

Gloucestershire Local Maternity and Neonatal System

Equity and Equality Action Plan

1. Executive summary

In September 2021, NHS England produced the guidance: Equity and Equality: Guidance for local maternity systems. It reflects the five health inequalities priorities described in the [2021/22 priorities and operational planning guidance: Implementation guidance](#), and provided guidance to help Local Maternity and Neonatal Systems develop Equality & Equality Action Plans and align these to the health inequalities work of Integrated Care Systems. The guidance included an analysis of the evidence, interventions to improve equity and equality, resources, indicators and metrics.

Gloucestershire Local Maternity and Neonatal System (LMNS) carried out a population needs analysis with (as directed by the Guidance) a focus on ethnic minority populations and areas in the county of highest deprivation. Previous work on inequalities and needs analysis had already identified that certain areas of Gloucester and the Forest of Dean are the main areas of greatest need, but our Equity and Equality needs analysis, completed in May 2022, further identified specific wards where maternity risk factors tend to be highest and outcomes for mother and/or baby poorest. It also identified that many (but it is important to note that not all) maternity risk factors and outcomes were poorer for those from ethnic minorities. (We will update the needs analysis once we have the Census 2021 data, as current information on the numbers and distribution of those from ethnic minorities are largely based on 2011 Census data.)

The data supported previous research that key risk factors – smoking in pregnancy and maternal obesity, plus booking 'late' (after 12 weeks) – are associated with some poorer outcomes, such as stillbirth, low birth weight, and low Apgar scores. Smoking and high BMI rates, and lower rates of breastfeeding, are generally higher in the most deprived areas of the county. For ethnic minority women*, the picture is more mixed. For example, breastfeeding rates are generally higher in ethnic minority groups, but women from ethnic minority backgrounds appear more likely to book late.

**Please note: the terms 'woman' and 'women' are used throughout this document. These should be taken to include people who do not identify as women, but who are pregnant or have had a baby.*

This Equity and Equality Action Plan aims to address these health inequalities in order to improve outcomes for women and their babies from the most deprived areas and from ethnic minorities. The plan is in two parts: this narrative document, plus a spreadsheet which details our priorities and engagement plans. This is the start of the development of a coproduced plan which seeks to find out what is important to women who experience the most inequality in maternity, and to subsequently coproduce then deliver actions to reduce these inequalities.

Workforce Race Equality Standards

Our submission to NHSE in May 2022 with our population needs analysis included data from the WRES survey, along with some of the 2021 data which we had access to at that point. This showed that staff in the Women's and Children's division from Gloucestershire Hospitals Trust (GHT) from an ethnic minority experienced race inequalities at work in terms of career progression and experienced more abuse, harassment and bullying from colleagues and the public than their white colleagues. However, within this division, white staff actually fare worse regarding bullying by patients/relatives than those from ethnic minorities (albeit % changes were very small) in 2021 data.

Unfortunately, the WRES data from Gloucestershire Health and Care Trust (GHC) cannot be broken down by division or department, so we only have the data for the whole Trust rather than just for Health Visiting and the Perinatal Mental Health team which are within this Trust.

Since receiving the data, we have been working with both Trusts to understand the data further (including the rest of the 2021 data which we didn't have access to in May), and to look at what steps are being – or can be – taken to improve race equality at work for staff from ethnic minorities. This work is continuing, and as actions are coproduced, we will add them to our action plan.

2. Vision, values and aims

The following values will underpin the development and delivery of our Equity and Equality Action Plan.

Values:

- Listen to and elevate the voices of those living with inequality
- Value difference
- Be courageous and take positive risks
- Co-create and co-design services with the communities we serve
- Break down the power differential
- Act with integrity
- Be resilient and unrelenting in our drive to create equality

We will use these values to create our vision with the women and communities who we serve, and we will ensure our vision, values and aims align with our ICS's health inequalities strategy, which has not yet been completed. In the meantime, our initial thoughts on our vision, coproduced with our Maternity Voices Partnership, are that it is:

- To identify, understand and reduce the inequality gap in maternity services to ensure every woman and child has equal opportunity to achieve the best possible health outcome; and
- To identify, understand and reduce inequalities in the experiences of staff
- To deliver the right care the first time
- For our maternity and neonatal system to commit to being an anti-racist service

As a Local Maternity and Neonatal System, our aims for equity and equality with this action plan are the following, with the first two being aims set out by NHS England in the *Equity and Equality Guidance*:

- To improve equity for mothers and babies from black, Asian and mixed ethnic groups and those living in the most deprived areas
- To improve equality in experience for staff from minority ethnic groups
- To achieve the ambitions of the maternity transformation plan

3. Introduction

To achieve these aims, the NHS has developed 4 pledges:

- 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

These aims and pledges relate to the [NHS's five priorities](#). In Gloucestershire, our Local Maternity and Neonatal System's plans for interventions – in response to both national and local requirements – will realise these priorities through a set of interventions which all have a focus to improve equity and equality in maternity and neonatal care.

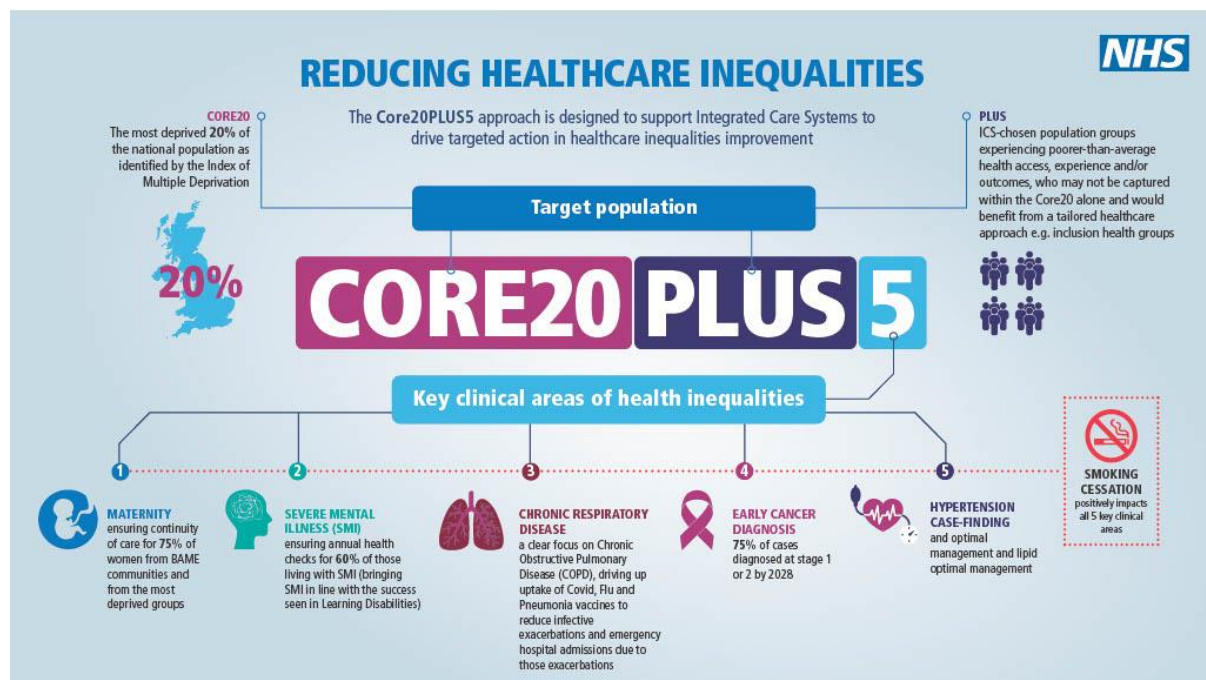
Our health is shaped by a complex interaction between many factors over the course of our lives. Inequalities in these factors are inter-related with disadvantages concentrated in particular parts of the population. These disadvantages can be mutually reinforcing, with individuals finding themselves in situations of cumulative, multiple disadvantage, as many factors act together to compound the disadvantages. The interactions between different kinds of inequality, and the factors that drive them, is often complex and multidirectional. Therefore, interventions to tackle health inequalities need to reflect the complexity of how health inequalities are created and perpetuated, otherwise they could be ineffective or even counterproductive.

However, health inequalities are not inevitable, and the gaps are not fixed. Evidence shows that a comprehensive approach to tackling them can make a difference. Concerted, systematic action is needed across multiple fronts to address the causes of health inequalities. This includes, but goes well beyond, the health and care system. We have seen that action on one factor alone will not make a difference due to the complex interactions between factors; we need to act on all influences simultaneously.

Within our Local Maternity and Neonatal System, we will contribute to this comprehensive approach by engaging with women and communities in areas where inequalities are highest, and work with them and the wider system to coproduce and

deliver interventions. We will also work with our system partners, for example in Public Health, who are focusing on addressing the [wider determinants of health](#) that impact on the inequalities in maternal and baby outcomes.

Our Equity and Equality Action Plan links to NHS England and NHS Improvement's 'Core20PLUS5', which includes a focus on Continuity of Carer in maternity to reduce health inequalities, as one of the '5' clinical areas. The following infographic illustrates this approach:



4. Population needs analysis: key themes

In order to develop local interventions, we carried out a population needs analysis in Gloucestershire. This included a summary of what we know about women and babies who experience the poorest outcomes perinatally, and where in the county they are.

Our population needs analysis was submitted in May 2022 to NHS England. We have used the data to identify priority geographical areas which we need to focus on in order to address the national priorities, in particular smoking, high BMI, and stillbirths and preterm births, as well as late bookings and breastfeeding. Some wards have much poorer outcomes than the county and/or district average across multiple factors and outcomes and these will be the ones we will focus on. However, some

factors and/or outcomes have poor rates which are more widespread across the districts of Gloucester and the Forest of Dean.

These areas of Gloucestershire, agreed by all in our project group (which consists of clinicians, project managers, MVP representatives, Public Health and data analysts) as the priority areas, are those where risk factors are highest and outcomes poorest. They are also those with high proportions of ethnic minority populations and/or high deprivation. This is where we will focus our attention and resources as part of our Equity and Equality Action Plan.

Our key themes / priorities are the following risk factors and outcomes:

- Smoking
- Obesity
- Late bookings
- Breastfeeding
- Perinatal mental health

Looking at the data on these factors and outcomes at a district level, the priority districts are Gloucester and the Forest of Dean. We have analysed the data further to pinpoint the top 7 wards in each of these districts where risk factors are highest and outcomes poorest.

However, we should not focus only on what the data tells us, and must be prepared to change our priority areas according to what we find out through engaging with women, communities and staff. It is also important to note that some interventions may be applied to or affect all women across the county, regardless of where they live or their ethnicity.

We may also want to consider engagement with those in wards of high deprivation in other districts. In addition, our maternity data for some wards in areas of high deprivation does not give as poor a picture as others in the same decile, so these wards have not been included in our list of priority wards, but we might want to consider engaging with these areas.

5. Engagement with staff

We have shared the data with, and asked for feedback and thoughts from, some of the clinical staff, although some of our plans for this were delayed by Covid restrictions (in July 2022). We will therefore continue to engage with clinical staff regarding the data, in events throughout the rest of 2022, as our engagement timeline shows (see spreadsheet).

6. Development of the action plan

Since the completion of our population needs analysis, our systemwide project group has developed the first, high-level, iteration of our Equity and Equality Action Plan. This details:

- What we have done and plan to do regarding other (national) interventions as detailed in the Equity & Equality Guidance, to improve equity and equality in maternal and neonatal care
- Our plans to coproduce local interventions with colleagues, other organisations and women and families, to improve equity and equality in maternal and neonatal care
- Our plans to coproduce interventions to improve race equality for staff in the NHS in Gloucestershire

The development of this Equity & Equality Action Plan is an iterative process. True coproduction takes time and therefore this initial version is just the start. This version of our plan details what we, as a project group, consider to be our priorities based on our local data, as requested by the national team – who acknowledge that development of a truly coproduced action plan will take time and engagement with all stakeholders.

7. Engagement with women and organisations

We know that in order to decide on local interventions and coproduce the actions (as required by the Maternity Equity and Equality Guidance), it is essential that trust needs to be built with our target communities, and we will seek to do this through a series of engagement activities, and listening to what is important to **them**.

We have our own priorities based on our data, but we fully anticipate that these will change once we start engaging with women. We understand that *our* priorities are

unlikely to be *their* priorities, and we need to listen to and act on these. Therefore it is of utmost importance that when we engage with women, we do so without an agenda – that we listen to their priorities and concerns.

We need to deliver our services in a way that works for our population, especially for those with the poorest outcomes. Only by truly understanding the communities and people we aim to serve can we really begin to unearth the drivers of inequality. To do so we need to be willing to be present without an agenda and focus on the priorities of the communities and women themselves, not our priorities. This takes time and integrity, to build trust. Only by investing in building these relationships will we move to a place that we are able to find solutions together. We cannot pre-empt these solutions, but we can commit to developing our relationships and understanding. We can also commit to developing our skills which may enable us to move forwards together. Things such as Personalised Care and Health Coaching, equipping our staff with the skills to see a person holistically and giving permission to tailor approaches accordingly.

We also know that having the right support services in the community can reduce inequalities, so we will look at what support is in place in our priority areas, and how well it is used and received.

We have developed an asset map which identifies the teams, organisations and communities whom we plan to engage with, and a timeline showing the time period over which we will do this. In order to meaningfully engage with different groups of women, the engagement is likely to take approximately 12 months, but during that time we will coproduce actions where possible by acting on any feedback we are given. An early priority will be to find out from organisation and group leaders about feedback they have already received and research or reports which may have been carried out / produced, so we are not duplicating work already done.

Once we have started to build trust with these communities and to understand their priorities and their barriers, we can begin to work with them to coproduce actions. These actions will be added to our action plan in an order of priority agreed on, and will be delivered over the next few years.

We will work closely with health inequalities and prevention teams and services in Gloucestershire to ensure that any interventions we coproduce to reduce inequalities in maternity fit with the wider plans to reduce these outside of maternity.

When coproducing actions, we will ensure that these:

- Take a systemwide (including neonatal), quality improvement approach
- Where possible, use quality improvement methodology
- Comply with Ockenden and maternity transformation programme requirements

To summarise, we must keep in mind that in order to deliver a service which aims to reduce health inequalities in maternity, we need to do the following:

- Understand the causes of risk factors, recognising that causes are different for different people
- Understand inequalities and personalised care across the workforce
- Ensure there is the right support and services for women in the community, where possible
- Make sure clinical services are right for these women

“The single most important intervention
is to understand that there is no single
most important intervention.”

Harry Rutter, London School of Hygiene
and Tropical Medicine⁸³

8. Publications

A number of reports have been published in the last 2 years which have looked at the data from and experiences of women from ethnic minorities. We will review our responsibilities locally from these, and where relevant add these to our action plan, as well as following updates from these organisations in terms of national (NHSE and Department of Health) responsibilities. We will do the same for any other publications, including the UK government's Women's Health Strategy, to ensure we comply with national requirements and guidance.

Publications include:

- [Ethnic inequalities in healthcare: A rapid evidence review](#). NHS Race and Health Observatory, 2022.
- [Systemic racism, not broken bodies](#). Birthrights, 2022.
- [The Black Maternity Experiences Survey](#). Five X More, 2022.

- [The Contribution of Newborn Health to Child Mortality across England.](#)
National child mortality database, 2022.

9. Workforce Race Equality Standard

Discussions with Gloucestershire's Provider Trusts have started regarding current and planned actions to improve race equality for staff in maternity and neonatal services, and in health visiting. A further meeting is planned in October to continue these. A draft 'WRES action plan' is included in the spreadsheet and will be further developed following October's meeting.

10. Next steps

From late September and over the coming months, we plan to do the following:

- Engage with women, communities, groups, organisations, and staff to coproduce interventions to reduce inequalities in maternity and neonatal
- Work with all staff including those from ethnic minorities and staff in HR (and others who are involved in the WRES survey and follow-up actions) to coproduce actions to improve race equality for staff in maternity, neonatal and health visiting
- Work with organisations to develop a plan of how the interventions and actions can be delivered in partnership and address social determinants of health
- Deliver the interventions in the action plan and monitor progress
- Monitor data to measure the impact of the interventions

This five-year action plan is just the start of a generation of effort.