

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Children and Young People's Continuing Care

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	Children and Young People's Continuing Care		
EA Author	Maria Kidd	Team	Nursing - CHC
Date Started	5 th November 2018	Date Completed	17 th November 2018
EA Version	V0.2	Reviewed by E&D	17 th November 2018

What are the intended outcomes of this work? Include outline of objectives and function aims

The National Framework for Children and Young People's Continuing Care (DH 2016) provides guidance for clinical commissioning groups (CCGs) when assessing the needs of children and young people whose complex needs cannot be met by universal or specialist health services. Use of the framework establishes where a package of additional health support may be needed to meet these needs, which may arise from a disability, accident or illness.

Continuing Care (CC) eligible service users are likely to have a range of individual care and support needs relating to:

- diagnosed or an undiagnosed congenital condition
- a physical disability and/or restricted mobility
- life limiting conditions
- end of life
- profound and multiple learning disabilities
- autistic spectrum disorder
- complex and enduring mental health needs
- progressive neurological condition, such as motor neurone disease
- attention and conduct disorders
- the presentation of behaviours that can challenge services
- rare / genetic conditions

The policy aims to provide guidance and processes for the implementation of the National Framework for Children and Young People's Continuing Care. It clarifies the respective roles and responsibilities of those services and to provide an objective, transparent process that will deliver timely and consistent decisions regarding the funding of care packages for children and young people who have specific health needs that meet the NHS Continuing Care criteria.

The service specification sets out the requirements for the provision of packages of care funded by Continuing Care. The service specification will form part of the contract that the CSU (on behalf of the CCG) will hold with the care provider. This will be delivered by providers that are registered with CQC to deliver home care.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Patients - Children & Young People's aged 0-18 who are eligible for Continuing Care. (Post 18 years of age, the NHS Continuing Healthcare framework applies and uses different criteria)

2. Research		
What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
Research/Publications	Working Groups	Clinical Experts
National Framework for Children & Young People's Continuing Care	CYP continuing care operational group.	Rachel Yeates Michele Brooks Debbie Baxter Joyce Bowler Maria Kidd
	CHC Provider contracts meeting	Jazzi Chopra-Povall

3. Impact and Evidence:
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.
<p>Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:</p> <p>The National Framework for Children & Young People's Continuing Care is for Children and Young People aged 0-18.</p> <p>A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.</p> <p>Some children and young people (up to their 18th birthday), may have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury.</p> <p>These needs may be so complex, that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by clinical commissioning groups (CCGs) or NHS England. A package of additional health support may be needed. This additional package of care has come to be known as continuing care.</p> <p>Continuing care is not needed by children or young people whose needs can be met appropriately through existing universal or specialist services through a case management approach.</p>

3. Impact and Evidence:

These are the population projections for 0-18 years old for Birmingham and Solihull CCG.

Age Group	Base Year	Projection Year		Population Change			
				2014-2020		2014-2030	
				2014	2020	2030	number
0 to 18	250,347	261,749	277,453	11,401	4.55%	27,105	10.83%

There are currently 118 Children and Young People in receipt of Continuing Care across BSOL CCG.

Separate arrangements exist for adults in the National Framework for Continuing Healthcare.

The policy is inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, age etc. The assessment process is designed to establish an individual's overall level of need and whether or not the child or young person in question has complex health needs above and beyond the level that universal and specialist health services are currently commissioned to meet.

Within the policy provision and guidance is included on Transition (from children and young adults to adults Continuing Healthcare) and also a Fast Track Pathway for End of life and Crisis care.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

The policy/service specification relates to Children and Young People who have serious healthcare needs, the vast majority of whom will be disabled within the definition of the Equality Act 2010. In the Equality Act a disability means a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities. Within the service specification eligible service users are likely to have a range of individual care and support needs relating to:

- diagnosed or an undiagnosed congenital condition
- a physical disability and/or restricted mobility
- life limiting conditions
- end of life
- profound and multiple learning disabilities
- autistic spectrum disorder
- complex and enduring mental health needs
- progressive neurological condition, such as motor neurone disease
- attention and conduct disorders

3. Impact and Evidence:

- the presentation of behaviours that can challenge services
- rare/genetic conditions

Note the list is indicative and is not exhaustive.

Unlike the framework for adults, the Children and Young People's Continuing Care Framework requires a joint, consistent approach in particular, where a child or young person has a special educational need or disability (SEND), which will often be the case, then CCGs and local authorities should endeavour to coordinate the assessment and agreement of the package of continuing care, as part of the process to develop the child's Education, Health and Care plan.

The policy is inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, disability etc. the assessment process is designed to establish an individual's overall level of need and whether or not the child or young person in question has complex health needs above and beyond the level that universal and specialist health services are currently commissioned to meet.

There is no perceived difference in the benefits they will received from this policy based on their disability.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

No impact identified.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

No impact identified.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

No impact identified.

Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

No adverse impact. There are some health conditions leading to disability which are more prevalent in certain racial groups. These CYP are able to access continuing care providing they meet the criteria.

3. Impact and Evidence:

The policy is inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, race etc. the assessment process is designed to establish an individual's overall level of need and whether or not the child or young person in question has complex health needs above and beyond the level that universal and specialist health services are currently commissioned to meet.

There is no perceived difference in the benefits they will received from this policy based on their race.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

The service specification section 3.1 page 5 highlights cultural considerations as a care principle when caring for families and their children.
Staff are expected to have training in diversity, death and dying dignity and privacy (section 4.7 page 17).

The policy is inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, religion etc. the assessment process is designed to establish an individual's overall level of need and whether or not the child or young person in question has complex health needs above and beyond the level that universal and specialist health services are currently commissioned to meet.

There is no perceived difference in the benefits they will received from this policy based on their religion.

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

Within the current caseload there are 52 males and 66 females.

The policy is inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, sex etc. the assessment process is designed to establish an individual's overall level of need and whether or not the child or young person in question has complex health needs above and beyond the level that universal and specialist health services are currently commissioned to meet.

There is no perceived difference in the benefits they will received from this policy based on their gender.

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

The outcomes describe CYP expressing individuality. The policy is inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, sexual orientation etc. the assessment process is designed to establish an individual's overall level of need and whether or not the child or young person in

3. Impact and Evidence:
<p>question has complex health needs above and beyond the level that universal and specialist health services are currently commissioned to meet.</p> <p>There is no perceived difference in the benefits they will received from this policy based on their sexual orientation.</p>
<p>Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>Effective implementation for the policy and service specification should benefit families and carers, enabling them to have the optimal support in caring for their child</p>
<p>Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)</p> <p>Looked after children would be considered and have their needs met in line with other children and young people.</p>

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	
<p>How will you ensure the proposals reduce health inequalities? There will be training for health, social care and education providers to raise awareness of the National Framework and the associated policy, which should ensure that all CYP who may be eligible for continuing care are identified.</p>		

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person’s entitlement to access this service?	The implementation of the policy should ensure that the CYP entitled to this services should receive it.
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The service specification is explicit in requiring the service to provide equality of opportunity and protection, dignity and respect.

Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	The service specification is explicit in requiring the service to provide equality of opportunity and protection, dignity and respect. Additionally the service should provide a personalised and responsive service.
	How will this affect a person's right to freedom of thought, conscience and religion?	The service specification requires the provider to meet the religious, cultural and spiritual needs and wishes of service users.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The service specification is explicit in requiring the service to provide equality of opportunity and protection, dignity and respect.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The policy statement includes a requirement that children, young people and their families are actively engaged in the continuing care process. The service specification requires the service provider to provide care and support that enables autonomy and independence.
Right to Life	Will or could it affect someone's right to life? How?	Specific measures are included within the policy for children or young people who meet the criteria for children's palliative care nursing services and whose needs cannot be met by available services for a fast-track continuing care process to be followed.
Right to Liberty	Will or could someone be deprived of their liberty? How?	Deprivation of Liberty (DOLs) will be considered for those YP over 16 years

6. Social Value	
Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.	
Marmot Policy Objective	What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?
Enable all people to have control over their lives and maximise their capabilities	One of the locally defined outcomes is to promote independence, identity and sense of value for CYP.

Create fair employment and good work for all	No
Create and develop health and sustainable places and communities	No
Strengthen the role and impact of ill-health prevention	The implementation of this policy and service specification should optimise the health of the eligible CYP

7. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
Consultation with clinical experts (for the policy)	Via the CYP CC operational group	25.10.18
Consultation with clinical experts (for the service specification)	Meeting with CCG CHC team and the provider contracts meeting	13.9.18 and 8.12.18

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):

Modifications made to the service specification and policy following feedback from clinical experts. The policy was modified to make the processes clearer e.g. the (Fast Track process). The service specification was amended in defined outcomes to ensure that this reflected the clinical needs related to Children and Young People, rather than adults. In addition, the staff requirements section was amended to ensure all quality requirements were addressed.

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

Implementation of the National Framework for Children and Young People's Continuing Care which is not condition specific or dependent on diagnosis, will mean that individuals will be assessed across a range of care domains set out in the Decision Support Tool for NHS Continuing Healthcare. If found eligible, the care package commissioned for that individual will be bespoke to that individual's needs.

Use of the Decision Support Tool should result in an overall picture of the individuals needs that captures their nature, and their complexity, intensity and/or unpredictability and thus the quality and/or quantity (including continuity) of care required to meet the individual's needs.

Having considered the purpose of the policy and service specification in the context of the EA the main protected characteristic the implementation of the policy and service specification will have an impact on is CYP with a disability. This should be a positive benefit as it should enable those children who are eligible for continuing care to be identified more readily and to access the service they are entitled to through a fair and equitable process.

The policy and service specification are inclusive in its principles with no individual being treated differently on the basis of condition, diagnosis, protected characteristic. The assessment process is designed to establish an individual's overall level of need and whether or not a 'primary health need' exists.

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

Changes

The references to equality legislation both within the Policy and Service Specification are amended to reflect current legislation.

Recommendation

Service Specification – strengthen the Communication area of the ‘needs and outcomes’ table to be more explicit on the need for acting upon the Accessible Information Standard.

Recommendation

There should be no discrimination on the grounds of protected characteristics. BSol CCG is responsible for ensuring that discrimination does not occur and should use effective auditing to monitor this matter. It is recommended that this is achieved through the use of equality monitoring data to identify and address variations. Use of an equality monitoring for will assist the CCG to identify whether individuals from different groups are accessing the service on an equitable basis.

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

Reporting requirements:

- Accessible Information Standard – provider will need to demonstrate an understanding of the standard and be able to provide examples of reasonable adjustments made to meet the information and communication needs of service users and their carers.
- Translation/Interpreting Service provision – provider will need to demonstrate how they will meet the language needs of service users and their carers.
- Service User and Carer feedback – monitoring of feedback on experience of the service.
- Staff equality/cultural competency training.
- Equality monitoring results and analysis.

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):

There is procurement of the CHC and CYP CC End-to End procurement for which a separate EA has been completed.

12. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

Once the EA has been ratified by the Clinical Policy Group (4th January 2019) it will then be posted on the CCG website

Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

13. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
Quality Assured By:	<i>M K Dunne</i>	17 th November 2018
Which Committee will be considering the findings and signing off the EA?	Clinical Policy Group	4 th January 2019
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net