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 Children's Nursing Service  This specification embraces both the changes in complexity of need and the transition continuum requirements for children and young people aged 0 – 18 years (up to 19 years for young people in further education/special school and up to 25 years on a case-by-case basis), who present with acute illness, are diagnosed with a long-term condition or disability, or who require palliative and end of life care.	
	The aim of the CCN service is to provide out of hospital care to children and young people who are registered with a Hull/ERYGP and/or attend a Hull/ERY School within the following five care groups:- Children and young people with: 1. Acute and short-term conditions (part of the urgent / unscheduled care pathway); 2. Long-term conditions 3. Disabilities and complex health needs, including those requiring continuing care 4. Continence Care including Assessment and review of children requiring continence products 5. Life-limiting conditions including those requiring palliative and end-of-life care.	
Name & roles of person / people completing the EIA:	Bernie Dawson, Strategic Lead for Children, Young People and Maternity	
Date of assessment:	26.07.2019	
Who will be affected by this service / who will be the key beneficiaries?	Children aged 0-18 years and their parents/carers	

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.)

## Data sources:

http://www.hullcc.gov.uk/pls/hullpublichealth/jsna2018\_s1.html Hull JSNA 2018

https://www.bma.org.uk/-

 $/media/Files/PDFs/.../growingupinuk\_may 2013.pdf$ 

Growing up in the UK: BMA 2013

https://www.rcpch.ac.uk/sites/default/files/2018-04/state\_of\_child\_health\_2017 - full\_report.pdf State of Child Health\_Report RCPCH - 2017

Hull SEND Scorecard/ DfE data (Hull City Council 2019).

https://www.rcn.org.uk/professional-development/publications/pub-005844

Fair care for trans patients

An RCN guide for nursing and health care professionals Second edition

## **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.
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).

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.

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).

National research indicates that 7% of the 0 to 19 year old population is classified as disabled, although a relatively small number would require support from a Community Children's Nursing (CCN) service.

Over the last five years there have been significant advances in medical interventions that have led to an increase in the number of children surviving the neonatal period and being discharged from hospital with highly complex health needs, requiring specialist care and support from services such as community children's nursing service.

The Department of Health stated in 2007, of those conditions likely to require palliative care in England, around 7,000 (74%) of those under 20 years (excluding neonates) died in hospital, 1,800 (19%) died at home and 390 (4%) died in hospices. It also identified that an estimated 63% of children and young people requiring palliative care have a need for social care services (11,000 children/young people aged between 0-19).

#### Gender / Sex

There are higher incidences of males who are classified as 'looked after' and/or diagnosed with neurodisability and neurodevelopmental conditions.

# **Gender reassignment**

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.		
Sexual orientation	This service is provided to all children and young people irrespective of sexual orientation.		
Religion or belief	This service is provided to all children and young people irrespective of religion or belief.		
Age	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.		
	This service is provided to all children and young people aged 0-18 years.		
Pregnancy and maternity	This service is provided to females who are pregnant and require maternity care.		
Marriage or civil partnership	This service is provided to all young people who are married or in a civil partnership.		
Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	This service is more likely to provide care and support to children and young people who are asylum seekers and refuges and those who are socio-economic disadvantaged.  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.		
How has engagement informed your service specification?		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 provider services such as the Community Paediatric Medical Service and Continuing Care Services have been in consultation with those service providers.	
How has engagement reached out to groups representing a diverse range of protected characteristics?		Engagement has been inclusive and considered the needs of protected groups.	
What has been put in place to ensure the accessibility and acceptability of the service design?		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.	

	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.
How does service design reflect the insight gained through engagement (of different population groups)?	The service design has been in response to engagement with service users and other interdependent services.
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?	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.
How will you feedback to the groups you have engaged about service design?	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.

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

Signed off by:		Date:	08.08.19
Name & Role	Associate Director of Corporate		
	Affairs		