

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Care (Education) and Treatment Review (C(e)TR) Policy

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	Care and Treatment Review (CTR) Policy		
EA Author	Samantha Lowe, Transforming Care Programme Manager Joseph Martin, Senior Nurse, Transforming Care and Mental Health	Team	Nursing and Quality
Date Started	26 th March 2019	Date Completed	2 nd July 2019
EA Version	V0.1	Reviewed by E&D	2 nd July 2019

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

C(E)TRs were developed as part of NHS England's commitment to improving the care of people with a learning disability, autism or both in England as part of Transforming Care. CTRs are for adults who have been, or may be about to be, admitted to a specialist mental health/learning disability hospital in the NHS or independent sector.

The equivalent system of review in England for children and young people is called Care Education and Treatment Reviews or CETRs. C(E)TR is used to refer to both. Fundamentally, a C(E)TR aims to identify how each person can have the best quality of life possible, and how care and treatment can fully support this aim. In the belief that 'hospitals are not homes', a C(E)TR will consider whether the person needs to be in hospital or how this can be minimised, and how the right services can be put in place for people to live safely in their communities. In looking at the person's care and treatment it enables a view to be taken about what progress has been made in relation to this.

The aim of the C(E)TR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the person and their families are met and that barriers to progress are challenged and overcome. To this end, as well as the commissioner and a clinical expert, the panel includes an expert by experience. This may be a person with a learning disability, autism or a family carer with experience of services. It is this independent and diverse blend of expertise that makes a C(E)TR unique.

The aims of this policy is to reflect locally the national policy set out by NHS England. Care and Treatment Reviews aim to prevent unnecessary admissions and prolonged stays in hospital for individuals with learning disabilities, autism or both.

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

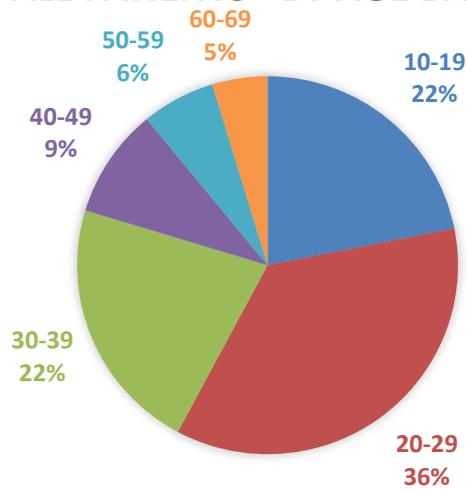
Service users (people with a learning disability, autism or both), their carers and families, staff (both CCG and from partner organisations and inpatient providers).

2. Research		
<p>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.</p>		
Research/Publications	Working Groups	Clinical Experts
NHS England's CTR Policy – March 2017		TCP Advisory Board
Building the Right Support - Developed jointly by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS)		

3. Impact and Evidence:
<p>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>
<p>Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:</p> <p>C(E)TRs aim to prevent unnecessary admissions and prolonged stays in hospitals for individuals with learning disabilities, autism or both. Where the person is aged under 18 the process is referred to as a CETR – Care Education and Treatment Review in order to fully reflect the educational component of the young person's life.</p> <p>The BSol policy relates to persons of all ages with a diagnosis of learning disability and/or autism who are facing potential admission to, or who are patients in, any specialist learning disability or mental health hospital and who are the commissioning responsibility of BSol CCG, placed in any area.</p> <ul style="list-style-type: none"> • Across the West Midlands the number of persons registered as having a LD with their GP equates to 4.79 per 1,000 of GP patients (Public Health England, 2015) • The latest prevalence studies of autism indicate that 1.1% of the population in the UK may be on the autism spectrum (National Autistic society). • Between 44% - 52% of autistic people may have a learning disability. Between 48% - 56% of autistic people do not have a learning disability. • We monitor age, disability, race and sex when undertaking CTR/CETR • We carried out 187 CTRs or LAEPS during 18-19 • We have systems to identify anyone in the community who is at risk of admission and who may need a CTR/CETR (this number varies according to circumstances). The in-patient cohort all routinely have a CTR every six months. <p>The current patient cohort demographics are:</p>

3. Impact and Evidence:

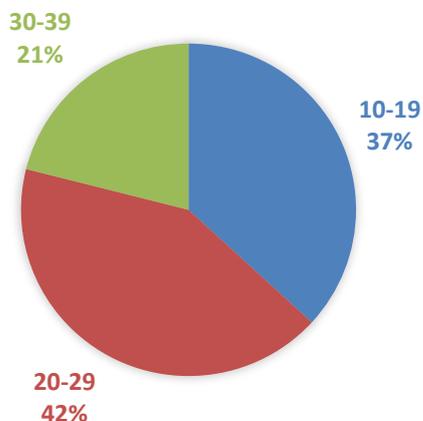
ALL PATIENTS - BY AGE BAND



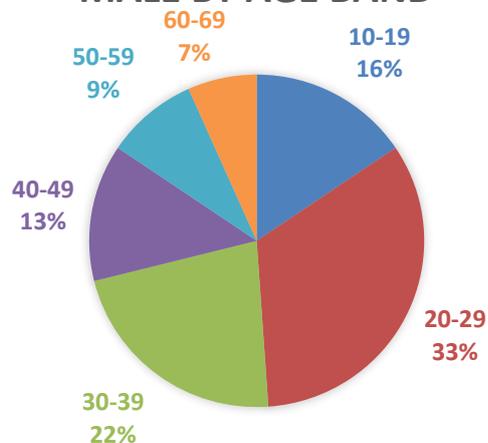
The largest group being those aged between 20 and 29; people aged between 10 and 39 make-up 80% of patients.

This can be further analysed by considering gender and age:

CURRENT PATIENTS - FEMALE BY AGE BAND



CURRENT PATIENTS - MALE BY AGE BAND



- No females aged 40 or above; 29% of males are aged 40+
- 79% of females aged between 10 and 29; 49% of males aged between 10 and 29;
- Largest group for both males and females are those aged between 20 and 29.

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:

C(E)TRs are intended to bring in additional challenge and scrutiny to existing review processes and to offer an alternative perspective or 'second opinion' about the care of patients with a learning disability, autism or both.

3. Impact and Evidence:

The review process brings together the persons responsible for commissioning and procuring services, together with service providers, independent clinical opinion, and the lived experience of people with learning disabilities and their families, in order to share perspectives. The fundamental aim of the C(E)TR process is to hear and understand the voice of the person with learning disability or autism, and by doing so to ensure that their treatment, education, wellbeing and support needs can be safely met within the least restrictive setting possible.

C(E)TRs are based on a set of principles that are summed up in the word PERSONAL:

1. **P**erson centred and family centred
2. **E**vidence based
3. **R**ights led
4. **S**eeing the whole person
5. **O**pen, independent and challenging
6. **N**othing about us without us
7. **A**ction focused
8. **L**iving life in the Community

Within **3 – Rights led** is an expectation that there is respect for one's personal life and beliefs and within **4 – Seeing the whole person** – this is looking wider than a person's mental health or how they behave. It is about seeing the whole person. Their quality of life, likes, dislikes, choices, hopes and fears.

See also the impact/evidence within Age (above).

The equality monitoring includes recording 'the category that best describes the person' with the options:

- Learning Disability only
- Learning Disability and Autistic Spectrum Condition
- Autistic Spectrum Condition only
- None of the above

Information is also recorded regarding the Mental Health Act legal status of the individual.

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

No specific impact identified; though see the principles detailed in Disability above, which would cover consent, respect, privacy and choice.

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 specific 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:

3. Impact and Evidence:

No specific impact identified.

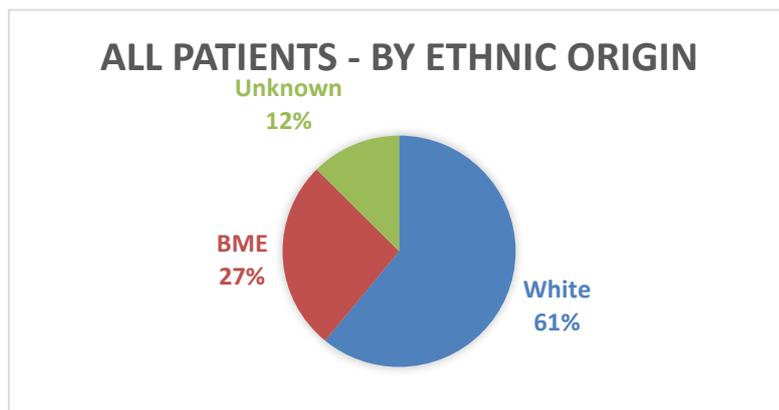
Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

No specific impact identified; though see the principles detailed in Disability above, which would cover consent, respect, privacy and choice.

In completing the C(E)TR patient demographics are collated and recorded, this include ethnic category. The document/database used for recording the information produced and managed by NHS Digital – it is noted that there isn't a category for 'prefer not to state' though there are Not Stated and Not Known options.

This data is taken from the clinical referral letter made by the referring clinician, this would be an LD/MH qualified person, generally a psychiatrist. The patient has to consent to be on the 'Assuring Transformation' database which would bring them into the Transforming Care cohort.

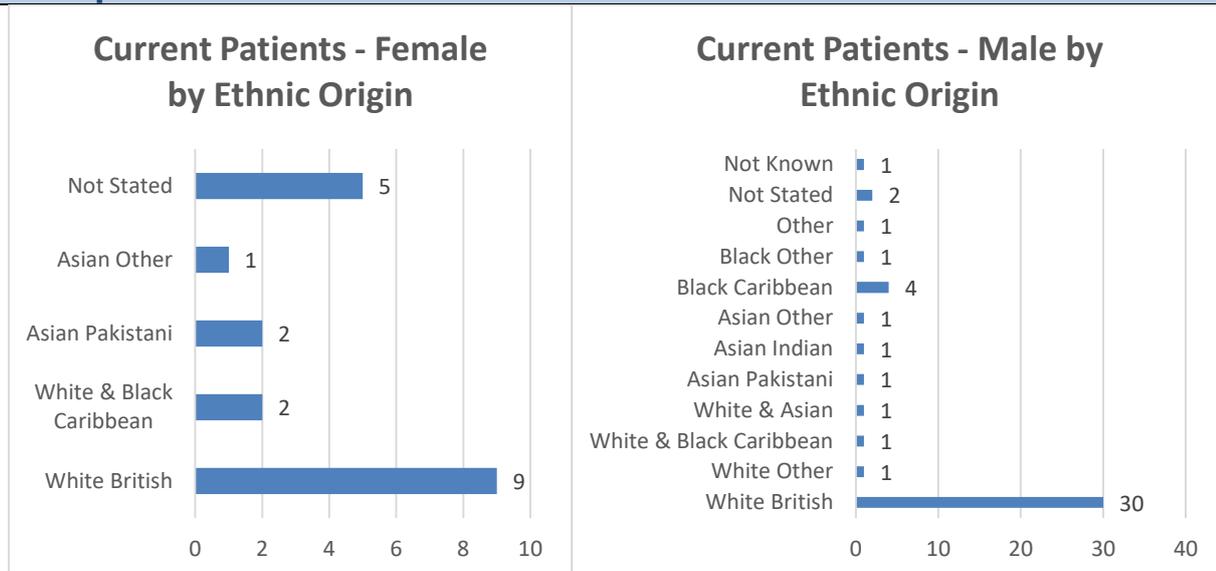
The current patient cohort data is provided in the charts below:



61% of patients are White British; 27% Black Minority Ethnic and ethnicity is unknown for 12% of patients. At the time of the last Census (2011) 37% of Birmingham and Solihull's population were from BME origins and 63% from White British origins.

The data has been further broken down into sex and ethnic origins:

3. Impact and Evidence:



The ethnic origin is unknown for just over 26% of the female patients, compared to just under 7% for males.

Nearly 12.5% of patients are from Black Caribbean/White & Black Caribbean/Black Other ethnic origin- by comparison for those same ethnic origins within Birmingham and Solihull, the 2011 Census showed that they represented 7.5% of the local population.

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

No specific impact identified; though see the principles detailed in Disability above, which would cover consent, respect, privacy, choice and beliefs.

The patient demographics form does not record religion or belief.

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

No specific impact identified; though see the principles detailed in Disability above, which would cover consent, respect, privacy and choice.

In completing the C(E)TR patient demographics are collated and recorded, this includes gender, with the following options:

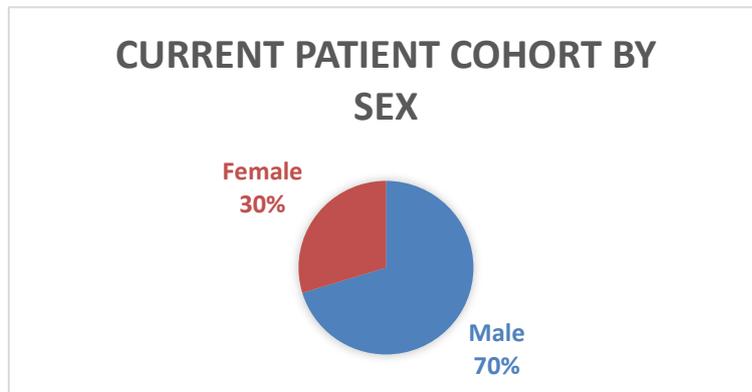
- Male
- Female
- Not known (not recorded)
- Indeterminate (unable to be classified as either male or female)

The form/document used for recording the information is produced and managed by NHS Digital – it is noted that there isn't a category for 'prefer not to state'. This data is taken from the clinical referral letter made by the referring clinician, this would be an LD/MH qualified

3. Impact and Evidence:

person, generally a psychiatrist. The patient has to consent to be on the 'Assuring Transformation' database which would bring them into the Transforming Care cohort.

The following chart of current patients demonstrates that males account for 70% of the cohort.



At the time of the last Census in 2011, males represented 49% of the population of Birmingham and Solihull.

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 CTR would seek to ensure that the services clients receive are sensitive and support, where ever possible, to the sexual orientation of clients.

The patient demographic form does not record sexual orientation.

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

The CTR is an important opportunity for carers, along with the service user, to discuss their current and future care and support needs therefore wherever possible reviews will be based on the availability of cares/ family members to ensure they have the opportunity to participate in the review.

The patient demographic form does record information on whether the patient is making use of independent advocacy, if not why not and if so, who. It also asks if members of the patient's family currently involved in discussing the patient's care plan.

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)

The CTR policy is applicable to all clients irrespective of any disadvantaged group they may or may have belonged to.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	The policy is in place to ensure oversight of our client cohort, to support progression of their care which would address any barrier that may be detrimental to their health and wellbeing.
Is there any impact for groups or communities living in particular geographical areas?	No	The policy is not limited by geographical location of clients.
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	The policy is in place to support all TCP clients.
<p>How will you ensure the proposals reduce health inequalities?</p> <p>The Policy will ensure all of TCP clients are offered a CTR which will focus on their health and social care needs to enable them to continue to live meaningful lives within the community or where in hospital to progress as quickly as possible to resettle into the community. In doing so the policy will address any needs necessary to support this being achieved in line with the Transforming Care agenda. The CTR is also an opportunity to ensure reasonable adjustments are being made to support clients to access mainstream health services including uptake of national health screening programmes and annual health checks.</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?	Through ensuring reasonable adjustments are made to allow clients to access appropriate services. By ensuring information is available in easy read formats and that the appropriate CTR representatives are present.
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?	Clients have to consent to a CTR taking place, information from the review is then held on in a secure database in line with CCG Information Governance regulations.

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?	This is the purpose of a CTR, all actions from CTRs are monitored to ensure they are progressed by the TCP team.
	How will this affect a person's right to freedom of thought, conscience and religion?	The policy should positively support clients to express their religious beliefs and ensure services are sensitive to this. It should be noted that not all clients have capacity and some clients are receiving care in secure services due to their behaviours and risk.
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?	CTRs were introduced to ensure commissioners of services were regularly visiting and discussing the health and social care needs of clients with the client and their representatives to ensure they are receiving high quality care which meets their needs.
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?	This is the purpose of a CTR being held, creating a safe environment for clients to discuss and explore their health and social care needs and wishes.
Right to Life	Will or could it affect someone's right to life? How?	It should be noted that not all clients have capacity and a number of clients are supporting within secure services due to their behaviours, some of which are self-injurious and have a high level of risk. The CTR will seek to ensure the client is being supported and cared for in a safe environment which is keeping themselves and others free from harm wherever possible.
Right to Liberty	Will or could someone be deprived of their liberty? How?	Yes, if a community CTR is held and it is felt that the need to be cared for within a hospital environment, subject to the appropriate mental health section, then yes it would deprive them of their liberty in the best interest of themselves and others.

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	The CTR policy seeks to support clients to live as independently as is appropriate. All services are commissioned to achieve this wherever possible.
Create fair employment and good work for all	Where possible clients are support to achieve employment be this on a voluntary or paid basis. This will not always be possible for certain clients within the TCP cohort.
Create and develop health and sustainable places and communities	The CTR will seek to ensure clients are empowered and support to live in the least restrictive environment, ideally within the community in line with Building the Right Support principles.
Strengthen the role and impact of ill-health prevention	The CTR is an opportunity to ensure reasonable adjustments are being made to support clients to access mainstream health services including uptake of national health screening programmes and annual health checks.

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
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):		
No engagement undertaken – this policy reflects the national NHS policy/guidance.		

8. Summary of Analysis
Considering the evidence and engagement activity you listed above, please summarise the impact of your work:
<p>This local Care and Treatment Review policy for Birmingham and Solihull Clinical Commissioning Group (BSOL CCG) is based upon the revised national guidance and should be read in conjunction with that guidance. This policy does not seek to repeat the detail of the national guidance, which is extensive. BSOL CCG will operate at all times in line with the national guidance.</p> <p>Care and Treatment Reviews aim to prevent unnecessary admissions and prolonged stays in hospital for individuals with learning disabilities, autism or both. Where the person is aged under 18 the process is referred to as a Care Education and Treatment Review (CETR) in order to fully reflect the educational component of the young person's life.</p>

CTRs and CETRs may be undertaken either in the community (with a focus on reducing the risk of admission) or as an in-patient (with a focus on promoting safe discharge at the earliest opportunity).

CTRs and CETRs are intended to bring an additional challenge and scrutiny to existing review processes and to offer an alternative perspective or 'second opinion' about the care of patients with learning disabilities and/or autism.

The review process brings together the persons responsible for commissioning and procuring services, together with service providers, independent clinical opinion, and the lived experience of people with learning disabilities and their families, in order to share perspectives. The fundamental aim of the CTR and CETR process is to hear and understand the voice of the person with learning disability or autism, and by doing so to ensure that their treatment, education, wellbeing and support needs can be safely met within the least restrictive setting possible.

The chair of the CTR or CETR for any individual where BSOL CCG has commissioning responsibility will always be a representative of BSOL CCG. CTRs and CETRs will be undertaken on the basis of the Key Lines of Enquiry and standards as per the national policy.

At the end of each CTR or CETR a written report is completed by the chair, which may contain specific actions or recommendations for the various parties involved.

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.

Recommendation 1:

Equality monitoring figures (which are currently collected, recorded and maintained) are provided as evidence of the work of the CCG in relation to equality, diversity and inclusion for the Annual Equality Report and Equality Delivery System.

Recommendation 2:

An equality and an equality analysis statement need to be included in the policy; the corporate BSol CCG statements agreed for inclusion in all policies; are as follows:

Equality Statement

The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse

needs of our population, patients and workforce, ensuring that non are placed at a disadvantage.

The policy also needs to make reference to the equality analysis, using this standard statement which forms part of the template policy form:

Equality Analysis

The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;
- Human Rights
- Known health inequalities.

This analysis also explores the potential to support the Social Value Act.

An equality analysis of this policy was undertaken on xxxx and is attached as an Appendix to this policy.

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):

Not applicable.

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. All Equality Analysis

should be recommended for publication unless they are deemed to contain sensitive information.
The Equality Analysis will be added as an appendix to the CTR Policy and will be added to our and partner organisations websites.
Following approval 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 Diversity and Inclusion or the Manager for Equality Diversity and Inclusion prior to approval from the delegated committee		
	Name	Date
Quality Assured By:	<i>M K Dunne</i>	02/07/19
Which Committee will be considering the findings and signing off the EA?	Clinical Policy Sub Group	
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