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Women and Equalities Committee

Black maternal health: Government Response to the Committee's Third Report

Fifth Special Report of Session 2022–23

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Women and Equalities Committee

The Women and Equalities Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Government Equalities Office (GEO).

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The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No. 152. These are available on the internet via www.parliament.uk.

Publication

Committee reports are published on the Committee's website at www.parliament.uk/womenandequalities and in print by Order of the House.

Committee staff

The current staff of the Committee are Hasan Al-Habib, (Committee Specialist), James Clarke (Committee Specialist), Chloë Cockett (Senior Committee Specialist), Mark Earl (Safeguarding and Witness Support Officer), Matthew Eaton (Committee Specialist), Roberta Guerrina (Parliamentary Academic Fellow), Michelle Garratty (Committee Operations Officer), Philip Jones (Clerk), Fraser McIntosh (Committee Operations Manager), Charlotte Swift (Second Clerk).

Contacts

All correspondence should be addressed to the Clerk of the Women and Equalities Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 5513; the Committee's email address is womeqcom@parliament.uk.

You can follow the Committee on Twitter using @Commonswomequ.

Fifth Special Report

The Committee published its Third Report of Session 2022–23, Black maternal health (HC 94), on 18 April 2023. The Government response was received on 16 June 2023 and is appended below.

Appendix: Government Response

Introduction

1. The Women and Equalities Select Committee Report on Black Maternal Health was published on 18th April 2023.

2. The Government welcomes this report. We take the contents very seriously and remain committed to tackling maternal inequalities and improving equity for mothers and babies. While births in England are among the safest globally—we must do more to ensure maternity care is consistent regardless of ethnicity. This is a key priority, and we understand and acknowledge the significant and sustained action required—both within the healthcare system and wider Government.

3. In March 2023, NHS England published the Three Year Plan for Maternity and Neonatal Services[1] (the Delivery Plan). This is a three plan that sets out how NHS England will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. The Delivery Plan has provided a clear and co-ordinated direction which will guide maternity services to provide women and families with the care and support they need, and equity is embedded within all aspects of the delivery plan.

4. To address disparities within the maternity and neonatal system, each Local Maternity and Neonatal System (LMNS) has produced an Equity and Equality Action Plan (Action Plan), shaped by the Guidance[2] set out by NHS England in 2022.There are five priority areas within the Guidance and twenty-two interventions set out within the five priority areas. The interventions build on embedding existing interventions designed to reduce health inequalities (e.g. enhanced midwifery continuity of carer, where staffing allows) and ensure equity is part of how care is provided (e.g. access to perinatal mental health services for women from ethnic minority groups and for those living in the most deprived areas).

5. Each Action Plan is targeted to support the local demographic and each Integrated Care Board (ICB) will monitor the implementation of the interventions within the Action Plan. This localised model of production and implementation will enable the interventions to be directly moulded to support the local population groups, enabling the workforce to provide equitable and personalised care.

6. NHS England have developed fourteen Maternal Medicine Networks across England, to ensure that all women with chronic and acute medical problems around pregnancy, such as diabetes and heart disease, have access to specialist management and

1 NHS England: Three year delivery plan for maternity and neonatal services
2 Equity and equality: Guidance for local maternity systems (england.nhs.uk)

care including from physicians with specialism in managing medical problems during pregnancy. Pre-existing medical co-morbidities are the biggest contributor to maternal mortality across all ethnic groups. Therefore, women from ethnic minority groups will benefit from the networks. Networks are responsible for ensuring that access to specialist care is equitable, including co-production with at risk groups, ensuring information and guidance is culturally competent and accessible, and monitoring rates of referral.

7. We know that mental health is an important part of maternal health and are committed to expanding and transforming mental health services in England so that people can get the help and support that they need, when they need it. As part of the NHS Long term plan, NHS England are improving the access and quality of perinatal mental health care for mothers and their partners. Mental health services around England are being expanded to include new mental health "hubs" for new, expectant or bereaved mothers. These will be available across England by March 2024.

8. We understand these challenges sit wider than the healthcare system, which is why the Minister for Mental Health and the Women's Health, Maria Caulfield MP, established the Maternity Disparities Taskforce (the Taskforce) in 2022, bringing together experts from across the health system, government departments and the voluntary sector to co-ordinate focus and deliver evidence-based interventions to address maternal disparities.

9. The taskforce last met in April 2023, and are currently focused on preconception care, as preconception care can have a positive impact on maternal and child health outcomes[3]. We are working in collaboration with the membership to produce pre-pregnancy guidance targeted for ethnic minority women and those living in the most deprived areas. This guidance will encourage healthy behaviours and planning for pregnancy by supporting women to make informed choices about their health and wellbeing. This guidance is currently under development and the next taskforce meeting will take place on the 13th July 2023.

10. We once again thank the Committee for their report and look forward to continuing to work with the Committee on this important issue. The structure of this memorandum corresponds to the structure of the Committee's report.

Chapter 1 – Causes of Maternal Health Disparities

Health Education England must lead a co-ordinated review involving the National Midwifery Council, General Medical Council, Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, to ensure that both the training curricula and continuing professional development requirements for all maternity staff include evidence-based learning on maternal health disparities, its possible causes, and how to deliver culturally competent, personalised and evidence-led care. (Paragraph 19)

11. There are several organisations involved in undergraduate and postgraduate education across the various professions involved in this area of care. The healthcare regulators, the General Medical Council and the Nursing and Midwifery Council are responsible for setting standards for undergraduate education and the Royal College of Obstetricians and Gynaecologists sets the curriculum for postgraduate medical training.

3 Making the case for preconception care (publishing.service.gov.uk)

12. NHS England will carry out a scoping exercise to fully understand the implications of co-ordinating this review and determine how best to bring the relevant stakeholders together.

13. All maternity staff have free access to cultural competence training, developed in partnership with Health Education England and in collaboration with the Royal College of Midwives. NHS Equity & Equality Guidance asks that cultural competence training is rolled out to staff in maternity and neonatal services.

14. In November 2022, in partnership with the Nursing and Midwifery Council and NHS Confederation, NHS England published a new resource[4] for combatting racial discrimination against ethnic minority nurses and nursing associates. This resource will support all registered nursing and midwifery professionals working in the NHS, and across all health and care settings, to combat racism and challenge racial discrimination. There are four key areas that make up the nursing and midwifery anti-racism resource framework; challenging racism, challenging leadership, authentic inclusion and caring and belonging.

Chapter 2 – Tackling the disparities – work undertaken to date

The Government should commit to increasing the annual budget for maternity services to £200–350 million from the next financial year. (Paragraph 30)

15. The Delivery Plan sets out that NHS services will ensure the right numbers of the right staff are available to provide the best care for women and babies through regular local workforce planning, including trusts meeting staffing establishment levels and achieving fill rates by 2027/28 for midwifery.

16. We are taking action to invest in establishment, recruitment, and retention and to provide additional support to the maternity workforce. Since March 2021, we have invested an additional £165m recurrently in maternity and neonatal services. We are committed to improving maternity safety.

The Government should publish measures for gauging the success of the Maternity Disparities Taskforce. It should commit to publishing the dates of meetings in advance, and the minutes of the meetings soon after. The Taskforce should update this Committee on a six-monthly basis on the progress the Taskforce has made to tackling maternal health disparities. (Paragraph 37)

17. We are happy to update the Committee on a six-monthly basis on the progress of Taskforce. We are grateful for their interest and commitment to this area.

18. We will not publish minutes from the Taskforce, as this is not common practice. If the membership felt their comments and contributions could be open to external scrutiny, the open dynamic of the meetings may be affected to the detriment of the goals of the taskforce.

19. We will also not publish measures for gauging the success of the Taskforce. We are committed to delivering on clear actions that can be implemented but there is clear value

4 NHS England: Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates

in the flexibility and adaptability we currently hold by maintaining high level ambitions as opposed to specific deliverables. For example, the taskforce is currently focused on Pre-pregnancy care. In the future, the action and focus of the Taskforce may be different.

In response to this report, NHS England should set out their approach for assessing and monitoring the strategies of local maternity services.

20. The Equity & Equality Guidance for LMNS asked local maternity systems to publish equity and equality action plans. Every LMNS has produced a plan which has been reviewed by NHS England. The review identified good practice and what further support is needed to improve equity and equality. All LMNS' will publish their equity and equality action plan by 31 March 2024, as set out in the Delivery Plan.

21. ICS are responsible for assuring implementation of LMNS equity and equality action plans, in line with the recommendations of the Hewitt Review[5] and NHS England's operating framework[6].

22. As set out in the Delivery Plan, NHS England will:

- provide regional and national support for the implementation of LMNS equity and equality action plans;
- monitor at national level:
  - CQC maternity survey data by ethnicity and deprivation
  - data about maternal mortality, stillbirths, neonatal mortality, brain injury (during or soon after birth) and preterm birth by ethnicity and deprivation

23. In examining these data, the NHS recognises that the social determinants of health, the conditions in which people are born, grow, live, work and age and inequities in power, money and resources are a significant driver of health inequalities. This emphasises the importance of the role played by the Maternity Disparities Taskforce in bringing together experts from across the health system, government departments and the voluntary sector to address health inequalities (as described in paragraph 8).

The Government should also provide clear timescales for the roll-out of the maternal morbidity indicator.

24. We recognise the importance of rolling out a maternal morbidity indicator and the Department of Health and Social Care is considering how this can be delivered. This includes exploring routes to commissioning research to develop and evaluate a composite maternal morbidity outcome indicator tailored to morbidity outcomes which would be impacted by maternal medicine network care.

25. This follows an earlier study by The National Institute for Healthcare Research, funded by the Department of Health and Social Care, to determine the feasibility of developing Maternal Morbidity Outcome Indicator in England using routinely available hospital data. The research considered the use of an indicator to measure severe pregnancy complications or 'near misses'. Near misses are more common than maternal deaths and

5 The Hewitt Review: an independent review of integrated care systems (publishing.service.gov.uk)
6 NHS England: NHS England operating framework

show disparities by ethnic group. The use of a measure based on 'near misses' helps the NHS to identify areas with good practice which other areas can learn from, as part of the NHS' approach to encourage continuous quality improvement in maternity care.

26. NHS England have developed fourteen Maternal Medicine Networks across England, to ensure that all women with chronic and acute medical problems around pregnancy (e.g. diabetes or heart disease), have access to specialist management and care from physicians and obstetrics, tackling the biggest contributors to maternal mortality.

27. The Policy Research Unit for Maternal and Neonatal Health has been commissioned through the National Institute for Healthcare Research Policy Research Programme to research the numbers and proportions of women with a need for maternal medicine network care. This will enable the maternal medicine networks to plan their service provision and base need.

There should be a cross government target and strategy, led by the Department of Health and Social Care, for eliminating maternal health disparities. The Maternity Disparities Taskforce should be charged with consulting on this strategy within its membership and more widely, and for proposing and developing metrics by which this target can be achieved and measured. (Paragraph 50)

28. Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. This is important because good health in pregnancy significantly influences a baby's development in the womb which, in turn, influences long-term health and educational outcomes[7]. By giving every child the best start in life, this helps them fulfil their health, wellbeing and socioeconomic potential.

29. The causes behind maternal health disparities are complex and embedded. Setting a concrete target for a specific health disparity does not necessarily focus resource and attention through the best mechanisms. We understand the significant and sustained action required—both within the healthcare system and across Government and wider society—but we do not believe a target and strategy is the best approach towards progress.

30. NHS England are using the Core20PLUS5 as a metric. NHS England have taken the approach of first setting metrics which have sufficient sensitivity (statistical power) to track changes in clinical outcomes for the groups most at risk, and second—through the equity and equality guidance—to identify local priorities, design evidence-based interventions to address those priorities and promote an approach of continuous quality improvement.

31. For this reason, we will measure progress against our equity aims for mothers and babies through metrics described in the Equity and Equality Guidance for Local Maternity Systems.

Chapter 3 – Research and Data

The Office for National Statistics, NHS England, hospital trusts and all relevant stakeholders should work with the National Perinatal Epidemiology Unit (NPEU) to minimise delays in the delivery of data. The NPEU should provide us with a progress update on this work within 12 months of the date of publication of this report.

7 Marmot (2010) The Marmot Review

32. There is an agreed review and clearance process for all National Clinical Audit and Patient Outcomes Programme reports, which include the maternal deaths and morbidity confidential enquiries reports and the perinatal mortality surveillance reports. For these types of reports, the sign off process takes three months. For data only releases, there is a shortened review process. The sign off process and timescales are agreed with suppliers as part of the tender process.

NHS England and NHS Improvement (NHSEI) and NHS Digital must prioritise the accurate and complete capture of ethnicity data and ensure their new system for ethnicity data captures granular level data on ethnicity. NHSEI should provide us with a progress update on the implementation of this system within 12 months of the date of publication of this report.

33. Building on learning from the pandemic, NHS England is undertaking work to improve the recording of patient characteristics in frontline services. NHS England's Operational Planning Guidance for 2023/24[8] recognises the importance of improving the completeness of data on patient characteristics. This is one five strategic priorities in our drive to reduce healthcare inequalities. We have therefore asked systems to continue to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning. NHS England will also work to update the classification used for collection of ethnicity data to include more granular information.

34. Ethnic coding data completeness has improved since the Maternity Services Data Set version 2 was introduced in April 2019. This has increased from 85% in 2019 to 93% in 2022.

35. NHS Resolution's Maternity Incentive Scheme[9] supports the delivery of safer care by giving trusts a significant financial incentive to achieve 10 safety actions. Safety action 2 supports data quality improvement. For year four of the scheme, the ethnic coding data quality standard is 90%, which is an increase from 80% in year three. Not stated, missing and not known are not valid records for this assessment as they are only to be used in exceptional circumstances.

The Maternity Disparities Taskforce must ensure a minimum number of seats or spaces at each meeting is reserved for representatives of organisations run by and for Black women. Part of the Taskforce's focus over the next 12 months should be on working with stakeholders to ensure Black women can be better represented in maternal health research; both as participants and researchers. (Paragraph 59)

36. The membership of the Taskforce has been carefully considered to incorporate representation from across the voluntary, academic, and clinical sectors. The membership is broad, and we consider it to be sufficient. The Health and Wellbeing Alliance[10] maternity consortium, led by Tommy's, are asked to nominate members to join the Taskforce, to represent the views of service users, their families and communities. The consortium may choose which of its members are represented at each meeting, so that the most appropriate organisations are represented in line with the agenda of the Taskforce. The consortium includes organisations that represent various protected characteristics, including race.

8 NHS England: 2023/24 priorities and operational planning guidance
9 Maternity incentive scheme – NHS Resolution
10 Health & Wellbeing Alliance

37. The Taskforce is currently focused on pre-pregnancy care. Preconception health relates to the health behaviours, risk factors and wider determinants for women and men of reproductive age which impact on maternal, infant and child outcomes. We are working in collaboration with the membership to support women and families to make informed choices about their health and wellbeing prior to pregnancy. This will be the focus for the taskforce for the next twelve months. We will keep further options and suggestions for future focus under consideration.

38. The National Institute for Health and Care Research's Race Equality Public Action Group have produced a Race Equality Framework (the Framework). The Framework is a self-assessment tool designed to help organisations improve racial equity in health and care research. The purpose of the Framework is to guide organisations in health and care research on their path to racial competence. In so doing, it aspires to eliminate racial inequity in health and care research and to improve equity in health and care outcomes for Black African-, Asian- and Caribbean-heritage communities. The Framework provides a model for inclusivity in research, to increase the recruitment, involvement and participation of Black African-, Asian- and Caribbean-heritage people in research and to hold researchers and organisations accountable for racial equity.