

Southwark Maternity Commission

Tuesday 23 January 2024

10.00 am

Southwark Council offices, 160 Tooley Street, London SE1 2QH

Presentations

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Rt Hon Harriet Harman KC MP
Member of Parliament for Camberwell & Peckham
Mother of the House of Commons



House of Commons, London, SW1A 0AA

Cllr Evelyn Akoto
Cabinet Member for Health and Wellbeing
Southwark Council
160 Tooley Street
London
SE1 2QH

22nd January 2024

Dear Evelyn,

I am writing to express my full support for your initiative in establishing the Southwark Maternity Commission following your webinar to launch the Commission along with your co-chair Professor Dame Kinnair. I look forward to reading the commission's final report, recommendations and action plan to support change in Southwark to improve maternity outcomes and reduce the drivers of inequality.

One of the most pressing concerns is that Black women are most at risk during childbirth and the most recent data shows that black women are 3.7 times more likely than white women to die¹. This is totally unacceptable and must be tackled urgently.

This is of particular concern in Southwark, where there is a high proportion of Black, Asian and Minority Ethnic residents. In Southwark 25% of residents are from from a Black, Black British, Caribbean or African ethnic background compared to 4% across England and Wales².

In that respect, I would like to bring to your attention the report 'black people, racism, and human rights' produced by the Joint Committee on Human Rights in 2020 under my chairship. This report showed:

- 78% of black women do not believe that their health is equally protected by the NHS compared to white people³.
- While deaths in childbirth in the UK have fallen since 2010, there are significant variations in these statistics based on race. Asian women, mixed ethnicity women and black women are all more likely to die than white women during childbirth, with black women being most at risk⁴.

¹ Women and Equalities Committee Third Report of Session 2022–23. Black maternal health <https://committees.parliament.uk/publications/38989/documents/191706/default/>

² Census 2021 Results: Ethnicity, National Identity, Language and Religion

³ Polling commissioned by JCHR. ClearView Research, The Black Community and Human Rights, September 2020 <https://publications.parliament.uk/pa/jt5801/jtselect/jtrights/correspondence/The-Black-Community-Human-Rights-Report.pdf>

⁴ Joint Committee on Human Rights Eleventh Report of Session 2019–21. Black people, racism and human rights <https://committees.parliament.uk/publications/3376/documents/32359/default/>

T: 020 7219 4218

Email: harriet.harman.mp@parliament.uk

www.harrietharman.org

www.twitter.com/harrietharman

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- The NHS's Maternity Transformation Programme, "Better Births" which began in 2016 made no specific commitments in relation to women from Black, Asian and ethnic minority backgrounds and there are no targets to end this disparity⁵.
- The Joint Committee on Human Rights proposed that a target must be introduced to end the disparity in maternal mortality between Black women and white women⁶.

To remedy this situation the NHS must set a clear target to close the gap in the ethnic disparity of maternal outcomes. We must address the differential delivery of care that is the experience of too many black women. We must have regular and publicly accessible monitoring of the ethnic disparity in maternal mortality rates. This monitoring is important, so it is particularly disappointing that King's which serves a very diverse community does not publish its maternal mortality disparity data. We must work to close the wider health and social inequalities that exist in our society.

I hope that after consideration of these proposals and in light of their high relevance to families of Southwark that the Southwark Maternity Commission will adopt these proposals.

Please do keep me updated on the progress of the Southwark Maternity Commission and let me know if at any time I can be of assistance to you and your commission as you work towards these important objectives.

Best wishes,

Harriet

Rt. Hon. Harriet Harman KC MP

⁵ Joint Committee on Human Rights Eleventh Report of Session 2019–21. Black people, racism and human rights <https://committees.parliament.uk/publications/3376/documents/32359/default/>

⁶ Joint Committee on Human Rights Eleventh Report of Session 2019–21. Black people, racism and human rights <https://committees.parliament.uk/publications/3376/documents/32359/default/>

T: 020 7219 4218

Email: harriet.harman.mp@parliament.uk

www.harrietharman.org

www.twitter.com/harrietharman

SEL Local Maternity and Neonatal System (LMNS)

Jacqui Kempen

Head of Maternity SEL ICS and LMNS

What is the Local Maternity and Neonatal System?

The Local Maternity and Neonatal System (LMNS) is a partnership between providers, commissioners, user representatives and other stakeholders working together to improve and transform maternity and neonatal services.

Local Maternity Systems (LMS) were originally formed following the publication of Better Births a national maternity review that was conducted in 2016, with an initial core focus to support service improvement. In more recent years the remit of the LMNS has broadened to include responsibility for aspects of neonatal care and greater responsibility to ensure that the maternity services within the LMNS provide safe and quality services for all those that access them.

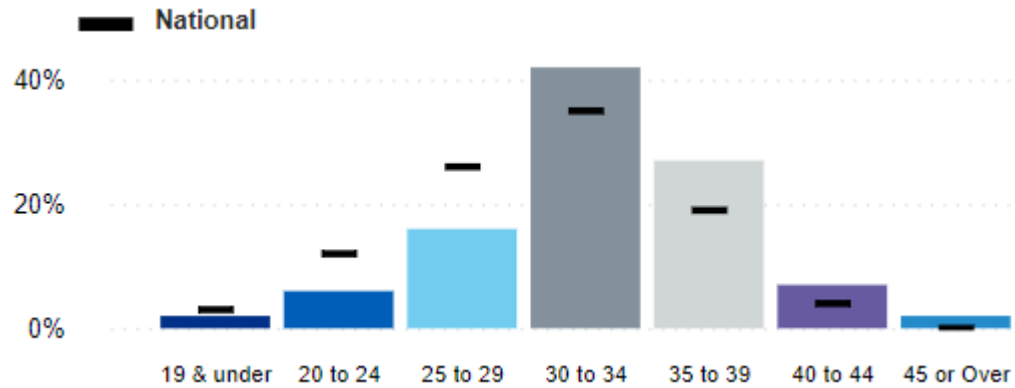
The LMNS has a vast work programme of improvement, working closely with key provider leads to implement changes as required, whilst ensuring that we deliver on national and local expectations.



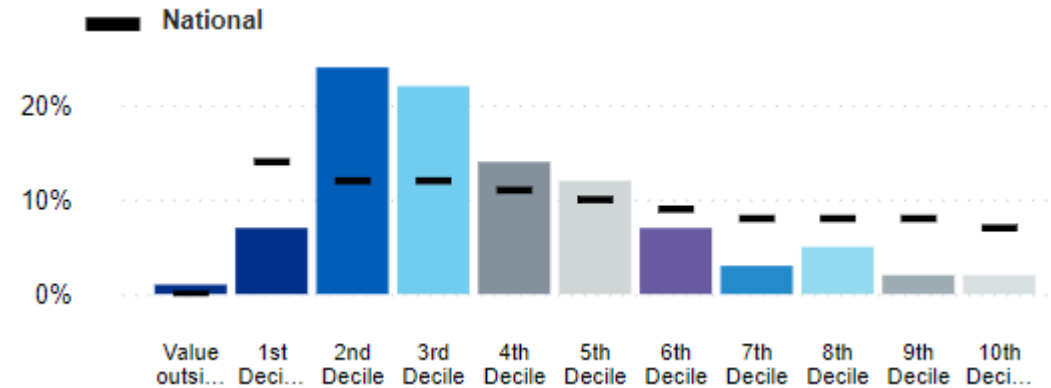
- All maternity units submit data into a maternity services dataset (MSDS).
- Mortality data is submitted to MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK).
- The LMNS has a dashboard collecting key metrics and will have the facility for borough level data.

- The LMNS uses both quantitative and qualitative data to assess local need.
- Points of collection include the LMNS dashboard (from MSDS)
- Trust data shared via the LMNS quality surveillance group
- Qualitative feedback via trust reporting, Maternity and Neonatal Voices Partnerships (MNVPs) and community engagement

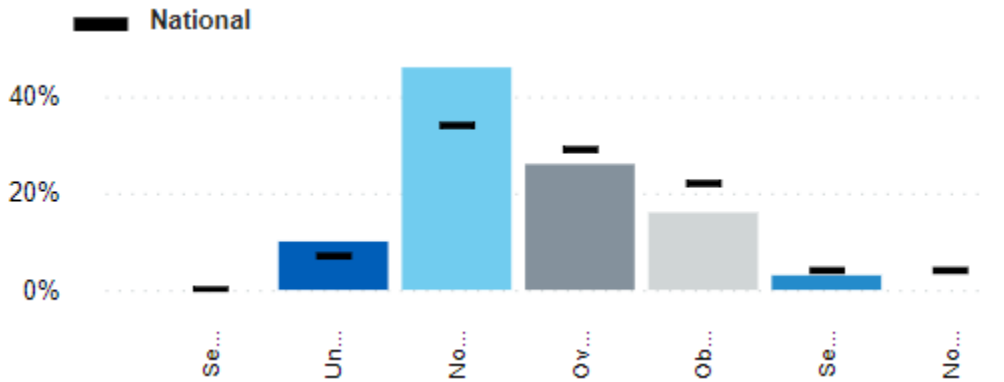
Age at booking



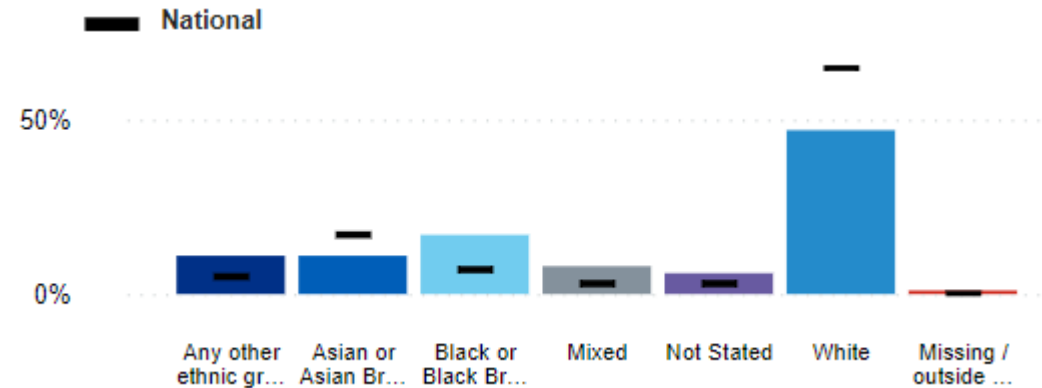
Index of deprivation at booking



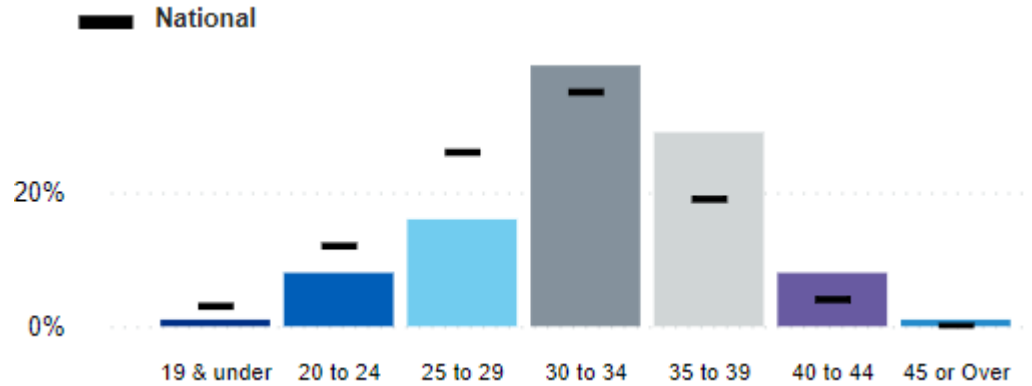
BMI at 15 weeks



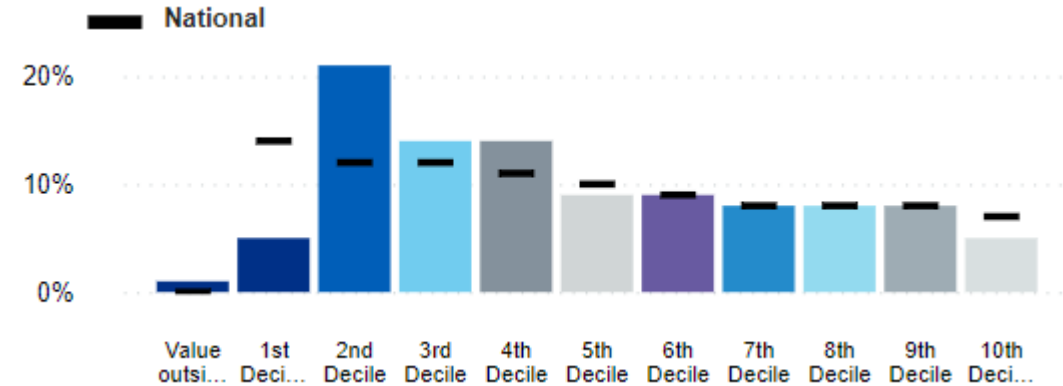
Ethnicity at booking



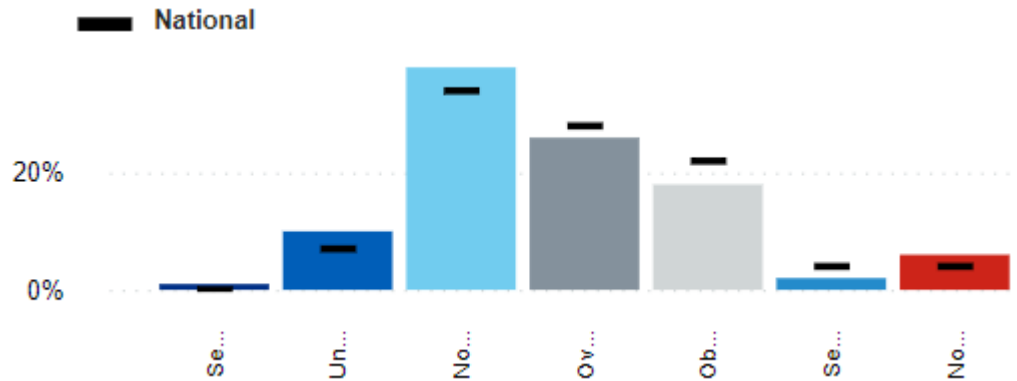
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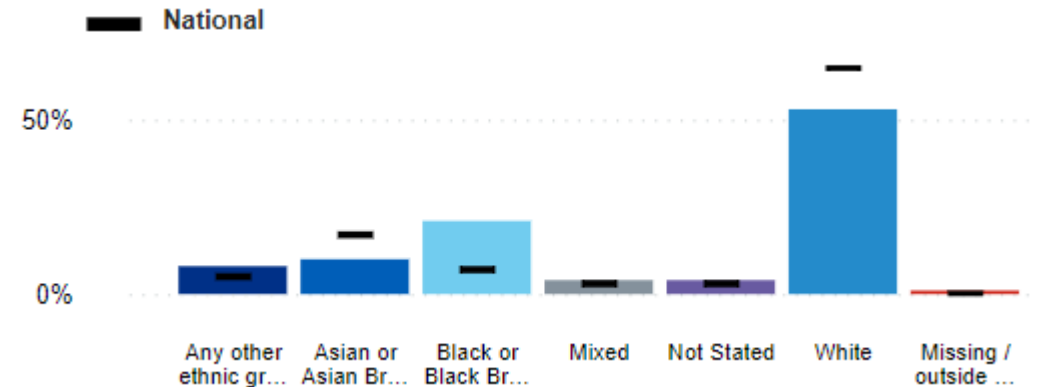
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BMI at 15 weeks



Ethnicity at booking



LMNS and reducing inequalities – a snapshot

- LMNS Equality & Equity action plan
- LMNS workstreams and work programme
- Community engagement project
- LMNS inequalities workstream
- LMNS Birth choices project
- LMNS pilot – Parent education in different languages
- LMNS and Southwark Maternity Mates project with King's
- FiveXMore collaboration – colourful wallets and cultural sensitivity training for maternity staff

LMNS oversight of quality and safety

- LMNS quality surveillance group
- National programmes oversight
- MBRRACE reports
- Maternity and Neonatal Three-Year Delivery Plan

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**SOUTHWARK MATERNITY
COMMISSIONING**

**EUGENE OTENG-NTIM AND GINA
BROCKWELL**



**Evelina
London**

MBRACCE Report

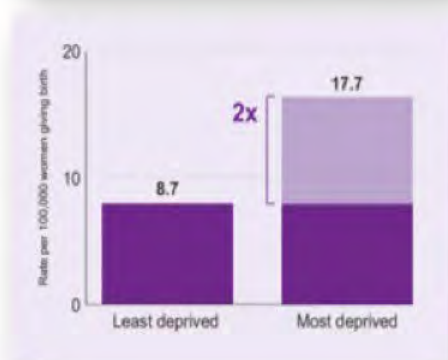
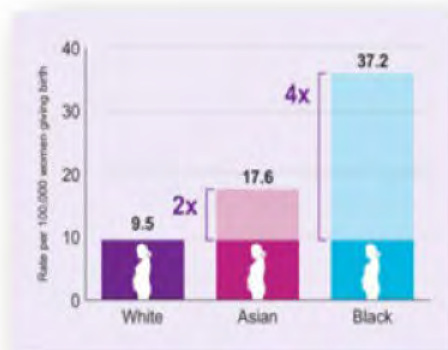
- **Every woman deserves safe, personalised and compassionate care throughout their pregnancy. Supporting this is an absolute priority**
- Maternal mortality has increased by 16%
- Compared to 2017-19, the last complete triennium, there was a statistically significant increase in the overall maternal death rate in the UK in 2020-22. This increase remained statistically significant when deaths due to COVID-19 were excluded.

Key messages

from the surveillance report 2023



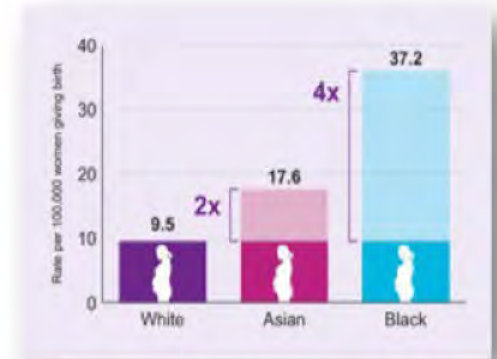
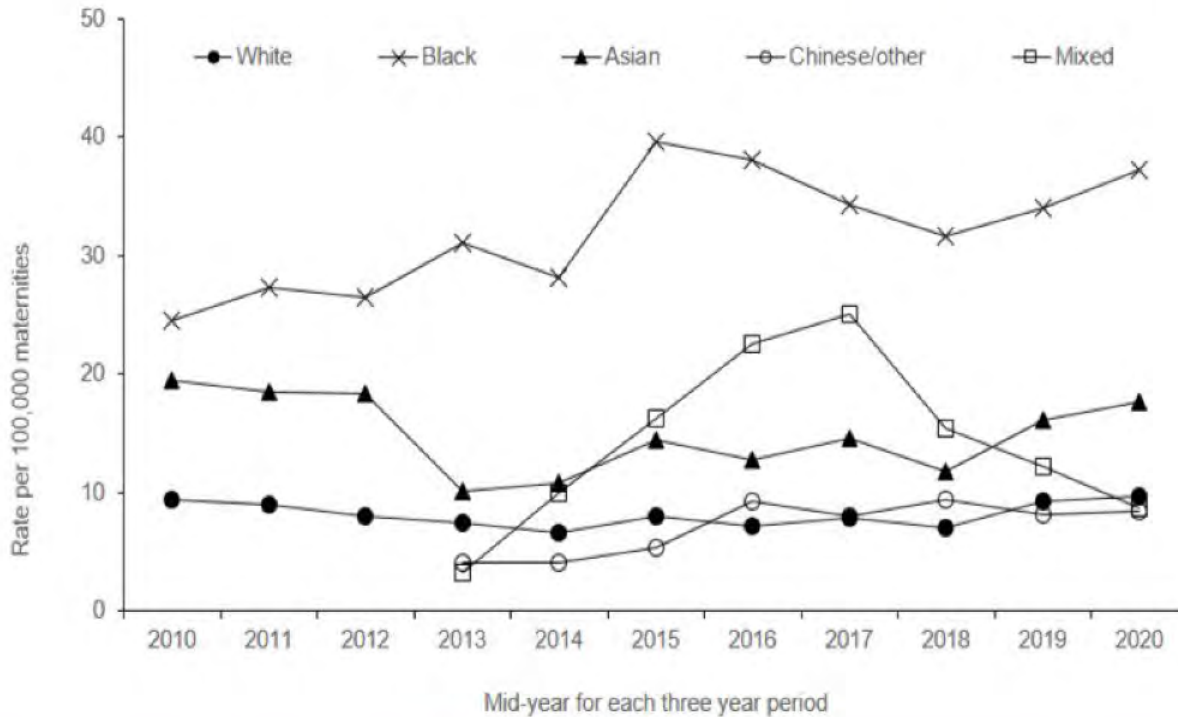
Continued disparities



- There remains a nearly four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women.
- 12% of the women who died during or up to a year after pregnancy in the UK in 2019-21 were at severe and multiple disadvantage. The main elements of multiple disadvantage were a mental health diagnosis, substance use and domestic abuse.
- Women living in the most deprived areas continue to have the highest maternal mortality rates, emphasising the need for a continued focus on action to address these disparities.

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Ethnic Disparities



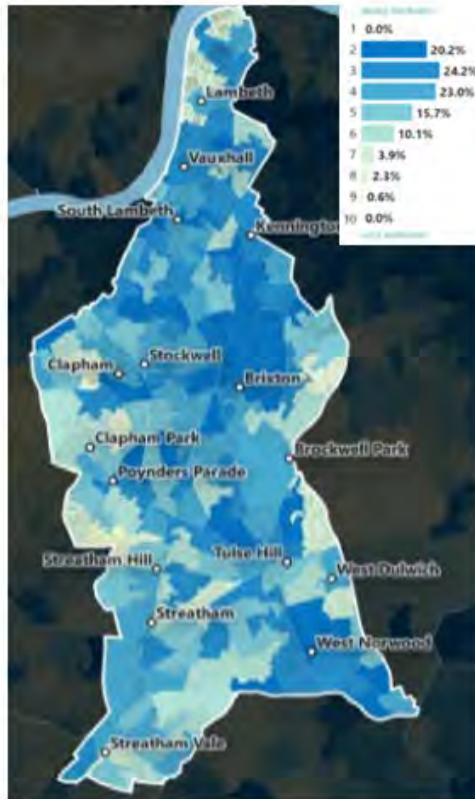
Black and Asian women have a higher risk of dying in pregnancy

White women	10/100,000
Mixed ethnicity women	9/100,000
Asian women	18/100,000 (1.8x)
Black women	37/100,000 (3.8x)

*Data for England only due to availability of denominator data

Caring for the pregnant population of Southwark

Lambeth

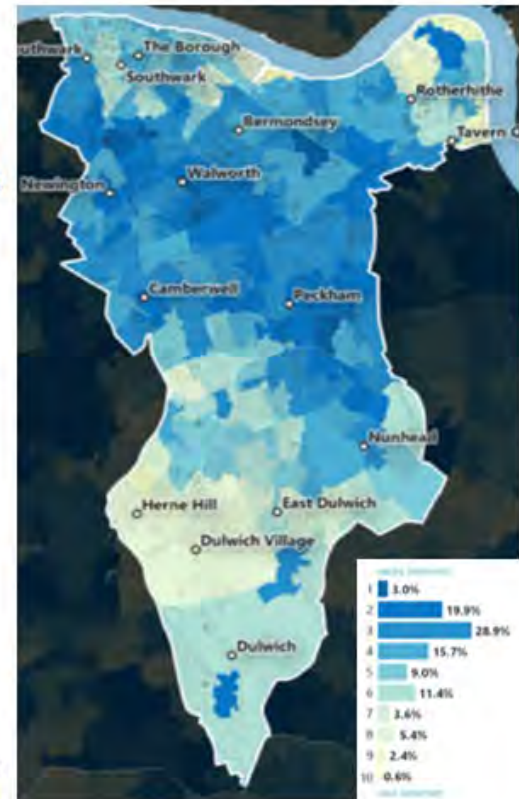


- Deprivation in Southwark is concentrated in the north and centre of the borough with large affluent areas in the south
- ~23% of the population live in LSOAs in the most deprived quintile in the country
- ~2.4% of the population live in LSOAs in the least deprived quintile in the country

- Deprivation in Lambeth is spread across the borough with small pockets of affluence throughout
- ~20% of the population live in LSOAs in the most deprived quintile in the country
- ~0.6% of the population live in LSOAs in the least deprived quintile in the country

More deprived Less deprived
Relative level of deprivation

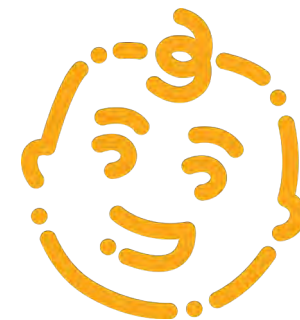
Southwark



How do Southwark commissioners address maternal health inequity

- A single answer: Population health management: Redesigning care pathways that addresses health inequity
- Legal requirement: 1. The health and care act 2022 2. Core 20+5 : a focus of national policy
- Moral case
- It is cheaper to do this in-utero and in early years
- You need proof of concept case examples

LEAP reach



~**600** LEAP babies since mid-2018

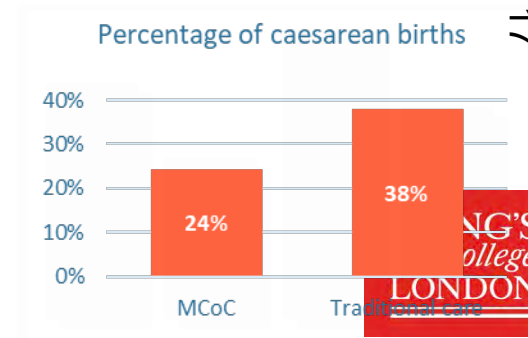
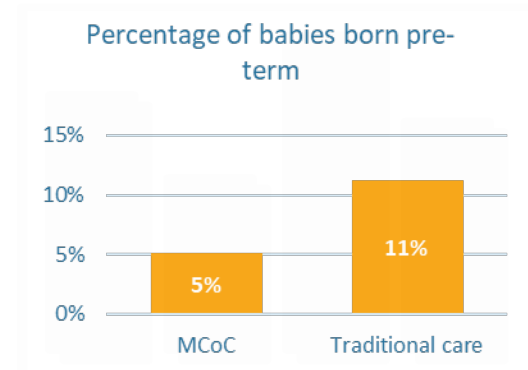
- 90% of LEAP caseload clients live in areas of greatest deprivation
- 62% of LEAP caseload clients identify their ethnicity as not white
- Most common social risk factors include mild to moderate mental health problems, social care involvement, domestic violence, refugee status, survivors of childhood sexual abuse, teen pregnancy



LEAP outcomes

Significant reduction in preterm birth rates in women allocated to caseload midwifery care, when compared with women who received traditional midwifery care (5.1% vs 11.2%)

Caesarean births were significantly reduced in women allocated to caseload midwifery care, when compared with traditional midwifery care (24.3% vs 38.0%), including emergency caesarean deliveries (15.2% vs 22.5%)



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Hadebe R, Seed PT, Essien D, Headen K, Mahmud S, Owasil S, Fernandez Turienzo C, Stanke C, Sandall J, Bruno M, Khazaezadeh N, Oteng-Ntim, E. Can birth outcome inequality be reduced using targeted caseload midwifery in a deprived diverse inner city population? A retrospective cohort study, London, UK. *BMJ open*. 2021 Nov 1;11(11):e049991.

What other Population Health Management

- We have given you one proof of concept:
- Others are
- Commission for pre-pregnancy services in family and children hubs
- LEAP Community Activity Programme to address maternal obesity
- PAIRS : Parent and infant relationship Services
- Baby steps: Intervention delivered by midwives training will be parents to understand and bond with their babies plus a focus on infant feeding

Keeping informed of national learnings

- Maternity Clinical Governance Teams review national guidelines (NICE) and national reports. A gap analysis is carried out to measure compliance and areas for improvement.
- Learning from national reports (e.g; MBRRACE) Presented and discussed at mandatory training and MDT clinical governance meeting
- Report to quality and performance board, TRAC and LMNS
- Mandated national recommendations are implemented and clinical audit carried out to measure compliance and identify areas for improvement.

Organisational culture for EDI

- Diverse recruitment practice eg. recruitment panels consists of global majority
- **Training and Development:** Providing diversity training to employees and management teams to foster understanding
- **Supportive Work Environment:** Creating a workplace culture that values and respects diversity
- **Leadership Commitment:** Having visible and committed leadership that champions diversity and inclusion

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Ensuring EDI for patients

- 1. Cultural Competence Training:** Providing staff with training to enhance cultural competency, ensuring they understand diverse cultural practices, beliefs, and values that may impact healthcare decisions and interactions with patients.
- 2. Diverse Representation:** Ensuring diversity among healthcare providers to better reflect the patient population, which can enhance trust and communication between patients and providers.
- 3. Language Access:** Offering interpreter services and multilingual staff to facilitate effective communication with patients who may have limited proficiency in the primary language used in the healthcare setting.

What roles do MNVP plays

- Advocacy and policy influence
- Community engagement and education
- Collaboration and partnership
- Advisory role

CQC review

- **Review and Analysis:**
 - Accessibility and timeliness of medical review in the Maternity Triage/Maternity Assessment Unit (MAU), and improvement of MAU facilities. A business case is in progress with the aim of improving the MAU environment and facilities and a review of midwifery and medical staffing levels.
 - Recruitment and retention of midwifery and obstetric staff.
- **Action Plan Development:** Based on the identified recommendations, the organisation developed a comprehensive action plan outlining specific steps, timelines, responsibilities, and resources required to address the highlighted issues.
- **Implementation of Changes:** The organisation implements the action plan, making necessary changes and improvements in line with the recommendations provided by the CQC. This involved staff training, policy revisions, infrastructure enhancements, or process modifications.

MBRRACE

- Lay summary
- Key messages
- Communication channels
- Create engagement contents

MBRRACE

- Policy review
- Implementation of best practice
- Resource allocation
- Education and training
- Continuous improvement

MBRACCE Report

Every woman deserves safe, personalised and compassionate care throughout their pregnancy. Supporting this is an absolute priority

Maternal mortality has increased by 16%

Compared to 2017-19, the last complete triennium, there was a statistically significant increase in the overall maternal death rate in the UK in 2020-22. This increase remained statistically significant when deaths due to COVID-19 were excluded.

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Southwark Perinatal Mental Health Team

Organisation Practice

- Team offers assessment, treatment and intervention from pre conception up to 24 months post natal. This includes a range of interventions for perinatal specific roles.
- Recommendations relevant to perinatal mental health and consideration on amendments and or implementations are taken to meetings for discussions.
- Training provided to staff (internal / external).
- Policies and any changes in recommendations are shared with teams and at times presented at Education and Quality in Practice (EQUIP) half day.
- Expert by Experience to be involved in interview panels.
- Diversity in recruitment (b8a and above) sit on panels; staff within the service are also trained in this

In place...

- Working Group Party – LGBTQ+ and EDI. Currently recruiting staff to be involved in this.
- Focus Group – South Asian – to be re-advertised to collect data
- Women Like Us Event
- Perinatal P&P – evidenced improvements in access rates for different ethnic groups
- Strategic – part of provider collaborative; Pan London Network Meetings
- SLaM piloting Patient and Carer Race Equality Framework (PCREF)

Psychology and Psychotherapy

- Data on ethnicity have been collated and presented e.g. at service wide EQUIP training.
- Psychology & Psychotherapy annual report specifically analyses quantitative and qualitative data on ethnicity in relation to access rates and service user satisfaction.
- In Southwark in 2022/23, Asian service users were under-represented relative to the local population. Black service users were represented in the same proportion as in the local population. Mixed and other ethnic groups were slightly over represented. We have tried to set up a focus group or one to one interviews to understand what might make it difficult for Asian families to access our service: this is still in progress. We have linked with third sector organisations such as the Asian Resource Centre in Croydon in order to establish closer working relationships.
- Ongoing monitoring of attendance at group interventions to review accessibility of groups



Ethnicity profile over time (broken down by calendar month)

This page shows the current position of data completeness of the ethnicity profile data field in ePJS and the change over time of completed records broken down by month. The monthly breakdown includes service users active at the first day of each calendar month.

Level of completeness
current caseload

100.00%

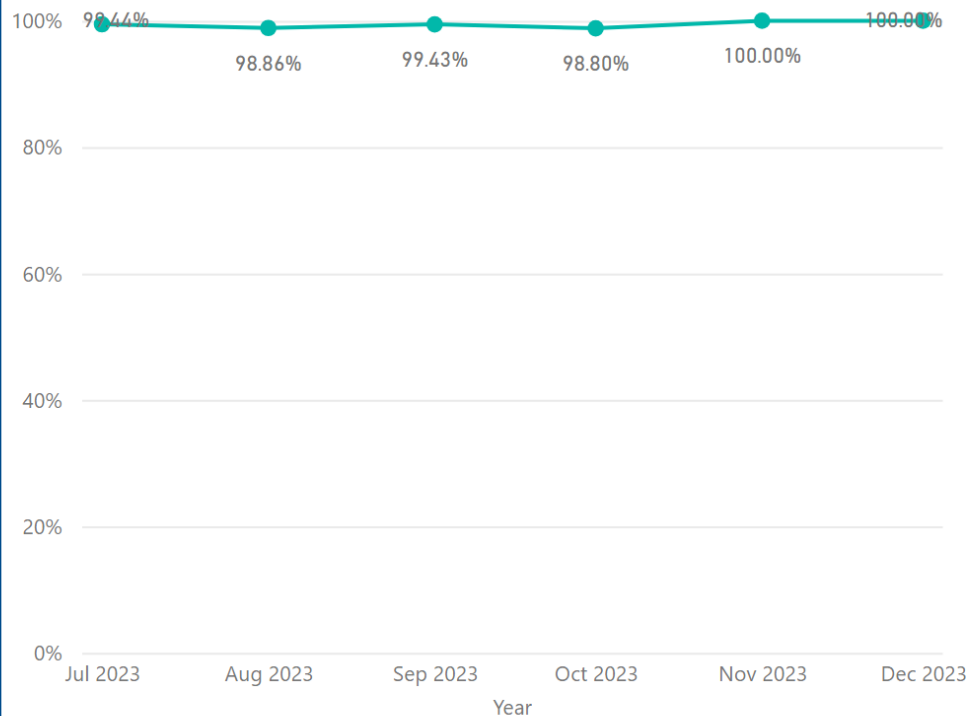


Missed opportunities
last month

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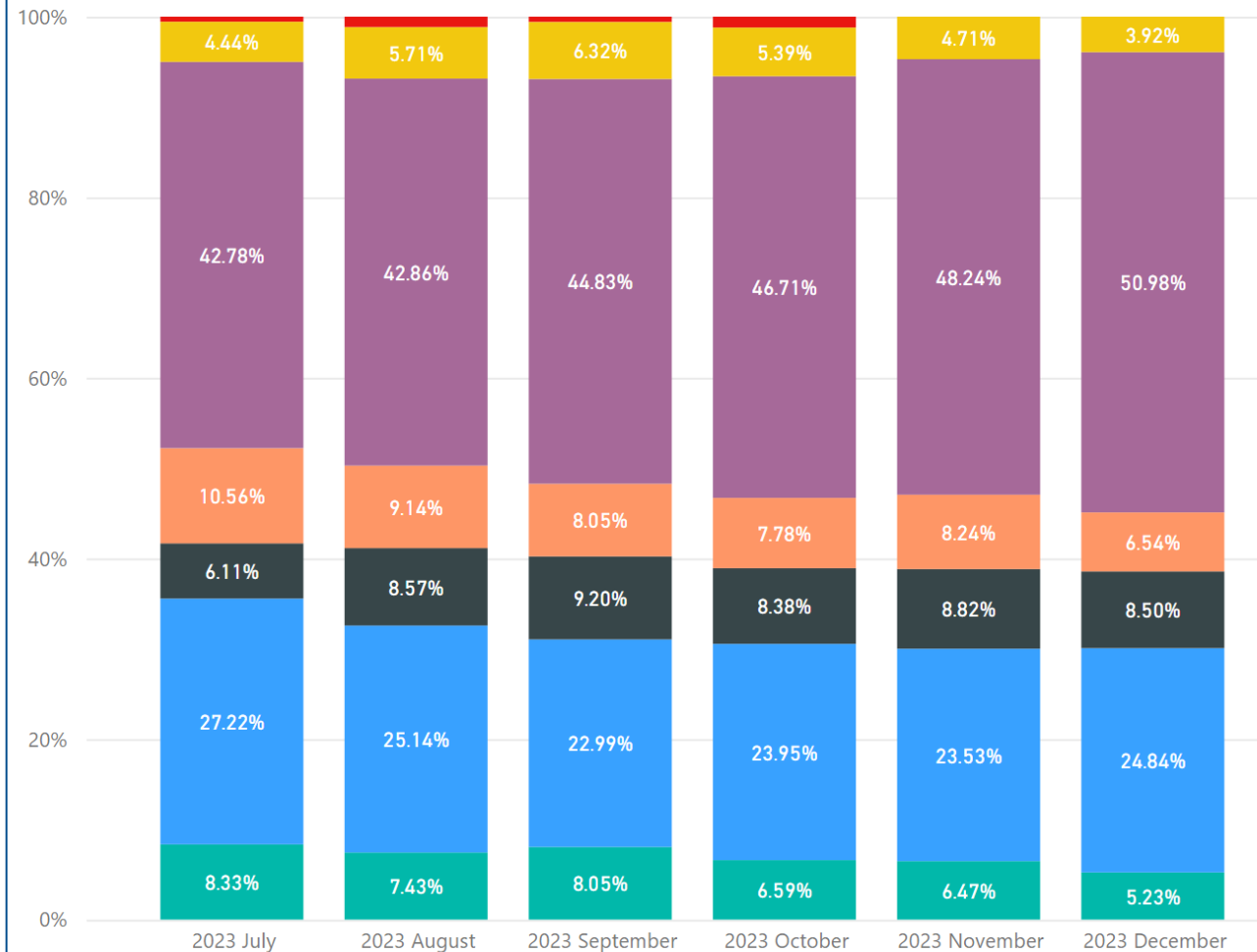


Completed ethnic profile over time (monthly)



Ethnic profile breakdown over time (monthly)

1. Asian or Asian British 2. Black or Black British 3. Mixed 4. Other Ethnic Groups 5. White 6. Not Stated 8. Blank



Profile Changes

Comparison View

Patient Level

Definitions

About

Challenges

- Clinical time taken for Cco to liaise with different departments (e.g. housing)
- Hard to sign post patients
- Transformation funding – this impacts on wait times, access data, workforce to deliver a service

MBRRACE (2023) recommendations

- Partnership working (Maternity, CSC, Health Visiting, GP)
- Professional curiosity around safety / domestic violence and abuse
- Safeguarding supervision
- Personalised care plans (mental health) and pre birth care plans
- Daily referral meetings and triage calls if there is a concern
- Upskilling staff with perinatal specific training
- Training offered to working age CMHT and acute wards – this includes thinking about father, partner and significant others mental health.

In place...

- EQUIP – use this as a training platform, where maternity and IAPT Perinatal Leads are invited (sharing of lessons learnt from maternal death and serious incidents)
- Weekly MDT meetings – mental health midwife and health visitor invited to this meeting for sharing of information
- Staff groups (complex case discussions / learning and development / safeguarding supervision / maternity safeguarding supervision)
- Part of consult for start for life

Perinatal Mental Health Specific Guidance

- SWK piloting 24m workstream
- Number of referrals in 2023 – 385; initial assessments – 349
- Number of late referrals (7m and above) – 1 (forwarded to PCMHT as no perinatal specific needs)

In Place...

- Transformation Plan – Workstream meetings ongoing to analyse what is working and where the gaps are
- All workstreams are co produced
- Plan to attend business meetings with Primary Care Networks to raise profile with available service from pre conception to to 24 months
- Close links with Parental Mental Health Teams as a discharge pathway
- Women Like Us Group – themes captured on service development

Challenges

- Staffing workforce (not in line with CR232)
- Recruitment into specialist posts (e.g. parent infant psychotherapy)
 - *Impact on delivery of services – longer wait for assessments / intervention – poorer outcomes*
 - *Not full complement of workforce – increases wait times; access rates reduce*
 - *Staff burnt out*
- Difficulty in receiving referrals from stakeholders
- Transformation funding