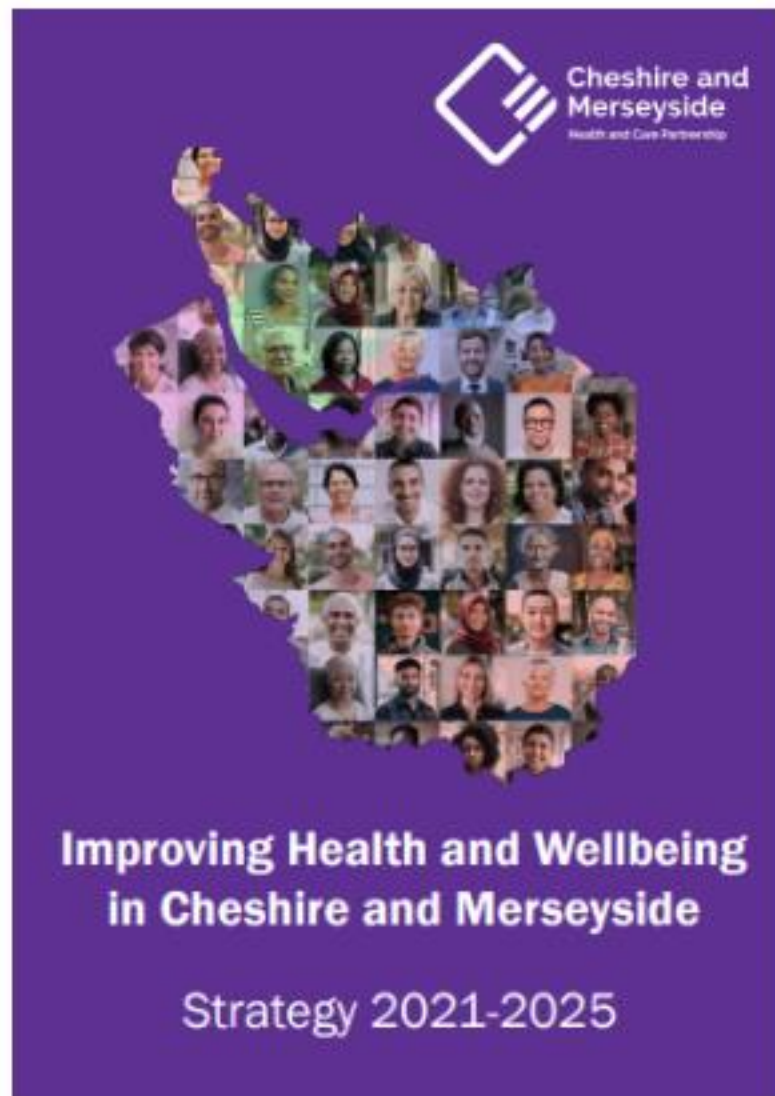


# Health Equity in Pregnancy

**Women's Health and Maternity (WHaM) Programme  
Cheshire & Merseyside Integrated Care Board**

**Catherine McClennan – Programme Director**

# Women's Health



Cheshire and Merseyside  
Health and Care Partnership

**Improving Health and Wellbeing  
in Cheshire and Merseyside**

Strategy 2021-2025

## Tackling Unequal Outcomes and Access



# Cheshire and Merseyside - Health Inequity & Population Overview

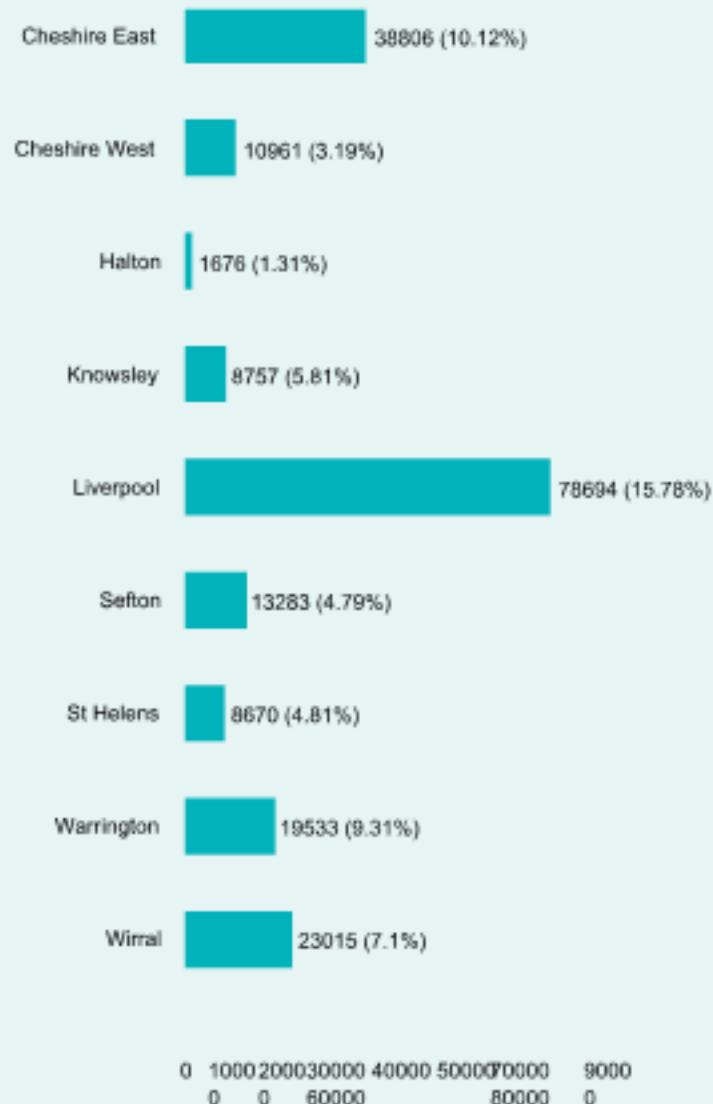
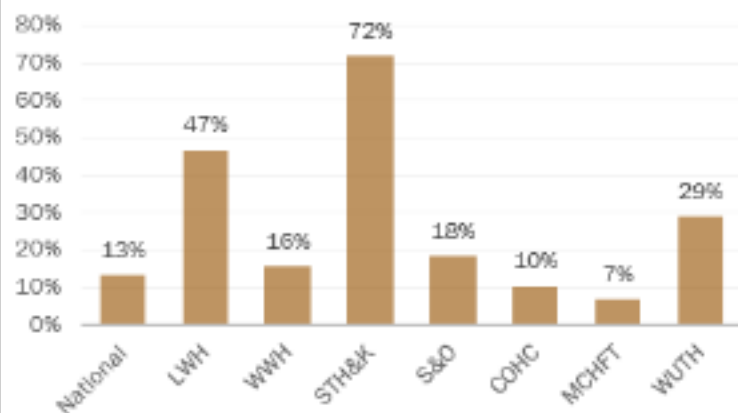


There are long standing inequalities in health across C&M, as in the rest of England.

- Life expectancy for women living in most deprived areas across C&M is **9.5 years less** than those living in the least deprived
- Females with a Learning Disability (LD) life expectancy is **18 years less** than those without LD
- **8.1%** of the C&M population are from Black, Asian, or Minority Ethnic backgrounds, with a **5th** recording **English as their second language**
- **44%** of the population in the Liverpool City Region live in the top **20%** most deprived areas in England
- **Liverpool City** has the highest numbers of **asylum seeking and refugee families** in the Northwest Region
- **26%** children (0-15 years) live in **poverty** as compared to the England average of **15.6%**
- **25%** of the female population claim employment allowance and identify as having a core disability

It is well documented through evidence-based research that social deprivation has a direct impact on long-term health and educational outcomes and this is likely to **worsen with the current cost-of-living crisis**.

Cheshire & Merseyside  
Women from the most deprived areas  
at booking  
Average Nov-20 - Oct-21



Postcode sectors with higher BAME population:

L7 6, L8 8, L8 3, L15 0, L8 1, L8 2, CW2 7, L8 7, L7 3, CH41 2, L8 5, L7 2, L6 9, L1 7, L3 5, L8 9, L18 1, L7 9, PR9 9, L8 6, L6 7, SK9 2, SK11 7, CW2 6, CW1 3, L1 5, L7 8, CW2 8, CW1 2, L4 1

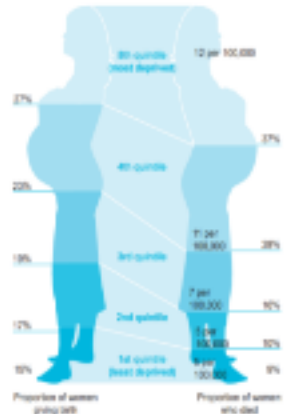
Total BAME Population size (Total 203,395)

Source: UK Office for National Statistics/ Schools Census records 2020

# Why Focus on Health Inequalities?

Living in more deprived areas

[MBRRACE-UK Maternal Report 2019](#)



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

White women	1	7/100,000
Asian women	2x	13/100,000
Mixed ethnicity women	3x	23/100,000
Black women	5x	38/100,000

- The Covid-19 Pandemic highlighted the urgency of the need to prevent and manage ill health in groups that experience health inequalities.
- Evidence shows that those living in the **20%** most deprived areas of England face the worst healthcare inequalities in relation to healthcare access, experience and outcomes.
- The Women’s Health Strategy (2022) six point long term plan for transformational change highlights the need to address disparities and the importance of better **information and education**.



The WHaM programme plays an integral part in delivering the “All Together Fairer” Cheshire and Merseyside Integrated Care Board (ICB) strategic aims and vision for the region by identifying actions which can make a real difference in improving women’s health and wellbeing.

## Toni and Lee Dennan - Patient Story

*“Having lost our baby girl, Darcey to covid, just ahead of vaccines being available last year, we know the devastating effects the virus can have which is something no family should ever have to go through. We would urge all pregnant women to get vaccinated, protecting you and your baby, because the risk of not being able to hold your child far outweighs the risk of the vaccine.”*



# How we are Tackling Health Inequity

1

A whole system approach and action on the social determinants of health as well as the health determinants.

2

Accelerating preventative programmes that engage those at greatest risk of poor health outcomes.

3

Engage women from minority ethnicity, under-represented, socially deprived and protected characteristic groups - including carers and those who meet the criteria of HMS Forces Covenant.

4

Inform and co-produce services which reduce the risks and health inequalities faced by women from minority ethnicity, under-represented, socially deprived and protected characteristic groups.

5

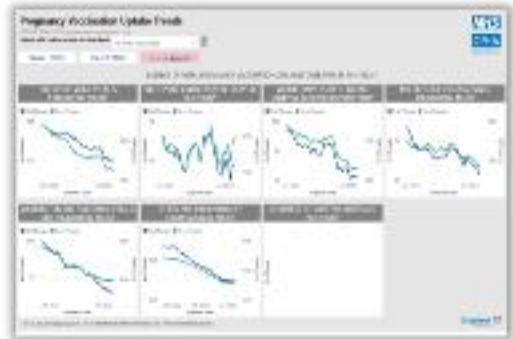
New Innovation – system wide population health management Pregnancy Dashboard that provides insight for prioritising the type of intervention required at locality level.

# Pregnancy Dashboard

The dashboard provides information for monitoring Covid-19 vaccination uptake. In addition to this, the data identifies women and birthing people who are the greatest risk of health inequity.



- Patient schedule for midwife consultation and tests.
- Bilingual engagement teams, alongside midwives, follow up patient at home.
- Patient record is updated.

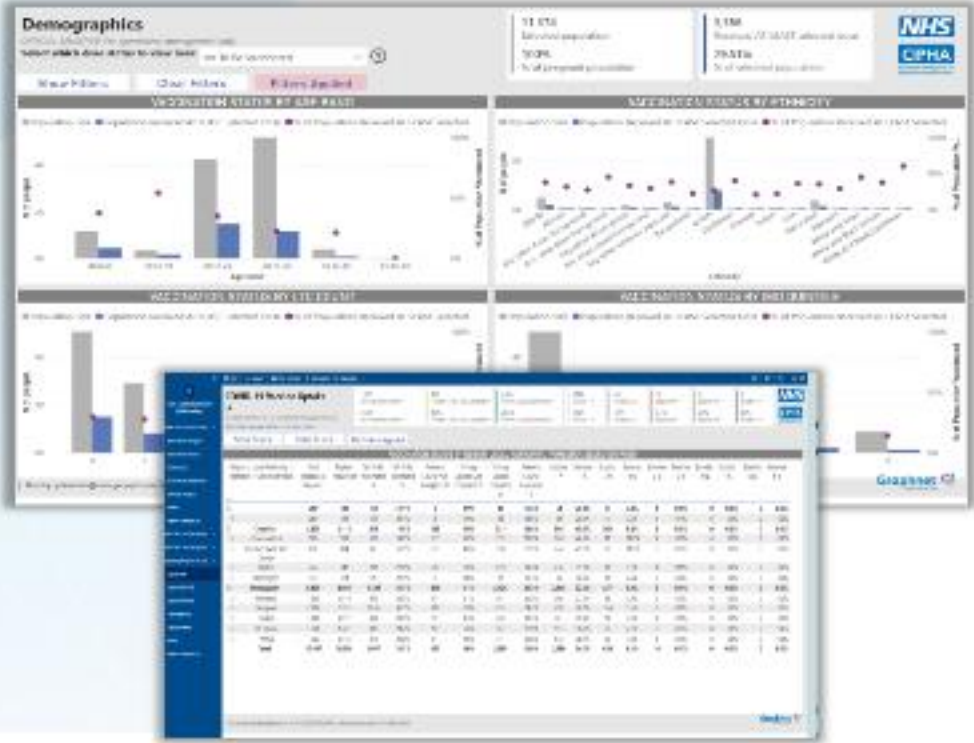


- Overview of the vaccination status of people on pregnancy register by LA, CCG and Provider with breakdown into trimester and gestation weeks.
- Accurate mirror of the population by demographics, age, other determinants of health.
- Health care plan for socially deprived group.
- Right focus on QOF indicators.
- Better understanding of ethnicity profiling
- Intelligence to develop targeted messaging to promote uptake.
- Covid-19 awareness training for midwives tailored to population needs.

## Equity and Equality Analysis (EAA)

Midwives target pregnant people with a high risk of health inequalities and other areas of health conditions flagged on the pregnancy register.

- Learning Disability
- Mental Health
- Ethnicity
- LTC





# Trailblazer Project

## Local maternity and neonatal system - Women's Health and Maternity (WHaM) Programme

Pregnancy dashboard is not only being used to monitor Covid-19 vaccination uptake; the tool is being used for Health Equity and Equality Analysis (EEA). Groups at risk of health inequality are being identified and proactively followed up by the community engagement team. The team members are representative of the local population, they speak several languages and dialects and have lived experiences which are vital to supporting equity in healthcare for women and their babies.

The LMNS greatest asset is its own **Community Engagement Team (CET)** who support enhanced engagement work with a particular **focus on co-designing new models of care with service users** and staff across C&M.

The team members are representative of our local population, **speak a number of languages and dialects** and have **lived experiences** which are vital to **supporting equity in healthcare for women**.



#hello my name is...



Team Twitter handles:

Banin @Banin14162191

Dani @DaniG4\_

Deqa @Deqa48678473



The pregnancy dashboard has helped the engagement team identify birthing people at risk of inequalities in the community. Groups identified on the project:

- Learning disabilities
- BMI >60
- LTC
- Mental health
- Smoking
- FGM

Access to Pregnancy Dashboard with weekly reports shared with Community Engagement Team and system partners

- Provide additional health inequalities information by LA, CCG/ICB and Providers and this help support numerous LMNS programmes e.g., Maternal Mental Health & Smoking in Pregnancy.
- Information key to supporting prioritisation of areas with low uptake and allow local communities to be targeted with additional clinics/support.
- The delivery of tailor-made/targeted communications campaign to support factually accurate messaging reaching the communities identified with lowest uptake, most deprived areas and within educational settings.
- Provide literature in different languages, including hard copies and translation via members of the LMNS Community Engagement Team (CET).

## Some feedback from

- Breaking language barriers.
- Accessibility of services and inclusion of all people.
- Understanding the context of poverty across Cheshire and Merseyside.
- Violence against women.
- Mind the gap – organisations need to work together to support families from slipping through the net.
- Workforce issues – no time to speak to healthcare professional about everything.
- 'Person-centred' – autonomy and shared decision making (includes before, during and post COVID).

## Vaccination Rate

Dec 2021 → Dec 2022  
56.4% → 70.8%



Delivering pop up hubs and a roving vaccination team within community settings

- Cheshire & Wirral Partnership (CWP) Vaccination & Wellbeing Roving Vehicle piloted for 3 months across Liverpool & Knowsley . Led to **38% unvaccinated** reducing to **32.1%** & Knowsley had **40% unvaccinated** reducing to **34.4%**).



## Next Steps

- Future Aspirations to reduce health inequalities for women is the provision of **Roving Women's Health Vehicle**.

Identify ways to improve how information is shared with and

- tailored to meet the needs of women from Minority Ethnicity, Under-represented, Socially Deprived & Protected Characteristic Groups – **to be mindful of those who will be experiencing digital exclusion/language barriers**

Continue to raise awareness of Urogynaecological and other

- conditions tailored specifically for women from Minority Ethnicity, Under-represented, Socially Deprived & Protected Characteristic Groups (FGM, Domestic Violence etc.)

- Continue to develop the dashboard for targeted campaigns to prioritise women's Health – Covid, Flu & Pertussis Vaccination, cervical screening, SIP & prevention campaigns

- **Continuous Communication & Engagement** activities across C&M to ensure women are sharing what matters to them including their views on accessing services and future developments/innovations



Image of the Cheshire & Wirral Partnership (CWP) team  
Roving Wellbeing Vehicle Layout



*Tony and Lee have since had their daughter Nancy  
but want Darcey's legacy to be one of helping  
other people*

# Thank You

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