Equality Analysis

(Health Inequalities, Human Rights, Social Value)

NHS Continuing Healthcare Equipment Policy for Birmingham and Solihull Clinical Commissioning Groups

NHS Birmingham CrossCity Clinical Commissioning Group
NHS Birmingham South Central Clinical Commissioning Group
NHS Solihull Clinical Commissioning Group

Equality Analysis Pro-forma

1. Background

Title	NHS Continuing Healthcare Equipment Policy		
EA Author	Shaun Parrin	**Directorate**	Quality and Patient Safety
Date Started	7/7/2017	**Date Completed**	7/7/2017
EA Version	1	**Reviewed by E&D**	Bal Everitt

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

'NHS Continuing Healthcare' and NHS Continuing Care are both funding streams provided by the NHS to meet the health and social care of individuals. This means that their needs are complex, intense and unstable and as such are beyond the responsibility of the local authority.

This Policy has been developed to help provide a common and shared understanding of Birmingham and Solihull Clinical Commissioning Groups (BSol CCGs) commitments in relation to equipment for patients eligible for Continuing Healthcare and Continuing Care.

The Continuing Healthcare Equipment Policy describes the way in which the purchasing of bespoke equipment, outside of the standard equipment contract, will be facilitated and balanced with the need to ensure equity in relation to the allocation of resources.

The policy aims to:

- Inform robust and consistent care package decisions for each CCG;
- Ensure that there is consistency across the BSol area with regards to the commissioning of bespoke equipment therefore reducing health inequalities;
- Help health care providers understand how they can most effectively work with NHS bodies in this region.

The Policy will benefit patients and their carers / family / representatives who, as a result of their healthcare needs, may require bespoke equipment within the terms of the National Framework for Continuing Healthcare and Funded Nursing Care & NHS Continuing Care.

This Policy aims to detail the legal requirements and agreed course of action in meeting a patient's reasonable clinical needs, the BSol CCGs requirement for value for money and to accommodate patient requests as far as reasonably possible.

Whilst improving quality and consistency of care, this Policy is intended to assist BSol CCGs to make decisions about the most clinically appropriate care packages for patients in a robust way and thus improve financial management.

The Policy is universally applied to all individuals who are assessed for or may be eligible for assessment for NHS Continuing Healthcare for adults (over the age of 18) or Continuing Care for Children (under the age of 18). The Policy allows individuals to be supported and represented through the process by a nominated person subject

to the individuals consent.
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.
There is a relatively higher proportion of older people in Solihull with 18.8% of the population aged 65 and over compared with 16.5% in England and 17.2% in the West Midlands. This is estimated to be 22% by 2021 representing a significant challenge to health and social care services. Birmingham's population in 2011 was 1,073,045 million. It is a young population with 66% being under 44 years old. The 20-29 age group represents around 19% of the total population. People aged over 65 represents about 13% of the population. Conversely, Solihull has a more ageing population with 21% of the population above 65 years. 440,000 – 46% of the BSOL footprint population live in the bottom 10% most deprived areas in England. Life expectancy in Birmingham is lower than regional and national average. There is a variation across Birmingham wards of up to 10 years. Life expectancy for men is 77.6 years compared to a national average of 79.4 years, for women it is 82.2 years compared to a national average of 83.1 years. Birmingham has a gap in life expectancy between the most deprived and least deprived areas of 7.4 years for men and 4.9 years for women. Life expectancy in Solihull is higher than the national average; however the gap ranges by up to nearly 10 years between the best and worst wards. Life expectancy is 80.3 years for men and 84.8 years for women. Solihull has a gap in life expectancy of 10.3 years and 10.5 years for males and females respectively. There are a growing number of people with major complex and long-term health care needs and a growing elderly population living with dementia.

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
DoH National Framework for NHS Continuing HealthCare and NHS Funded Nursing Care		
DoH National Framework for NHS Continuing Care		
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15: Premises and equipment		

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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.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

Currently there is no robust data available on the participation / take up of CHC by age or any other protected characteristic. Anecdotal evidence indicates that individuals eligible for NHS CHC are predominantly older people, as this group is most likely to have health needs that have arisen because of disability, accident or illness.

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:

NHS CHC affects people who have serious healthcare needs, the vast majority of whom will be disabled within the definition of the Equality Act 2010. Any individual with an illness or disability may be entitled to a CHC or CC assessment, according to their assessed individual health needs.

The policy sufficiently has safeguards in place to protect those with no or limited mental capacity and their carers.

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

Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on gender reassignment.

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:

Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on marriage or civil partnership.

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

Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on pregnancy and maternity.

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

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Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on race or ethnicity. There are known to be wider cultural factors that can result in some communities having a different perspective on care being provided outside the family. The Postgraduate medical journal reported in 2005 that a combination of language barriers, lack of user awareness, cultural differences and differential provision from service providers resulted in poor access to healthcare among the UK's ethnic minority populations. (A Szczepura, 'Access to health care for ethnic minority populations', Postgraduate Medical Journal 2005). Individuals and their carers may require language interpretation to ensure they are fully aware of the process involved in accessing CHC or CC funding. It is the responsibility of the Provider to ensure that language interpretation needs are considered and met, as part of this process. The BSol CCGs are responsible for promoting NHS CHC or CC to the local population and providing information in a range of languages and formats to help overcome any barriers to access.
Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues: Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on religion or belief.
Sex: Describe any impact and evidence on men and women. This could include access to services and employment: Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on sex.
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: Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on sexual orientation.
Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities: Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on carers or family members. The BSol CCGs do however recognise that carers and /or family members are intrinsically involved in any decision to support a package of care, and are committed to supporting carers through offering respite / short breaks.

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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)

Eligibility for NHS CHC or CC is based upon the individuals health needs. It is recognised that different levels of education, articulacy, awareness and confidence are known to collage closely with economic status. The BSol CCGs are responsible for ensuring assessment and decision making for NHS CHC or CC is person centred and this means placing the individual, their perception of their support needs, and their preferred models of support at the heart of the assessment and care planning process.

This will affect anyone who has no leave to remain, who are excluded from accessing NHS CHC.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	Based on National DoH processes
Is there any impact for groups or communities living in particular geographical areas?	No	Based on National DoH processes
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaced?	No	Based on National DoH processes
How will you ensure the proposals reduce health inequalities? This policy improves the BSol CCGs governance arrangements for CHC or CC reflecting its duty to protect vulnerable patients.		

5. Human Rights	Yes/No	Evidence
Could this result in a person being treated in an inhuman or degrading way?	No	Based on National DoH processes
Will the person's right to respect for private and family life be interfered with?	No	Based on National DoH processes
Will someone be deprived of their liberty?	No	Based on National DoH processes
Does this respect a person's right to a fair trial?	Yes	Based on National DoH processes
Will it affect a person's right to life?	No	Based on National DoH processes
Will this affect a person's right not to be discriminated against?	No	Based on National DoH processes

Will this affect a person's right to freedom of thought, conscience and religion?	No	Based on National DoH processes
How will you ensure the proposals enhance human rights? This policy improves the BSol CCGs governance arrangements for CHC / CC reflecting its duty to protect vulnerable patients.		

6. Social Value

What additional benefit could be elicited from the specification or procurement to the benefit of the community, including any economic, social, and environmental benefits?

	Yes/No	Evidence
Does this promote training and employment opportunities for under-represented groups, for example for youth employment, women's employment, long-term unemployed, people with physical or learning disabilities	No	This policy is written to ensure the BSol CCGs offer appropriate assistance to vulnerable patients in need. Workforce development is part of this strategy.
Does this promote fair and ethical trading	No	This policy is written to ensure the BSol CCGs offer appropriate assistance to vulnerable patients in need.
Will this stimulate social integration	No	This policy is written to ensure the BSol CCGs offer appropriate assistance to vulnerable patients in need.
Will this contribute to climate change mitigation targets and to energy efficiency	No	This policy is written to ensure the BSol CCGs offer appropriate assistance to vulnerable patients in need.

How will you ensure the proposals benefit the community, including any economic, social, and environmental benefits?

Not applicable.

7. Engagement, Involvement and Consultation

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

The National Framework for NHS Continuing Healthcare and Continuing Care was developed in collaboration with the NHS Continuing Healthcare working group, with representation from the Strategic Health Authority and Local Authority. Comments were also invited from the NHS CHC Stakeholder Group (including The Association of Directors of Adult Social Services, Age UK, the Alzheimer's Society, Spinal Injuries Association, Parkinson's UK, and Marie Curie Care, along with the

Parliamentary Health Ombudsman).

The BSol CCGs will share the policy with its relevant partners and stakeholders including the Local Authority and the Provider market.

Engagement Activity	Protected Characteristic/ Group/ Community	Date

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 …..):

8. Summary of Analysis

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

Any individual with any illness or disability may be entitled to NHS CHC or CC subject to their assessed individual health needs. There is no perceived difference in the benefits that people will receive from this policy based on any protected characteristic.

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.

To ensure any language and communication support needs are met that would remove any barriers to understand the implications of this policy.

The BSol CCGs to monitor the participation in CHC and CC assessments by protected characteristic annually.

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:

This should be undertaken by the AGEM CSU who is commissioned to provide the CHC and CC service. There are defined KPI's in relation to delivery of CHC and CC.

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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):

Not applicable

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.

The Equality Analysis will be shared with the Quality and Safety Committee.

It will be published on the BSol CCGs web pages.

13. Sign Off

The Equality Analysis will need to go through a process of quality assurance and sign-off from the Manager for Equality and Diversity or Manager for Assurance and Compliance:

	Manager for Equality and Diversity/ Manager for Assurance and Compliance	Date
Quality Assured By		
Signed Off By	Bal K Everitt	
Will the EA be considered by Committee / Governing Body / SMT	Quality and Safety Committee