

BRENT BIRTH CENTRE
HEALTH EQUALITY IMPACT ASSESSMENT

March 2008

1. Purpose

A Health Equality Impact Assessment of the proposal to transfer inpatient midwifery services from the Brent Birth Centre to Northwick Park Hospital has been undertaken. This paper provides an overview of that assessment.

2. Background

Brent tPCT and The North West London Hospitals NHS Trust ('The Trust') have considered proposals for the Brent Birth Centre (BBC) at Central Middlesex Hospital (CMH) as it is currently underused and running at a significant loss each year. This, together with increasing demand, mean that it is critical that resources are used efficiently to maximize service potential.

A three month public consultation to seek views on four proposals ended on Friday 8 February 2008. Responses received were compiled, and a formal report was presented to NWLH Trust Board on 27 February 2008 and Brent tPCT Board on 6 March 2008.

Brent tPCT has decided to proceed with Option 4¹ subject to a systematic health and equality impact assessment. The purpose of this assessment is to ensure the decision making at all levels considers the potential impact on service users of the decision to transfer midwifery-led services. Importantly, it identifies actions that can enhance positive effects and resource or eliminate negative effects by way of recommendations to inform the planning implementation phases of the proposal.

3. Definition of Health

¹ Option 4 – Move Brent Birth Centre inpatient (delivery) facilities to Northwick Park Hospital and establish a midwifery-led unit there. Provide antenatal services at Central Middlesex Hospital but not within the Brent Birth Centre.

In the context of the BBC (i.e. midwifery-led services) health may be defined as:-

“Pregnant women, who in the absence of disease or illness are expecting to enjoy a normal physiological delivery.”

4. Effects on Determinants of Health

The direct effects on the health and equality² of woman which are known to influence place of delivery have been identified as the following:-

- Physical
 - Obesity/high BMI
 - Substance misuse and dependence
 - Medical and obstetric complications
- Emotional
 - Psychological complications/disorders
 - Birth related phobias
- Social
 - Deprivation
 - Language barriers
 - Vulnerability (as defined in the *“Caring for Vulnerable Women and their Family Guideline”*).

5. Brent Birth Centre Ethnicity Profile

2006/07 saw a total of 4,861 births at the Trust. Of these, 300 delivered at the BBC of which 252³ women were registered with a Brent GP with the following ethnicity:-

Black African	29	11.5%
Black Caribbean	29	11.5%
East African Asian	1	0.4%
Indian	32	12.7%

² Equality – Equal access and equal opportunity.

³ The Business Case for the Future Service Proposal of the BBC dated 17 September 2007 states 274 births took place at the BBC. The discrepancy of 24 births is due to the fact data is not entered in real time and is known to change over time.

Japanese	1	0.4%
Not stated	4	1.6%
Other Asian	15	6%
Other European	21	8.3%
Pakistani	21	8.3%
Sinhalese	0	0%
Somali	5	2%
Sri Lankan	6	2.4%
White European	20	7.9%
Blank	61	24.2%
TOTAL	252	

The percentage of local women accessing the midwifery-led service at CMH is low and those who have are representative of ethnic minority groups.

6. Impact Assessment

6.1 Health and Cultural Impact

Health and medical complications common to the highest service user groups (Indian, Black African and Black Caribbean) have been identified as the following:-

- Low birth weight babies
- Obesity
- Diabetes
- Fibroids
- Sickle cell
- Haemoglobinopathies
- Mental health issues (i.e. schizophrenia)
- Small for dates babies
- Teenage pregnancy

Cultural issues known to affect highest service users have been identified as the following:-

- Language barriers (with up to 130 known languages within the catchment area)
- Migrant population
- “Health tourists”
- Population mobility
- Failed asylum seekers and refugees
- Socio-economic deprivation

6.2 Equity

It is felt that the transfer of midwifery-led services to Northwick Park Hospital will have a positive impact on local women. Women who choose to deliver at the BBC must meet a stringent admission criterion and it is thought that the 252 Brent women who delivered at the BBC during 2006/07 are not representative of the public and health issues predominant in the local area (as defined in 6.1).

A co-located midwifery-led unit would have a less stringent admission criterion than a stand alone unit allowing an increased number of women to deliver, meeting the broader maternal health needs of the women in Brent & Harrow.

6.3 Physical Environment

The BBC is a state of the art facility with a home-from-home environment. There is thought to be no negative impact by transferring the service as the home-from-home environment will be recreated in a dedicated unit at Northwick Park Hospital (NPH).

6.4 Access to Services

With a less stringent admission criterion more women will be able to deliver at a co-located unit thereby relieving pressure on the delivery suite enabling more women to deliver thus increasing capacity.

The decision to progress option 4 will ensure that antenatal services are retained at the Central Middlesex Hospital site in order to minimise any adverse effect of increased travel for women residing in the south of Brent. The travel and distance aspect for women residing in the south of Brent will also be addressed by access to the newly developed co-located midwifery led unit at St Mary's Hospital where many women residing in this area select as a preference.

7. Conclusion

This assessment has identified inherent inequality in accessing the current midwifery-led service at the BBC as a result of the determinants of health and stringent admission criteria.

It is felt that the impact of transferring midwifery-led services at CMH to Northwick Park Hospital will have a negligible impact on current users of

the service and positive impact on future users of the service thereby improving the health and equality of the local population.

8. Recommendations

- Seamless transfer of care to minimize any service disruption.
- Interim arrangements on both sites to ensure robust transfer arrangements and minimize adverse impact to those who are uninformed of planned changes due to language/cultural barriers.
- Implementation plan to be developed considering the range of factors outlined in 4.1.
- Clear channels of communication for women and their families to provide feedback about the relocated unit.

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