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ALL Maternity Voices – representing everyone in your area

Introduction

A Maternity Voices Partnership (MVP) is an NHS England and Improvement, London Maternity Clinical Network working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. Maternity Voices Partnerships (MVPs) are about working continuously to improve the quality of maternity care, and as part of that:

- Having a focus on closing inequality gaps;
- Listening to and seeking out the voices of women, families and carers using maternity services, even when that voice is a whisper;[1]
- Enabling people from diverse communities to have a voice.[2]

This is closely linked to improving public health which has been defined as the science and art of preventing disease, prolonging life and promoting mental and physical health through the organised efforts of society.

In the UK, having a baby is generally very safe. Many factors contribute towards this: a high standard of living, access to family planning services plus low family size, and high-quality midwifery and medical care which is free at the point of delivery via the NHS. Yet, some groups in society experience much poorer health than others. For example, black women are five times more likely to die than white women during pregnancy or up to six weeks after childbirth or the end of pregnancy.[3]

Aim of this document

This document is intended to help you as MVP members find out about different groups of maternity services users in your area and about health inequalities. We know that much is expected of MVPs, so this document will help you address maternity inequalities without the task feeling overwhelming or getting left on the 'too difficult' pile.

At the same time, the London MVP Strategic Group is raising awareness to ensure that all MVP leadership teams receive a regular allowance and that MVPs have an appropriate ring-fenced budget for their activities and expenses which they can control.

This document will help to move things forward by providing some practical tips on getting to know your patch and engaging and involving a wide range of women and families using the maternity services.

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[1] 'This phrase is used by National Advisory Group on the Safety of Patients in England in https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

[2] The model terms of reference for MVPs describe five principles for the work of MVPs.

[3] There are many accessible reports & presentations available from MBRRACE, see https://www.npeu.ox.ac.uk/mbrrace-uk/presentations and https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK-PMS-Report-2014-Infographic-poster.pdf

Hearing all the local voices

The more your MVP can show that it is able to engage with local communities, hear and report a range of voices, the more it will be valued by commissioners and NHS providers.

It is important to work with providers and commissioners on how to address gaps in services and to follow-up on agreed actions.

Here are some practical tips.

1) Prioritise

It is important for the MVP to be aware of health inequalities and the importance of positive inclusion as a principle. Research looking into intersectionality[4] and cultural safety. London obstetrician, Amali Lokugamage has written an accessible BMJ blog which is a useful introduction.

2) Be realistic

First, it is important to develop a manageable plan. Don't try to bite off more than you can chew. Little and often can work well. Spreading the load is important. You could, for example:

- Have 'Involvement, diversity and addressing inequalities' as a standing item on your agenda.
- Set up a sub-group of the MVP to develop this work.
- Ask professional members for their help, ideas and support.
- Contact any public health midwives and doctors locally. Your Head of Midwifery or commissioner should be able to introduce you to someone in the Public Health team.
- Start a list of local groups, services (like family and children's centres) & local branches of national organisations (including Healthwatch) to link with.
- Think about how good maternity communication and information is for groups with particular needs.
- Carry out Walk the Patch[5] or 15 steps and use a data monitoring form to capture the background of the people you talk to.[6] Report back to the MVP to raise awareness and plan ways to address gaps in services and improve quality.

3) Know which communities and groups your MVP needs to consider

How to find out

[4] Intersectionality refers to the way that different aspects of discrimination and disadvantage intersect and overlap, becoming interdependent. So that, for example, structured difficulties experienced by those in different race, class, gender, religious, (dis)ability groups often come together in practice and create a double or triple whammy (or more).

[5] See for example the readingmaternityvoices.org.uk/wp-content/uploads/.../Walk-The-Patch-procedure.doc... and the Walk the Patch description on NMV website http://nationalmaternityvoices.org.uk/toolkit-for-mvps/gathering-feedback/walk-the-patch/

[6] London MVP Strategic Group has a short diversity monitoring form as part of its Voices in the Community questionnaire.

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Your MVP may want to...

- ✓ **Set up an Addressing Inequalities sub-group and have Addressing inequalities as a standing item on your agenda.**
- ✓ **Develop a work plan using some of the above suggestions and further points below.**

The JSNA is a key resource - All local authorities produce a Joint Strategic Needs Assessment (JSNA) and regularly update it. MVPs may not map directly onto just one or two local authorities but start off with the most central local authority.

- Ideally, the MVP should agree the footprint it serves in discussion with the Head of Midwifery, the Local Maternity System board and commissioners.

The JSNA includes the sizes of the whole population and of different ethnic groups, the number of languages spoken and percentages of people speaking English as a second language. To find your local JSNA just type your borough and 'JSNA' into your search engine.

Each JSNA includes recommendations to improve public health. London examples include:

- Commissioners and providers need to work jointly to increase the promotion of breastfeeding support and immunisation take up.
- Improve Hospital Data collection for infants re-admitted with feeding problems, weight loss or other problems related to feeding.

The Index of Multiple Deprivation is a nationally recognised measure of deprivation, taking into account income, employment, education, skills and training, health deprivation and disability, crime, barriers to housing and services, and living environment. The JSNA will usually show a map of the local authority with higher and lower areas of deprivation. There is also a measurement of the number and percentage of children living in poverty which is a good indicator of the proportion of pregnant women and babies living in poverty.

There are often reports about the numbers, experiences and needs of groups, such as:

- Gypsy, Roma and Traveller communities
- Refugees and asylum seekers[7]
- LGBTQ groups.

[7] Specialist voluntary organisations such as Maternity Action also offer key resources. See for example: https://maternityaction.org.uk/2018/10/mothers-voices-new-report-on-maternal-health-inequalities-and-how-community-organisations-can-help/

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Your MVP may want to….

- ✓ **Ensure it knows, works on, or lends its support to the recommendations for women's health, mental health, infants and young children.**
- ✓ **Keep public health & local authority colleagues informed about any relevant MVP reports or NHS maternity services developments, including a link to the MVP annual report.**
- ✓ **Invite your local Director(s) of Public Health to join the MVP as a core member or to come to meetings or join sub-groups where the agenda has a particular focus on reducing inequalities and/or promoting public health.**

There are always reports on breastfeeding rates and breastfeeding support needs and the child health immunisation programme.

Your MVP may want to…

- ✓ **Find out which health professionals (health visitors, midwives GPs) and organisations serve the poorest communities. Talk to them about community needs and go out to families, groups and services in those areas.**

4) Report your findings and development activities

Be sure to report to relevant bodies on the work you do to address diversity and reduce inequalities. If you produce a written report, PowerPoint presentation and/or YouTube video annual report send it – or better still go and present it – to as many relevant parties as possible. Relevant bodies include:

- the clinical commissioning group
- Public Health leads at your local authority
- the NHS trust CEO or board
- Healthwatch (local - or national if you feel your work is breaking new ground)
- the local maternity system (LMS) board
- local organisations committed to improving public health.

Your MVP may want to …

- ✓ **Include achievements in your annual report. You could adapt the reporting summary at the end of this document.**

You may want to report on a range of groups and activities. Think about how different needs can best be explored and identified. Also, how gaps in provision can be addressed. You might look into:

- promotion of preventative health and enhanced wellbeing

- breastfeeding and supporting early relationship building between parents and babies[8]
- mental health services[9]

- black and Asian communities
- refugees and asylum seekers
- domestic abuse strategy
- obesity, smoking, alcohol, drug dependency
- parents and newborns with disabilities (e.g. hearing, sight, mobility, long term conditions)
- pregnancy loss and bereavement
- vaccination information, issues and uptake.

5) Why does this matter?

You may want further information about health inequalities and what can be done about them to share with colleagues and to add to reports. The Marmot Report, published in 2010, was a landmark study on health inequalities. Some of the key messages from the report are as follows:

- Reducing health inequalities is a matter of fairness and social justice.
- There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities.
- To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is proportionate universalism.
- Reducing health inequalities requires action on giving every child the best start in life, enabling all children, young people and adults to maximise their capabilities and have control over their lives, and strengthening the role and impact of ill-health prevention.

There is a steeper socioeconomic gradient in health in some regions than in others. It is possible to have a shallower social gradient in health and wellbeing. The aim should be to tackle need across the whole gradient but to plan for particular consideration of the needs of those with greater social and economic disadvantage.[10]

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[8] UNICEF have a range of useful resources on their website: https://www.unicef.org.uk/babyfriendly/
[9] See London Clinical Networks on perinatal mental health and the Maternal Mental Health Alliance.
[10] The Marmot Review: Fair Society, Healthy Lives. A new report, *Health Equity in England: The Marmot Review 10 Years On*, will be published in February 2020, on the 10-year anniversary of the original review.

The NHS Long Term Plan (2019), is another important reference. It emphasises the need to tackle inequalities and to focus attention on maternity and the early years. The report says:

"In maternity services, we will implement an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies. By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period. This will help reduce pre-term births, hospital admissions, the need for intervention during labour, and women's experience of care." (para 2.28)

6) Further reading

The links and footnotes in this document provide ideas for further reading. Many reports offer an executive summary containing the key messages, useful graphs and infographics.

You can also use the MVP online community to ask further questions and share details of your work on listening to all maternity voices and tackling inequalities.

Developed by the London Maternity Clinical Network, Maternity Voice Partnership Strategic Working Group: June 2019

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With special thanks to Tracey Bignall, Pauline Cross and Lisa Ramsey.

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Annual Report from the Addressing Inequalities sub-group of [name] Maternity Voices Partnership

This form can be used in the format provided or it can be adapted to suit local needs. Please send a copy of your annual report to the London MVP Strategic Group as well as to your local commissioners, trust board and linked organisations.

In the year 2019/20 the [ ] MVP has taken an active part in promoting public health and reducing health inequalities.				
We have…	**Yes**	**No**	**Working on it**	**Notes/links/achievements**
An Addressing Inequalities group				
Links with key community and special interest organisations				
Involvement &/or links with key clinical providers & public health				
Issues raised and/or addressed				
Regular updates as a standing item				
Other activities to report				
What has been improved?				