

Equality Impact Assessment Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (mark with an 'X' in the right-hand column)

Herefordshire & Worcestershire STP	
Worcestershire Acute Hospitals NHS Trust	
Herefordshire & Worcestershire Health and Care NHS Trust	
Herefordshire Council	
Worcestershire County Council	
Wye Valley NHS Trust	
Herefordshire & Worcestershire CCG	X
Other (please state)	

Name of lead for activity	<u>Jane Lodwig</u>
Details of individual(s) completing this assessment, please include name, job title and email contact	Associate Director of Nursing jane.lodwig@nhs.net
Date assessment completed	<u>08/12/2021</u>

Section 2

[Title]

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	CHC 'Working in Partnership' Policy
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<p>What is the aim, purpose and/or intended outcomes of this Activity?</p>	<p>The delivery of an effective and efficient CHC service is a statutory responsibility of the CCG and the purpose of this policy is to set out the CCGs approach to the delivery of this service, working in partnership with Local Authority colleagues.</p> <p>At the heart of the National Framework is the process for determining whether an individual is eligible for NHS Continuing Healthcare or NHS-funded Nursing Care. An individual is eligible for NHS Continuing Healthcare if they have a 'primary health need'. This is a concept developed by the Secretary of State to assist in determining when the NHS is responsible for providing for all of the individual's assessed health and associated social care needs.</p> <p>In order to determine whether an individual has a primary health need, a detailed assessment and decision-making process must be followed, as set out in the National Framework. Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for commissioning a care package that meets the individual's health and associated social care needs.</p> <p>The National Framework is underpinned by Standing Rules Regulations issued under the National Health Service Act 2006. These regulations, referred to henceforth as the Standing Rules, require Clinical Commissioning Groups (CCGs) to have regard to the National Framework. The National Framework takes account of legislative changes brought about by the Care Act 2014, which preserves the existing boundary and limits of local authority responsibility in relation to the provision of nursing and/or healthcare. The individual, the effect their needs have on them, and the ways in which they would prefer to be supported should be kept at the heart of the process. Access to assessment, care provision and support should be fair, consistent and free from discrimination.</p> <p>This is an operational policy that sets out the CCG's role and responsibilities for the delivery of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. It outlines the process for determining eligibility for NHS Continuing Healthcare funding and the procedures to be followed.</p> <p>The policy also sets out the responsibilities of the CCG in those situations where there is no eligibility for NHS Continuing Healthcare and for the management of disagreements that may arise as a result of NHS Continuing Healthcare eligibility-related decisions.</p> <p>In addition, the policy describes the way in which the CCG will commission care to meet needs in a manner</p>
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	<p>that reflects patient choice and preferences, whilst balancing the requirement to stay within the set financial limit allocated by NHS England to the organisation.</p> <p>The policy applies to all NHS Continuing Healthcare applications for adults 18 years or older who are registered with a General Practice in Herefordshire and Worcestershire or who are resident within the CCG boundary and are not registered with a General Practitioner elsewhere or where the CCG retains commissioning responsibility for an individual placed outside that boundary. It includes all care groups.</p> <p>This policy does not apply to children for whom the National Framework for Children and Young People's Continuing Care (2016) applies. It is acknowledged that, at times, joint working may be required to support an adult who has parenting responsibilities and care needs in line with relevant legislation.</p> <p>NHS Herefordshire and Worcestershire CCG is the organisation that is responsible and accountable for system leadership for NHS Continuing Healthcare within the local health and social care economy. The CCG's role and responsibilities are as follows:</p> <ul style="list-style-type: none"> - Ensuring delivery of, and compliance with, the National Framework for NHS Continuing Healthcare. - Promoting awareness of NHS Continuing Healthcare. - Establishing and maintaining governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages. - Ensuring that assessment mechanisms are in place for NHS Continuing Healthcare across relevant care pathways, in partnership with the local authority as appropriate. The Standing Rules require CCGs to consult, so far as is reasonably practicable, with the relevant social services authority before making a decision on a person's eligibility for NHS Continuing Healthcare. - Making decisions on eligibility for NHS Continuing Healthcare, in partnership with Local Authorities. - Identifying and acting on issues arising in the provision of NHS Continuing Healthcare. - Commissioning arrangements, both on a strategic and an individual basis. - Having a system in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages. - Sharing relevant data and information with Local Authority partners within the limits of the relevant data sharing agreements. - Implementing and maintaining good practice. - Ensuring that quality standards are met and sustained.
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	<ul style="list-style-type: none"> - Ensuring training and development opportunities are available for practitioners, in partnership with the local authority. - Having clear arrangements in place with other NHS organisations <p>The policy sets out the responsibilities of the CCG to deliver the CHC National Framework as set out by NHSE. This is a mandated and monitored process which includes formal consent, referral, assessment, decision, verification of that decision and the operational delivery of any required service.</p> <p>The key principle underpinning this policy is that all individuals for whom a CCG is responsible have fair and equitable access to NHS Continuing Healthcare. It should be noted that all individuals registered with a Herefordshire and Worcestershire GP (regardless of their eligibility for CHC) have the access to universal NHS services.</p> <p>Other principles are:</p> <ul style="list-style-type: none"> • The individual's informed consent will be obtained before starting the process to determine eligibility for NHS CHC. If the individual lacks the mental capacity either to refuse or consent, a 'Best Interests' decision should be taken and recorded in line with the Mental Capacity Act (2005) as to whether to proceed with assessment for eligibility for NHS Continuing Healthcare. A third party cannot give or refuse consent for an assessment of eligibility for Continuing Healthcare on behalf of a person who lacks capacity, unless they have valid and applicable Lasting Power of Attorney for Health and Welfare, or have been appointed as a Deputy by the Court of Protection for Health and Welfare. Where Lasting Power of Attorney for Health and Welfare exists, a copy of this should be obtained and submitted with checklist. This consent will need to encompass permission to undertake the NHS Continuing Healthcare assessment process and also to the 'sharing and processing of data' (i.e. sharing relevant personal information between professionals in order to undertake the eligibility assessment for NHS Continuing Healthcare and, where appropriate, for audit and monitoring of decisions. • Health and social care professionals will work in partnership with individuals and their representatives throughout the process. • All individuals and their representatives will be provided with information to support them to participate as fully as possible in the process.
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	<ul style="list-style-type: none"> • The CCG supports the use of independent advocacy for individuals through the process of application for NHS Continuing Healthcare, where this is appropriate. • The process for decisions about eligibility for NHS Continuing Healthcare will be transparent for individuals and their representatives and for partner agencies. Once an individual has been referred for and is eligible for a full assessment for NHS CHC, all assessments will be undertaken by the Multi-Disciplinary Team (MDT). • The Decision Support Tool (DST) will be completed using all of the relevant and contemporaneous information available, ensuring a comprehensive multi-disciplinary assessment of an individual's health and social care needs. <p>The DST has been developed to aid consistent decision making and supports the practitioner in identifying the individual's needs. This, combined with the practitioner's own experiences and professional judgement, should enable them to apply the primary health needs test in practice.</p> <p>The Framework explicitly states "It is important to establish at the outset whether the individual has any particular communication needs and, if so, how these can be addressed. If English is not their first language an interpreter may be required, or if they have a learning disability the use of photographs, pictures or symbols may be helpful to support communication.</p> <p>Hearing difficulties are often exacerbated where there is background noise (so a quiet room might be needed), and many older people in particular struggle to use any hearing aid they may have. If the individual uses British Sign Language (BSL) it will be necessary to arrange for a BSL interpreter, which may have to be booked well ahead. CCGs should consider the most likely communication needs to arise in the course of assessing for NHS Continuing Healthcare and make ongoing arrangements for appropriate support to be readily accessible. This could be, for example, by having arrangements with identified formal interpreters to be available at short notice. Preferred methods of communication should be checked with the person or their relatives, friends or representatives in advance.</p> <p>Where a person has specific communication needs such that it takes them longer than most people to express their views, this should be planned into the time allocated to carry out their assessment.</p> <p>Reasonable adjustments may need to be made (in accordance with the Equalities Act 2010) to enable the individual or their representative to fully participate in the process. For example, if the individual or their representative is not able to take or read written notes it</p>
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	<p>may be considered a reasonable adjustment for them to take an audio recording of a meeting which they can refer to at a later date. However, it is important to be mindful of confidentiality issues and for an explicit agreement to be reached regarding the purpose and use of the recording. This is particularly important when a third party is recording the meeting rather than the individual concerned. In these circumstances either the individual concerned should give consent or, if they lack capacity, a best interest decision should be made by the professional chairing or leading the meeting.</p> <p>The overall approach to carrying out the assessment is of equal importance in terms of accessibility to the technical arrangements that are put in place. Many people will find it easier to explain their view of their needs and preferred outcomes if the assessment is carried out as a conversation, dealing with key issues as the discussion naturally progresses, rather than working through an assessment document in a linear fashion. It is important that the person's own view of their needs is given due regard alongside professional views".</p>
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Who will be affected by the development & implementation of this activity? (mark with an 'X' in

Service user	<u>X</u>
Patient	<u>X</u>
Carers	<u>X</u>
Staff	<u>X</u>
Communities	<u>X</u>
Other (please state)	

This is a... (mark with an 'X' in the right-hand column)

Review of an existing activity	<u>X</u>
New activity	
Planning to withdraw or reduce a service, activity or presence?	

<p>What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.</p>	<p>This is a refreshed policy which has been co-written with representatives from both Hereford and Worcestershire Local Authorities and which has been reviewed by their relevant legal teams.</p> <p>This policy should be read in conjunction with the:</p> <ul style="list-style-type: none"> • The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, incorporating the NHS Continuing Healthcare Practice Guidance (Department of Health & Social Care, 2018, revised); 20181001 National Framework for CHC and FNC - October 2018 Revised (publishing.service.gov.uk) • Who Pays? Determining responsibility for payments to providers (NHS England 2020); Who-Pays-final-24082020-v2.pdf (england.nhs.uk) • The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended): The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (legislation.gov.uk)
<p>Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)</p>	<p>The Framework itself had extensive engagement by NHSE- as we are required to implement it locally, there has not been patient engagement in the development of the operational policy. There will be in the related Choice and Equity policy which is under development.</p>
<p>Summary of relevant findings</p>	<p>As above</p>

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X			<p>This policy applies to all NHS Continuing Healthcare applications for adults 18 years or older who are registered with a General Practice in Herefordshire and Worcestershire or who are resident within the CCG boundary and are not registered with a General Practitioner elsewhere or where the CCG retains commissioning responsibility for an individual placed outside that boundary. It includes all care groups.</p> <p>This policy does not apply to children for whom the National Framework for Children and Young People's Continuing Care (2016) applies. It is acknowledged that, at times, joint working may be required to support an adult who has parenting responsibilities and care needs in line with relevant legislation.</p> <p>This is an inclusive, transparent policy which sets out how the CCG will assess eligibility and commission care for all eligible individuals. Eligibility is clearly described in the NHS CHC Framework and equality and fair access to services is at the heart of this document.</p>
Disability	X			<p>Under the Equality Act 2010, a person is deemed to have a disability if:</p> <ul style="list-style-type: none"> • They have a physical or mental impairment • The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities <p>Where a person has been assessed to have a "primary health need", they are eligible for NHS Continuing Healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs from the assessment process. Where an individual has a primary health need, the NHS is responsible for providing for all of that individual's assessed health and associated social care needs. This will include accommodation, if that is part of the overall need.</p>

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				<p>Consideration of primary health need includes consideration of the characteristics of need – this includes physical, mental health or psychological needs. People with physical/mental long term health conditions or disabilities may therefore be more likely to meet the eligibility criteria for CHC and this policy should positively impact this group as it ensures they are able to access care that meets their needs.</p> <p>The totality of the overall needs of patients and the effects of the interaction of needs will be carefully considered when completing the Decision Support Tool (DST).</p> <p>The MDT will make a recommendation as to whether or not the individual has a primary health need and is eligible for NHS Continuing Healthcare (CHC). The rationale for the recommendation should be recorded.</p> <p>As per Framework requirements the recommendations available to the MDT at DST are as follows:</p> <ul style="list-style-type: none"> • Individual has primary health need - Eligible for CHC • Individual does not have a primary health need - Not eligible for CHC • Individual does not have a primary health need but the individual has specific needs (nature and levels of need to be identified in the DST) which are beyond the power of the LA to meet on its own - Not eligible for CHC but a joint package of care is indicated. This may require further discussions to agree funding responsibilities for each organisation and will be referred to and resolved at Quality Assurance Panel (QAP). • Individual does not have a primary health need but is assessed as having the need for care from a registered nurse and those needs are most appropriately met in a care home with

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				<p>nursing - Not eligible for CHC but awarded NHS-funded Nursing Care (FNC).</p> <p>The eligibility recommendation from the MDT will be verified in order to facilitate completion of the decision-making process within the 28-day timescale. An individual only becomes eligible for NHS Continuing Healthcare once a recommendation regarding eligibility has been verified by the CCG. Prior to that decision being made, any existing arrangements for the provision and funding of care should continue, unless there is an urgent need for adjustment.</p> <p>The Fast Track application is there to ensure that individuals who have a “rapidly deteriorating condition, that may be entering a terminal phase” get the care they require as quickly as possible. No other criterion need be fulfilled. (Fast Track applications will be funded from the date of the introduction of the agreed package of care.)</p> <p>Where individuals are found to be newly eligible for NHS Continuing Healthcare, funding will be agreed from the date of the verification decision on eligibility or from day 29 from the date of receipt of the Checklist, whichever is the earlier.</p> <p>If NHS Continuing Healthcare is under consideration a Checklist should normally be completed. Such screening should take place at the right time and location for the individual and when the individual’s ongoing needs are known. There will be many situations when it is not necessary to complete a Checklist, for example, when it is clear to health and social care practitioners that there is no need for NHS Continuing Healthcare at this point in time. Such decisions should be recorded, along with the rationale for the decision. Access to assessment, decision-making and provision should be fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief, or type</p>

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				<p>of health need (for example, whether the need is physical, mental or psychological). Assessments of eligibility for NHS Continuing Healthcare and NHS-funded Nursing Care is organised so that the individual being assessed and their representative understand the process and receive advice and information that will maximise their ability to participate in the process in an informed way. Decisions and rationales that relate to eligibility should be transparent from the outset for individuals, carers, family and staff alike</p> <p>This is an inclusive, transparent policy which sets out how the CCG will assess eligibility and commission care for all eligible individuals. Eligibility is clearly described in the NHS CHC Framework and equality and fair access is at the heart of this document.</p>
Gender Reassignment		X		<p>This policy sets out how the CCG will assess eligibility and commission care. There are currently no identified impacts on this group. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. The process to determine eligibility is clearly described in the NHS CHC Framework and equality and fair access is at the heart of this document. Adults in this group will be assessed for CHC where they have an ongoing need for skilled medical or clinical care.</p>
Marriage & Civil Partnerships		X		<p>This policy sets out how the CCG will assess eligibility and commission care. There are currently no identified impacts on this group. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. The process to determine eligibility is clearly described in the NHS CHC Framework and equality and fair access is at the heart of this document. Adults in this group will be assessed for CHC where they have an ongoing need for skilled medical or clinical care.</p>

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity		X		<p>This policy sets out how the CCG will assess eligibility and commission care. This policy sets out how the CCG will assess eligibility and commission care.</p> <p>This policy does not apply to children for whom the National Framework for Children and Young People's Continuing Care (2016) applies. It is acknowledged that, at times, joint working may be required to support an adult who has parenting responsibilities and care needs in line with relevant legislation.</p>
Race including Traveling Communities		X		<p>This policy sets out how the CCG will assess eligibility and commission care. There are currently no identified impacts on this group. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. The process to determine eligibility is clearly described in the NHS CHC Framework and equality and fair access is at the heart of this document. Adults in this group will be assessed for CHC where they have an ongoing need for skilled medical or clinical care.</p> <p>The Framework explicitly states "It is important to establish at the outset whether the individual has any particular communication needs and, if so, how these can be addressed. If English is not their first language an interpreter may be required.</p> <p>Reasonable adjustments may need to be made (in accordance with the Equalities Act 2010) to enable the individual or their representative to fully participate in the process. For example, if the individual or their representative is not able to take or read written notes it may be considered a reasonable adjustment for them to take an audio recording of a meeting which they can refer to at a later date. However, it is important to be mindful of confidentiality issues and for an explicit agreement to be reached regarding the purpose and use of</p>

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				<p>the recording. This is particularly important when a third party is recording the meeting rather than the individual concerned. In these circumstances either the individual concerned should give consent or, if they lack capacity, a best interest decision should be made by the professional chairing or leading the meeting.</p> <p>The overall approach to carrying out the assessment is of equal importance in terms of accessibility to the technical arrangements that are put in place. Many people will find it easier to explain their view of their needs and preferred outcomes if the assessment is carried out as a conversation, dealing with key issues as the discussion naturally progresses, rather than working through an assessment document in a linear fashion. It is important that the person's own view of their needs is given due regard alongside professional views.</p> <p>Work is planned to allow NHSE to collect and review CHC data regarding protected characteristics – this will help to identify any potential gaps or inequity in access to this policy.</p>
Religion & Belief		X		<p>This policy sets out how the CCG will assess eligibility and commission care. There are currently no identified impacts on this group. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. The process to determine eligibility is clearly described in the NHS CHC Framework and equality and fair access is at the heart of this document. Adults in this group will be assessed for CHC where they have an ongoing need for skilled medical or clinical care.</p>
Sex		X		<p>This policy sets out how the CCG will assess eligibility and commission care. There are currently no identified impacts on this group. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. The process to determine eligibility is clearly described in the NHS CHC</p>

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Framework and equality and fair access is at the heart of this document. Adults in this group will be assessed for CHC where they have an ongoing need for skilled medical or clinical care.
Sexual Orientation		X		This policy sets out how the CCG will assess eligibility and commission care. There are currently no identified impacts on this group. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. The process to determine eligibility is clearly described in the NHS CHC Framework and equality and fair access is at the heart of this document. Adults in this group will be assessed for CHC where they have an ongoing need for skilled medical or clinical care.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X			This policy sets out how the CCG will assess eligibility and commission care. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. Regular, multidisciplinary assessments of need should particularly benefit those who may be marginalised and find it difficult to access core services.
Health Inequalities (reduce inequalities between patients with respect to the ability to access health services, and (b) reduce inequalities between patients with respect to the	X			This policy sets out how the CCG will assess eligibility and commission care. Eligibility for NHS Continuing Healthcare is based on an individual's assessed health and social care needs. Regular, multidisciplinary assessments of need should particularly benefit those who may be marginalised and find it difficult to access core services. The DST specifically asks whether the individual was involved in its completion, whether they were offered the opportunity to have a representative and whether the representative attended the DST completion. It also asks for details of the individual's view of their own care/support

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
outcomes achieved for them by the provision of health services. NHS Act 2006 (as amended)				needs, whether the MDT assessment accurately reflects these and whether they contributed to the assessment. It also asks for the individual's views on the completion of the DST, including their view on the domain levels selected. The provision of advocacy, where appropriate, is an important means of achieving meaningful participation.

Ongoing Monitoring:

NHSE will be launching a Patient Level Data Set in 2022 which will collate patient demographics and other information in a more detailed way. This will support ongoing monitoring as it applies to specific groups, especially those with protected characteristics.

CHC is described as open and transparent because it is accessible to everyone who meets the referral criteria and is referred. Each referral is processed in line with the Framework and with the robust operational process as laid out in the policy, including Dispute and Complaint management- both of which are monitored and overseen so that any themes and patterns may be identified.

Section 4: Health Inequalities

The following section is designed to help you systematically assess health inequalities related to your work programme and identify what you can do to help reduce inequalities. Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group. Please complete the following section

Health Inequalities (HI) questions	Issues to Consider	Response
1. What health inequalities (HI) exist in relation to your work?	<p>Explore existing data sources (eg JSNA, local/national data) on the distribution of health across different population groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)</p> <p>Consider protected characteristics and different dimensions of HI e.g. socioeconomic status or geographic deprivation</p>	CHC processes referrals from a wide variety of sources (hospital, community, social care etc) and there are particular areas of expertise eg. transition, Learning disability, mental health, fast track (end of life). All referrals are treated and processes in an identical manner and, where issues exist (eg. no GP or no family support) we always seek to ensure there is no inequality of access and help is offered.

2. How might your work affect HI (positively or negatively)?	<p>a) Consider the causes of these inequalities. What are the wider determinants?</p> <p>b) Think about whether outcomes vary across groups, and who benefits most and least, looking at socio-economic status and geographical location where a project is going to be based and what impact that will have on different communities</p> <p>c) Consider what the unintended consequences of your work might be</p>	CHC processes referrals from a wide variety of sources (hospital, community, social care etc) and there are particular areas of expertise eg. transition, learning disability, mental health, fast track (end of life). All referrals are treated and processes in an identical manner and, where issues exist (eg. no GP or no family support) we always seek to ensure there is no inequality of access and help is offered.
3. What are the next steps?	Is there anything that can be done to reduce the health inequalities? Please record the mitigations in the action plan in step 5	CHC is a well established, statutory responsibility of the CCG with an equitable approach at the heart of the NHS CHC National Framework

Section 5

What actions will you take to mitigate any potential negative impacts?

Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe

How will you monitor these actions?	There is continual monitoring of all CHC functions (eligibility, quality, compliance with national requirements and benchmarking data undertaken by the team and reported monthly to Finance Committee, NHSE and ELT.
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Annual review of individual patients Continual monitoring of complaints to both respond to individual issues and identify themes and shape feedback and training.

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

1.4 Our organisations are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will need to assess that the implementation of the CHC Working in Partnership policy is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

1.5. HWCCG must meet its statutory duty to reduce inequalities of access and outcomes, as set out in the NHS Act 2006 (as amended). As a result, the CCG aims to design and implement policy documents that seek to reduce any inequalities that already arise or may arise from any new policy. Therefore, the CCG will consciously consider the extent to which any policy reduces inequalities of access and outcomes.

1.6. Any change to a service will require a conscious effort from the author(s) of that change to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of the Project/Service, the commissioners and or Providers, who are implementing the said Project and or service will seek to minimise such an impact and simultaneously carry out a full review.

[Title]

Signature of person leading & or completing the EIA	<i>Adalag</i>
Date signed	08/12/2021
Comments:	
Signature of person approving the EIA	
Date signed	
Comments:	

Herefordshire and Worcestershire CCGs Addendum to the Equality Impact Analysis

Human Rights Consideration:

NHS organisations must ensure that none of their services, policies, strategies or procedures infringes on the human rights of patients or staff. You should analyse your document using the questions provided to determine the impact on human rights. Using human rights principles of fairness, respect, equality, dignity and autonomy as flags or areas to consider is often useful in identifying whether human rights are a concern.

Can you please answer the following Human Rights screening questions:

	Human Rights	Yes/No	Please explain
1	Will the policy/decision or refusal to treat result in the death of a person?	No	
2	Will the policy/decision lead to degrading or inhuman treatment?	No	
3	Will the policy/decision limit a person's liberty?	No	
4	Will the policy/decision interfere with a person's right to respect for private and family life?	No	
5	Will the policy/decision result in unlawful discrimination?	No	
6	Will the policy/decision limit a person's right to security?	No	
7	Will the policy/decision breach the positive obligation to protect human rights?	No	
8	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	No	
9	Will the policy/decision interfere with a person's right to participate in life?	No	

If any Human Rights issues have been identified in this section please get in touch with your Equality and Inclusion lead who will advise further and a full Human Rights Impact Assessment maybe required to be completed.