Appendix 8.3.2: Equality Analysis - Maternity

Oxfordshire
Clinical Commissioning Group

Oxfordshire CCG Equality Analysis Template for the Transformation Board Programme	
Clinical work stream:	Maternity
EA Completed by:	Sarah Breton
Date of EA:	20th July 2016
Partner sign off:	TBC
OCCG E&D Working Group- date signed off:	TBC
OCCG E&D Strategic Group- date signed off	TBC
Analysis Rating: please highlight	• **Amber**
Type of Analysis Performed: Please Tick ✔ or Highlight	• Pre Business Case • **Pre Service re-design** • Policy Analysis
Please list any policies or documents that are related to or referred to as part of this analysis	• Oxfordshire Joint Needs Assessment: Annual Summary Report 2015 • Birthplace Study • Oxfordshire Joint Health & Wellbeing Strategy 2015-2019 • Thames Valley Strategic Clinical Network Maternity Capacity Review June 2016 • NICE CG192 Antenatal and Postnatal Mental Health (2015) • NICE NG3 Diabetes in Pregnancy from Pre-conception to postnatal care. (2015) • NICE CG 132 Caesarean section (2012) • NICE CG102 Hypertension in Pregnancy Diagnosis and Management (2011) • NICE CG70 Induction of Labour (2011) • NICE CG 25 Preterm Labour and Birth (2015)

	• NICE CG 129 Multiple Pregnancy Antenatal Care Twins and Triplets (2015) • NICE CG 110 Pregnancy and complex social factors (2010) • NICE PH27 Weight management before, during and after pregnancy (2010) • Better Births' - National maternity review • http://insight.oxfordshire.gov.uk/cms/percentage-live-and-still-birth-infants-low-birth-weight-1998-2014 • Lewis, G (ed) 2007. The Confidential Enquiry into Maternal and Child Health (CEMACH). Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer- 2003-2005. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom. London: CEMACH. • RCOG, *Reconfiguration of women's services in the UK*, London, December 2013, p2. • RCOG, *High Quality Women's Healthcare: A proposal for change*. London. 2011.p(v)
Who does the policy, project or function affect? Please Tick ✔ or Highlight	• Women and their partners • Families • The maternity workforce • GPs and primary care • The public

Equality Analysis	
What are the aims and intended effects of this work stream? Please give a brief overview	The vision for the new model of care for maternity services in Oxfordshire is underpinned by more personalised care, effective management of risk and improved preconception and postnatal care. The aim is to ensure that outcomes for women and babies are consistently improved in line with the clinical evidence base. In the new model Oxfordshire women should feel empowered to make informed choices, supported by effective early risk assessment and sufficient information to allow them to make genuine choices. Women will be firmly in control of their care with support and

	guidance from the professionals. It is accepted that with control comes responsibility and therefore it is essential that women are able to access the evidence to make the appropriate decisions. Guided by sustained continuity of care, each woman will be able to access the right part of the service for them and be cared for by the right professional.
Is any Equality or other data available relating to the use or implementation of this work stream/ function? **Please provide details, sources and relevant links.**	Yes – see above
Give full details of consultations undertaken e.g. with employees, service users, Unions, patients and patient groups or members of the public that have taken place as part of the programme. Highlight specific consultations with the 9 protected characteristic groups.	This Servcie re-design builds on the following consultation and engagement information: • CQC report on women's experience of maternity care 2010/2013/2016 • Talking Health consultation on what matters to women in maternity services, November 2014 • OUHT Maternity Consultation for the Foundation Trust application March 2015.

Equality Analysis Test:				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Protected Characteristic:	**Neutral Impact:**	**Positive Impact:**	**Negative Impact (Potential adverse impact) :**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Gender (Men and Women)		**x**		This service redesign will deliver more personalised care for all women, offering informed choice backed up by services that are delivered using the latest clinical evidence on quality and safety.
Race (All Racial Groups)			**x**	A personalised care plan will ensure that all women will be able to receive the care they require in a way that is most appropriate to their race, culture and religion. It is acknowledged that for some racial groups outcomes in pregnancy are not as good. In order to address this, the new model will ensure that women have a medical risk assessment in very early pregnancy to assess risk and plan the most appropriate options for the woman. Before pregnancy, pre-conceptual care will identify women at higher risk e.g. those with long-term conditions, previous mental illness. However, potential barriers could still exist regarding language, the ability to provide a clinician of a specified gender if requested and the

				understanding of staff in recognising and being sensitive to cultural needs. It is known that individuals from gypsy & traveller communities tend to present later to health care professionals. If this were also true for pregnant mothers from these communities then there is a risk that the important pre-conceptual and early pregnancy care and risk assessment may not be possible. The prevalence and awareness of Female Genital Mutilation (FGM) in the UK is increasing but women affected by this practice may not be aware they have been a victim or not disclose this to their healthcare professional despite the high risk FGM presents to expectant mothers.
Disability (Mental, Physical, Learning Disability and sensory disability)			**x**	The development of personalised care plans will ensure that 'reasonable adjustments' are made for all women with a disability and that they are able to be supported to make an informed choice about their care. Targeted pre-conceptual care means that all women living with one or more long-term conditions (co-morbidity) will also be offered advice before pregnancy and early medical risk assessment to ensure she is then offered the right choice of care options. It is expected that all staff receive training on Equality and

				Diversity in accordance with the NHS standard contract and that specific information is available to staff on interpreting services. However there is a risk that staff may not access this information or receive further specific information/training to fully support women with a disability.
Religion or Belief			**x**	A woman's personalised care plan will be informed by her own religion or belief system. However, it is recognised that the treatment and approach by NHS staff may inhibit this if the correct training is not received and/or a sensitive and inclusive approach is not delivered by staff.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)			**x**	The new model will be delivered consistently and regardless of sexual orientation. Pregnant women in same sex relationships should be treated equally and without prejudice but this is dependent on the understanding of staff in recognising and being sensitive to the needs of these women.
Pregnancy and Maternity		**x**		The new model will be delivered consistently to all women who are pregnant.
Marital Status (Married and Civil	**x**			The new model will be delivered consistently and regardless of marital status.

Partnerships)				
Gender re-assignment A person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. A reference to a transsexual person is a person who has the protected characteristic of gender identity.			**x**	Although it is recognised that there is only a small likelihood (given the small percentage of the population who are transgender) of a transgender man becoming pregnant, the new model of care would allow such individuals to receive the same level of care as women through their personalised care plan. However, it is acknowledged that pregnant men may experience prejudice and discrimination when trying to access services designed for women.
Age (People of all ages)	**x**			The majority of people who use maternity services are over 16 years old and under 45 years old. In the past 5 years the number of pregnant teenagers has dropped but the number of women aged 38 years and over has increased rapidly. The needs of a young pregnant woman and an older pregnant woman are different (but not less or more) and this is recognised in the personalised care planning process.
Other groups nominated by OCCG which could experience inequality of access or treatment:**Carers**	**x**			Carers and/or partners will be part of the personalised care planning process. In the future, rooms will be developed as single stay rooms called “Labour, Delivery and Recovery rooms” so that partners and carers have the option to stay with

				the woman in privacy.
Veterans	**x**			The early medical risk assessment will ensure that all veterans are identified and any existing medical conditions managed. In addition their mental health (past and present) will be assessed and if required there can be additional support put in place for their pregnancy and postnatal period. This would apply to partners who are veterans too.
Homeless	**x**			The personalised care plan and the link to social care teams will ensure that all pregnant women who are homeless, are prioritised to access safe and acceptable accommodation.
People living in socio-economic areas of deprivation			**x**	The key determinants of pregnancy outcome often relate to factors before pregnancy and wider than health such as housing and education. The new model will target pre-conceptual care to small population groups in specific local areas. Resources will be targeted to areas of deprivation where appropriate. Where outcomes are known to be worse (e.g. breastfeeding uptake) then targeted initiatives will offer support and advice. Midwives and others will be making use of the local "Make Every Contact Count" initiative by offering brief interventions around alcohol and smoking.

Sustainability: • Economic, Social and Environmental considerations in the design, procurement and commissioning of services for the people of Oxfordshire. • Delivery of an affordable healthcare service for improving population wellbeing and reducing health inequalities. • Have sustainable models of health care been considered?		**x**		Please see the new model of care.

Action Planning:				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
Race	The Provider must comply with the Equality and Diversity standard contract and provide training to all staff. Ideally training for professionals caring for pregnant women should include specific guidance for supporting (and where appropriate, reporting) cases of FGM.	**Provider (OUH)**		
Disability	The Provider must comply with the Equality and Diversity standard contract and provide training to all staff. Information should be available in 'easy read' format wherever possible and staff should be made aware of, and have access to, interpreting services such as Deaf Direct.	**Provider (OUH)**		

Religion or Belief	The Provider must comply with the Equality and Diversity standard contract and provide training to all staff.	**Provider (OUH)**		
Sexual Orientation	Staff training must include training on all protected characteristics to ensure compliance with the Equality and Diversity standard contract.	**Provider (OUH)**		
Gender Re-assignment	Staff training must include training on all protected characteristics to ensure compliance with the Equality and Diversity standard contract. Should the need arise, the Provider may need to consider amending specific policies to facilitate male access to services designed for women.	**Provider (OUH)**		
People living in socio-economic areas of deprivation	Targeted pre-conceptual care will be delivered to identified areas of the county where people are known to be living in areas of deprivation.	**Provider (OUH)**		