

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance located in **Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information** before completing your EIA.

## Equality Impact Assessment (EIA) - Service Specification

Please briefly describe the service

### Community Paediatric Medical Service

The aim is to provide a paediatric consultant-led service to children and young people aged 0 to 18 years (and up to 25 on a case-by-case basis) who are vulnerable due to illness, disability and/or disadvantage and who are registered with a Hull or ERY GP or a Hull /ERY resident and not registered with any GP.

This service is provided to children aged 0-18 years who have:-

- Have developmental disorders and disabilities
- Complex health needs (including end of life care)
- Behavioural presentations of neurodevelopmental disorders
- are looked after including those being subject to a plan of adoption.

Key aims of the service include:

- early diagnosis and intervention
- effective multidisciplinary and interagency interventions
- proactive management of known disabilities to prevent unnecessary exacerbation of symptoms and deterioration of condition
- reduce impact of disability on individual and family members
- reassurance and/or monitoring of progress where appropriate
- preparing medical advice for Local Authorities, including the statutory requirements for SEND (EHC Planning),

	Looked After Children and Adoption
<b>Name &amp; roles of person / people completing the EIA:</b>	Bernie Dawson, Strategic Lead for Children, Young People and Maternity
<b>Date of assessment:</b>	26.07.2019
<b>Who will be affected by this service / who will be the key beneficiaries?</b>	<p>Children aged 0-18 years and their parents/carers  This service is provided to children aged 0-18 years who have:-</p> <ul style="list-style-type: none"> <li>• Have developmental disorders and disabilities</li> <li>• Complex health needs (including end of life care)</li> <li>• Behavioural presentations of neurodevelopmental disorders</li> <li>• are looked after including those being subject to a plan of adoption.</li> </ul>
What <b>data sources</b> do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)	<p><b>Data sources:</b></p> <p><a href="http://www.hullcc.gov.uk/pls/hullpublichealth/jsna2018_s1.html">http://www.hullcc.gov.uk/pls/hullpublichealth/jsna2018_s1.html</a>  Hull JSNA 2018</p> <p><a href="https://www.bma.org.uk/-/media/Files/PDFs/.../growingupinuk_may2013.pdf">https://www.bma.org.uk/-/media/Files/PDFs/.../growingupinuk_may2013.pdf</a>  Growing up in the UK: BMA 2013</p> <p><a href="https://www.rcpch.ac.uk/sites/default/files/2018-04/state_of_child_health_2017_-_full_report.pdf">https://www.rcpch.ac.uk/sites/default/files/2018-04/state_of_child_health_2017_-_full_report.pdf</a>  State of Child Health Report RCPCH – 2017</p> <p>Hull SEND Scorecard/ DfE data (Hull City Council 2019).</p> <p>Equality analysis - The National Health Service (Charges to Overseas Visitors) Regulations 2015:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735353/equality-analysis-charges-ovs-visitors-acc.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735353/equality-analysis-charges-ovs-visitors-acc.pdf</a></p> <p><a href="https://www.rcn.org.uk/professional-development/publications/pub-">https://www.rcn.org.uk/professional-development/publications/pub-</a></p>

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## Needs and issues

What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?

### General issues

There is a higher number of children and young people registered with a Hull GP who are more likely to present with ongoing health needs including long term conditions, complex needs, developmental disorders or disability.

### Race & nationality

From the 2011 Census Hull remained at 94.1% white with 89.7% of Hull residents White British. Hull's BME population is diverse with relatively small numbers of people from a wide range of different BME groups. The child health profile (2016) evidences 17.3% of school aged children are of a minority ethnic group.

This service is provided to all children and young people irrespective of race.

However, the service does incorporate the Overseas Visitors Guidance (2017), which means that any children, young people requiring this service and are overseas visitors will be identified and charged as per the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.

Providers are required to be familiar with the guidance and note the exceptions for vulnerable groups and the DoH Equality Analysis of the Regulations.

### Disability

The majority of children and young people accessing this service have Special Educational Needs (SEN) and/or disabilities.

Current estimates suggest that there are approximately 36,600 people aged 16 - 64 with a disability in Hull; this equates to just over a fifth (21.9%) of working age people. Rates of disability are higher among females (24.3%) compared to males (19.6%). However, rates of disability in both females and males in Hull are higher than nationally (21.6% and 17.6% respectively). The majority of disability benefit claimants claim for mental and behavioural disorders including dementia, substance abuse, psychosis, depression and anxiety. (*Kingston upon Hull Data Observatory 2018*).

	<p>As of July 2018, there were 1,900 children and young people aged 0-25 with Education, Health and Care Plans. Of those 1,270 children were of school age. 5,840 children with SEN Support Plans. This equates to 17% of the school age population having special education and/or disabilities (SEND) compared with 14.6% in England.</p> <p>There has been a steady and significant increase in the number of children subject to child protection plans since 2012/13 from 330 to 553 in 2018/19. The number of children looked after has continued to rise steadily for 3 years following a period of relative stability, from 695 (March 2017) to 795 (March 2019). Looked after children often enter care with a worse level of health than their peers. They are more likely to have mental health issues, emotional disorders, hyperactivity conditions and autistic spectrum disorders (Mooney et al 2009).</p>
<b>Gender / Sex</b>	There are higher incidences of males who are classified as 'looked after' and/or diagnosed with neurodisability and neurodevelopmental conditions.
<b>Gender reassignment</b>	This service is provided to all children and young people irrespective of gender identity, in accordance with the principles of the RCN's guidance about nursing care for gender variant children and young people. (See <a href="https://www.rcn.org.uk/professional-development/publications/pub-005844">https://www.rcn.org.uk/professional-development/publications/pub-005844</a> )
<b>Sexual orientation</b>	This service is provided to all children and young people irrespective of sexual orientation.
<b>Religion or belief</b>	This service is provided to all children and young people irrespective of religion or belief.
<b>Age</b>	<p>The population of Hull is 260,240 of which 62,875 (24%) are aged 0-19 years (ONCS 2016). It is estimated there will be a rise of 4.4% of the 0-19 age population by 2025. The NHS Hull CCG GP population is circa 288,000. There are circa 3,500 births each year.</p> <p>This service is provided to all children and young people aged 0-18 years.</p>
<b>Pregnancy and maternity</b>	This service is provided to females who are pregnant and require maternity care.
<b>Marriage or civil partnership</b>	This service is provided to all young people who are married or in a civil partnership.
<b>Any other relevant groups</b> (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	<p>Using the Index of Multiple Deprivation (IMD) 2015 score, Hull is the 3rd most deprived local authority out of 326. NHS Hull CCG is ranked as having the 5th most deprived population out of the 209 CCGs.</p> <p>This service is more likely to provide care and support to children and young people who are asylum seekers and refugees and those who are socio-economic disadvantaged.</p>
<b>How has engagement informed your service specification?</b>	Engagement has taken place with the service provider. Feedback from local parents and carers has informed the development of the service specification. Any changes to the service specification that impact on other

	<p>provider services such as the LAC health service, assessment services for Autism and ADHD have been in consultation with those service providers.</p>
<p><b>How has engagement reached out to groups representing a diverse range of protected characteristics?</b></p>	<p>Engagement has been inclusive and considered the needs of protected groups.</p>
<p><b>What has been put in place to ensure the accessibility and acceptability of the service design?</b></p>	<p>This service will be delivered in the most appropriate setting, including residential facilities, the child/carers home, clinics, community facility and/or school. In this way the care is delivered in partnership with the child/young person, carers and professionals involved.</p> <p>Whenever possible clinical provision will be provided outside of the educational timetable and school, ensuring education and learning activity is not disrupted for the child/young person.</p> <p>The needs of children and young people with SEND/LAC and/or neurodisabilities/neurodevelopmental conditions are central to the design of the service. Service requires provision of translation &amp; interpretation for non-English speakers</p>
<p><b>How does service design reflect the insight gained through engagement (of different population groups)?</b></p>	<p>The service design has been in response to engagement with service users and other interdependent services.</p>
<p><b>Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?</b></p>	<p>The service specification makes specific reference to meeting the needs of children and young people with SEND/LAC and/or neurodisabilities/neurodevelopmental conditions. This includes use of interpreter and translation services, advocacy and use of appropriate communication methods personalised to the child and family's needs.</p>
<p><b>How will you feedback to the groups you have engaged about service design?</b></p>	<p>Feedback will be through existing groups including the Hull Parent Carer Forum, Children, Young People and Families Board and other relevant interrelated groups as required. Service user feedback will be used to inform service development and improvement as part of the contracting and quality process.</p>

## Follow up actions

Action required	By whom?	By when?
Review provider equality impact assessment	CCG Commissioning Lead (as part of the SDIP and contract review)	December 2019
Review this EqIA in line with provider monitoring and service user feedback	NHS Hull CCG through contracting and performance process	April 2020

## Signoff

<b>Signed off by:</b>	<b>Date:</b>		
<b>Name &amp; Role</b>	Mike Napier, Associate Director of Corporate Affairs		08.08.19
			