



Leeds Clinical Commissioning
Groups Partnership

Maternity Messages: Improving Early Access

Engagement dates: Start date February – March 2018

Assessment of Equality Impact and Engagement Report

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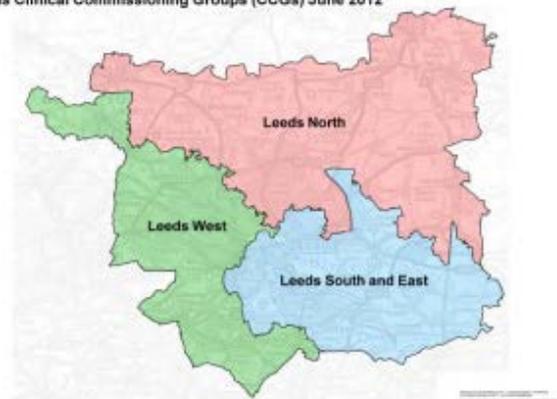
1. Background information

The NHS Leeds CCG partnership The CCG partnership covers the three NHS bodies in Leeds responsible for planning and funding (commissioning) the majority of health services for people in Leeds. The partnership is made up of the three Leeds CCGs; NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG.

The CCG partnership commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

From 1 April 2016 the CCG partnership began co-commissioning GP primary care services with NHS England. We do not commission other primary care services such as dental care, pharmacy or optometry (opticians) which is done by NHS England through their local area team more commonly referred to as NHS England (West Yorkshire). NHS England also has the responsibility for commissioning specialised services such as kidney care.

Leeds Clinical Commissioning Groups (CCGs) June 2012



Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

The most recent census (2011) indicates that Leeds has a population of 751,500 people living in 320,600 households, representing a 5% growth since the previous census of 2001. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including Black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are currently 105 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

b. Engagement support

Voluntary Action Leeds delivers the 'Leeds Voices' project to undertake public and community consultations on behalf of NHS Leeds Clinical Commissioning Groups (CCGs). There are three distinct elements to this project:

- Our Engaging Voices network of third sector organisations, we provide opportunities for seldom heard communities and vulnerable groups to get involved in consultation and engagement activities.
- Our Working Voices project offers opportunities for businesses to enable their employees to be involved in CCG engagement activities, by allowing working people to volunteer their time to be involved in consultations within the workplace.
- Our volunteer Leeds Health Ambassadors directly engage with the public and patients at a range of venues, public events and activities across the city.

About the Engagement

The key aim of the engagement was to explore public perceptions of four maternity related messages drafted by the CCG Children's Commissioning Team.

The messages were presented as follows:

Message 1.

“As soon as you’re pregnant, it is important for you to see your midwife as soon as possible, even if you’ve had a baby before.”

Message 2.

“The early stages of pregnancy are the most important time for a baby’s development. Your midwife will help support the physical and emotional wellbeing of you and your baby.”

Message 3.

“Your midwife will help you to access the benefits available to you such as free prescriptions and free dental care, and will give you up to date information around staying healthy during pregnancy such as information on screening and immunisation.”

Message 4.

“Book an appointment as soon as possible it’s easy. Ask the GP receptionist for an appointment with a midwife or visit www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/self-referral to refer yourself.”

Objectives for the consultation were to investigate:

- public perceptions of the wording of each draft message presented
- preferred methods of communicating the messages to intended audiences

Four groups were prioritised within the consultation due to their relative low engagement with midwifery during early pregnancy, these were:

- white families in areas of high deprivation
- under 25-year olds
- people of African heritage
- people of Bangladeshi heritage

2. How did we engage the public?

An engagement plan was developed by the Leeds Voices team to maximise opportunities to achieve the set engagement objectives and reach pre-identified priority groups.

Using the asset-based engagement model, our network of 70+ Engaging Voices partner organisations were notified of the engagement via e-bulletin. Partner organisations working with people from priority groups were identified and targeted with additional communications.

Calls for support resulted in opportunities for engagement through the following partner organisations:

- New Wortley Community Centre (LS12)
- Two Willows Children’s Centre (LS11)
- Middleton Children’s Centre (LS10)
- Ardsley & Tingley Children’s Centre (WF3)
- Leeds Mencap (LS9)

A mixed methods approach to data collection was adopted within the consultation, providing reach and depth of enquiry.

A brief questionnaire was created to collect quantitative data from the broadest possible sample and offering indications of trends (see appendix A). Copies of the questionnaire were delivered to partner organisations together with brief instructions on how the questionnaires should be administered.

Questionnaires were followed up with two focus groups conducted within partner organisations identified as working closely with priority groups. The two organisations were:

- One Community Centre (LS9) – Focus group 1
- Asha neighbourhood project (LS11) – Focus group 2

These focus groups offered a source of more in-depth and insightful information.

3. Analysis and reporting

Questionnaire data was inputted into an online survey tool, survey monkey. Descriptive analysis was conducted to summarise data.

Focus group 1 was recorded using a digital audio recorder. Focus group 2 was not recorded upon the request of a participant; however notes and quotations were taken throughout this discussion by a second facilitator.

Recordings/notes were critically reviewed and summarised initially by the group facilitator and then by another member of the team. Thematic analysis was performed on summary data to identify crosscutting themes and to identify unique areas of insight. Quotations representing these points were identified to aid reporting.

Findings are documented using the questionnaire as a reporting framework.

4. Who responded?

In total 62 people contributed to the engagement. Forty-nine people completed the questionnaire¹ and 13 people provided their views across the two focus groups.

The following respondent data was provided by those who completed the questionnaires, equality monitoring data from the two focus groups can be found in Appendix B.

Gender identity

One hundred percent of the 49 respondents completing the questionnaires were women. Five percent (n=2) of women answering the question stated that their gender identity was different to the sex they were assigned at birth².

Age of respondents

Of those answering the question (n=48), 35.4% (n=17) were within the 16-25 age bracket; 50.0% were in the 26-35 age bracket and the remaining (14.6%, n=7) were in the 36-45 age bracket.

¹ Two people completing the questionnaire were from outside of the Leeds CCG partnership area and removed from the dataset.

² Internal inconsistencies with questionnaire responses indicated potential errors in this data.

Ethnic Background

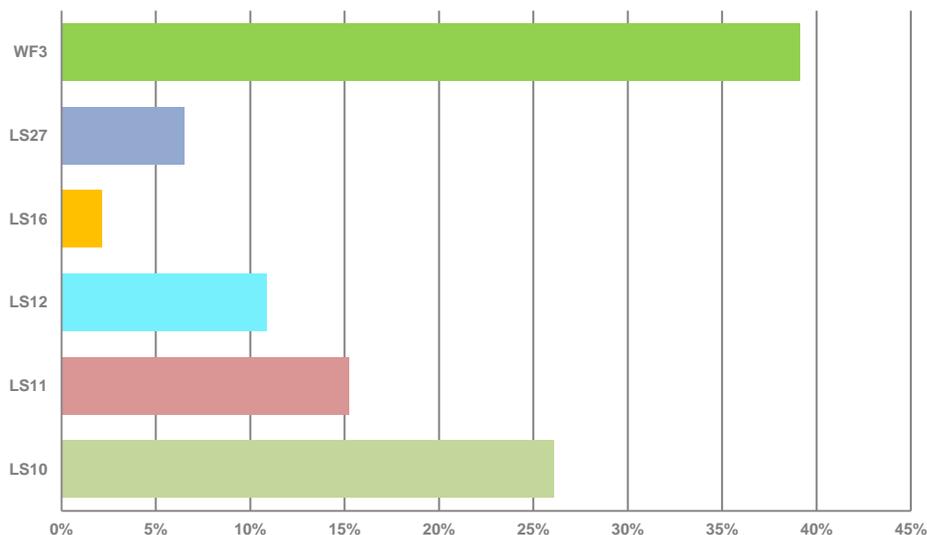
Eight-five percent of those providing information on their ethnic background (n=41) stated that they were 'White British'.

| Ethnic Background | Frequency (n=) | Percentage of those responding (%) |
|-------------------------------|----------------|------------------------------------|
| White British | 35 | 85.4 |
| White Irish | 1 | 2.4 |
| Mixed White & Black Caribbean | 1 | 2.4 |
| Black/Black British African | 2 | 4.9 |
| Other | 2 | 4.9 |
| Total | 41 | |

Area of residency

Of the 46 people who provided the information, 26.1% (n=12) were from LS10; 15.2% (n=7) were from LS11; 10.9% (n=5) were from LS12; 2.2% (n=1) were from LS16, 6.5% (n=3) were from LS27; 39.1% (n=18) were from WF3 (see chart 1).

Chart 1 – Questionnaire respondents by postcode



Disability Status

Of those who responded to the question (n=47), 6% (n=3) identified as being disabled people. Respondents stated disabilities were 'long-standing illness', 'mental health condition' and 'hearing impairment'.

Sexual Orientation

Ninety-five percent of those answering the question (n=42) identified as hetero-sexual/straight, 2.3% (n=1) identified as a lesbian or a gay woman. 2.3% (n=1) preferred not to say.

Pregnancy and Maternity

Of those answering the question (n=45), 11% (n=5) stated that they were currently pregnant. Sixty-two percent (n=26) of the 42 people who answered the question stated that they had given birth in the past 26 weeks.

Religion or Belief

Of the 45 people who answered the question 57.8% (n=26) stated that they had no religion, 37.8 (n=17) stated that they were Christian. 2.2% (n=1) stated that they were Muslim and 2.2% (n=1) preferred not to say.

Relationship Status

Of those responding (n=48), 35.4% (n=17) stated that they were married; 31.3% (n=15) stated that they lived with a partner, 20.8% (n=10) stated that they were single. 6.3% (n=3) preferred not to say

Caring responsibilities

4.7% (n=2) of the 43-people answering the question stated that they were a carer.

5. What did people tell us?

The findings presented below emerged from analysis of both questionnaire and focus group data.

Comprehension of messages

Recipients of the questionnaire were asked if they thought the messages '*were easy to understand*'

Of the 49 answering the question, 98% (n=48) felt that the messages were easy to understand.

One person who felt that the messages were not easy to understand stated that the wording could be made more accessible.

"I think for first time mums the wording could be a little more simple."

The above point was explored in greater depth within the focus groups, where a number of women suggested that the messages presented linguistic barriers for engaging some families. Specifically, it was stated that the messages needed to be made simpler for women who have English as a second language.

In order to achieve greater insight into how the messages were viewed, focus group participants were shown each of the four 'maternity messages' and asked to express their opinions.

Message 1.

"As soon as you're pregnant, it is important for you to see your midwife as soon as possible, even if you had a baby before."

There was a general consensus across the focus groups that the statement was accurate, with some participants highlighting the ability of the midwife to identify any problems early on within the pregnancy. However, one person in focus group two made an initial statement indicating that midwife visits were not important for people who had children previously. This opinion was challenged within the group, with one person highlighting that each pregnancy can be a different experience.

"after [the] first it's not so important"

"every woman and pregnancy differs"

There was a discussion within focus group two around the role of previous experiences, such as miscarriage, still birth or previous complications in influencing decision making around midwife engagement. Cultural background was also referenced as an influencing factor.

“varies on individual [it depends on past pregnancy experiences such as] if they’ve had a miscarriage or maybe a stillbirth... or they might have had complications before.”

Message 2.

“The early stages of pregnancy are the most important time for a baby’s development. Your midwife will help support the physical and emotional wellbeing of you and your baby.”

All the women in the first focus group were aware of the midwife’s support, referenced in this message. Women confirmed that they themselves had received support with emotional wellbeing. Women in focus group two highlighted a number of positive experiences in relation to mental health and wellbeing.

“I had the best delivery here. There’s so much on mental health! They asked about emotions all the way through.”

Once again, a discussion emerged around the role of previous pregnancy experiences in influencing engagement with midwives around this issue. One participant indicated that she drew upon knowledge of previous pregnancy experiences when deciding when to access support, suggesting that if she attended whenever she had a concern, she would be wasting the midwife’s time.

‘I’ve had five babies and am expecting my sixth and I try and stay away from the midwife. I have had four caesareans, so any aches or pains worry me, but I don’t go. ‘It’s a waste of time for them.’ [paraphrased]

Drawing on one of her pregnancy experiences, another participant highlighted the ability of the midwife to identify health concerns through the support they offer.

“Yes, because there might be medical problems that they detect. Like, I never had diabetes with my eldest children, but with my youngest I did”

Message 3.

“Your midwife will help you to access the benefits available to you such as free prescriptions and free dental care, and will give you up to date information around staying healthy during pregnancy such as information on screening and immunisation.”

Women within focus group one stated that they were aware of the benefits referenced in the message. Some stated that they had used these services during their pregnancy and had also told friends about the services. However, a number of women in focus group two stated that they were not aware of the benefits available to them, or had not been told early on in their pregnancy.

‘I didn’t know about any of that, no-one told me.’ [paraphrased]

There was consensus in focus group two, that all women should be given this information by their midwife at the first appointment. Community groups were also viewed as offering an effective way of communicating this information to women.

This message was seen as particularly pertinent to people who had newly arrived to the country and potentially would not know what is on offer to them. The group suggested that there needed to be additional support provided to communicate this message to people with limited skills in English.

A participant in focus group one also suggested a need to better communicate the extent of support available through doula services (a companion who supports women and their families during pregnancy, childbirth and early parenthood).

Message 4.

“Book an appointment as soon as possible it’s easy. Ask the GP receptionist for an appointment with a midwife or visit www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/self-referral to refer yourself.”

All the women in focus group one said they were aware that they could book an appointment with a midwife through their GP.

One participant stated that they were not aware that appointments could be booked online, but suggested that it was easier to contact the GP surgery for an appointment. A second participant highlighted a number of barriers which some groups may experience in booking appointments via a website.

“Yeah and not everyone’s got internet. Not everyone’s got access to a computer or can read”

Again, there was recognition of the additional barriers faced by women who do not have English as their first language, particularly for new arrivals to the country. Focus group participants felt that this group would benefit more from home visits. Participants suggested home visits would allow women to get to know the midwife and build up a trusting relationship, enabling the midwife to access appropriate communication support where needed. Continuity of care from midwifery services was referenced by women at other points in the engagement, for some this was seen as important, however for others stated that having the same midwife, was not important if appropriate information was shared between midwives.

“I don’t mind not having the same midwife as long as they pass on all the information”

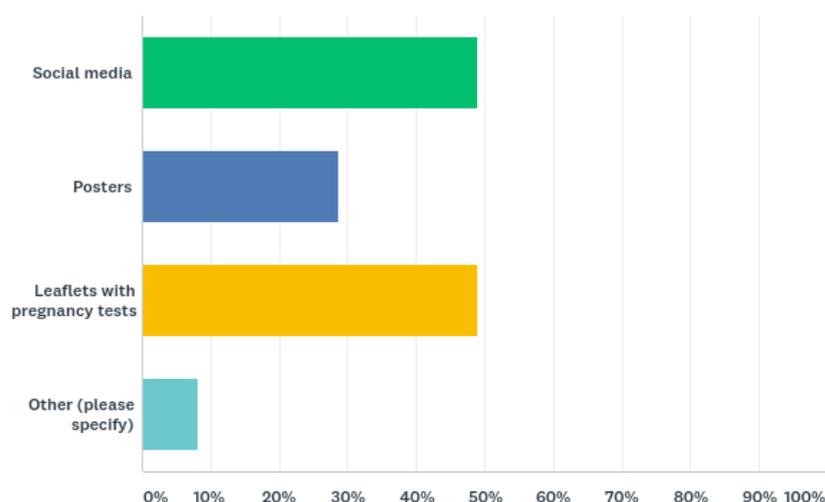
Views on communication methods

Recipients of the questionnaire were asked to indicate what they thought was *“the best way to be given the messages”* (see chart 2).

‘Social media’ and ‘Leaflets with pregnancy tests’ were identified as the best ways of communicating the messages, with 49% (n=24) of respondents selecting each. 29% (n=14) of respondents selected posters. Other (8%, n=4) suggested communication methods provided were, face to face contact and ‘messages’ and text messages.³

³ It should be noted that 15 respondents provided multiple responses to this question.

Chart 2 – ‘Best way to be given messages’



The majority of women attending the focus groups stated that they didn't mind how they received the information as long as they could understand it. There was a view held across both focus groups that more face to face 'information giving' would be a positive outcome.

A participant from focus group one suggested the value of a physical resource, such as a leaflet or a poster combined with midwife contact for communicating maternity messages to women with English as a second language. Participants in focus group two also highlighted the value of having this message communicated through posters placed in GP surgeries and chemists. Posters were viewed as preferable to leaflets. It was suggested that these could be produced in different languages.

'It is easier for them to read a leaflet or poster, also at their midwife appointments they should be able to talk through things they don't understand with the midwife, this will help those women who are alone when they attend appointments and English is not their first language or they are newly arrived.' [paraphrased]

Participants in focus group two highlighted the potential role of women's community groups, such as Asha in conveying maternity messages. It was perceived that community groups could offer a way of engaging younger women. Other groups suggested as offering routes for communication included schools and mosques.

One participant also highlighted the positive role of technologies in communicating this message, and referenced WhatsApp as a potential vehicle.

6. What are the key findings from the feedback?

A number of key findings emerged across the engagement, these can be summarised as follows:

- While questionnaire data indicated that the maternity messages were easily understood by respondents, more in-depth discussion with largely BME women within the focus groups indicated that the language used in the messages was often deemed to be too complex.
- Data collected in the engagement revealed a concern that the language used within the messages may not be accessible to women and families who have English as a second language.
- There was a belief that women who had English as a second language would benefit from additional support to ensure messages were received and fully understood.

- Those involved in the engagement appeared to value a range of communication methods to receive the messages.

7. Recommendations

Following the engagement the CCG are asked to receive the report and consider the following recommendations arising from the key findings:

| Finding | Recommendations |
|---|---|
| Language too complex | Consider revising the messages using 'plain English' guidelines. |
| Messages not accessible to women with English as a second language | Consider producing communications in a range of languages. |
| Additional support needs of women with English as a second language | Explore new and existing options for improving communication with women and families with limited skills in English. |
| Value in delivering messages using a range of communication methods | Consider delivering early access maternity messages through a coordinated communication campaign incorporating a range of methods tailored to the needs of priority groups. |

Additionally, and as part of the continuing development of the asset-based Leeds Voices programme, it's important that the CCG inform VAL of the outcome of this work in order to feedback to partner organisations and participants.

Appendix A – Consultation Questionnaire



Leeds Clinical Commissioning Group (CCG) would like to get feed back from pregnant women; women who have recently given birth and women who are planning to start a family in the near future around the messages that are given out about accessing support from mid wife services.

Please consider the following messages

As soon as you're pregnant – it is important that you see your midwife ASAP, even if you've had a baby before.

The early stages of pregnancy are the most important time for a baby's development. Your midwife will help support the physical and emotional wellbeing of you and the baby.

Your midwife will help you to access the benefits available to you such as free prescriptions and free dental care, and will give you up-to-date information around staying healthy during pregnancy such as information on screening and immunisation.

Book an appointment ASAP – it's easy. Ask the GP receptionist for an appointment with a midwife or visit www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/self-referral/ to refer yourself

1. Do you think that the messages are easy to understand?

Yes

No

2. If no how do you think the wording can be changed to make it easier to understand

3. What do you think is the best way for you to be given these messages?

Social Media

Posters

Leaflets with pregnancy tests

Other please state.

Please fill in both sides and contact emma.marshall@val.org.uk to arrange for collection of completed forms. Thank you.

Appendix B – Equality monitoring for focus group participants

Age of participants

| Age group | Frequency (n=) | Percentage of those responding (%) |
|--------------|----------------|------------------------------------|
| 16-25 | 3 | 25.0 |
| 26-35 | 8 | 66.7 |
| 36-45 | 1 | 8.3 |
| Total | 12 | |

Ethnic background of participants

| Ethnic category | Frequency (n=) | Percentage of those responding (%) |
|-----------------------------|----------------|------------------------------------|
| Asian/Asian British | 4 | 33.3 |
| Black/Black British African | 2 | 16.7 |
| Arab | 1 | 8.3 |
| Prefer not to say | 2 | 16.7 |
| Other ⁴ | 3 | 25.0 |
| Total | 12 | |

Area of residency⁵

| Postcode | Frequency (n=) | Percentage of those responding (%) |
|--------------|----------------|------------------------------------|
| LS8 | 1 | 10.0 |
| LS9 | 3 | 33.3 |
| LS11 | 6 | 66.7 |
| Total | 10 | |

Disability Status

Of the eight people answering the question 12.5% (n=1) stated that they were disabled. 87.5% (n=7) stated that they were not disabled.

Sexual Orientation

Of the seven people answering the question, 85.7% of participants (n=6) stated that they were heterosexual/straight. 14.3% (n=1) preferred not to say.

Gender Identity

All 12 participants (100%) providing responses identified as female. One person (8.3%) stated that their gender identity was different to the sex assigned at birth, four preferred not to say whether their gender identity was different to the sex they were assigned at birth.

Pregnancy and Maternity

Of the 11 people answering the question, 18.2% (n=2) stated that they were pregnant; 72.7% said they weren't and 9.1% (n=1) preferred not to say.

9.1% (n=1) of the 11 people answering the question stated that they had given birth in the past 26 weeks; 72.8% (n=8) said that they had not.

⁴ Two participants identified as White Albanian, one as Iraqi.

⁵ Index of multiple deprivation data for Leeds can be found [here](#)

Religion or Belief

Of the eight people who answered the question, 50% (n=4) stated that they were Muslim, 50% (n=4) preferred not to say.

Relationship Status

| Relationship status | Frequency (n=) | Percentage of those responding (%) |
|---------------------|----------------|------------------------------------|
| Marriage/Civil | 3 | 37.5 |
| Live with partner | 1 | 12.5 |
| Single | 1 | 12.5 |
| Prefer not to say | 3 | 37.5 |
| Total | 8 | |

Caring responsibilities

Of the eight people answering the question, 12.5% (n=1) stated that they had caring responsibilities, 75.0% (n=6) stated that they had no caring responsibilities; 12.5% (n=1) preferred not to say.