

# Equality Analysis

*(Health Inequalities, Human Rights, Social Value)*

## Children and Young People's Continuing Care – Respiratory Physiotherapy Training

**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

<b>EA Title</b>	Respiratory physiotherapy training for Children and Young Peoples with complex respiratory needs in receipt of Continuing Care		
<b>EA Author</b>	Maria Kidd	<b>Team</b>	Nursing - CHC
<b>Date Started</b>	25 <sup>th</sup> June 2019	<b>Date Completed</b>	06/08/2019
<b>EA Version</b>	V0.2	<b>Reviewed by E&amp;D</b>	07/08/2019

### **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

There are approximately 118 children across Birmingham and Solihull CCG in receipt of Continuing Care.

Within this cohort there is an increasing number of children and young people (CYP) who require long term ventilation (LTV) or non-invasive ventilation (NIV). Providers need to be compliant with LTV quality standards, as defined by WMQRS

<http://www.wmQRS.nhs.uk/news/quality-standards-for-services-providing-long-term-ventilation-for-children-young-people>.

As these CYP require intensive treatment with an ongoing need, the subsequent demand on Physiotherapy for Neuro and respiratory training continues to grow as the number and size of care packages increases. The competencies care staff require to undertake this care are specifically for the identified CYP and need to be reviewed and updated annually.

This service specification sets out the requirements for the delivery of bespoke respiratory physiotherapy training to carers relevant to the individual needs of the child/young person as prescribed in the child/ young person's Continuing Care assessment.

<b>Who will be affected by this work?</b> e.g. staff, patients, service users, partner organisations etc.
Patients - Children & Young People's aged 0-18 who have complex respiratory needs and are in receipt of a Continuing Care package of care. (Post 18 years of age, the NHS Continuing Healthcare framework applies and uses different criteria)

<b>2. Research</b>		
<b>What evidence have you identified and considered?</b> This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
<b>Research/Publications</b>	<b>Working Groups</b>	<b>Clinical Experts</b>
National Framework for Children & Young People's Continuing Care		<p>Rekel Kerr – Head of Physiotherapy (BWCH)</p> <p>Rekel has also shared this and received comments from his physiotherapy team.</p> <p>Mandy Sagoo Continuing care nurse assessor (MLCSU)</p> <p>Maria Kidd – Clinical lead CYP continuing care (Bsol CCG)</p>

<b>3. Impact and Evidence:</b>
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><b>Age:</b> Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:</p> <p>The National Framework for Children &amp; 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-</p>

### 3. Impact and Evidence:

limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury.

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.

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.

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.

**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*

### 3. Impact and Evidence:

- *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*

*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 Long Term Ventilated cohort of continuing care children and young people have particularly complex needs for which carers need bespoke training from a respiratory physiotherapist. The current process for accessing this training is inefficient resulting in delays in accessing training, which has an impact in the child or young person. This service specification allows for training to be delivered in a more timely and efficient manner, which will decrease delays in carers accessing training and so improve the outcomes these for children and young people who have significant disabilities.

**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:

<p><b>3. Impact and Evidence:</b></p>
<p>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.</p> <p>No impact identified.</p>
<p><b>Religion or belief:</b> Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:</p> <p>No impact identified.</p>
<p><b>Sex:</b> Describe any impact and evidence on men and women. This could include access to services and employment:</p> <p>Within the current caseload there are 52 males and 66 females.</p> <p>Continuing care 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. This applies equally to the cohort of children and young people who are eligible for continuing care and have complex respiratory needs.</p> <p>There is no perceived difference in the benefits they will received from this service specification based on their gender.</p>
<p><b>Sexual orientation:</b> 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:</p> <p>There is no perceived difference in the benefits they will received from this service specification based on their sexual orientation.</p>
<p><b>Carers:</b> Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>Effective implementation of the service specification should benefit families and carers, enabling them to have the optimal support in caring for their child with respect to their respiratory needs.</p>
<p><b>Other disadvantaged groups:</b> 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>

<b>3. Impact and Evidence:</b>
Looked after children would be considered and have their needs met in line with other children and young people.

<b>4. Health Inequalities</b>	<b>Yes/No</b>	<b>Evidence</b>
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><b>How will you ensure the proposals reduce health inequalities?</b></p> <p>There will be training for health, social care and education providers to raise awareness of the National Framework for Children and Young People’s continuing care, which should ensure that all CYP who may be eligible for continuing care are identified and have their health needs met.</p> <p>The training for the long term ventilation cohort of children, adhering to the quality standard referred to on page 2, will ensure that the health of these children and young people can be maximised.</p>		

<b>5. FREDA Principles/ Human Rights</b>	<b>Question</b>	<b>Response</b>
<b>Fairness</b> – Fair and equal access to services	How will this respect a person’s entitlement to access this service?	The implementation of the service specification should ensure that the CYP who have complex respiratory physiotherapy needs will received the service they are entitled to.
<b>Respect</b> – 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?	There are a range of service standards outlined in section 4 of the service specification
<b>Equality</b> – 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?	There are a range of service standards outlined in section 4 of the service specification
	How will this affect a person’s right to freedom of thought, conscience and religion?	No impact
<b>Dignity</b> – 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?	There are a range of service standards outlined in section 4 of the service specification

<b>Autonomy</b> – 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 service specification is for the training of carers delivering the care, not making decisions about the care itself
<b>Right to Life</b>	Will or could it affect someone's right to life? How?	The implementation of the service specification should ensure that the CYP who have complex respiratory physiotherapy needs will receive the service they are entitled to and optimise their right to life.
<b>Right to Liberty</b>	Will or could someone be deprived of their liberty? How?	Deprivation of Liberty (DOLs) will be considered for those YP over 16 years

<b>6. Social Value</b>	
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.	
<b>Marmot Policy Objective</b>	<b>What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?</b>
Enable all people to have control over their lives and maximise their capabilities	The implementation of this service specification should optimise the health of the eligible CYP and so maximise their capabilities
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 service specification should optimise the health of the eligible CYP

<b>7. Engagement, Involvement and Consultation</b>		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
<b>Engagement Activity</b>	<b>Protected Characteristic/ Group/ Community</b>	<b>Date</b>
Consultation with clinical experts		25.4.19, 29.5.19
Meeting with Penny Holtom from the CCG quality team		6.6.19
CCG CYP commissioning team		7.6.19
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 following feedback from clinical experts.		

The proposed KPIs were amended following discussions with the CCG quality team

## 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.

Having considered the purpose of the 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 and require carers to have competencies requiring training from a respiratory physiotherapist. This will enable them to receive the services they need without a delay.

## 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.

No changes identified

## 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:

- This service specification will be a contract variation into the BWCH contract and will be monitored through the KPI reporting.
- BWCH are already subject to equality reporting requests which cover – annual equality report, 6 months progress report, WDES, WRES, EDS2 and AIS

## 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 isn't a procurement for this service it will be added to the BWCH contract as a contract variation.

12. Publication
<p><b>How will you share the findings of the Equality Analysis?</b></p> <p>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.</p>
<p>The service specification will be presented at the September 2019 clinical policy subgroup. Once signed off the EA will then be published on the Bsol webpages</p>
<p><b>Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: <a href="mailto:bsol.comms@nhs.net">bsol.comms@nhs.net</a></b></p>

13. Sign Off		
<p>The Equality Analysis will need to go through a process of <b>quality assurance</b> by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager <b>and</b> signed-off by a delegated committee</p>		
	<b>Name</b>	<b>Date</b>
<b>Quality Assured By:</b>	<i>M K Dunne</i>	07/08/19
<b>Which Committee will be considering the findings and signing off the EA?</b>	Clinical Policy Sub Group	06/09/19
<b>Minute number (to be inserted following presentation to committee)</b>		

**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](mailto:bsol.comms@nhs.net)**