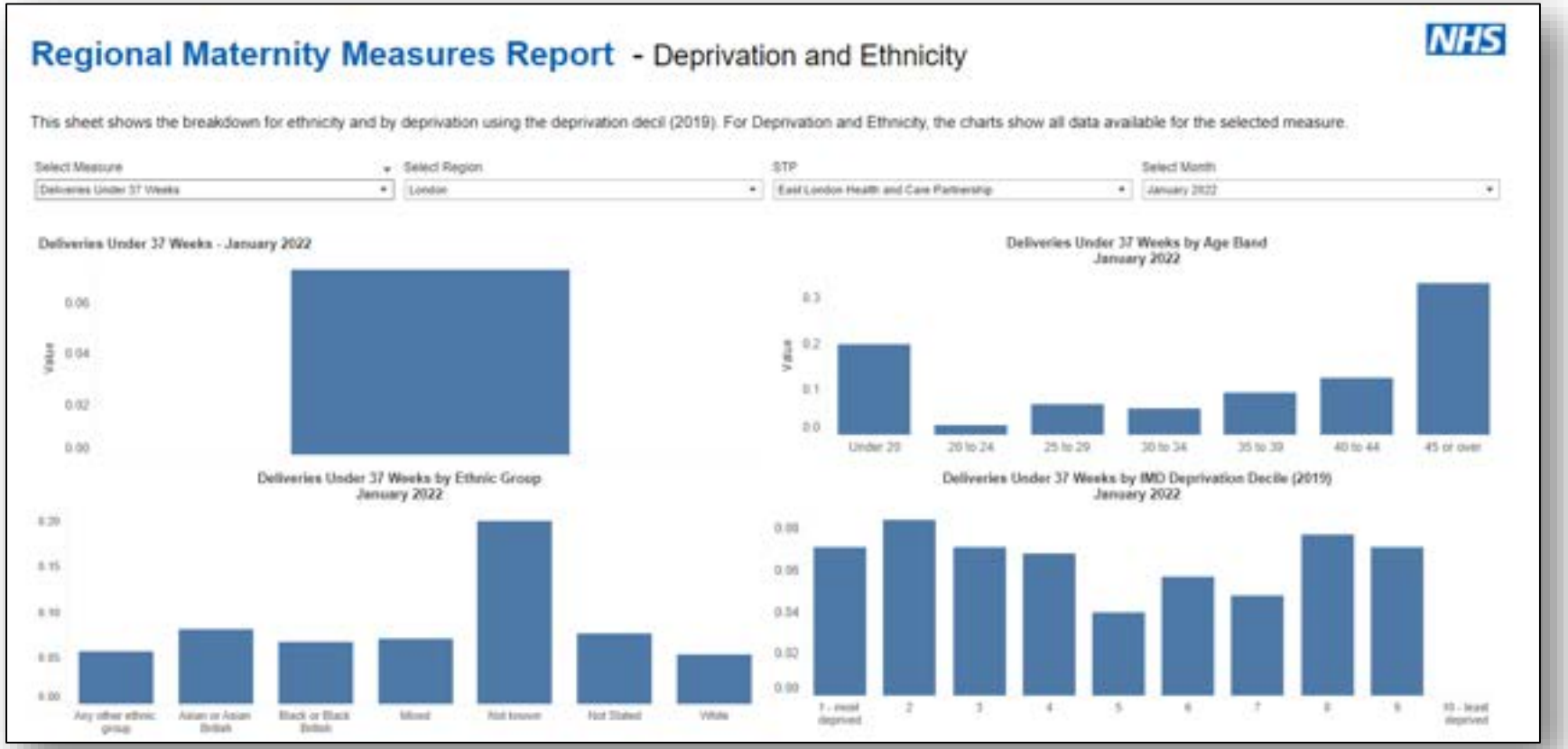
Appendix

2.09 Deliveries under 27 weeks (Ethnicity and Deprivation)



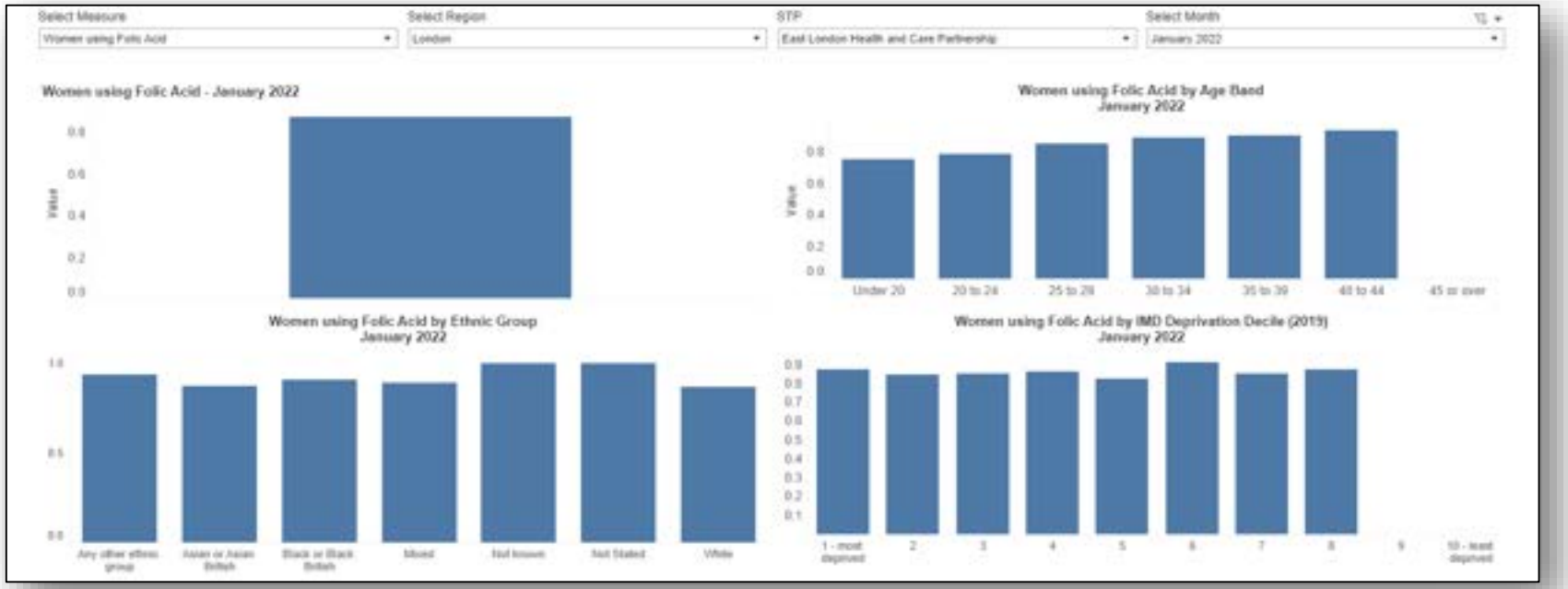
Appendix

2.10 Deliveries under 37 weeks (Ethnicity and Deprivation)



Appendix

2.11 Women using Folic Acid



Measure name	Numerator	Denominator	Unit of Measurement	Direction	Data source
Women using Folic Acid	Number of bookings where Folic Acid status is either [Has been taking prior to becoming pregnant] or [Started taking once pregnancy confirmed]	Total booking where Folic Acid status is: [Has been taking prior to becoming pregnant], [Not taking folic acid supplement] or[Started taking once pregnancy confirmed]	Percentage	Not Applicable	MSDS

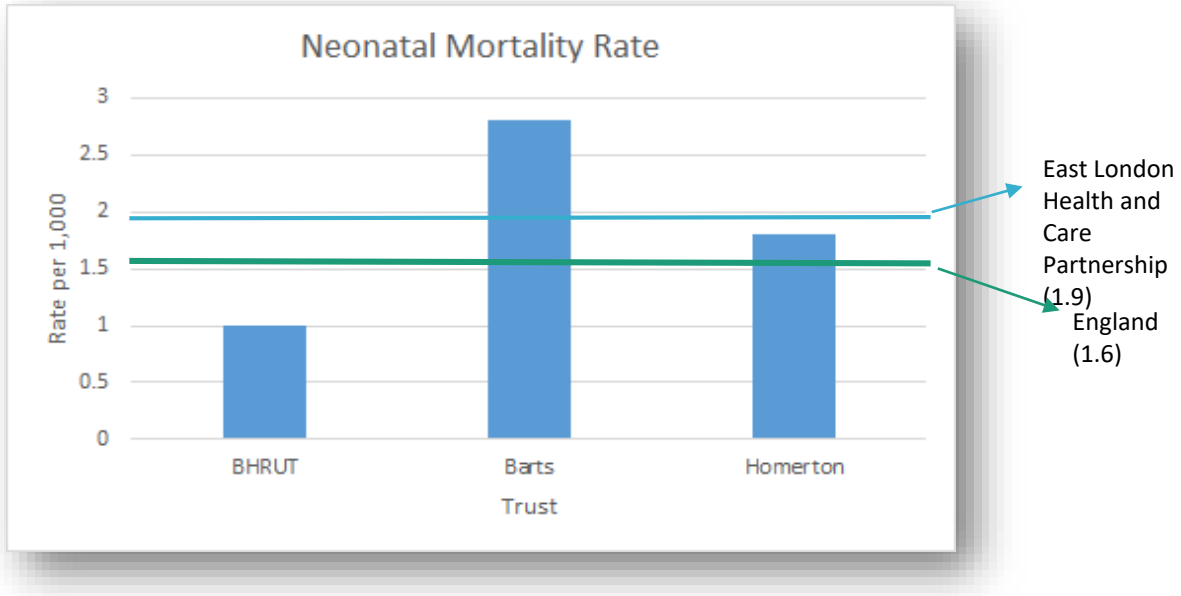
Appendix

2.11 Neonatal Mortality – 2019 by Trust

- Barts Trust's neonatal mortality rate is 2.8 which is the highest out of the three Trusts. Furthermore, it is almost twice the England rate (1.6) and almost three times higher than BHRUT (1.0)
- Barts is an outlier which could be skewing the STP average to be high

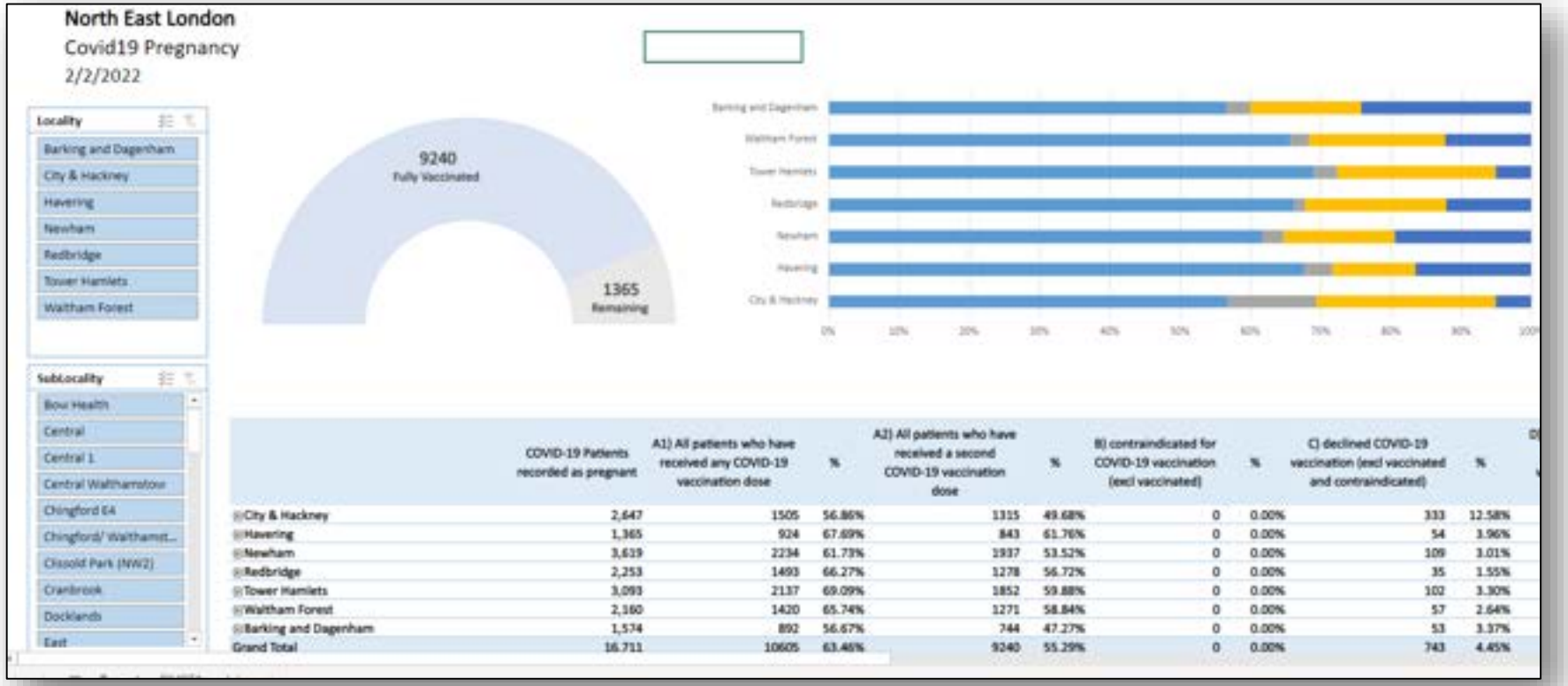
Please note: Royal London, which is part of Barts Heath Trust, and Homerton Healthcare Trust both have a Level 3 Neonatal Intensive Care Unit. This is indicative of the findings shown in the graph for Barts and Homerton. The three other sites within NEL have Level 2 Special Care Baby Units.

Level 3 units have the facilities to provide comprehensive care for critically ill new-borns. This is including respiratory ventilation and support, as well as the capacity to care for new-borns delivered at less than 28 weeks' gestation, who would require additional support and treatment.



Appendix

2.13 Percentage of pregnant people vaccinated against COVID-19 – CEG dashboard



	COVID-19 Patients recorded as pregnant	A1) All patients who have received any COVID-19 vaccination dose	%	A2) All patients who have received a second COVID-19 vaccination dose	%	B) contraindicated for COVID-19 vaccination (excl vaccinated)	%	C) declined COVID-19 vaccination (excl vaccinated and contraindicated)	%
City & Hackney	2,647	1505	56.86%	1315	49.68%	0	0.00%	333	12.58%
Havering	1,365	924	67.69%	843	61.76%	0	0.00%	54	3.96%
Newham	3,619	2234	61.73%	1937	53.52%	0	0.00%	109	3.01%
Redbridge	2,253	1493	66.27%	1278	56.72%	0	0.00%	35	1.55%
Tower Hamlets	3,093	2137	69.09%	1852	59.88%	0	0.00%	102	3.30%
Waltham Forest	2,160	1420	65.74%	1271	58.84%	0	0.00%	57	2.64%
Barking and Dagenham	1,574	892	56.67%	744	47.27%	0	0.00%	53	3.37%
Grand Total	16,711	10605	63.46%	9240	55.29%	0	0.00%	743	4.45%

Appendix

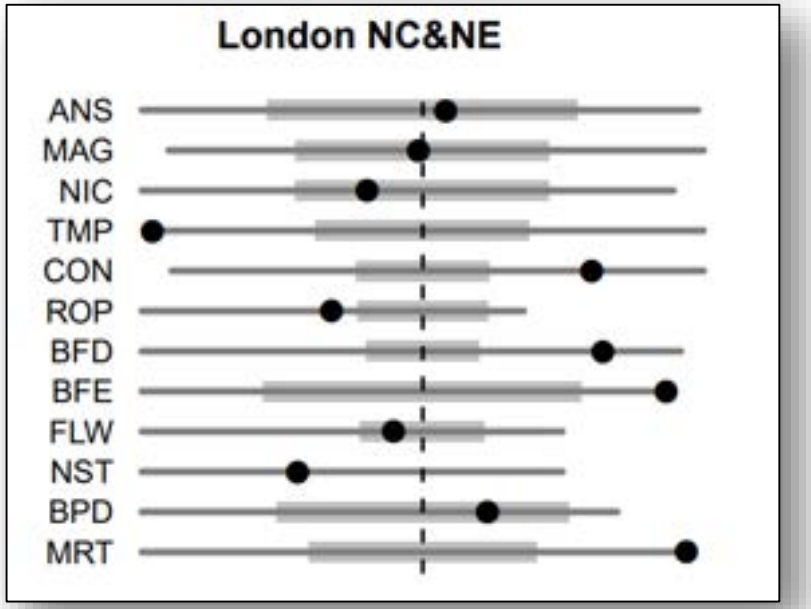
2.14 Neonatal Audit Data - RCPCH National Neonatal Audit Programme (NNAP)

North Central and North East London meet the benchmark for most metrics. Our system excels in the following areas:

- Consultation; Early BM feeding; BM feeding at D and Mortality (treatment effect)

The biggest challenges our system face are:

- Temperature; Nurse staffing and ROP screening



Legend		%
ANS	Steroids	92.3
MAG	Magnesium	83.4
NIC	Born in NICU (< 27 weeks GA)	77.5
TMP	Temperature	70.4
CON	Consultation	96.7
ROP	ROP screening	95.7
BFD	Early BM feeding	58.3
BFE	BM feeding at D	82.4
FLW	2−year follow−up	70.8
NST	Nurse staffing	68.9
BPD	BPD or death (treatment effect)	0.0
MRT	Mortality (treatment effect)	0.0

Appendix

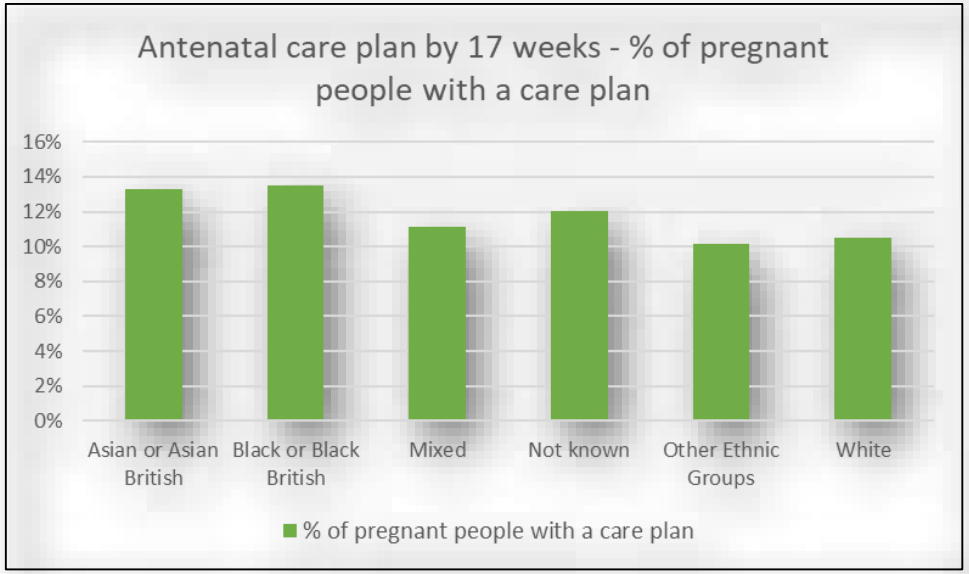
2.15 Maternity Services Dataset: Personalised care plans

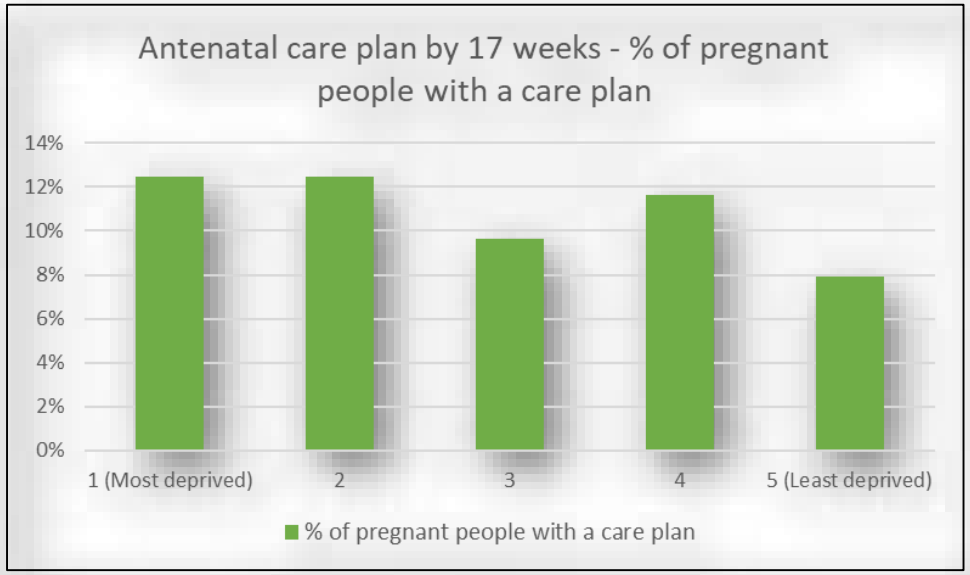
- Maternity services dataset (MSDS) is a patient-level data set that captures information about activity carried out by Maternity Services relating to a pregnant person and baby(s). The MSDS has been used for below metric:
- Ethnicity and Deprivation: No. of women with personalised care plan:
  - Antenatal care plan by 17 weeks gestation
  - Intrapartum care plan by 35 weeks gestation
  - Postnatal care plan by 37 weeks gestation
- Postpartum care plans have not been included in the ethnicity and deprivation breakdown as only 12 pregnant people had a personalised care plan by 37 weeks gestation.

Appendix

2.16 Personalised antenatal care plans

- There were minor differences between ethnicities in antenatal care plans by 17 weeks gestation. All ethnicities had between 10-14% of pregnant people with an antenatal care plan.
- There were also minor differences between deprivation quintiles, with all quintiles between 8-12% of pregnant people with an antenatal care plan.

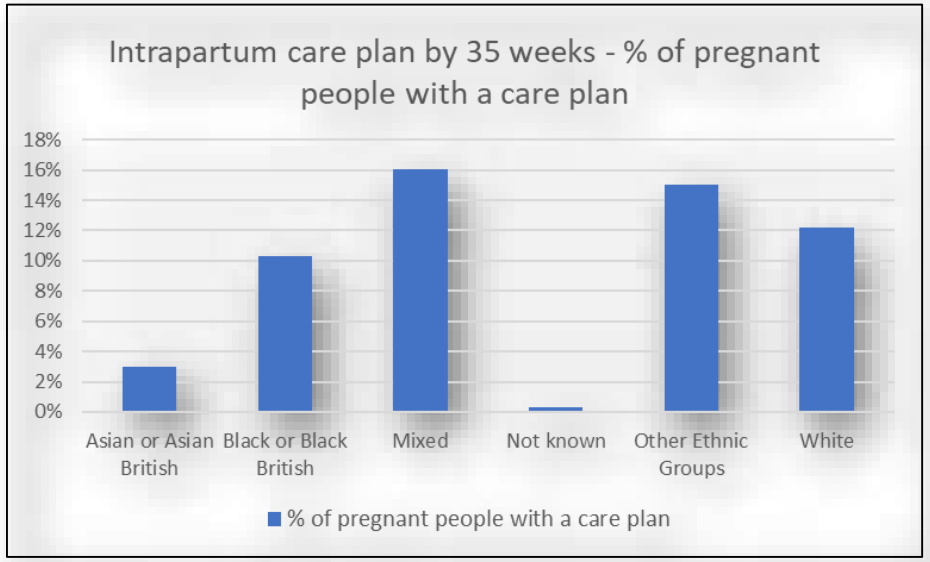


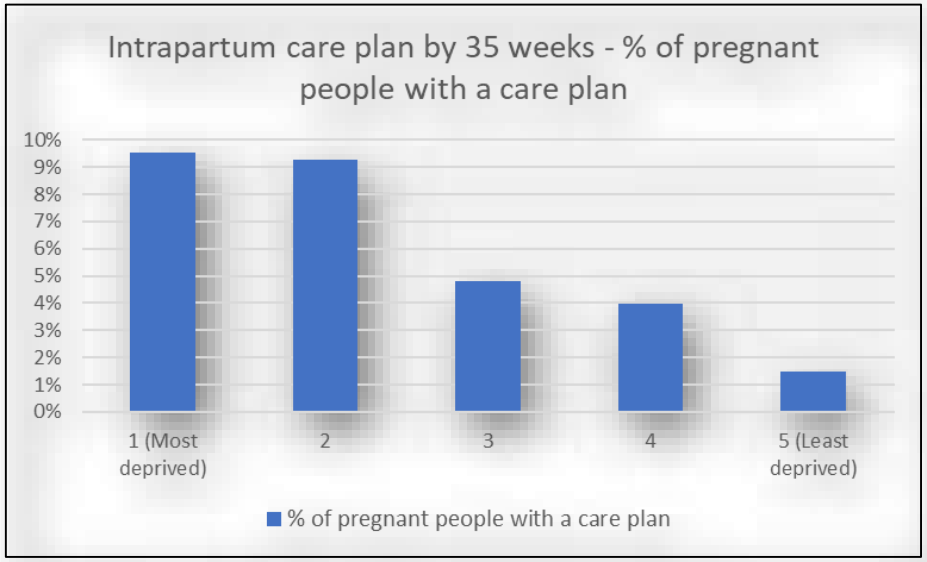


Appendix

2.17 Personalised intrapartum care plans

- There were larger differences between ethnicities in intrapartum care plans. Patients of Mixed ethnicity had approximately 5 times the proportion of patients with an intrapartum care plan than Asian patients.
- While White patients had approximately 4 times the proportion of patients with an intrapartum care plan than Asian patients.
- The most deprived deprivation quintiles had approximately 3 times the proportion of patients with an intrapartum care plan as the least deprived quintile.





Appendix

3.1 Percentage of pregnant people attending A&E during pregnancy

- The most deprived quintiles in NEL had the highest proportions of pregnant people with an A&E attendance. There also seems to be a link to age as a higher proportion of under 30's had A&E attendances compared to over 30's.
- When focusing on ethnicity, Black and Asian ethnicities had higher proportions of pregnant people with an attendance than other ethnicities.

Age Band	Broad Ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
19 and under	Ethnicity	44%	34%	31%	38%	11%
20-29	Asian	38%	35%	25%	32%	27%
	Black	41%	42%	38%	35%	33%
	Mixed	38%	42%	29%	17%	0%
	Other	37%	31%	26%	31%	15%
	Unknown	25%	23%	17%	18%	7%
	White	31%	27%	26%	17%	16%
30-39	Asian	32%	31%	21%	27%	14%
	Black	36%	34%	36%	18%	38%
	Mixed	23%	24%	11%	35%	25%
	Other	27%	26%	23%	16%	24%
	Unknown	23%	20%	12%	14%	7%
	White	22%	21%	20%	18%	16%
40+	Ethnicity	28%	24%	19%	22%	10%

Age Band	Deprivation Quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							44%
	2							34%
	3							31%
	4							38%
	5 (Least deprived)							11%
20-29	1 (Most deprived)	38%	41%	38%	37%	25%	31%	
	2	35%	42%	42%	31%	23%	27%	
	3	25%	38%	29%	26%	17%	26%	
	4	32%	35%	17%	31%	18%	17%	
	5 (Least deprived)	27%	33%	0%	15%	7%	16%	
30-39	1 (Most deprived)	32%	36%	23%	27%	23%	22%	
	2	31%	34%	24%	26%	20%	21%	
	3	21%	36%	11%	23%	12%	20%	
	4	27%	18%	35%	16%	14%	18%	
	5 (Least deprived)	14%	38%	25%	24%	7%	16%	
40+	1 (Most deprived)							28%
	2							24%
	3							19%
	4							22%
	5 (Least deprived)							10%

Appendix

3.2 Percentage of pregnant people with an admission during pregnancy

- Similarly to A&E attendances during pregnancy, the most deprived quintiles had the highest proportions of pregnant people with an admission. Unlike A&E there was less of a link to age.
- Also similarly to A&E, Black pregnant people had the highest rates of admission, alongside Mixed and Other. Unlike in A&E attendances, Asian ethnicities had lower rates of admission.

Age Band	Broad Ethnicity	1	2	3	4	5
19 and under	Ethnicity	43%	38%	33%	23%	33%
20-29	Asian	32%	28%	28%	30%	31%
	Black	48%	47%	44%	45%	67%
	Mixed	34%	39%	47%	33%	0%
	Other	44%	45%	25%	34%	15%
	Unknown	21%	19%	17%	21%	13%
	White	39%	37%	29%	22%	24%
30-39	Asian	31%	29%	27%	30%	22%
	Black	49%	45%	42%	42%	31%
	Mixed	44%	52%	25%	50%	25%
	Other	44%	40%	33%	30%	37%
	Unknown	21%	19%	18%	18%	19%
	White	39%	40%	33%	27%	24%
40+	Ethnicity	45%	35%	35%	34%	31%

Age Band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							43%
	2							38%
	3							33%
	4							23%
	5 (Least deprived)							33%
20-29	1 (Most deprived)	32%	48%	34%	44%	21%	39%	
	2	28%	47%	39%	45%	19%	37%	
	3	28%	44%	47%	25%	17%	29%	
	4	30%	45%	33%	34%	21%	22%	
	5 (Least deprived)	31%	67%	0%	15%	13%	24%	
30-39	1 (Most deprived)	31%	49%	44%	44%	21%	39%	
	2	29%	45%	52%	40%	19%	40%	
	3	27%	42%	25%	33%	18%	33%	
	4	30%	42%	50%	30%	18%	27%	
	5 (Least deprived)	22%	31%	25%	37%	19%	24%	
40+	1 (Most deprived)							45%
	2							35%
	3							35%
	4							34%
	5 (Least deprived)							31%

Appendix

3.3 Percentage of pregnant people with an attendance within 6 months of delivery

- Similar to A&E attendances during pregnancy, the most deprived quintiles have the highest rates of postnatal attendances within 6 months. While Asian, Black and younger Mixed pregnant people have the highest rates by ethnicity.
- Higher postnatal attendances for most deprived quintiles 1 and 2. Higher attendances for Asian and Black at all ages, while mixed has higher attendances postnatally between 20-29. Also appears to be a link to age as 19 and under have higher attendances than 40+

Age Band	Broad ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
19 and under	Ethnicity	14%	12%	11%	0%	11%
20-29	Asian	10%	11%	9%	6%	6%
	Black	12%	12%	8%	0%	0%
	Mixed	15%	15%	12%	11%	0%
	Other	5%	11%	2%	7%	0%
	Unknown	10%	7%	5%	4%	7%
	White	9%	9%	8%	5%	2%
30-39	Asian	9%	9%	6%	5%	9%
	Black	11%	10%	11%	6%	23%
	Mixed	5%	6%	4%	8%	0%
	Other	9%	7%	7%	8%	8%
	Unknown	8%	5%	6%	4%	2%
	White	7%	7%	6%	3%	4%
40+	Ethnicity	8%	6%	5%	7%	6%

Age Band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							14%
	2							12%
	3							11%
	4							0%
	5 (Least deprived)							11%
20-29	1 (Most deprived)	10%	12%	15%	5%	10%	9%	
	2	11%	12%	15%	11%	7%	9%	
	3	9%	8%	12%	2%	5%	8%	
	4	6%	0%	11%	7%	4%	5%	
	5 (Least deprived)	6%	0%	0%	0%	7%	2%	
30-39	1 (Most deprived)	9%	11%	5%	9%	8%	7%	
	2	9%	10%	6%	7%	5%	7%	
	3	6%	11%	4%	7%	6%	6%	
	4	5%	6%	8%	8%	4%	3%	
	5 (Least deprived)	9%	23%	0%	8%	2%	4%	
40+	1 (Most deprived)							8%
	2							6%
	3							5%
	4							7%
	5 (Least deprived)							6%

Appendix

3.4 Percentage of pregnant people with an admission within 6 months of delivery

- The most deprived quintiles had the highest rates of admission within 6 months of delivery
- Focusing on ethnicity, Asian, Black and white ethnicities show higher rates of hospital admission compared with other ethnicities

Age band	Broad ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
19 and under	Ethnicity	4%	4%	2%	0%	11%
20-29	Asian	2%	3%	2%	1%	2%
	Black	4%	5%	2%	0%	0%
	Mixed	4%	6%	6%	0%	0%
	Other	1%	3%	1%	0%	0%
	Unknown	2%	1%	1%	1%	3%
	White	3%	3%	2%	3%	4%
30-39	Asian	3%	2%	2%	3%	4%
	Black	5%	3%	7%	6%	0%
	Mixed	1%	1%	0%	4%	0%
	Other	4%	2%	2%	1%	0%
	Unknown	3%	1%	1%	0%	0%
	White	3%	2%	3%	4%	1%
40+	Ethnicity	3%	2%	2%	1%	2%

Age band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							4%
	2							4%
	3							2%
	4							0%
	5 (Least deprived)							11%
20-29	1 (Most deprived)	2%	4%	4%	1%	2%	3%	
	2	3%	5%	6%	3%	1%	3%	
	3	2%	2%	6%	1%	1%	2%	
	4	1%	0%	0%	0%	1%	3%	
	5 (Least deprived)	2%	0%	0%	0%	3%	4%	
30-39	1 (Most deprived)	3%	5%	1%	4%	3%	3%	
	2	2%	3%	1%	2%	1%	2%	
	3	2%	7%	0%	2%	1%	3%	
	4	3%	6%	4%	1%	0%	4%	
	5 (Least deprived)	4%	0%	0%	0%	0%	1%	
40+	1 (Most deprived)							3%
	2							2%
	3							2%
	4							1%
	5 (Least deprived)							2%

Appendix

3.5 Percentage of pregnant people infected with COVID-19

- There were higher rates of pregnant people infected with COVID-19 in the 3 most deprived quintiles compared to the least deprived quintile 5.
- There also appears to be a link to ethnicity as Asian, Black, and Mixed ethnicities show higher rates of infection compared to white ethnicities across all ages.

Age band	Broad ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
19 and under	Ethnicity	5%	2%	7%	0%	0%
20-29	Asian	6%	6%	5%	6%	8%
	Black	5%	3%	2%	10%	0%
	Mixed	4%	3%	6%	6%	0%
	Other	3%	4%	8%	10%	0%
	Unknown	5%	4%	3%	2%	0%
	White	5%	4%	3%	3%	4%
30-39	Asian	5%	6%	4%	6%	3%
	Black	4%	7%	5%	3%	0%
	Mixed	5%	6%	8%	0%	0%
	Other	3%	2%	3%	3%	3%
	Unknown	4%	5%	2%	1%	1%
	White	3%	3%	4%	4%	3%
40+	Ethnicity	5%	4%	4%	1%	2%

Age band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							5%
	2							2%
	3							7%
	4							0%
	5 (Least deprived)							0%
20-29	1 (Most deprived)	6%	5%	4%	3%	5%	5%	
	2	6%	3%	3%	4%	4%	4%	
	3	5%	2%	6%	8%	3%	3%	
	4	6%	10%	6%	10%	2%	3%	
	5 (Least deprived)	8%	0%	0%	0%	0%	4%	
30-39	1 (Most deprived)	5%	4%	5%	3%	4%	3%	
	2	6%	7%	6%	2%	5%	3%	
	3	4%	5%	8%	3%	2%	4%	
	4	6%	3%	0%	3%	1%	4%	
	5 (Least deprived)	3%	0%	0%	3%	1%	3%	
40+	1 (Most deprived)							5%
	2							4%
	3							4%
	4							1%
	5 (Least deprived)							2%

Appendix

3.6 Percentage of pregnant people taking folic acid during pregnancy

- There was a clear link between taking folic acid and deprivation. The most deprived quintiles had the lowest levels of folic acid consumption across all ages. The least deprived quintile, 5, had the highest percentage of pregnant people taking folic acid.
- There was less of a link between ethnicity and folic acid consumption, although Other and Unknown ethnicity showed the lowest levels of consumption across the different ethnicities.

Age band	Broad ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
19 and under	Ethnicity	5%	2%	7%	0%	0%
20-29	Asian	6%	6%	5%	6%	8%
	Black	5%	3%	2%	10%	0%
	Mixed	4%	3%	6%	6%	0%
	Other	3%	4%	8%	10%	0%
	Unknown	5%	4%	3%	2%	0%
	White	5%	4%	3%	3%	4%
30-39	Asian	5%	6%	4%	6%	3%
	Black	4%	7%	5%	3%	0%
	Mixed	5%	6%	8%	0%	0%
	Other	3%	2%	3%	3%	3%
	Unknown	4%	5%	2%	1%	1%
	White	3%	3%	4%	4%	3%
40+	Ethnicity	5%	4%	4%	1%	2%

Age band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							33%
	2							36%
	3							39%
	4							58%
	5 (Least deprived)							60%
20-29	1 (Most deprived)	33%	28%	34%	30%	31%	42%	
	2	29%	32%	35%	29%	30%	37%	
	3	51%	53%	48%	45%	42%	61%	
	4	50%	49%	68%	32%	44%	62%	
	5 (Least deprived)	52%	46%	63%	45%	40%	79%	
30-39	1 (Most deprived)	33%	34%	35%	30%	39%	39%	
	2	31%	35%	36%	35%	36%	35%	
	3	53%	55%	53%	37%	43%	50%	
	4	52%	48%	54%	45%	40%	62%	
	5 (Least deprived)	55%	71%	62%	52%	43%	74%	
40+	1 (Most deprived)							35%
	2							38%
	3							54%
	4							63%
	5 (Least deprived)							67%

Appendix

3.7 Percentage of babies admitted to neonatal care

- The percentage of babies admitted to neonatal care data could not be split into the different age bands, so the below shows all age groups.
- There was no clear pattern in deprivation and admissions to neonatal care, although the least deprived quintile 5 shows slightly higher proportions.
- There did appear to be a link between ethnicity and admissions to neonatal care as there were higher rates of admission to neonatal care for babies of Asian and Black ethnicities.

Age band	Broad ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
All Ages	Asian	24%	27%	33%	25%	25%
	Black	27%	25%	34%	30%	50%
	Mixed	22%	19%	17%	14%	14%
	Other	20%	16%	25%	12%	22%
	Unknown	9%	7%	6%	17%	25%
	White	22%	20%	23%	24%	27%

Age band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White
All Ages	1 (Most deprived)	24%	27%	22%	20%	9%	22%
	2	27%	25%	19%	16%	7%	20%
	3	33%	34%	17%	25%	6%	23%
	4	25%	30%	14%	12%	17%	24%
	5 (Least deprived)	25%	50%	14%	22%	25%	27%

Appendix

3.8 Percentage of babies born with Low Birth Weight

- Compared to the least deprived quintile 5, there were a higher proportion of babies born with low birth weight in the most deprived quintiles.
- There were also a higher rate of babies with low birth weight born to Asian and Black ethnicities.

Age band	Broad ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
19 and under	Ethnicity	7%	7%	10%	0%	0%
20-29	Asian	8%	8%	5%	2%	2%
	Black	7%	7%	6%	0%	0%
	Mixed	3%	6%	3%	5%	0%
	Other	7%	8%	2%	4%	7%
	Unknown	6%	7%	6%	7%	0%
	White	4%	4%	3%	2%	2%
30-39	Asian	10%	10%	6%	4%	8%
	Black	9%	9%	7%	13%	8%
	Mixed	4%	7%	4%	7%	0%
	Other	6%	7%	6%	0%	7%
	Unknown	8%	8%	7%	7%	7%
	White	5%	4%	4%	3%	2%
40+	Ethnicity	10%	7%	6%	10%	4%

Age band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							7%
	2							7%
	3							10%
	4							0%
	5 (Least deprived)							0%
20-29	1 (Most deprived)	8%	7%	3%	7%	6%	4%	
	2	8%	7%	6%	8%	7%	4%	
	3	5%	6%	3%	2%	6%	3%	
	4	2%	0%	5%	4%	7%	2%	
	5 (Least deprived)	2%	0%	0%	7%	0%	2%	
30-39	1 (Most deprived)	10%	9%	4%	6%	8%	5%	
	2	10%	9%	7%	7%	8%	4%	
	3	6%	7%	4%	6%	7%	4%	
	4	4%	13%	7%	0%	7%	3%	
	5 (Least deprived)	8%	8%	0%	7%	7%	2%	
40+	1 (Most deprived)							10%
	2							7%
	3							6%
	4							10%
	5 (Least deprived)							4%

Appendix

3.9 Percentage of pregnant people with tears during delivery

- There appears to be a link between tears and deprivation, the least deprived quintiles had the highest rates of tears. There also seems to be a link to age as the highest rates of tears are for under 30's.
- All ethnicities show high rates of tears with the exception of Black ethnicities.

Age Band	Broad Ethnicity	1 (Most deprived)	2	3	4	5 (Least deprived)
9 and unde	Ethnicity	42%	49%	35%	54%	56%
20-29	Asian	49%	50%	48%	47%	49%
	Black	38%	40%	39%	38%	0%
	Mixed	43%	45%	35%	47%	60%
	Other	49%	53%	44%	64%	50%
	Unknown	42%	47%	45%	39%	45%
	White	48%	50%	43%	47%	52%
30-39	Asian	42%	44%	44%	45%	48%
	Black	34%	28%	36%	28%	31%
	Mixed	38%	39%	42%	38%	50%
	Other	39%	38%	46%	57%	52%
	Unknown	43%	42%	40%	47%	45%
	White	39%	41%	41%	44%	40%
40+	Ethnicity	30%	31%	32%	20%	35%

Age Band	Deprivation quintile	Asian	Black	Mixed	Other	Unknown	White	Ethnicity
19 and under	1 (Most deprived)							42%
	2							49%
	3							35%
	4							54%
	5 (Least deprived)							56%
20-29	1 (Most deprived)	49%	38%	43%	49%	42%	48%	
	2	50%	40%	45%	53%	47%	50%	
	3	48%	39%	35%	44%	45%	43%	
	4	47%	38%	47%	64%	39%	47%	
	5 (Least deprived)	49%	0%	60%	50%	45%	52%	
30-39	1 (Most deprived)	42%	34%	38%	39%	43%	39%	
	2	44%	28%	39%	38%	42%	41%	
	3	44%	36%	42%	46%	40%	41%	
	4	45%	28%	38%	57%	47%	44%	
	5 (Least deprived)	48%	31%	50%	52%	45%	40%	
40+	1 (Most deprived)							30%
	2							31%
	3							32%
	4							20%
	5 (Least deprived)							35%

NHS
North East London

Appendix 3
Community Assets Mapping

Prepared by Maternity Mates

Barking and Dagenham

Social Prescribing service

Community solutions
socialprescribing@lbbd.gov.uk
0208 724 8018

Baby Banks

1. Give Your Best
2. The Baby Bank HQ
3. Tinytoes

Children's Centres

1. Leys Children Centre
2. Marks Gate Children's Centre
3. Sue Bramley Community Centre
4. Sue Bramley Community Hub
5. William Bellamy Children's Centres

Food Banks

1. ATM Dagenham Food Centre
2. Chapters Food Bank
3. Collier Row & Romford Food Bank
4. Hope Family Trust
5. House of Faith
6. Rainham Foodbank
7. The Trussell Trust Food Bank – Barking
8. The Trussell Trust Food Bank – Dagenham

City and Hackney

Social Prescribing service

Family Action
Nelondon.candhsocialprescribing@nhs.net
0203 846 6777

Baby Banks

1. Give Your Best
2. Hackney Baby Bank
3. Hackney Children and Baby Bank

Children's Centres

1. Ann Taylor Children's Centre
2. Brook @ Pembury
3. Children's Centre at Gainsborough
4. Clapton Park Children's Centre
5. Comberton Children's Centre
6. Comet at Thomas Fairchild
7. Daubeney Children's Centre
8. Linden Children's Centre
9. Millfield Children's Centre

Food Banks

1. Bethnal Green Food Bank
2. Bow Food Bank
3. Hackney Food Bank Office
4. Hackney Food Bank Warehouse
5. Hackney Food Poverty Alliance
6. Islington Food Bank
7. Stoke Newington Food Bank
8. The Trussell Trust Food Bank

Havering

Social Prescribing service

Redbridge CVS
www.redbridgecvs.net
07984 971 053

Baby Banks

1. Bookstart Baby Pack
2. Give Your Best

Children's Centres

1. Chippenham Road Children's Centre
2. Collier Row Children's Centre
3. Elm Park Children Centre
4. Ingrebourne Children's Centre
5. Rainham Village Children's Centre
6. St Kilda Children's Centre

Food Banks

1. Collier Row & Romford Food Bank
2. Harold Hill Food Bank
3. Rainham Food Bank

Newham

Social Prescribing service

Well Newham
Public.health@newham.gov.uk
0208 430 2000

Baby Banks

1. Choices Baby Bank Boutique
2. Newham Community Project
3. Little Village
4. Pram Depot
5. Salvation Army
6. Saint Matthias
7. Wrapahug Sling Library

Children's Centres

1. Altmore Children's Centre
2. Beckon and Royal Docks
3. Edith Kerrison
4. Kay Rowe
5. Keir Hardie
6. Manor Park Community
7. Maryland
8. Oliver Thomas
9. Plaistow
10. Rebecca Cheetham
11. St Stephens

Food Banks

1. Aishah Help
2. Alternatives
3. Ascension Community Trust
4. Canning Town Food Bank
5. Carpenters Café
6. City Chapel
7. Community Links
8. Manor Park Christian Centre
9. Sere Narayana Guru Mission
10. ViewTube Market

Redbridge

Social Prescribing service

Redbridge CVS
www.redbridgecvs.net
07984 971 053

Baby Banks

1. Baby & Pregnancy
2. Bounty
3. Give Your Best
4. Families Together Hub

Children's Centres

1. Albert Road Children's Centre Hub
2. Christchurch Children's Centre
3. Fullwell Children's Centre
4. Oxford Children's Centre
5. Orchard Children's Hub
6. Ray Lodge Children's Centre
7. Wanstead Children's Centre

Food Banks

1. All Saints GoodMayes Distribution Centre
2. Jubilee Church Distribution Centre
3. The Trussell Trust Food Bank

Tower Hamlets

Social Prescribing service

Bromley By Bow Centre
Socialprescribing.bbbc@nhs.net
07496 283 141
07928 809935

Baby Banks

1. Choices Baby Bank Boutique
2. Little Village
3. Pram Depot
4. Sebby's Corner
5. Wrapahug Sling Library

Food Banks

1. Alternatives
2. Bethnal Green Food Bank
3. Bow Food Bank

Children's Centres

1. Around Polar
2. Christ Street
3. Collingwood
4. Isle of Dogs
5. John Smith
6. Marne
7. Meath Gardens
8. Mile End
9. Mowlem
10. Ocean
11. Overland
12. Tower Hamlets General Advice on Children's Centre
13. Wapping

Waltham Forest

Social Prescribing service

Waltham Forest Council
Social.prescribing@walthamforest.gov.uk
0208 496 2310

Baby Banks

1. Choices Baby Bank Boutique
2. Little Village
3. Lloyd's Park Baby Bank
4. Pram Depot
5. Sebby's Corner
6. Wrapahug Sling Library

Children's Centres

1. Chingford Children & Family Centre Hub
2. Leyton Children & Family Centre Hub
3. Leytonstone Children & Family Centre Hub
4. Walthamstow Children & Family Centre Hub

Food Banks

1. Alternatives
2. Eat or Heat Food Bank
3. Elim Church
4. Highams Park Food Aid
5. PL84U al-suffa
6. Rukhsana Foundation Food Bank

NHS
North East London

5.0 Acknowledgements

5.0 Acknowledgements

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