or more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located **in *Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information* before completing your EIA**.

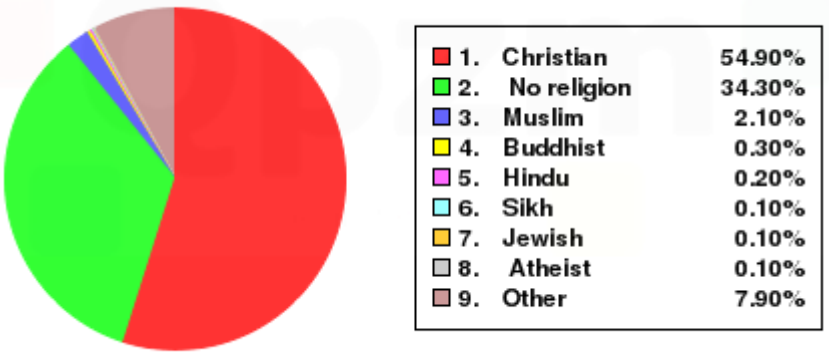
Equality Impact Assessment (EIA) - Service Specification	
Please briefly describe the service	Continuing HealthCare (CHC) and; Children & Young People's Continuing Care (CC)
Name & roles of person / people completing the EIA:	Chris Denman – Head of NHS Funded Care
Date of assessment:	02.2019
Who will be affected by this service / who will be the key beneficiaries?	Children, Young People and Adults who are eligible for NHS Funded Care
What **data sources** 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.)	The Joint Strategic Needs Assessment Brief Overview of Health, Well-Being & Risk Factors dated March 2016 estimated that 257,710 people live in Hull. Of these, 61,884 people were aged 0-19 years, 45,336 aged 20-29 years, 67,929 aged 30-49 years, 44,506 aged 50-64 years and 38,055 people were aged 65+ years
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	The current CHC/CC provider does not have fully optimized electronic recording systems in place to be able to provide detailed demographic information. A process of resolving these issues is currently underway as part of the service specification review and update – better standards of data capture and reporting are key themes of the service delivery going forwards. Over the last 24 months there have been a total of 22 CHC queries that have been brought to

	the CCG's attention. **Nature** / **Number** / **Resolved** Complaint: 5 / 5 Concern: 1 / 1< Enquiry: 1 / 1 MP Letter: 4 / 4 PALS: 11 / 11 **Total**: 22 / 22
Race	According to the JSNA source, 9 in 10 (89.7%) of Hull residents were White British, 0.2% White Irish and 0.1% White Gypsy or Irish Traveler and 4.1% White Other (94.1% White overall), 1.3% were from Mixed Black and Minority Ethnic (BME) groups, 2.4% were Asian or Asian British (including 0.8% Chinese), 1.2% were Black or Black British, 0.4% are Arabs and 0.4% from other BME groups. Overall, 6.5% of the Hull population spoke a language other than English as their main language in their own home. Almost 15% of school children in Hull were from minority ethnic groups (4,413 pupils) and English was not the first language for 2,515 (14%) primary and 1,283 (10%) secondary school pupils. According to the Hull Census 2011 the other top languages spoken in Hull are: 2.0% Polish, 0.5% All other Chinese, 0.4% Arabic, 0.3% Kurdish, 0.3% Russian, 0.3% Lithuanian, 0.3% Latvian, 0.2% Slovak, 0.2% Portuguese. Whilst the percentage of the BME population in Hull is still relatively low compared to many parts of England, there was a threefold increase (6.7 percentage points) between 2001 and 2011. Furthermore, Hull's BME population is considered diverse with relatively small numbers of people from a wide range of different BME groups. According to the 2011 Census and Hull BME Survey 2011-12, the greatest increase in BME numbers in Hull is due to increased numbers of white Europeans, mostly from Poland and other East European countries. Other groups who have more than doubled in size in the last ten years are Chinese (mostly students), African and Middle Eastern minorities.

Disability	**The medical definition of disability is often cited as a physical or mental impairment that has a significant and long-term (more than 12 months) impact on a person's ability to carry out day-to-day tasks. This includes people who are learning disabled, physically disabled, people with mental illness, sensory loss and long-term chronic conditions such as diabetes, HIV and cancer.** **Unlike the usual medical model of disability, the social model of disability is a civil rights approach and proposes that what makes someone disabled is not their medical condition but the attitudes and structures of society (see: https://www.mentalhealth.org.uk/learning-disabilities/a-to-z/s/social-model-disability).** **According to the Opinions and Lifestyle Survey 2013 more than one in three adults in Great Britain (36%) reported having a long-standing illness or disability. This number had increased slightly compared with 2012 (34%), but corresponded with levels seen over the 2005 to 2012 period.** **Locally, data obtained from the Census 2011 states that 19.6% of the Hull population believe that their day-to-day activities are limited by disability (10% 'limited a lot'; 9.6% 'limited a little').** **Hull's Adult's Health & Lifestyle Survey 2014 estimates that 28% of survey responders had an illness or disability lasting longer than one month and that limited their activities. It also estimated that 58,000 people aged 16+ years had a limiting long-term illness or disability.** **Figures sourced from Projecting Older People Population Information System estimates the following numbers of people over 65 with a disability or impairment of some kind:** • **Learning Disability: 762** • **Visual Impairment: 3,263** • **Hearing Impairment – Moderate or Severe: 15,707** • **Hearing Impairment – Profound: 402**
Gender / Sex	

	The Census 2016 estimated that the male population in Hull stood at 148,103 and the female population at144, 934. According to the Hull Joint Strategic Needs Assessment 2016, between 2012-14 life expectancy at birth was 72.2 years for men living in the most deprived fifth of areas of Hull compared to 80.6 years for men living in the least deprived fifth of areas of Hull, an absolute difference of 8.5 years with the difference remaining relatively constant since 2001-03. Life expectancy was 77.4 years among women living in the most deprived fifth of areas of Hull compared to 83.8 years for women living in the least deprived fifth of areas of Hull, an absolute difference of 6.4 years. Whilst these differences are smaller than for men, the absolute differences have increased since 2001-03 when the difference was 4.3 years, although they have been decreasing since 2009-11 when the difference was 7.0 years.
Gender reassignment	Gender reassignment generally refers to a person who has proposed, started or completed a change to his or her sex. A transsexual person has the protected characteristic of gender reassignment. A woman making the transition to being a man and a man making the transition to being a woman both share the characteristic of gender reassignment, as does a person who has only just started out on the process of changing his or her sex and a person who has completed the process. (Source: www.legislation.gov.uk) Since publication of the Trans Data Position Paper in 2009, the trans community, trans identities and gender identity matters have become more visible in society, not just in England and Wales but in many countries around the world. There have been various changes and developments around this topic, with regards to legislation and work being undertaken to support and gain further rights for the trans community. The House of Commons appointed a Women and Equalities Committee in June 2015. Their first piece of work was to conduct a Transgender Equality inquiry (https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/news-parliament-2015/transgender-inquiry-report-published-15-16/). This noted, there are currently no official statistics nationally or regionally regarding transgender populations. However, GIRES (Gender Identity Research and Education Society – www.gires.org.uk) has estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the

	individual gender identity clinics, to anticipate that the gender balance may eventually become more equal. Specific to Hull, recent figures released by the Home Office have shown a rise in the levels of hate crime against the LGBT community. Between April 2017 and March 2018, police dealt with 37 incidents of this nature as opposed to 25 in the same period the year prior.
Sexual orientation	This category refers to a person's sexual identity in relation to the gender to which they are attracted. This includes lesbian, gay and bi-sexual and heterosexual people. There are no official statistics for how many lesbian, gay, bisexual or transgender (LGBT) people live in Hull. However, the Government estimates that 5% of the national population is LGBT. According to the East Riding County Council's Equality & Diversity Knowledge Management Toolkit 2014, LGBT people have higher levels of particular health conditions including depression and anxiety than heterosexual people, whilst experiencing more difficulty accessing mainstream mental health services. Research indicates that same sex domestic violence is as common as among hetero-sexual couples (See, for example, Elliot, 2008; Duke, 2009)
Religion or belief	According to the Office for National Statistics despite falling numbers in 2011 Christianity remained the largest UK religion with 59.3% of the population identifying themselves as such. Muslims made up the second largest religious group with 4.8% of the populace. Specific to Hull, the Census 2011 identified that 54.9% of the population was made up of Christians 34.3%, No religion 2.1%, Muslim, 0.3%, Buddhist, 0.2% Hindu, 0.1% Sikh, 0.1% Jewish and 0.1% Atheist. 18,405 people did not state a religion, 935 people identified as a Jedi Knight and 41 people said they believed in Heavy Metal.



Age

The Census 2011 estimates that the average age of people in Hull is 37, while the median age is lower at 36, compared to 39 nationally. As stated in the Hull Data Observatory, Hull's population remains skewed towards young people. The largest five year age group in Hull is 25 - 29 year olds compared to 45 - 49 years nationally. In the over 65 year age group, it is estimated that there are 20,585 male and 24,244 females in this cohort.

The latest Office for National Statistic's Population Projections estimate that Hull's population is likely to increase from 260,035 to 267,116 between 2016 and 2041; an increase of 7,081 (2.7%).

The number of young people (aged 0 - 15) will remain relatively unchanged between 2016 and 2041; decreasing by 1,463 (2.9%) from 50,760 to 49,297.

The number of working age people (aged 16 - 64) is expected to decrease by 4,966 (2.9%) from 170,784 to 165,818.

The number of older people (aged 65+) is expected to increase significantly by 13,514

	(35.1%) from 38,491 to 52,005.
Pregnancy and maternity	The Office For National Statistic's Conceptions in England & Wales: 2017 states that the estimated number of total conceptions in England and Wales decreased by 1.8% to 847,204 from 863,106 in 2016. This was the largest decrease since 2012 when the estimated number of conceptions decreased by 2.7% compared with 2011. Since 2008, the under-18 conception rate for England has fallen every year, a total decrease of 57.0% when compared with 2007. Similarly, the under-18 conception rate for Wales has fallen each year since 2007 and has decreased by 55.2% when compared with 2006. The under 18 conception rate (per 1,000 females aged 15 - 17) in Hull is currently 30.6; the lowest level on record and a 64% reduction since the council launched its teenage pregnancy strategy in 1998. However, the current rate in Hull remains significantly higher than the national rate (18.8 per 1,000 females aged 15 - 17) and is amongst the highest in England and Wales (Hull Data Observatory). Notably, the under 16 conception rate (per 1,000 females 13 - 15) in Hull is 4.8; higher than the national figure of 3.0 The 10 areas with the highest under-18 conception rates in 2017 compared with 2016 and 1998 England and Wales

Rank	Local authority	Conception rate per thousand women aged 15 to 17 2017	2016	1998
1	Middlesbrough	43.8	36.5	66.5

	2	St Helens	37.1	22.6	55.5
	3	Halton	34.9	26.2	47.1
	4	Hartlepool	33.2	34.9	75.6
	5	North East Lincolnshire	33.2	33.1	69.8
	6	Blackpool	32.9	34.6	64.8
	7	Hyndburn	32.8	36.7	71.8
	8	Kingston upon Hull, City of	32.7	30.6	84.6
	9	Norwich	31.3	27.3	53.7
	10	Salford	30.7	31.5	61.5

Source: Office for National Statistics – Conceptions in England and Wales: 2017

Marriage or civil partnership

Data from the Office of National Statistics: Marriages in England & Wales 2015 indicates that there were 18,049 Civil Partnerships in England and Wales between 2008-2010 – 52% men and 48% women.

There were 239,020 marriages between opposite-sex couples in 2015, a decrease of 3.4% from 2014 when there 247,372 marriages, and 0.8% lower than in 2013.

In 2015 there were 6,493 marriages between same-sex couples, 56% were between female couples; a further 9,156 same-sex couples converted their civil partnership into a marriage.

Among opposite-sex couples, more women than men married at ages under 30; at ages 30 and over, more men married. This pattern, which has been recorded since 1997, reflects that on average, men tend to form relationships with women younger than themselves.

Among same-sex couples, more women than men married at ages under 45; at ages 45 and over, more men married. In 2013, prior to the introduction of marriages for same-sex couples, more women than men entered a civil partnership at ages under 40, while at ages 40 and over, more men formed a civil partnership.

Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	The Indices of Deprivation are a measure of relative deprivation; that is they tell us how deprived one area is compared to another, but not the extent of deprivation. Not all individuals within a geographical area will be equally deprived or affluent. Of 326 local authorities in England: Hull ranks as the 3rd most deprived local authority under the Index of Multiple Deprivation. Hull ranks as the 4th most deprived local authority under the Income domain (including 6th most deprived for income deprivation affecting children and 13th most deprived for income deprivation affecting older people). Hull ranks as the 6th most deprived local authority under the Employment domain. Hull ranks as **the most deprived** local authority under the Education, Skills and Training domain. Hull ranks as the 32nd most deprived local authority under the Health and Disabilty domain. Hull ranks as the 11th most deprived local authority under the Crime domain. Hull ranks as the 120th most deprived local authority under the Barriers to Housing and Services domain. Hull ranks as the 32nd most deprived local authority under the Living Environment domain. In Hull: 15,877 households are classed as in fuel poverty. This equates to 13.8% of all households, compared to 11.1% nationally. In Hull:

	14,430 children under 16 live in poverty. This equates to 27.4% of all children under 16, compared to 17.0% nationally. 11,395 children under 16 live in families in receipt of out of work benefit. 3,040 children under 16 live in families with a reported income less than 60% of national median income.
How has engagement informed your service specification?	The current level of engagement has been isolated to stakeholder level, in this instance that includes; the CCG and internal teams, the LA Adult Social Care (ASC) and Children and Young People (CYP) departments, and the current contracted provider of CHC and CC – City Health Care Partnership (CHCP). At the time of drafting the service specification discussions have taken place to look at the opportunity to facilitate and co-ordinate a service user group, to ensure engagement is meaningful. The aim is to establish a group who can support and test the implementation of the proposed service specification and going forwards support from a QA perspective with measuring the effectiveness and impact of the new service specification from a patient perspective.
How has engagement reached out to groups representing a diverse range of protected characteristics?	Currently opportunities have been limited, however, a plan is in place to develop dedicated service user involvement/engagement group *(NHS Funded Care Partnership Group)* for the purpose of mobilising the service specification and to ensure that the provider actively seeks engagement and feedback from the patients they support from a longer-term Quality Assurance (QA) perspective.
What has been put in place to ensure the accessibility	The Health and Social Care Act 2012 introduced the first legal duties about

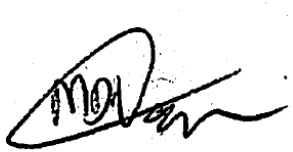
and acceptability of the service design?	health inequalities. It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require the bodies to have due regard to reducing health inequalities between the people of England. The Act also brought in changes for local authorities on public health functions. The Equality Act 2010 established equality duties for all public sector bodies which aim to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty. Section 149(1) of the Equality Act 2010 puts various requirements on NHS organisations when exercising their functions. The general duty requires NHS organisations to have due regard to: eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act. The Accessible Information Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. This includes making sure that people get information in different formats if they need it, such as large print, braille, easy read, and via email. As part of the standard organisations that provide NHS or social care must do five things: • Ask people if they have any information or communication needs, and find out how to meet their needs • Record those needs in a set way (where appropriate) • Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how these should be met (where appropriate) • Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to

	do so Act to make sure that people get information in an accessible way and communication support if they need it.
How does service design reflect the insight gained through engagement (of different population groups)?	It does not yet – it cannot be tested until the service user group has been formed – has a clear ToR and is able to inform, co-produce and review the effectiveness of the service by owning the EQIA
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?	Not beyond the requirement of clear policies and procedures that can be provided and communicated to all ensuring that peoples expectations of the service are in line with the national framework and the CCG's own vision of NHS Funded Care
How will you feedback to the groups you have engaged about service design?	By developing the NHS Funded Care Partnership group – feedback and engagement will not be exclusive just to the service specification it will ensure that all aspects of this spec and its future delivery are measured by the ongoing feedback of the service user group.

Follow up actions

Action required	**By whom?**	**By when?**
CHCP – the provider to review its current data collection and advise the CCG on how it intends to capture collate and provide detailed demographic information about the population who use these services.	The CHCP provider with support Chris Denman	October 2019
To develop and set up with practical responsibilities a dedicated service user group – NHS Funded Care Partnership Group	The CHCP provider with support Colin Hurst/Chris Denman	October 2019

EqIA to be reviewed, incorporating local data and insight gained from service user group	Chris Denman	April 2020

Signoff			
Signed off by: **Name & Role**	 Mike Napier, Associate Director of Corporate Affairs	**Date**:	24.05.19