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Introduction



The **British Red Cross (BRC)** has been collaborating with agencies to provide targeted support in areas of the highest deprivation with Age Uk, Trussell Trust and Citizens Advice Bureau

Providing wraparound services to ensure people can live safe and dignified lives at home. Supporting people in health inclusion groups and people who are managing complex health conditions at home.

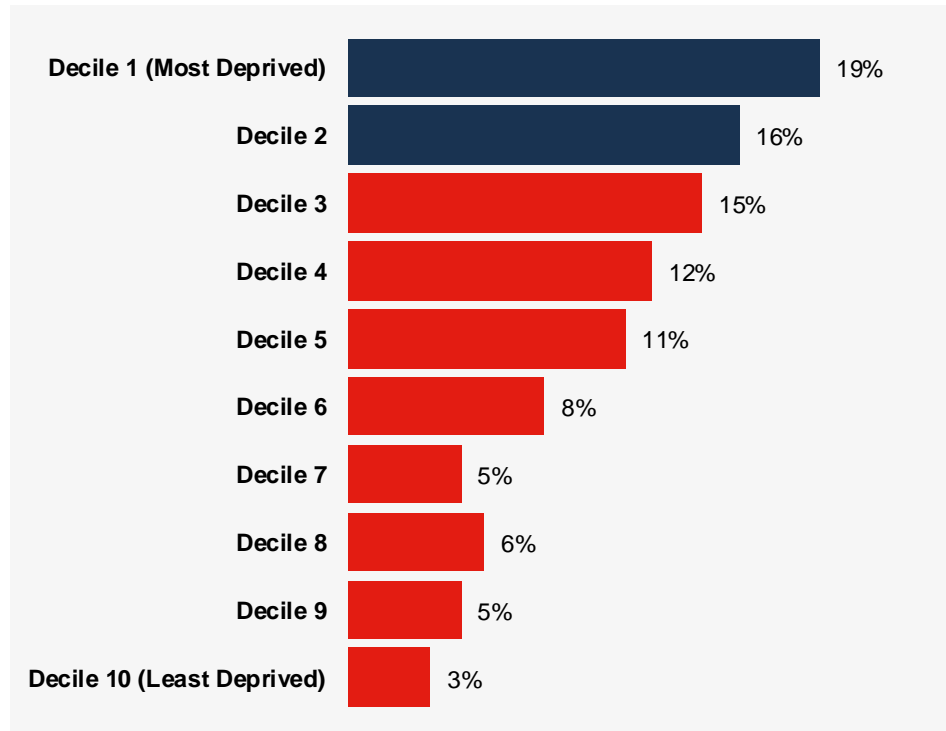
Working in collaboration with health and social care services to provide support to refugees and asylum seekers

Using measurement of outcomes to support how we target our care to people with the greatest inequalities. Flagship collaboration with the Department of Health Equity to measure our impact against the Marmot goals.

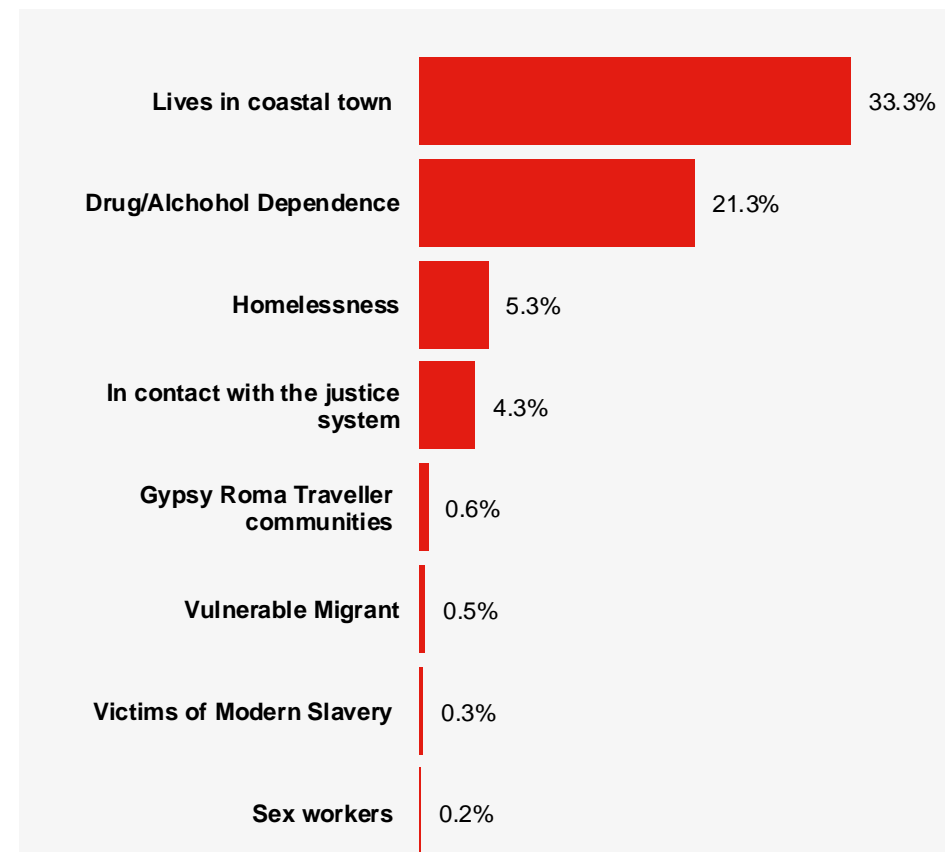
Many people we support face health inequalities

We map our services to review how we serve people who are in Core20 health inclusion groups and by area of deprivation to concentrate on people who face the greatest challenges.

Clients according to IMD Decile



Clients by inclusion health group*



35% of clients reside in Core20 areas

Outcomes for people supported prevent deterioration and benefit the health and care system

Jan - Dec 2023

93%

showed an increase in activation*

*Health activation is a form of health self-management that looks at knowledge, confidence, motivation and beliefs, actions, and feelings of control. We use the Consumer Health Activation Index (CHA) to measure this.

98%

said the service was extremely good

73%

of people felt that they had more control of their health at the end of their support

34%

improved their financial position

89%

of people reported improved wellbeing at the end of their support

92%

felt more confident to better look after their health

26%

improved their housing status

67%

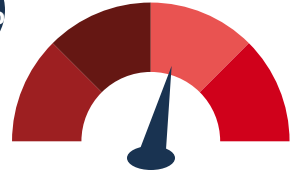
of people felt less lonely at the end of their support



Social Value
£6,360* per client

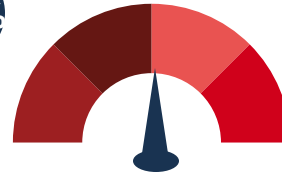
*Average value based upon SWEMWBS score from those who have completed support in 2023.

54%



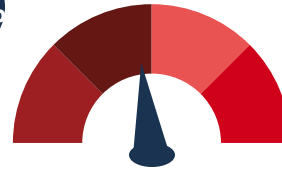
Reduction in ED attends

50%



Reduction in ambulance conveyances

48%



Reduction in Liaison Psychiatry attends for our MH services

Understanding the pre-pregnancy and pregnancy experiences of BAME women

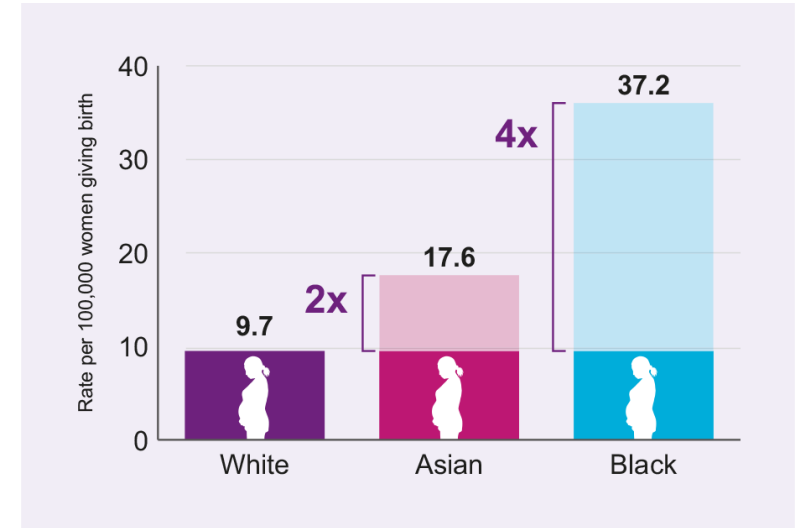
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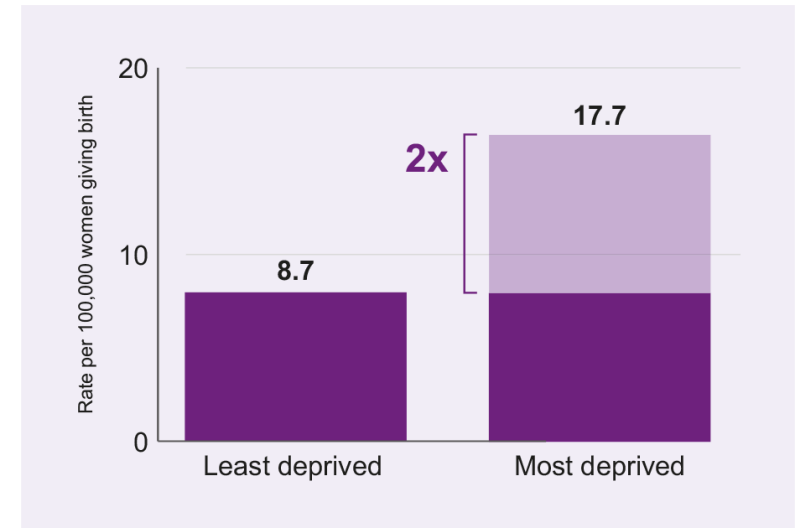
Disparities in maternal outcomes

- There is a shocking disparity in maternal health outcomes across ethnic minorities
- MBRRACE 2022 reports that Black women were **3.7 times** more likely to die than White women and Asian women were **1.8 times** more likely to die than White women. Improvements in care may have made a difference to the outcome of 38% of women who died
- **1 in 9** of the women who died during or up to a year after pregnancy in the UK were at severe and multiple disadvantage
- Women living in the **most deprived areas** have the **highest maternal mortality** rates

Inequalities in maternal mortality* Ethnic group



Living in more deprived areas



Research aims

Methodology: Academic peer-reviewed papers, scholarly articles, advocacy research papers, survey and structured interviews

1. Awareness	2. Access	3. Care
<p>What women know about maximising the chances of a healthy pregnancy, and how to get support in doing so</p>	<p>The extent to which information and services are open and easy to use for all women</p>	<p>How women are treated when using pre-pregnancy and maternity services</p>

Key findings – Awareness, Access & Care

Awareness of pre-pregnancy support

In our survey, Asian (74%) and Black (58%) women more likely to believe than White women (45%) that having more knowledge of pre-pregnancy services would have helped them have a better pregnancy.

Access to pre-pregnancy support:

- Significant barriers and gaps were reported by BAME women in communicating their options and needs
- Amongst BAME women, community and social groups were better trusted and more often used sources of pre-pregnancy information and support than for White women
- Overall, White women reported trust in the overall health services in the UK at a higher rate (78%) than Asian women (61%) and Black women (63%).

Quality of Care:

- Two thirds of BAME women interviewed reported feeling discriminated against, judged, or otherwise treated differently by healthcare staff
- Their feelings of pain are dismissed

Recommendations: Awareness, Access and Care

- Unify terminology around pre-pregnancy services
- Support services to deliver ethnically specific and culturally sensitive pre-pregnancy advice
- Increase investment for midwifery teams to provide community engagement and outreach
- Improve education for GPs & midwives on how to provide culturally unbiased information
- Engage in government lobbying for improved funding for pre-pregnancy services for all women
- Target areas of high deprivation to have local pre-pregnancy and end-to-end maternity services
- Increase pre-pregnancy provision through neighbourhood-level and PCN-led service
- Improve data collection at national level to capture the holistic pregnancy experience
- Conduct regular local audits of pregnancy care including data on ethnicity
- Investigate and address barriers to providing adequate and equitable pain management and birth interventions across ethnicities
- Develop NICE guidelines for pre-pregnancy advice specifically for BAME women taking into account their higher risk status

Ethnic diversity report published December 2023-Key findings

- **The report highlights ethnic disparities in use & outcomes of fertility treatment from 2017-2021**
- Average IVF birth rates increased across all age groups, but **Black patients had lower birth rates**. For Black patients aged 18-37, the average IVF birth rate per embryo transferred using fresh embryo transfers was on average 23%, compared to 32% for White patients in 2020-21
- **Average age at starting treatment** , a key factor for success rates, **was higher among Black patients** for heterosexual couples at 36 years of age , compared to a national average of 35 in 2021
- **Female same-sex couples** started fertility treatment at 32.7 years on average, while **Asian patients with female partner were older at 35.8 years in 2017-2021**
- **Asian and Black single patients started treatment at 38-39 years** on average, compared to an average of 36.2 years for White single patients in 2017-2021
- **NHS funded cycles declined most among Black patients** in heterosexual couples from 60% in 2019 to 41% in 2021, compared to a decrease from 66% to 53% among White patients.

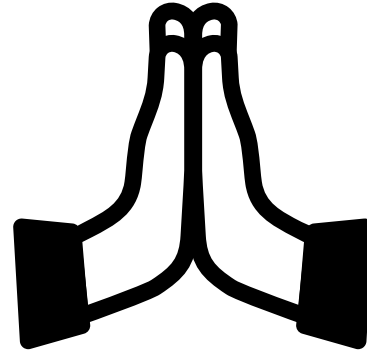
Gender health gap in the UK



- UK has the largest gender health gap in G20
- 12th largest globally
- Less than 2.5% of publicly funded research for reproductive health
- It takes an average of 7.5 years to get the diagnosis of Endometriosis
- Around 60% of ovarian cancer cases are diagnosed too late in England
- Women are 50% more likely to receive a wrong initial diagnosis when having a heart attack
- When it comes to dementia, worse medical treatment than men
- After surgery, women are half as likely to receive painkillers than men

Leadership reflections

- Review of women's health strategy and women's health hubs to address inequalities
- Introduction of new modules in secondary school curriculum
- Review of medical school curriculum
- NICE guidelines to address inequalities in access & outcome for BAME population
- Raising awareness through community platforms
- Whole government approach (cross-departmental)
- Working collaboratively with all sectors
- Power to local authorities
- Services to meet local needs of the population
- Marmot champions
- Health Equality Leaders at ICBs, PCN, Hospital trusts, Board level with accountability



Thank you for your attention