

Equality and Health Inequality Analysis

Title of policy, service, proposal etc being assessed:
Nascot Lawn - Future funding of respite provision at Nascot Lawn.

Background

Discussions around whether, or not, the payment to Hertfordshire Community Trust (HCT) are discretionary are part of other considerations and advice available to decision makers. Four options are being put forward for consideration, and discussion of those options is included in the main paper. The primary beneficiaries of the service are the carers and secondary beneficiaries are the CYP who attend.

Option 1

CCG cease funding of respite provision, currently provided at Nascot Lawn.

Option 2

The CCG continue full funding of respite provision, currently provided at Nascot Lawn.

Option 3

The CCG enters into joint arrangements to fund respite provision, currently provided at Nascot Lawn, whilst recognising that HCC have the statutory responsibility for short breaks.

Option 4

To consider the family representatives proposal to create a flagship 0 – 25 fully integrated Overnight Short Breaks service in Hertfordshire. HCC have confirmed in writing that they are unable to support this proposal.

Option 1 is the primary option considered in this Equality Impact Assessment, as it is where there is likely to be most impact on the recipients of the services.

If Option 1 is not the option chosen, Options 2,3 and 4 would reduce or remove any impact on recipients of the services as, certainly for Options 2 and 3, the services would continue to be provided.

Nascot Lawn provides respite provision for children with complex health needs and a learning disability. The service has been funded by the NHS in Hertfordshire for many years: the current arrangements pre-date the creation of the CCGs. Herts Valleys CCG (HVCCG) provides 90 per cent of the funding with East and North Hertfordshire CCG providing the remainder.

The service is run by Hertfordshire Community Trust and currently supports a total of 58 families – 42 of these have a GP in HVCCG. 33 families have children accessing overnight care and 9 accessing day care – total 42. The remainder includes those registered with GP in E&N Herts.

The service provides overnight respite care to children aged 5-19 years and a day respite to children aged 0-3 years (term time).

The overnight service provides 1-4 nights per month of respite to support carers of children with highly complex health needs and a learning disability. This gives carers a break from constant caring responsibilities in order for them to be able to undertake other activities, such as spending time with other children. The day care service provides 4 hours per week term time only to families.

For the disabled CYP it is an opportunity for them to spend time away from their family with peers and to be able to socialise.

The primary beneficiaries of the service are the carers and secondary beneficiaries are the CYP who attend.

Herts Valleys CCG is facing financial challenges. Last year the CCG was placed in formal 'financial turnaround' by the regulator, NHS England. The CCG needs to identify approximately £45m worth of savings this year and must continue working with this reduced expenditure in future years to meet its financial targets.

It is considered that the CCG's funding of short breaks at Nascot Lawn is discretionary funding and therefore an opportunity to consider for potential savings. HCC has statutory responsibility for commissioning of short breaks.

The Equality and Human Rights Commission guidance on making fair financial decisions states that

"The public sector equality duty (the equality duty) does not prevent you from making difficult decisions such as reorganisations and relocations, redundancies, and service reductions, nor does it stop you from making decisions which may affect one group more than another group. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community. This is achieved through assessing the impact that changes to policies, procedures and practices could have on people with different protected characteristics."

The equality impact assessment supports the CCG to be able to consider the possible impact of proposals on the different equality groups and weigh those against other countervailing factors, such as budget.

As already stated, the primary beneficiaries are the families and carers of CYP with complex health needs and a learning disability.

Carers are not a separately protected group under the Equality Act 2010. Their protection under the Act comes from their association with a disabled person.

Disabled people, as a broad grouping, are the secondary beneficiaries of the services provided at Nascot Lawn, and are a specifically protected group under the Equality Act.

There is no suggestion that Option 1, to end the discretionary funding for Nascot Lawn is because the CYP are disabled.

Where a whole group of people affected by a proposal share a protected characteristic under the Equality Act it can be useful to consider if someone joining that group who didn't have that protected characteristic would have a different outcome from the proposal than the main group. In this case it is clear that a non-disabled CYP and their family using the respite services would have the same outcome as the disabled CYP and their family should the service close. This would suggest that there is no discrimination because of the CYP having a disability.

The CCG recognises that as, currently, the major funder of services at Nascot Lawn any decision to end the discretionary funding may lead to decisions to close the service.

The CCG cannot decide to close the service. That decision can only be made by the provider and any proposal by them to close the service should include equality impact assessments looking at the impact on service users and staff.

As part of the recognition of the influence of the CCG funding, this equality impact assessment does start to look at the possible impact on the protected equality groups should a decision to close the service be taken at any point. This will help the CCG decision makers to see the possible impact of the proposal in front of them in a broader context and will form part of the consideration of equalities alongside the other countervailing factors.

What are the intended outcomes of this work? Include outline of objectives and function aims

The intended outcome is to ensure that all the 4 Options are given full consideration at the Financial and Planning meeting on 16th November 2017. To make savings from the HVCCG budget to help meet budget challenges and to ensure that health funding is spent on health care needs only. It is considered that the respite service at Nascot Lawn is a social care service, not a health service, and, as such is the statutory responsibility of Hertfordshire County Council (HCC), not the NHS.

How will these outcomes be achieved? What is it that will actually be done?

Funding for respite care at Nascot Lawn by HVCCG may cease or a joint funded option may be agreed upon.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you've reached that decision and send the form to the equality and diversity manager for agreement and sign off

- Parents/carers of children and young people attending Nascot Lawn for overnight short breaks .
- Parents/carers of children attending Nascot Lawn for day care.
- CYP currently attending Nascot Lawn as they and their families will need to be reassessed by HCC and move to another respite unit offered by HCC or another form of respite ie personal budgets.
- Parents of CYP 5-7years, and CYP 5-7years of age will not meet HCC criteria for overnight

respite unit provision – HCC overnight respite provision is offered to CYP 8 years of age and over. The HCC units are registered with Ofsted and can take children from 5 years of age, however they are currently commissioned by HCC to offer overnight respite to families of children of 8 years and over. However, this group of CYP may meet HCC criteria for an alternative respite provision.

- Herts Community Trust staff working in Nascot Lawn
- East and North Herts CCG, (ENHCCG) who also commission Nascot Lawn as part of their block contract with HCT (currently have 11 CYP in the unit)
- Hertfordshire County Council as commissioners of overnight short breaks for children and young people

Evidence

What evidence have you considered? Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

If you are submitting no evidence against a protected characteristic, please explain why.

Age Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

Overnight respite care in Nascot Lawn is offered to families of CYP 5-19 years of age. Day care is offered to families of children 0-3 years of age.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Disability Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

All of the CYP who attend Nascot Lawn have a Learning Disability and additional complex healthcare needs.

Should the decision be made to cease funding this will impact on these disabled CYP. The services they access are valued and reports indicate that they improve independence and social skills. Both of which are important in the development of CYP with disabilities.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Gender reassignment (including transgender) Detail and consider evidence on transgender people. This can include issues such as privacy of data and harassment.

No data is held on gender reassignment intentions of the CYP who attend Nascot Lawn. Any gender reassignment needs that the CYP have would be dealt with through other NHS services.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Marriage and civil partnership Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

Is not likely to be applicable for the CYP who attend Nascot Lawn.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Pregnancy and maternity Detail and consider evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

Is not likely to be applicable for the CYP who attend Nascot Lawn.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Race Detail and consider race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

The breakdown of the ethnic origin of the CYP, where known, is as follows:

White 62%

Mixed 5%

Asian 2%

Black 2%

Other 14%

Not stated 14%

Even with the 14% not stated, it does not appear that there will be a disproportionate impact on people of a particular race.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Religion or belief Detail and consider evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.

The breakdown of the religion and belief of the CYP, where known, is as follows:

Catholic 14%

Church of England/Christian 14%

Islam 5%

Hindu 2%

None 2%

Not stated/not known 62%

Because of the large not stated/unknown percentage it is not possible to identify if there may be a disproportionate impact on people of a particular religious belief, or no belief. There is no indication that any impact is because of a person's religion or belief.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Sex Detail and consider evidence on men and women. This could include access to services and employment.

57% of CYP are Female.

Sexual orientation Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

Is not likely to lead to differential impact for the CYP who attend Nascot Lawn.

HVCCG does not hold this information for the parents/carers of the disabled CYP, nor is it necessary for the CCG to hold this information for the provision of care to the CYP. The information is likely to be held by HCC as part of their carer's assessment.

Carers Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.

As previously stated, carers are not a separately protected group under the Equality Act 2010. The CCG does, however, routinely consider the impact on carers as if they were a protected group.

For carers the benefits of respite care include;

- It improves the sense of well-being for both carer and the person being cared for
- It reduces any stress which can occur between the carer and the person being cared for
- It provides additional support
- It allows the carer to spend time socialising and interacting with their loved ones
- It strengthens the carers ability to care, and reduces the risk of neglect or abuse

Should there be a decision to close the service:

Impact on parents/carers -

- They will be required to engage with HCC assessment process
- Parents/carers of CYP aged 5-7 years of age may be offered an alternative respite solution rather than out of home overnight care as HCC only offer out of home respite care to CYP 8 years and older.
- Parents/carers of Children aged 0-3 years may be offered an alternative respite solution rather than out of home day care for 4 hours per week term time only.
- Parents and carers hold respite care at Nascot Lawn in high regard (previous parent/carers survey conducted by HCC in conjunction with HVCCG/E&NHCCG - 2016) and may be anxious about change
- Parents/carers will be required to support their CYP through a change in respite provision in conjunction with HCC

Other identified groups Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

N/A

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Regular face to face meetings with families of CYP with learning disability and complex health

needs attending Nascot Lawn for parental respite have taken place in June and October which have been led by the CEO and Director of Commissioning of HVCCG. HCC Operations Director Specialist Services and Head of 0-25 Together services have also attended and participated in these meeting with families. HCT Director of Operations and General Manager, Children & Young People have attended and contributed to the meetings. HPCI; Healthwatch; Carers in Herts have attended and contributed to the meetings. The disabled children and their siblings were invited and attended the face to face meetings.

Individual assessment of each CYP's health needs carried out by an independent health care assessor by home and/or school visits to the child and family.

Letters to individual families; MP's and HPCI; Healthwatch and Carers in Herts.

Emails to individual families; MP's and HPCI; Healthwatch and Carers in Herts.

Telephone calls HVCCGCEO- Director of Children's Services HCC;

How have you engaged stakeholders in testing the policy or programme proposals?

Face to face meetings; letters; requests for written feedback from families and from stakeholders has been requested by the CCG.

Families have submitted a paper '*Proposal for the continuation of a nurse-led respite service at Nascot Lawn to support children eligible for Children's Continuing Health Care and to contribute to Public Health support for children in need*'.(Option 4)

HCC have been asked to comment on a proposal to enter into joint funding arrangements for respite currently provided at Nascot Lawn. (Option 3) As of completion of this paper on 10/11/17 HCC have not responded with a clear offer, despite CEO contacting them again for clarification.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Engagement with HCC commenced in February 2017 by CEO-CEO email; telephone conversation; face to face meeting and letters and is ongoing; Engagement with families and other stakeholders commenced on 14th June 2017 and has continued until Nov 6th 2017 by letter; telephone; email and face to face meetings.

Who; Families of CYP who attend Nascot Lawn for respite; MP's; HCC; HCT; HPCI; Healthwatch; Carers in Herts

How: engagement document; face to face meetings; requests for comments via email/letters from families by 6/11/17 response to proposals in engagement document; request to HCC for comments on the options in engagement paper and their proposals for future respite provision; HCT for comments on the options appraisal by 6/11/17 . As of completion of this paper on 10/11/17 HCC have not responded with a clear offer, despite CEO contacting them again for clarification. Regular

strategic and operational meetings with HCC and HCT commenced 22nd August and ongoing.

Face to face meetings with HPCI; Healthwatch and carers in Herts and either HVCCG CEO and/or Director of Commissioning.

Key outputs:

Families and stakeholders have commented directly to the CCG their views on the funding options and these views have contributed to the decision making process of Finance and Planning committee. Families have clearly identified their distress and anxiety around the potential cessation of funding of Nascot Lawn and the impact this may have on them and their families and the siblings (young carers).

To try to mitigate against the families anxiety should the outcome of the funding decision be Option 1, as the Option that will have the most impact on the families, the CCG has ensured that each child that uses Nascot Lawn has clearly identified each individual child's care needs; training that may be required for HCC respite unit staff and training programmes are already being offered by HCT to HCC staff; equipment required for each child and agreement that this can be moved to other units should this be necessary; identification of a lead professional in HCT for each child who will liaise with HCC respite staff to ensure safe and timely transition once a unit/provision is named by HCC. Regular training sessions offered by HCT to all HCC respite unit staff to cover most of the common care needs of the children ie enteral feeding; epilepsy management; medicines management. Bespoke training will be offered for CYP whose care needs fall outside of these parameters. HCC have also carried out a Child and Family assessment on all families.

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

The summary below covers all 4 options:

- Parents and carers of CYP with LD and complex health needs will no longer be able to benefit from overnight or day care respite care for their CYP at Nascot Lawn if Option 1 is chosen. Options 2,3 and 4 would reduce or remove any impact on recipients of the services
- CYP with LD and complex health needs will no longer be able to access overnight and day respite care at Nascot Lawn. If Option 1 is chosen. Options 2,3 and 4 would reduce or remove any impact on recipients of the services
- HCC will be required to offer families of CYP who currently access a respite service at Nascot Lawn an assessment for HCC respite provision. If Option 1 is chosen. Options 2,3 and 4 would reduce or remove any impact on recipients of the services
- HCC will be required to commission and fund the provision if CYP meet their assessment criteria. If Option 1 is chosen. Options 2,3 and 4 would reduce or remove any impact on

recipients of the services

There is no evidence that there is direct or indirect discrimination because a CYP or their carer has a protected characteristic under the Equality Act.

Should a decision be made to stop funding by the CCG which may result in a decision by HCT to close down the service there will be an impact both on CYP and their carers where their protected characteristic group could be relevant. Mitigating actions will need to be put in place by the providers to ensure that the impact is reduced or removed.

The county council funds and makes available a range of different solutions for children and their families. These include activities such as shared care, camping trips and giving families the flexibility to use personal budgets to pay for their own bespoke respite care or pooling personal budgets with other families to provide care for a small group of children. The county council will be speaking to families who currently access their three short breaks respite units to find out if they still want overnight respite in these units or if they might like to try something different.

The clinical care of children and young people (CYP) will continue, with full access to clinical care in community; acute and tertiary health services. This includes the following (and is already available to other families in similar circumstances):

- Palliative care for CYP with life limiting conditions (which may include overnight respite including symptom care within the hospice environment),
- Children and young people's continuing care, for children who meet eligibility (which may include overnight health care within the children and young person's own home)
- Children's community nursing, (which provides nursing care, advice and support for CYP within their own homes, schools or nurseries)
- Special school nursing. (nursing care and support in the school environment)
 - Admission/treatment at local district general hospital and tertiary hospitals

In addition further mitigating actions include the following whole system offers for families who currently access Nascot Lawn:

- CYP aged 8-19 years who currently attend Nascot Lawn for parental respite will be highly likely to meet HCC respite care provision criteria.
- CYP who are 5-8 years who currently attend Nascot Lawn for parental respite will be highly likely to meet HCC eligibility for other respite support options such as direct payments
- CYP who currently access Nascot Lawn will be eligible for assessment for overnight respite in a HCC provision.
- The county council will provide transport to any new respite care or short breaks placement in line with assessed need.
- HCC are currently 'matching' CYP's address of home and school to offer respite as close to home/school as possible.
- CYP who are under 5 years of age will receive a Families First assessment (Early Help by a Families First Coordinator or a Family Intervention Worker from the Intensive Family Support Service –this is a whole family assessment. If the assessment identifies that they would benefit from additional support, they would organise a team around the family and identify a lead agency to coordinate the support which would include anything the health assessment identifies – at this point they would end their involvement. If the needs are complex it may go to the Intensive Family Support Team if there are a number of issues in

the family, or they may escalate to social care 0-25 Together team for further assessment.

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

Eliminate discrimination, harassment and victimisation

There is no evidence to suggest that should the Finance and Planning Committee on 16th November make the decision to choose Option 1 and stop funding or any future decision to close the service will lead to an increase in discrimination, harassment or victimisation. Should the funding cease and the service close the mitigating actions proposed will help to ensure that a similar type of service is available to the families and CYP involved.

Advance equality of opportunity

The duty to advance equality of opportunity includes:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

Should the decision be made to cease funding which results in closing down the service the mitigating actions proposed will meet these requirements.

Promote good relations between groups

It's not clear where there may be an impact because of the proposal that disadvantages good

relations between groups, for example disabled and non-disabled people. However there is an element of disabled CYP mixing with non-disabled staff at Nascot Lawn. This mixing with non-disabled staff is likely to continue, albeit with different staff, should the decision to cease funding which results in closing the service be made and the mitigating actions put into place.

Next Steps

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 eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

This equality impact assessment considers the 4 options, if the Option 1 is chosen I for HVCCG to stop funding Nascot Lawn and the possible outcome of those services being closed. Options 2,3 and 4 would reduce or remove any impact on recipients of the services. Depending on the decision made, the Governing Body may wish to monitor the outcomes for disabled CYP and carers to identify the impact of the decision and, should the service close, the impact on the CYP and their carers of the changes to the services received.

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public. The completed EqIA will be published on the Herts Valleys CCG website either as part of the report on the proposals or separately on the equality and diversity pages.

- Sharing through corporate governance
- Commissioning Executive
- Children, young people's and maternity leadership group
- Herts Valleys CCG website

Health Inequalities Analysis

Evidence

1. What evidence have you considered to determine what health inequalities exist in relation to your work? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

In relation to the Health Inequalities Duty CCGs have duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);
- Exercise their functions with a view to securing that health services are provided in an

integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (s.14Z1);

Option 1 is the primary option considered in this Equality Impact Assessment, as it is where there is likely to be most impact on the recipients of the services.

If Option 1 is not the option chosen, Options 2,3 and 4 would reduce or remove any impact on recipients of the services as, certainly for Options 2 and 3, the services would continue to be provided.

The proposals and the mitigations actions needed should Option1, be chosen will support the CCG to meet its health inequality duties. Options 2,3 and 4 would reduce or remove any impact on recipients of the services

The CCG has committed to continue to meet the healthcare needs of both the disabled CYP and the carers affected by any proposals. The proposals are based on the effective integration of health and social care services.

In addition:

- There is no CCG statutory requirement to fund the provision of overnight respite care for children and young people with learning disabilities and complex health needs.
- CCGs in the region do not fund standalone overnight respite care units for children and young people with learning disability and complex health needs.
- Under the Children and Families Act 2014, from September 2014 CCGs must:
 - commission services jointly for children and young people (up to age 25) with SEND (Special Educational Needs and Disability), including those with Education Health and Care plans (EHCP)
 - work with the local authority to contribute to the Local Offer of services available - <https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/localoffer.page>
 - have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment process, and
 - agree Personal Budgets where they are provided for those with EHCPs
- Nascot Lawn respite provision is an additional service to children and young people who meet the Department of Health (2016) criteria for Continuing Health Care will continue to receive care packages to support their clinical needs.

The CCG does not have health inequality or socio-economic data for disabled CYP or their carers. This is likely to be held by HCC as part of the Carer's Assessment.

The CCG may wish to monitor the impact on disabled CYP and their carers of any changes to services to identify if there is an impact on their own health and to identify any patterns arising from the proposals.

Impact

2. What is the potential impact of your work on health inequalities? Can you demonstrate

through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

The CCG does not have health inequality or socio-economic data for disabled CYP or their carers. This is likely to be held by HCC as part of the Carer's Assessment.

The CCG may wish to monitor the impact on disabled CYP and their carers of any changes to services to identify if there is an impact on their own health and to identify any patterns arising from the proposals.

3. How can you make sure that your work has the best chance of reducing health inequalities?

Children and young people will continue to have full access to clinical care in community; acute and tertiary health services.

The CCG may wish to monitor the impact on disabled CYP and their carers of any changes to services to identify if there is an impact on their own health and to identify any patterns arising from the proposals.

Monitor and Evaluation

4. How will you monitor and evaluate the effect of your work on health inequalities?

All HVCCG commissioned clinical services for children and young people will continue to be delivered and monitored as part of existing contract and quality monitoring arrangements.

The CCG may wish to monitor the impact on disabled CYP and their carers of any changes to services to identify if there is an impact on their own health and to identify any patterns arising from the proposals.

Name of person(s) who carried out these analyses:

Paul Curry, Equality and Diversity Lead, Herts Valleys CCG

Date analyses were completed: 10.11.17

