

# Equality Analysis Template

This document should be completed in conjunction with the Equality Analysis Guidance document. Should you have any queries, please contact the SECSU Equality & Diversity Team at SECSU.Equality@nhs.net who will be pleased to help.

Section 1: Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	Croydon CCG
Name of the policy, function or service development being assessed:	
Is this a new/existing/revised policy, function or service development?	New
Briefly describe its aims and objectives	<p>Croydon CCG spends approximately £395,000 per year (based on data from July 2015 – June 2016) on baby milks and specialist infant formula.</p> <p>Historically, it was difficult to buy infant formula used for lactose intolerance as there was a limited range available on the high street; this is true for first-line products used to thicken infant milk to treat gastro-oesophageal reflux disease (GORD). As these products are now routinely available there is no reason why they should be provided on NHS prescriptions.</p> <p>The majority of spend on baby milk and infant formula is for products for infants with cow’s milk protein allergy (CMPA). However local audit data has identified that these products are often initiated without specialist advice and even when recommended are not reviewed and tapered as the infant gets older and are often inappropriately continued beyond 12 months of age.</p>

	<p>This proposal aims is to restrict the provision of infant formulas and baby milks on the NHS to where there is a medical need that has been diagnosed by a specialist and the products are not widely available to purchase.</p> <p>Currently there is an inconsistent approach where some GP practices will prescribe these products, however there is no clinical reason why these should not be purchased as would be expected for standard milk formulas. Therefore guidelines for primary care will be developed as part of this initiative to support primary care in advising parents on the use of specialised infant formulas and to reinforce that breast milk remains the optimal milk for infants and should be promoted and encouraged where it is clinically safe to do so and the mother is in agreement.</p>
Analysis Start Date:	6 January 2017
Lead Author of Equality Analysis:	Claudette Allerdyce
SECSU Equality & Diversity Lead Approved? Yes/No (please indicate)	
Equality & Diversity Lead Name:	Valerie Richards, Senior Associate, Equality and Diversity, SECSU
Date of approval:	
Have any financial or resource implications been identified?	
Date of Governing Body Meeting where the Equality Assessment was ratified:	

## Section 2 : Equality Analysis Checklist

For each of the nine protected characteristics in the table below, consider whether the policy/function/service development could have a positive or negative outcome on each of these groups. Involve service users where possible to obtain their opinion, use demographic/census data (available from public health and other sources), surveys (previous surveys or perhaps conduct one), ask PALS and Complaints for reports/data, obtain subject specific reports from providers and other published data. Ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p><b>Age</b></p> <p>Think about different age groups and the policy/function/service development and the way the user would access it, is it user friendly for that age group?</p> <p>What is the age breakdown in the community/workforce? Will the change/decision have significant impact on certain age groups?</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks. As the target population for this proposal will be infants and young children this is the focus of the data included within this report. On reviewing the data this population ranges from 6.3% in Purley to 8.9% of the population in the East Croydon Network.</p>	<p>See CCG engagement report for full details.</p>	<p>It is envisaged that this proposal will impact primarily on individuals within the 0-4 year age group. There may also be a knock-on effect for their families.</p> <p>Inappropriate use of specialised infant formula feeds including prolonged use beyond recommended age band can have an adverse effect on infants resulting in conditions such as constipation, iron deficiency and even faltering growth. Therefore this initiative may have a positive impact where inappropriate prescribing is identified and the infant/child is review and product discontinued.</p>		<p>Claudette</p>

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2015 Mid Year Estimate Population

	East Croydon	Mayday	New Addington and Selsdon	Purley	Thornton Heath	Woodside and Shirley
Total Population	92768	59487	54623	66544	54509	60431
0-4 Population	8279	4742	3619	4189	4318	4128
%	8.9	8.0	6.6	6.3	7.9	6.8

<p><b>Disability</b></p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:</p> <p>Accessibility – venue, location, signage, furniture and getting around</p> <p>Disability awareness training for staff</p> <p>Actively involve the service user and talk it through with them</p> <p>Mental Health – does this affect significant communities in the local population?</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		
<p><b>Gender Reassignment</b></p> <p>Think about creating an environment within the policy/function/service development that is user friendly and non-judgemental. Does the organisation need to raise awareness / offer training?</p> <p>If the policy/function/service development is specifically targeting this protected characteristic, think carefully about confidentiality,</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		

<b>Equality Group</b>	<b>What evidence has been used for this analysis?</b>	<b>What engagement and consultation has been used?</b>	<b>Identify positive / negative / no outcomes</b>	<b>How are you going to address issues identified?</b>	<b>Specify the Named Lead and Timeframe</b>
training, and communication skills					
<p><b>Marriage and Civil Partnership</b></p> <p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service</p> <p>Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services.</p>			This policy change is not envisaged to have a positive or negative impact on this group.		
<p><b>Pregnancy &amp; Maternity</b></p> <p>The policy/function/service development must be accessible for all e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding? Is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>What are the future projections for birth rates, neo natal statistics? Will the service/decision have a significant impact on this protected characteristic?</p>			This policy change is not envisaged to have a positive or negative impact on this group.		

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<p><b>Race</b></p> <p>You need to think carefully about the local demographics of the population who will be accessing the policy/function/service development. Talk to public health. Consider for example:</p> <p>Cultural issues (gender, clothing etc.)</p> <p>Languages</p> <p>Support to access</p> <p>Staff training on cultural awareness, interpreting etc.</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		
<p><b>Religion or Belief</b></p> <p>Again, think about the local population and what religion or beliefs they may have. Consider for example:</p> <p>Staff training on respecting differences and religious beliefs</p> <p>Are you trying to implement a change/activity at an inconvenient time e.g. during a time of religious holiday such as Ramadan?</p> <p>Is there an area for prayer times, religious rituals e.g. washing area?</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		
<p><b>Sex</b></p> <p>This is the impact on males and females.</p> <p>For example same sex accommodation - are there areas for privacy? Is it accessible for both taking into account working service users? Would it be a venue they would go to?</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		

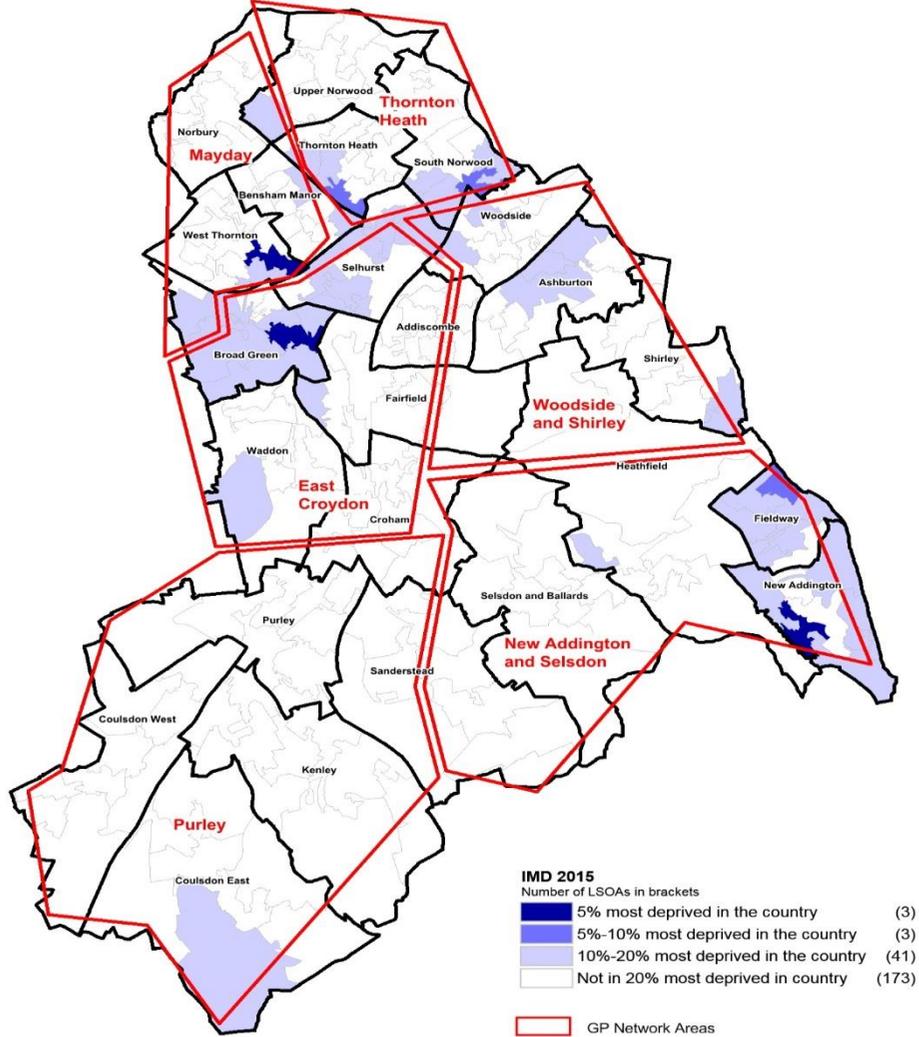
<b>Equality Group</b>	<b>What evidence has been used for this analysis?</b>	<b>What engagement and consultation has been used?</b>	<b>Identify positive / negative / no outcomes</b>	<b>How are you going to address issues identified?</b>	<b>Specify the Named Lead and Timeframe</b>
<p>What does research show regarding the incidence of for example, mental health, cancers, early or late diagnoses for males or females?</p>					
<p><b>Sexual Orientation</b></p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <p>Providing an environment that is welcoming - for example visual aids, posters, leaflets.</p> <p>Using language that respects LGB&amp;T people.</p> <p>Staff training on how to ask LGB&amp;T people to disclose their sexual orientation without fear or prejudice.</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		
<p><b>Carers</b></p> <p>Does your policy/function/service development impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?</p>			<p>This policy change is not envisaged to have a positive or negative impact on this group.</p>		
<p><b>Other</b></p> <p>Does your policy/function/service development impact on for example, those on low incomes, who are homeless etc.?</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks mapping the 2015 Indices of Deprivation for Croydon. (See map below, where the darkest blue areas are the most deprived).</p>		<p>There have been concerns that the proposal may disadvantage families from low income households who may not be able to afford the cost of formula feeds. It was initially felt that Healthy Start vouchers would mitigate against this, however it is now</p>	<p>It is proposed to include families in receipt of Healthy Start as an exemption cohort. This will be simply enough to communicate to patients and the public to alleviate concerns and for prescribers to identify and implement.</p>	

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
			<p>recognise that there is a significant shortfall in terms of the healthy start voucher monetary value (£3.10) and the average cost of routine formula milk. These families may be further disadvantaged by having to make the choice to use the voucher for formula rather than fruit or vegetables.</p>		

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**Indices of Deprivation 2015  
Croydon Lower Super Output Areas (LSOAs)**



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### Section 3 : Action Plan

For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Age			
Disability			
Gender Reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion or Belief			
Sex			
Sexual Orientation			
Carers			
Other	There have been concerns that the proposal may disadvantage families from low income households who may not be able to afford the cost of formula feeds. It was initially felt that Healthy Start vouchers would mitigate against this, however it is now recognise that there is a significant shortfall in terms of the healthy start voucher monetary value (£3.10) and the	It is proposed to include families in receipt of Healthy Start as an exemption cohort. This will be simply enough to communicate to patients and the public to alleviate concerns and for prescribers to identify and implement.	Claudette Allergy from onset of roll-out of this proposal should it get agreed (Jan 2017).

	average cost of routine formula milk. These families may be further disadvantaged by having to make the choice to use the voucher for formula rather than fruit or vegetables		
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#### **Section 4 : Submission**

On completion of all sections of the Equality Analysis Form, submit your draft along with the policy, function, or service document to the SECSU Equality & Diversity Team. Once reviewed, the team will provide feedback and any recommended amendments. Having made any necessary changes, the final version should then be submitted to the CCG Equality Lead for information and the SECSU Equality & Diversity Team for consideration before ratification at the next Governing Body Meeting. The completed EA Template should be appended to the policy, function or service development documentation.

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