

South East London Maternity & Neonatal System

Equity and Equality Strategy

2023



Our partners

South East London Integrated Care Board

South East London Integrated Care System

Commissioners for each borough

- Southwark, Lambeth, Greenwich, Lewisham, Bexley, Bromley

King's College Hospital NHS Foundation Trust

Lewisham and Greenwich NHS Trust

Guy's and St Thomas' NHS Foundation Trust

Mental-health service providers

- South London and Maudsley Foundation Trust (SLAM)
- OXLEAS NHS Foundation Trust

Maternity Voice Partnerships (MVPs) for each borough

- Southwark, Lambeth, Greenwich, Lewisham, Bexley, Bromley

Summary

We know that women and people who are pregnant or have recently given birth (birthing people), and their babies, are more likely to experience complications and have poorer outcomes if they:

- are from a black, Asian and ethnic minority background;
- live in a deprived area;
- are in the LGBTQ+ community;
- have learning difficulties or mental illness; or
- are protected by law from discrimination because of their age, sex or gender (including gender reassignment), disability, marital status, religion or belief, or sexuality.

Our research shows us that a 'one size fits all' approach to maternity and neonatal services doesn't work and we need to tailor our approach so that everyone gets the care and support they need.

Death rates for birthing people and babies continue to fall, but there is still much to do. This document summarises how we will make improvements and how we will measure whether we have been successful. If you want to find out more, we will publish our detailed action plan later in the year.

Vision and priorities

South East London Local Maternity and Neonatal System (LMNS) is a partnership between a variety of different people, including healthcare professionals, NHS managers, people who oversee the funding of maternity and neonatal care, and representatives working to improve maternity and neonatal care.

Our vision

Our ambition is for birthing people, babies, and their families to experience joined-up, high-quality and kind care during pregnancy, labour, birth, and after giving birth. They should be informed and supported to make choices that are right for them. If there is a higher than average chance of complications, any necessary additional care is tailored to the individual, is safe, and provides a good outcome.

As a system, we will continually strive to improve maternity and neonatal services and the experience of birthing people and their families in South East London.

The NHS has identified five priorities for the whole of the UK, and these priorities have helped us to understand what we need to focus on in this strategy.

1. Work together to restore NHS services after the pandemic
2. Help people to access digital services
3. Make sure we always take people's information correctly and in good time
4. Make sure people from black, Asian and ethnic minority backgrounds, and from deprived areas, are aware of and have access to preventative programmes
5. Have strong leadership and accountability

About us

We provide services in Southwark, Lambeth, Lewisham, Greenwich, Bexley and Bromley. Across the six boroughs there are the following three NHS trusts.

King's College Hospital NHS Foundation Trust, which is responsible for the following.

- Full maternity services at both Denmark Hill and Princess Royal sites
- King's College Hospital's Neonatal Intensive Care Unit, a medical and surgical unit providing all levels of care for pre-term (premature) and sick newborn babies
- Princess Royal University Hospital's Special Care Baby Unit, which cares for premature and sick newborn babies who need short-term high-dependency care or special care
- Orpington Hospital, which provides antenatal and community midwifery services
- Queen Mary's Hospital, which provides antenatal services

Lewisham and Greenwich NHS Trust, which is responsible for the following.

- Full maternity services at University Hospital Lewisham and Queen Elizabeth sites
- Queen Elizabeth Hospital's Special Care Baby Unit Level 2 SCBU
- University Hospital Lewisham's Special Care Baby Unit
- Queen Mary's Hospital, which provides antenatal services

Guy's and St Thomas' NHS Foundation Trust, which is responsible for the following.

- Full maternity services at St Thomas' site
- Evelina London Neonatal Unit



Some facts about South East London



The most common languages are English, Polish, Punjabi, Nepalese, Portuguese and Spanish.



Our population is 2,038,754 and will rise by 9.5% over the next seven years.



Lambeth and Southwark have the second and third largest lesbian, gay and bisexual communities in England.



Lambeth, Greenwich, Lewisham and Southwark rank in the top 15% of the most deprived boroughs across the country.

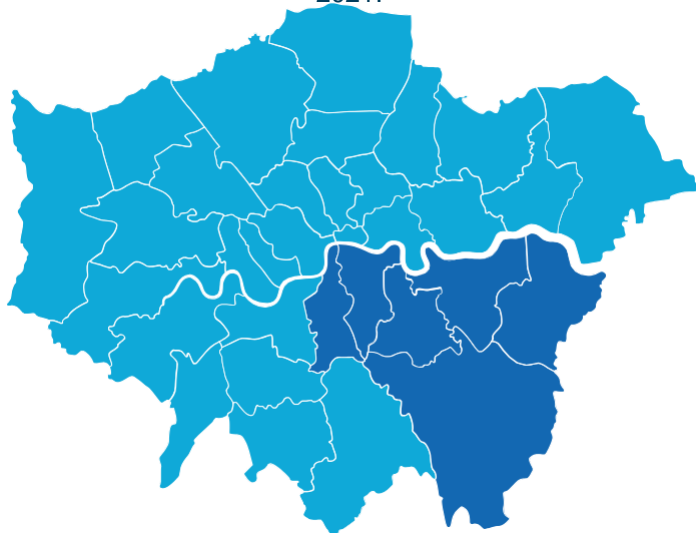
1 in 10

birthing people are smokers at the time they give birth.

The number of Asian women experiencing 3rd and 4th degree tears in labour is disproportionate to the number of white women.

37.5% of birthing people are overweight or obese.

There were **23,205** births in 2021.



1 in 4

birthing people are over the age of 35.

90%

of babies are breastfed at birth.

There are disproportionate rates of stillbirth between black and white birthing people.

Only **72%** of birthing people are booked in for maternity care by the time they are 10 weeks pregnant.

The challenges we face and how we will address them



We need better information about our communities, birthing people and babies.

Our actions

We need to:

- review the information we currently collect;
- review the quality of this information and whether it is fit for purpose;
- analyse and cross-reference the information we have collected to understand our communities better; and
- carry out detailed analysis of the information on birthing people experiencing poorer outcomes.



Over 20% of birthing people in South East London do not book in for maternity care by their 10th week of pregnancy, so potential concerns might not be identified early enough.

Our actions

We need to:

- continue to monitor information on when birthing people book in for maternity care; and
- speak to birthing people to understand why they don't or cannot access maternity care early in their pregnancy.



A large proportion of birthing people in South East London do not have English as a first language or do not have access to our digital services. This means they don't always receive the information they need.

Our actions

We need to:

- review the information currently provided to birthing people across the system;
- gather information on the most commonly spoken languages across all our boroughs and providers; and
- work together with birthing people to create information that works for them.



It's not always the case that the care a birthing person receives is personalised enough so that they are at the heart of the decisions made about them and can access the care and support they need locally.

Our actions

We need to:

- oversee each NHS trust's staff training relating to personalised care and shared decision-making;
- make sure birthing people have access to care and support that is suitable to their needs and birth plans in a variety of languages and formats;
- support the development of tools to help staff deliver personalised care to birthing people;
- continue to support 'Continuity of Carer' plans with a focus on birthing people from black, Asian, and ethnic minority backgrounds and those living in deprived areas;
- review the delivery of personalised care to highlight progress and see which areas need further development; and
- review postnatal and infant feeding care to make sure best practice is followed.



Not all birthing people are in good health and we need to tackle some of the medical conditions and lifestyle choices that can cause ill health, such as smoking, being overweight or obese, mental health issues, social needs, and deprivation.

Our actions

We need to:

- review the pre-pregnancy services available in each borough to identify any inequalities in the services provided;
- talk to staff and birthing people to understand what is stopping people from accessing services;
- work together to decide what actions will solve the gaps in service; and
- share information about support services through many different community networks.



Staff from different ethnic backgrounds do not always receive the same opportunities to grow professionally compared to their white colleagues.

Our actions

We need to:

- review each NHS trust's progress to put the Anti-Racist Framework in place;
- review information specific to maternity and neonatal staff;
- review the cultural training on offer to all maternity and neonatal staff; and
- support the recruitment of staff who represent our local communities.



Not all services in South East London are joined up and so can result in care being fragmented.

Our actions

We need to:

- continue to create services that are fair for all birthing people and their families;
- work within the wider NHS to make sure all services are seamless, joined up and easy to navigate; and
- work to make sure that birthing people are cared for in the right place, at the right time, and by the right people.



Birthing people are not always involved in designing maternity and neonatal services.

Our actions

We need to:

- work to make sure birthing people are involved as much as possible when planning any relevant programmes of work;
- continue to support the chairs and vice chairs of our Maternity Voice Partnerships (MVPs);
- make sure we engage with a wide network of people in our communities; and
- make sure the people we recruit to our MVPs have first-hand experience of maternity and neonatal services and represent local communities.

We are already making improvements in South East London. Here's an example of what we have done already to reduce premature (pre-term) births.



Reducing pre-term births

We have increased the use of magnesium sulphate in labour, which has reduced the number of premature babies born with cerebral palsy. Thanks to having pre-term birth midwives at each of our maternity units, we have improved the care of birthing people who have a higher chance of having a premature birth. We currently have one of the highest national rates of premature babies being born in the most appropriate setting for their needs. We will continue to monitor rates of premature births to learn and improve. We will also look at whether a birthing person's ethnic background, or them living in a deprived area, affects their chance of having a premature birth.



Improving pelvic health

The NHS wants all women to have access to pelvic health clinics by 31 March 2024, to support those who need postnatal physiotherapy to recover after the birth.

We were chosen to pilot this and have already made good progress. So far, we have reviewed available information to understand which ethnic groups are most at risk of needing postnatal physiotherapy and which languages they speak. We then approached 22 groups and faith leaders to organise feedback sessions and gathered the views of women.

We also carried out a survey and held coffee mornings at various venues with organisations such as the Indoamerican Refugee Migrant organization (IRMO), the Latin American Women's Rights Service (LAWRS) and the Afghan Refugee Programme in Lewisham.

We found that there were lots of women suffering from pelvic floor problems and a lack of understanding about what is and isn't normal after birth. We also found out lots of other interesting things, such as how many women experience problems up to 10 years after giving birth.

We have worked with women to create pelvic health antenatal and postnatal classes, and case studies from women experiencing pelvic health issues are being used to train GPs.

For more information, please go to
www.selondonics.org

Or follow us on social media.

