

# **Review of CNE Poverty Proofing Review Report**

### **Overview**

- Wide range of financial cost barriers and challenges identified in the maternity journey.
- Overarching recommendation for "trusted and timely, multi-lingual information and support on so many financial aspects of having a baby."
- Too early for the service to evidence impact, given the long-term nature of the Poverty Proofing process as well as difficulty for new and expectant parents to "articulate that the impact that the changes have had on them."
- CNE find that their Poverty Proofing findings have been "taken seriously and have opened services up to doing things differently."

#### Possible actions/recommendations for Resolve:

- Work with Oldham NCA on the SED? Find out what changes have been introduced since its introduction there.
- How to expand action across GM to improve accessibility of travel & parking for low-income patients? Mandate training on travel reimbursement for GM staff more widely?
- How to expand uptake of free prescriptions (FW8 form) across GM?
- Expand uptake of poverty awareness training, continually update and refresh trained staff, and make it more accessible to more staff (particularly frontline).
- Expand use of the MART, to support the existing use of the Multi-Agency Directory of Support Services by MFT maternity staff.
- How do we replicate pockets of good practice across the system?
- GM Equity & Equality Plan mentioned are our recommendations already included?
- How do we ensure tackling poverty is a priority alongside responding to clinical pressures, whilst relieving existing tensions? Social prescribers mentioned.
- CNE recommend establishment of an NHS GM Community of Practice where would this sit with our Community of Practice?
- How do we evaluate impact over longer-term?



### Relevant actions in Oldham and North Manchester

#### **Oldham NCA**

- Introduced a "standard operating procedure" for the SED, leading to 19 changes to elements of care offered.
- Introduced a **Specialist offer of maternity support for the most vulnerable** who meet criteria to be seen by Rochdale and Oldham Specialist Midwives (ROMES).
- Prioritising digital inclusion, having introduced a new initiative where users can loan devices from the council, available to all residents (not just maternity).
   Identified need to enhance the offer from its current 3-month loan to cover the duration of pregnancy.
- Exploring how their Travel Schemes can be improved, made more accessible and "poverty proofed."
- Putting emphasis on **signing women up to free prescriptions via the FW8 Form** (prescription charge exemption certificate).

### North Manchester (MFT)

- Expects midwives to give the prescription exemption (FW8 form) out to women universally. Issues faced by midwives without the NHS.net email necessary to complete the form are being "worked through."
- Re-sharing information on **process and eligibility for Travel Schemes**, as well as **training staff on travel reimbursement** knowledge.
- Installing additional posters and screens with signposting in waiting areas.
- Reviewing and seeking to negotiate better parking terms and conditions
- Undertaking work to align services so people can be seen locally, minimising the need for long distance travel.
- Participating in the Digital Inclusion Group in the city.
- Providing x70 free SIM cards via Good Things Foundation to improve digital inclusion.
- Universal & Routine Financial Screening & Support is **training staff in talking about finances**, the expectation being that they avoid making assumptions.
- Funding Citizens Advice staff to be available on every site, with a long-term plan to "re-profile" charity funding to ensure it is consistent and universal
- Provided maternity staff with a Multi-Agency Directory of Support Services, updated weekly, to help with information, referrals and signposting into help and support services.



## General challenges/barriers

- Need to join up work across both sites and across maternity more widely to avoid duplication, share best practice and ensure consistent resourcing across all the areas.
- Need to develop mechanisms to efficiently replicate the Poverty Proofing approach and embed recommendations throughout the GM system through the Local Maternity and Neonatal System (LMNS) and Evidence and Engagement (E&E) workstream.
- Need to include remaining Poverty Proofing recommendations in the Equity
  & Equality Plan, to help replicate it across the whole of GM.
- Need to **communicate and be understood across diverse communities**, given language barriers in Oldham and Rochdale in particular.
- Need to iron out continued tensions between making a difference to those in poverty while responding to critical pressures. Not all responsibility should sit with the midwife; social prescribers previously relieved some of this burden.
- Need to continually **train staff in poverty awareness**, prioritising certain clinics
- Need to deal with logistical difficulties such as clinics being based across various sites, consultant availability and travel between sites.
- Need to improve accessibility of Poverty Proofing training, particularly for frontline staff with limited or no resource to backfill during 3-hour training sessions, such as an online offer chunked into smaller, "bite-sized" sessions.

# **CNE** general recommendations

- Consider a **GM Poverty Proofing Community of Practice**, to ensure consistency and ongoing action in a systematic way.
- Consider aligning with CNE's Poverty Proofing Community of Practice.
- Consider methods to evaluate impact of the Poverty Proofing process over the longer-term.
- Develop a "Change Management and Communications Plan" to support Poverty Proofing implementation.
- Consider Poverty Proofing additional services and pathways for greater insight into common themes.
- Continue collective working on digital inclusion.
- Consider universal poverty awareness training to include and engage the wider workforce in Poverty Proofing.