

Improving Equity in Maternity Services

Funding impact report

eMbedding heAlth equiTy in City & Hackney (MATCH) Fund 2024/25

City & Hackney
Population Health Hub

Contents

Executive summary..... 4

About the Population Health Hub..... 7

eMbedding heAlth equiTy in City & Hackney (MATCH)..... 9

Programme overview: Improving Equity in Maternity Services..... 14

Fund wide achievements..... 17

- Awareness..... 19
- Action..... 19
- Advocacy..... 19

Learning..... 21

Case studies..... 24

Further reading..... 29

- Overall MATCH Year 1 impact report..... 30
- Improving equity in cardiovascular disease outcomes..... 31
- Supporting people in food poverty..... 32
- Women's Health..... 34
- Anti-Racist Commissioning..... 36

Appendix..... 37

Executive summary

The Population Health Hub (PHH) is a shared, system resource supporting the City and Hackney Place-based Partnership (PbP). The PHH helps system partners reduce health inequalities and improve our population's health.

We set up the eMbedding heAlth equiTy in City and Hackney (MATCH) programme to identify and reduce inequalities by working together with partners across the system. The MATCH Fund supported this programme by providing responsive, outcomes-focused funding to bring change ideas to life. We recognised that addressing local health inequalities requires collaborative, flexible funding models that enable partners across the system to take action where it is needed most.

This MATCH programme has since taken on an 'Academy' style model with the aim of making the programme more sustainable and scalable, with less reliance on funding and short project timeframes. Through this adapted version of the MATCH approach, we work with teams and provide support to embed a health equity approach into everyday ways of working.

In year 1 of the programme, the Fund granted just under **£250,000** to **17** community organisations and one NHS partner. They delivered projects in five programme areas where pervasive health inequalities affect our communities.

This report is a spotlight on the programme area: **'Improving Equity in Maternity Services'**.

The programme focused on ensuring fairer services for Black and Global Majority families who statistically experience poorer maternity outcomes in City and Hackney.

Following a participatory process with residents, midwives, and voluntary sector partners, **£54,000** was awarded to Homerton Healthcare NHS Foundation Trust to deliver two projects:

BridgeBirth (£34,830): A community doula service providing training and practical support to represent and assist women from Global Majority communities.

Multilingual Maternity (£19,000): The translation of key maternity leaflets into the six most spoken local languages: Turkish, Bengali, Romanian, Arabic, Spanish, and Portuguese.

The fund made a significant impact across three core areas. Examples include:



Awareness

30 doulas completed tailored training to improve their understanding of community-specific issues. Additionally, **80% of midwives noted a positive impact on patient confidence and communication.**



Action

192 families were referred to BridgeBirth, with 89 families supported through antenatal, birth, and postnatal care. Digital leaflets were also made available across clinical and community settings.



Advocacy

Doulas acted as patient advocates, bridging cultural and language gaps to communicate birth preferences. **Over 90% of families reported feeling more informed and empowered to make choices.**

The programme highlighted that **embedding non-clinical approaches into clinical settings** increases the capacity for person-centred care. However, challenges were identified regarding NHS HR systems not being fully set up for community volunteers, leading to administrative delays.

Future funding considerations:

Embedding non-clinical approaches into clinical settings.

Audio and video versions of information for clients with lower literacy alongside a sustainable translation and interpretation model.

Mitigating challenges related to NHS systems which are not set up to accommodate volunteers and community members working with non-NHS professionals.

Securing dedicated staff time to support high-quality co-design and evaluation.

More involvement of community partners in the antenatal and neonatal periods could be explored further.

About the Population Health Hub

City & Hackney
Population Health Hub

The Population Health Hub was established in 2021 to reduce health inequalities and improve the health of our population in City and Hackney. We are a shared, system-wide resource and work to increase awareness of what's needed, support others to take action, and advocate for change. Our vision is for everyone across the system to play a role.

> **"Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive."**

We support the City and Hackney Place-based Partnership (PbP) vision:

We have developed four strategic objectives to support this vision:



eMbedding heAlth equiTy in City & Hackney (MATCH)

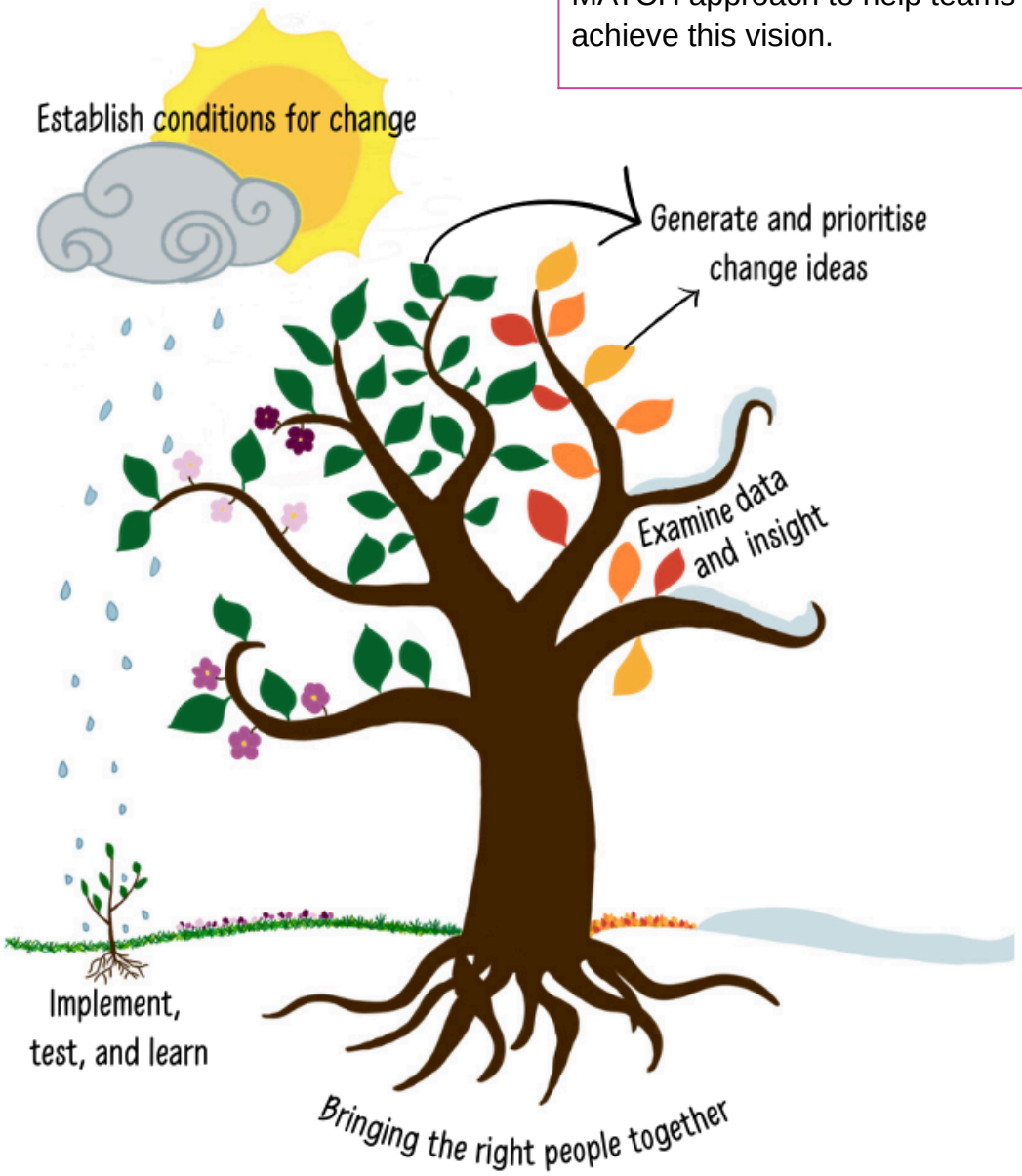
City & Hackney
Population Health Hub

eMbedding heAlth equiTy in City & Hackney (MATCH)

We established the eMbedding heAlth equiTy in City and Hackney (MATCH) programme to support partners across the system to embed health equity in their day-to-day work.

The vision behind the PHH and MATCH is very bold:

To transition from addressing health inequalities solely through targeted services to embedding health equity as a core function within all partner organisations across the City and Hackney system. We developed the MATCH approach to help teams achieve this vision.



The MATCH participatory approach includes:



Bringing the right people together

Including statutory partners, the voluntary sector, community organisations, and residents



Examining data and insight

To understand health inequalities, combining quantitative data with rich, qualitative insights



Establishing conditions for change

To understand what the barriers are to improving inequalities



Generating and prioritising areas or ideas for change

With communities and residents



Implementing, testing, and learning

From change projects

Each year the programme looks at key areas where deep health inequalities exist within City and Hackney and invites partners across the statutory and voluntary, community, and social enterprise sectors to work together in a participatory process collaborating on areas for change.[1]

[1] Please see Appendix for statement on interpretation of differences shown by characteristics such as ethnicity or deprivation.

In year 1 the programme explored

Improving equity in cardiovascular disease (CVD) outcomes:

How do we improve fairness in heart health outcomes for Black populations in the City of London and Hackney?

Supporting people in food poverty:

How can we support people to get out of food poverty while also supporting their health and wellbeing needs?

Improving equity in maternity services:

How do we ensure a fairer service for Black and Global Majority families using maternity services?

Improving women's health:

How do we support young women to manage their periods (to tackle inequalities in wellbeing, self-management and adverse outcomes from these)?



Anti-racist commissioning[2]:

Hackney CVS facilitated the co-production of five anti-racist commissioning principles. These principles were then tested through the commissioning of the Young Black People's Mental Wealth Pilot Project run by Hackney CVS.

In year 1 of the programme, we established the MATCH Fund to provide responsive, outcomes-focused funding for areas and ideas for change identified through the programme. We allocated funding to each programme area to run grant schemes co-designed through the MATCH participatory approach, putting system partners at the heart of driving equitable change.

[2] The Anti-Racist Commissioning programme area and grant fund (The Young Black People's Mental Wealth Fund) was delivered by Hackney CVS, who produced their own impact report (linked at the end of this report).

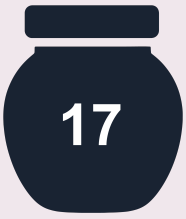
In year 1 MATCH funded:



In each programme area



Average grant size



Community organisations and 1 NHS partner



Average organisational annual income



Awarded in total



Funded community organisations identified as equity-led[3]

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[3] Equity-led organisations are those led by and for marginalised communities, in particular:
led by people from Black and Global Majority communities
led by d/Deaf or disabled communities led by LGBTQI+ communities
led by Women and girls
led by Older people (55+)
led by Younger People (25 and under)
We define 'led by' as at least 51% of an organisation's Trustees/Directors and/or senior staff.

Programme overview: Improving Equity in Maternity Services

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Programme overview: Improving Equity in Maternity Services

How do we ensure a fairer service for Black and Global Majority families using maternity services?

In City and Hackney, women from Global Majority backgrounds are more likely to experience poorer maternity outcomes, such as stillbirth, neonatal death, premature delivery and delivering babies who are small for their gestational age.



The MATCH Programme brought together teams from the Homerton Maternity Service, statutory partners (e.g. social care and public health), and voluntary sector services to work with families, pregnant women, residents, patients from the Maternity Neonatal Voice Partnership (MNVP), and parent groups to understand perspectives across the system and identify key areas for change. The following were identified as potential change ideas:

- Drop-in information hubs for women in the antenatal and postnatal periods to provide information, support, and connection.
- More information provided at initial referrals.
- Community doulas.
- Compulsory cultural awareness training co-produced with communities and staff.
- More translation available within maternity units.

In March 2024, the MATCH Fund invited applications from eligible groups and partners who had participated in the process to apply for grants of up to £54,000 to deliver projects in any of these key areas. Two projects were awarded to the Homerton Maternity Service, which funded midwives to deliver the following projects.

Funded projects

BridgeBirth

Established a Community Doula Service by providing 30 hours of practical training working alongside Midwives at the Homerton Hospital. The Community Doulas focused on representing and supporting women from Global Majority communities by providing access to high quality, culturally tailored doula support during their maternity experience. Awarded £34,830.

Multilingual Maternity

Translation of key maternity information leaflets into six of the most spoken languages within the hospital's patient community. Awarded £19,000.

Fund wide achievements

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Fund wide achievements

Health inequities driving poor outcomes for underrepresented groups in Hackney

3	Community events which recruited	30	Doulas who completed
30	Hours of doula training to support	192	Families referred into BridgeBirth
89	89 families supported with antenatal, birth and postnatal care	6	Key maternity leaflets translated into: • Turkish • Bengali • Romanian • Arabic • Spanish • Portuguese

There are 3 underpinning impact areas to the MATCH fund:

AWARENESS



ACTION



ADVOCACY



Awareness

Outcome: Increasing awareness of equitable approaches in maternity care

Doula training was tailored to suit Hackney's diverse cultural needs and the systemic barriers faced, with **100% of doulas reporting that the training improved their understanding of community-specific issues.** Among midwives, **80% noted a positive impact of the doulas on patient confidence and communication.**

Action

Outcome: Improving access to equitable maternity care

Both projects supported women from underserved communities to access maternity care and information in tailored, accessible ways. The high number of referrals into BridgeBirth demonstrates a clear demand for additional, culturally appropriate support for vulnerable women and birthing people. Doulas improved women's experience of maternity services, often attending births where clients would otherwise be alone, and helped clients navigate care safely and confidently. **92% of families felt well-supported and reported positive improvements to their experience.** Further, the

MATCH process highlighted a lack of access to information in languages other than English, which created barriers for both midwives and patients. **These translated leaflets are now readily available within the midwifery unit, community clinics, triage and GP settings.**

> **"BridgeBirth did more than support vulnerable women - it partnered with them to shift the culture and accessibility of maternity care in Hackney. These women and birthing people are no longer passive recipients but active advocates and contributors to systemic change."**

Advocacy

Outcome: Supporting vulnerable women to advocate for themselves

Supporting women to **navigate the complexities of maternity care in a culturally and socially sensitive way** is key to enabling women to have their voices heard, particularly where language, culture, or experience create barriers to care. Doulas acted as patient advocates in clinical settings, bridging cultural and language gaps to communicate birth preferences, supporting informed consent, and providing

compassionate peer support to improve birth experiences and reduce birth trauma. **Midwife feedback highlighted improvements in communication and advocacy for clients**, reducing miscommunication and unnecessary interventions. Women and birthing people were encouraged to speak up about their preferences and needs, with over **90% reporting increased confidence in decision-making.**



NHS
Homerton Healthcare
NHS Foundation Trust

معلومات للمريضة: اختبار تحمّل الجلوكوز (GTT)

اختبار تحمُّل الجلوكوز

هو اختبار فحص بسيط لسكر الحمل، يُجرى بين الأسبوعين 26 و28 من الحمل. قد تُوصي القابلة أو الطبيب بإجراء اختبار GTT خارج هذا الوقت في حال وجود أي مخاطر.

ما هو سكري الحمل؟

سكري الحمل هو نوع من داء السكري يبدأ أثناء الحمل. إذا كنتِ مُصابة بداء السكري، فلن يتمكن جسمكِ من استهلاك السكر (الجلوكوز) في دمكِ كما ينبغي. ومن ثم، ترتفع مستويات السكر في الدم عن معدلها الطبيعي. يُصيب سكري الحمل حوالي 2-5% من النساء الحوامل.

ما هي الأعراض؟

لا يُسبّب سكري الحمل أي أعراض لدى معظم النساء. </46 ولكن قد تعاني بعض النساء من أعراض مثل زيادة العطش، أو زيادة الحاجة للتبول، أو زيادة الجوع، على الرغم من أن هذه الأعراض شائعة أيضًا في مراحل لاحقة من الحمل.

لماذا نُصحتُ بأن أجري اختبار سكر الحمل (GTT)؟

قد تكون قابلتكِ قد أوصتكِ لإجراء اختبار سكر الحمل (GTT) لعدة أسباب، منها:

- طفل كبير سابق (أكثر من 4.0 كجم إذا كان من أصل آسيوي من 4.5 كجم)
- مؤشر كتلة الجسم (BMI) أكثر من 30
- تاريخ عائلي للإصابة بمرض السكري (الأم، الأب، الأشقاء، أو الطفل فقط، وليس الزوج/الشريك) • سكري الحمل في حمل سابق
- من مجموعة عرقية أكثر عرضة للإصابة بمرض السكري
- الحمل المتعدّد
- الحمل بالتلقيح الصناعي

تشمل الأسباب الأخرى التي قد يطلبها فريق الرعاية منكِ إجراء اختبار سكر الحمل (GTT):

- فحص يُظهر زيادة في السائل السلوي (زيادة في السائل الأمنيوسي).
- فحص يُظهر ضخامة الجنين (نمو الجنين أكبر من الميعاد الطبيعي)
- بيلة سكرية (سكر) في البول (2+ أو أعلى، أو 1+ في أكثر من مناسبة)
- فحص دم عشوائي للجلوكوز أعلى من 7.0 مليمول/لتر في الوحدة أو العيادة

ما هي مخاطر سكري الحمل؟

ارتفاع مستويات السكر في دمك قد يكون ضارًا لكِ ولرضيعكِ. إذا تُرك دون تشخيص، فقد يتسبب ذلك في نمو طفلكِ بشكل أكبر، مما يزيد من خطر تعثّر الولادة لالتصاق كتف الجنين عند الولادة، ومن ثم لادة جنين ميت (وهذا أمر نادر)، مما يستلزم رعاية إضافية بعد الولادة، ربما في وحدة حديثي الولادة. زيادة خطر الإصابة بالسمنة ومرض السكري من النوع 2 في وقت متقدم من الحياة. انخفاض مستوى السكر في الدم لدى الأطفال عند الولادة أو الإصابة بالبرقان.

كيف يتم إجراء اختبار سكري الحمل؟

Leaflet in Arabic about Glucose Tolerance Tests for the Multilingual Maternity Project

Learning

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Learning and considerations for the direction of future funding:

- **Embedding non-clinical approaches into clinical settings can increase capacity of services to provide person-centred approaches and continuity of care to women who need it the most** (by raising awareness of different approaches, and providing additional capacity for this support). Onboarding doulas as volunteers helped to break down barriers between clinical staff and patients. Doulas were able to represent women and have an understanding of the complexities of the system clinicians are working within, helping to facilitate informed consent, autonomy, and better experience, which led to better outcomes for women.

- While ready-made translated leaflets continue to be a helpful tool for ensuring patients have key information at hand, **the Multilingual Maternity project highlighted that audio and video versions for clients with lower literacy are also needed alongside a sustainable translation and interpretation model, not just one-off resource creation.**

- **Current NHS systems are not designed to integrate external roles, such as volunteers, community members, and non-NHS professionals,** and this caused delays and administrative burden for both midwives and doulas in onboarding doulas into Homerton HR systems, leading to high levels of drop out by doulas initially. Although this was ultimately resolved, future projects and NHS partners should consider how to mitigate these challenges as part of project planning.

- While short term project funding supports piloting and testing new approaches, capacity and resourcing of NHS partners remains a key barrier to ongoing delivery, and the longer-term impact and outcomes required to make systemic change. **An inability to resource dedicated staff time to work on projects affected the ability of NHS partners to come on an end to end journey, affecting the quality of monitoring, evaluation and co-design.**

- The maternity MATCH project decided to fund only Homerton Hospital, thus not requesting funding applications from community partners (even with high community engagement throughout the participatory process). **More involvement of community partners during the antenatal and neonatal care periods could be explored further in the future.**

Case studies

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Population Health Hub

BirthBridge at Homerton Hospital

Project Overview

The BridgeBirth Doula Project was designed to tackle the systemic health inequalities that exist in maternity care, particularly for women and birthing people from underserved communities in Hackney. Midwives at the hospital led the project, recruiting residents from underserved communities who were interested in training as doulas and volunteering within the midwifery unit to support women and birthing people. After running recruitment sessions at community venues a total of 44 people applied to be doulas. We selected those who represented communities with the poorest birthing outcomes at the Homerton selected to join the programme.



Impact achieved

Impact area: Awareness

The doula training provider focused specifically on unequal outcomes driving the project and tailored the training to provide deeper insight into Hackney's diverse cultural needs, with **100% of doulas reporting that the training improved their understanding of community-specific issues.**

Among midwives, **80% noted a positive impact** on patient confidence and communication.

Impact area: Action

The project aimed to address disparities in care by training and deploying 30 local doulas to provide culturally appropriate, continuous support to vulnerable women and birthing people. Doulas were recruited and trained in 3 cohorts spaced over the year so that clients could be supported throughout the year based on availability, cohort timing, and referral volume. Doulas were required to complete 30 hours of practical training within the midwifery unit.

192 women were referred to BridgeBirth based on vulnerability

factors such as: social isolation, asylum seeker or refugee status, domestic violence, language barriers and mental health concerns. We paired doulas with women who had similar lived experiences and provided care based on individual needs such as birth only, antenatal and or postnatal care.

BridgeBirth created an equitable maternity model, improving access to care, support and advocacy for people who would otherwise be alone during birth, and helped clients navigate care safely. **100% of women and birthing people would recommend the service to others and 92% felt well-supported and reported positive improvements to their experience.**

While embedding community oriented Doula support in clinical settings has created a shift in practice within the Homerton, long onboarding and training requirements of volunteers joining NHS maternity teams posed challenges and led to doula dropout. Other barriers such as lack of funding for on-unit training and expenses for childcare were challenges to the model that assumed doulas would be able to commit to both 30 hours of training and support women at unpredictable times.

Over 89 families have been supported over the short life of the project and several doulas have since progressed into paid health and care roles.



Impact area: Advocacy

Supporting women and birthing people to navigate the NHS system, provide advocacy and support was a key outcome of the project. By increasing understanding and providing consistent, compassionate support that bridges the cultural and social gaps, doulas were able to both advocate for women and empower women to advocate for themselves. This supported clients to speak up about their preferences and needs: **over 90% said doulas helped them feel more informed and empowered to make choices.**

This empowerment has continued beyond birth, and several beneficiaries went on to speak at recruitment events, contribute to other community work, or go through the programme themselves as doulas. Their lived experiences now inform training for clinicians and doulas alike.

Doulas themselves emerged as advocates within their communities and care settings, with many expressing a desire to continue in advocacy, support, or policy roles. Midwife feedback confirmed that doula support helped amplify the voices of women who are reported often as the least heard in maternity services.

What's next?

The project team is hopeful they will be able to continue and scale the programme over the coming years. To achieve this the team has identified need for:

- Ongoing training for peer support.
- Ongoing funding for expenses, supervision, and coordination.
- Access to interpreters / translation training and trauma-informed training.
- Peer support and reflective practice spaces.
- Streamlined onboarding for future cohorts.
- Embed doulas into maternity care as trusted partners.
- Recognise doulas as part of the enhanced maternity workforce.

Multilingual Maternity at Homerton Hospital

Project Overview

Homerton Hospital was funded to generate and translate key maternity information leaflets into key languages other than English and distribute them through clinical and community settings.

Impact achieved

Impact areas: Action and awareness

Key maternity information digital leaflets (diabetes, post-birth debriefing services, bereavement, postnatal recovery, and where to get help) were translated into six priority languages (based on population data): Turkish, Bengali, Romanian, Arabic, Spanish, Portuguese.

The leaflets were provided in digital and print formats at antenatal clinics, community health venues, GP surgeries, and online platforms and there are plans for them to be embedded into booking and antenatal packs.

Unfortunately leaflets were not able to be co-designed with community organisations (which would have resulted in use of more relevant language, accounting for cultural and linguistic nuances in different written languages). This was because information on leaflets was prescribed by the NHS and could not be changed.

The project faced challenges with long translation times and a lack of staff capacity to promote the new resources. Despite this, midwives gave positive feedback, as the materials allowed them to provide women with immediate translated content during early appointments.

Key learnings from the project highlight the need to develop audio and video resources for clients with lower literacy, as well as the importance of building a sustainable translation model rather than relying on one-off resource creation.

Further reading

City & Hackney
Population Health Hub

Overall MATCH Year 1 impact report

Read the full impact report here.

The eMbedding heAlth equiTy in City and Hackney (MATCH) programme aims to identify and reduce inequalities by working together with community, statutory and resident partners across the system. In year 1, we brought to life ideas for change across five programme areas where inequalities were identified among our communities:

- Supporting people in food poverty
- Improving equity in maternity services
- Improving equity in cardiovascular disease outcomes
- Women's health
- Anti-racist commissioning

Using a participatory approach, the programme empowered residents and statutory partners to co-design and decide on funding for projects across these key areas. To test the change ideas that were generated, nearly **£250,000** was awarded to **17** community organisations and one NHS partner to address deep-seated inequalities.

The approach resulted in targeted, fit-for-purpose schemes that delivered high-quality, community-led and culturally tailored provision aligned with our impact areas: awareness, action and advocacy. Significant impacts were recorded, such as transitioning **154** households to sustainable food models - which reduced foodbank dependency by **55%** - and training **30** community doulas who provided support to **30** families, empowering them to make informed care choices. The MATCH programme has demonstrated the value of community-led provision in reaching people experiencing the worst systematic health inequalities. It has also highlighted the vital importance of social connection and building a culture of collaboration between community and clinical settings, yet the report still identifies challenges and room to grow.

The model was expanded into a second year to tackle inequalities in healthy weight outcomes, and mental health in people seeking asylum as well as children and young people. Learnings from this funding programme have since led it to take on an 'Academy' style model with the aim of making the programme more sustainable and scalable, with less reliance on funding and short project timeframes.

Overall, the report shows how we can achieve much more when we work in partnership, rather than in isolation, to achieve our vision of a more equitable City and Hackney.

Improving equity in cardiovascular disease outcomes

Read the full impact report here.

The MATCH Year 1 programme - 'Our Fingers on the Pulse' - set out to understand how fairness in heart health outcomes could be improved for Black populations in Hackney and the City of London.

Through the MATCH process, three areas were prioritised for change:

- Projects that utilise existing community infrastructure[4] to deliver activities that improve heart health and build capacity and knowledge within the community to take action
- Projects that take tailored, whole of person approaches to increase communication, awareness and understanding of the barriers and enablers to good heart health and key local support services.
- Projects that provide information and training for people on lower incomes in their workplaces.

Four equity-led community organisations serving Black populations in Hackney and the City of London - STUK CIC, African Community School, Carib Eats and Shepherd Fold Ministry - were selected to deliver tailored, preventative approaches to address the drivers of poor heart health. Their projects offered accessible, trustworthy and culturally tailored services supporting our ambitions to reduce health inequalities in Hackney and the City of London.

Achievements from this work include the delivery of **116** workout sessions and **77** wellbeing workshops, **11** speaker sessions on heart health and **81** people receiving a blood pressure awareness raising check. A significant **707** residents were reached across all projects. A key success was the collaboration with a Specialist Clinical Pharmacist, which bridged the gap between medical expertise and community trust. Ultimately, the programme demonstrated that trust is the primary enabler of engagement; by centering interventions in safe, culturally relatable spaces, this work empowered residents to manage their heart health outside of traditional, often intimidating clinical environments.

[4] Community infrastructure means things like community groups / organisations, relationships, networks, physical and digital spaces.

Supporting people in food poverty

Read the full impact report here.

The MATCH Year 1 food poverty programme asked *'How can we support people to get out of food poverty while also supporting their health and wellbeing needs?'*

The MATCH Year 1 food poverty programme asked *'How can we support people to get out of food poverty while also supporting their health and wellbeing needs?'*

Working with partners, the MATCH process led to the prioritisation of four change ideas:

- Projects that link residents and community food providers with guidance, training and support on nutrition, health and wellbeing.
- Projects delivering cooking classes to youth clubs.
- Projects that gather evidence and research that supports increased insight into food poverty and/or food pantry models in Hackney.
- Projects that build business models for sustainable food redistribution.

The projects were delivered by three equity-led organisations: **H.O.P.E at Morningside**, **Bloom Market**, and **Chatsworth Youth Club**. They successfully piloted models that transitioned away from traditional, potentially unsustainable models such as foodbanks toward income-generating food provision underpinned by an environment of choice, dignity, and respect. Other highlights include:

- **Access and Sustainability:** 154 households accessed high-quality food at costs that were at least 45% cheaper than supermarkets. H.O.P.E's pantry model generated nearly £5,000 in income and reduced foodbank dependency by 55%.
- **Waste Reduction:** Collaborative efforts saved 126,891kg of food waste in 2024/25. Bloom Market alone redistributed approximately 63,500kg of produce through its network.
- **Health and Wellbeing:** While 10% of participants noted physical health improvements, 100% of pantry users reported better mental health due to the stress relief of consistent food access.

- **Social Connection:** The projects acted as vital community hubs; 90% of parents at Chatsworth's cooking club felt less isolated, and 100% of H.O.P.E pantry users felt more connected to their community.

Moving forward, the report recommends funding capital and infrastructure to support organisations to transition to sustainable models and ensuring that future work balances participatory design with frontline capacity to ensure an equitable and impactful approach.

Women's Health

Read the full impact report here.

This MATCH Year 1 programme area on women's health asked 'How can we support young women to manage their periods (to tackle inequalities in wellbeing, self-management and adverse outcomes from these)?'

Through system-wide collaboration, the following areas were identified and prioritised as areas for change:

1. Education for women in the postnatal period to improve women's knowledge of what is normal, what postnatal recovery should entail and when to seek help (and how to advocate for themselves in doing that)
2. Supporting women who experience difficult periods (heavy/painful) via peer support
3. Ensuring that women (especially those who experience barriers to care) are aware of the women's health group consultations that are already in place and feel that the group consultations are accessible, relevant, and trustworthy.

The programme was established in response to data showing that women in City and Hackney spend more of their lives in ill health and disability compared to men. Local insights also revealed a number of other inequalities including barriers to accessing postnatal and women's health services among Black, Jewish, South and East Asian, and migrant communities, stigma around pelvic health, digital exclusion, language barriers, and a lack of culturally safe care.

The projects which were selected for funding as part of the MATCH process piloted models to support women to advocate for themselves, to understand health risks and warning signs, to gain support from other women going through similar issues, and to access services. These were:

- **Safe Spaces for Women:** Culturally tailored postnatal workshops focused on health literacy, pelvic health and navigating services, led by the Women's Health CIC (Stamford Hill) and BodyOwn.
- **Group Coaching:** Trauma-informed creative and movement sessions for those suffering from heavy or painful periods and the wider impacts this can have on emotional and physical wellbeing, delivered by True You Today.
- **Community Health Champions:** Peer-led advocacy to improve access to

NHS group consultations for menopause and menstrual health to be led by the City and Hackney Community Health Champions Programme.

Impact was measured across three core pillars and some highlights include:

1. **Awareness**: Participants learned that common postnatal symptoms like urinary leakage are "not normal", leading **91%** to feel more confident in managing their pelvic health.
2. **Action:** Women were empowered to seek clinical help, with many pledging to pursue pelvic floor exercises, consult a GP and practice learned techniques among other pledges.
3. **Advocacy:** The True You Today workshops saw a **30%** increase in life satisfaction and a **95%** reduction in feelings of isolation among participants.

Overall, participants in projects supported by this programme frequently reported increased self-acceptance and emotional resilience. Several participants also reported that group sessions helped them realise they were not alone in their experiences and provided an important sense of belonging.

To effectively support women's health, the findings showed that providers must adopt a holistic, mixed-method approach to supporting learning that balances community support with personalised, one-on-one care, as well as a variety of communication channels or formats. Because women often manage competing responsibilities, services must remain flexible and responsive, offering hybrid options (in-person and digital) that adapt to varying comfort levels and access needs. Furthermore, establishing trust and cultural safety through women-only, inclusive spaces is essential for creating trust, reducing stigma and enabling open discussion, as is staff with shared lived experience. Finally, moving toward empowering, non-judgmental, and creative spaces, and away from medicalised clinical environments, programmes can better equip women to take confident action in managing their own wellbeing.

Anti-Racist Commissioning

Read about this work here.

The Anti-Racist Commissioning (ARC) workstream, led by Hackney CVS and funded by the MATCH programme, developed in response to the belief that global majority-led organisations are best placed to serve their communities but are structurally disadvantaged in accessing public funding. Insights from previous work highlighted that systemic racism in commissioning was often brought up as a barrier to equity.

The work aimed to address systemic racism in public sector funding by testing five co-produced anti-racist commissioning principles. These principles:

- Building trusting relationships
- Trusting community groups to identify needs
- Design simple, flexible and transparent application and decision-making processes
- Support small organisations with core funding and resources
- Use trauma informed approaches.

These principles were tested through the co-developed Young Black People's Mental Wealth Pilot Project. This pilot successfully engaged **155** young people through initiatives delivered by six different Global Majority-led organisations. The initiatives included barbershop-based mentoring and creative expression, peer support, mental health through basketball and music, and developing new community-led mental health interventions - all fostering improved confidence, emotional intelligence, and community belonging.

Despite high participant satisfaction, the project identified critical areas for improvement, including the need for longer delivery timeframes to deepen relationships and increased staff capacity to manage administrative and supporting tasks. To support future systemic change, the report introduces practical tools for commissioners, such as an anti-racist process checklist and proportionality guidelines for monitoring

Appendix

City & Hackney
Population Health Hub

Core anti-racist and structural inequalities statement

Differences shown by characteristics such as ethnicity or deprivation reflect unequal living conditions shaped by structural factors, including poverty, racism, access to housing, education and employment, access to and experience of healthcare, and greater exposure to harm such as crime, environmental risks, unsafe housing, or financial insecurity. As such they should not be interpreted as natural, unavoidable or expected.

When data are broken down by a single characteristic, they show only part of a much more complex picture. For example, patterns by deprivation often reflect a social gradient, meaning that people living in more disadvantaged circumstances tend to experience worse health and shorter lives than those who are more advantaged. Differences by ethnicity frequently reflect the impact of systemic racism and wider structural inequalities, rather than ethnicity itself.

These findings should always be interpreted in context and alongside other evidence, including qualitative insight and lived experience. They are intended not only to support understanding of structural inequality, but to inform action: shaping local public health policy, strategy, service design and decision-making in ways that reduce inequality and target the underlying causes affecting groups most impacted.