

East Leicestershire & Rutland Clinical Commissioning Group

Quality Impact Assessment *and* Equality Impact Assessment

Title and lead for scheme:	Continuing Healthcare (CHC) Settings of Care Policy Update Noelle Rolston, Senior Contracts and Performance Manager – Continuing Healthcare and Individual Funding Request
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Brief description of the scheme:	<p>The current policy 2011, was inherited from LCR PCT and does not reflect the requirement to offer Personal Health Budgets There is evidence that the current policy is not consistently applied with Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG (collectively referred to as LLR CCGs) outliers nationally in terms of CHC activity and spend. The policy requires updating. Updating the policy requires public engagement and consultation which will largely focus on updating the:</p> <ul style="list-style-type: none"> • current 25% threshold which enables CCGs to fund a clinically sustainable package of care, delivered in the individual's setting of choice (e.g. home, care home), where the anticipated cost of that package is not more than 25% above the anticipated cost of the most cost effective care provision identified; • the exceptional circumstances (e.g. end of life care) considered by the CCGs where the cost of care provision is above the threshold. <p>LLR CCGs are outliers nationally in terms of the threshold also. Of the 20 CCG policies accessed, thresholds have been set between 0%-15% with the large majority of CCGs setting a 10% threshold This outlying position on activity, spend and threshold is not sustainable for the local health economy and does not arguably demonstrate the most effective use of resources for the local population.</p> <p>In addition to updating the policy, staff who use the policy will be trained in the application of any changes made to the policy and patient and public information will also be updated to explain any changes made.</p>
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Commissioning Strategy

Question	Does the proposal support the CCG's Vision and Strategic Goals?	Y/N	Question	Does the proposal support the CCG's Commissioning Intentions?	Y/N
		Y			Y

Quality Impact Assessment (QIA)

The QIA tool will require judgement against the 'Duty of Quality' outlined by the 5 domains included within the NHS Outcomes Framework. Each business case or project lead will need to assess whether the proposal being considered will result in a positive or adverse impact for patients and/or staff. If an adverse impact is identified in any area this will result in the need to calculate the overall risk of implementing the proposal using the CCG Risk Matrix (Appendix 1).

Equality Impact Assessment (EIA)

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The purpose of the EIA tool is to identify if the proposal being considered will affect people who share relevant protected equalities characteristics in different ways to people who do not share them. Please include actions to mitigate any risks identified.

Please ensure you are familiar with the Due Regard guidance before completing the equality analysis

QUALITY IMPACT ASSESSMENT

Please tick (✓) response to each clinical quality consideration in the appropriate box. *On completion please calculate risk score if adverse impact identified using the CCG Risk Matrix.

Domain	Detail	No Impact	Positive Impact	Adverse Impact*	Level of Risk
Impact on quality of services	Has the scheme been risk assessed for the likely impact on the quality of services?	It is recognised that there will be a level of anxiety in consulting with individuals in receipt of CHC packages of care, however the requirement to do this is essential in order to ensure we have input to the policy development and take on board public views.	For those individuals in receipt of CHC packages of care, the CCG will upon annual review ensure clinically safe and sustainable packages of care in their preferred setting, where it is safe to do so. The offer of Personal Health Budgets allows more flexibility in how an individual receives their care.		1 x 2 = 2
Ability to deliver	Has a risk assessment been carried out to ascertain the likelihood of overall scheme delivery?			Slippage due to delay associated with purdah rules linked to the General UK Election in taking to Governing Body for a decision. This impacts on the delivery of the Setting of Care Policy application.	1 x 2 = 2
Impact on staff	Has a risk assessment been undertaken to assess the impact the implementation of the scheme will have on staff?		CCG staff and CSU staff will be require training on the application of the new policy. We consider this to be a positive Impact as there will be clarity for staff, given the existing policy is out of date.		
Assessment of unintended consequences	Has as assessment of the likelihood of any unintended consequences as a result of the scheme being implemented?		We have had senior legal review of the policy and are satisfied that the policy meets our duty with respect to equity and access to services. The policy ensures we will provide clinically	The policy will be applied to existing cases upon 3 month or annual review. Should there be a change in clinical need and the MDT deem it unsafe due to the fluctuating nature of an	3 x 1 = 3

			safe and sustainable packages of care in an equitable way.	individual's presentation which presents a significant risk associated with patient safety it may not be possible to remain in a preferred setting. Each case will be reviewed on a case by case basis and exceptional circumstance be considered where appropriate before a decision is agreed with the individual.	
Contingency plans for unforeseen consequences	Has the scheme been assessed for any unforeseen consequences that may arise as a result of its implementation?	We do not envisage any unforeseen circumstances on application as the policy allows for application of exceptional circumstance on an individual case by case basis.			
Overall summary and Risk Score (if applicable)					
Date of Assessment	Reviewed after engagement: September 2016. Reviewed again after consultation February / March 2017.	Name of Individuals Completing the Assessment:	Noelle Rolston, Senior Contracts and Performance Manager Carmel O'Brien, Chief Nurse and Quality Officer Daljit Bains, Head of Corporate Governance and Legal Affairs		

EQUALITY IMPACT ASSESSMENT

Equality Group	Would the service be aimed at any particular equality group? Yes or No	Would the service potentially exclude any of the equality groups? Yes or No	Would the service potentially have a negative impact on any of the equality groups? Yes - No	Are there any known barriers which could obstruct access to the benefits of the service? Yes – No
	If yes, please provide a brief explanation why particular group(s) would be targeted	If yes, please give any evidence of the mitigating circumstances e.g. services may be for males only and therefore the gender box be ticked “yes” with evidence below on why females would be excluded	If yes, please detail action plan to address the current identified negative impact	Barriers could be physical, geographical or communication. If yes, explain what you intend to do to remove these barriers.
Age	Yes - The policy only applies to individuals over the age of 18 years in line with the CHC Framework. There is a separate policy for children and young people.	No	No	No
Disability	Yes – CHC is a package of care for patients who have ongoing healthcare needs outside of hospital treatment as a result of disability, accident or illness.	No	The policy will be applied on a case by case basis for all patients in receipt of CHC packages of care at 3 month or annual review.	No
Gender reassignment	No	No	No	No
Marriage and civil partnership	No	No	No	No
Pregnancy and Maternity	No	No	No	No
Race	No	No	No	Yes – Communication. Accessible forms of patient and public information including easy read format where requested will be provided to explain any changes made.
Religion and belief	No	No	No	No
Sex (gender)	No	No	No	No
Sexual orientation	No	No	No	No

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Social Exclusion and economic deprivation	No	No	No	No
<i>Please confirm you will collect personal data (in line with CCG information governance policies) to ensure your service is targeted at the right people. Yes - No</i>			Yes	
<p>Additional comments:</p> <ul style="list-style-type: none"> the proposed new policy will not be discriminating against patients from any of the above groups. Feedback through the consultation process included comments about key factors including: family life, keeping patients “close to their family and friends”, to consider carers and also patients entering terminal phase of their life (detail available in the outcome of the consultation process document from the CSU). It is recognised that CHC funded packages of care can minimise disadvantages suffered by people due to their disability and home/domiciliary care can support individuals with a disability and their carer(s) to participate in public life. In line with requirements under Article 8 of the Human Rights Act 1998 it is recognised that everyone has the right of respect for their private and family life, home and correspondence. We will continue to respect this right; there may be circumstances, as there are under the existing Settings of Care Policy, when the need for the LLR CCGs to commission safe, effective and clinically appropriate care, which makes the best use of available resources, will not allow families to remain together. The CCGs will continue to review cases on a case by case basis with patients and their representatives / carers. Furthermore, the CCGs will consider exceptional circumstances on a case by case basis. 				

RISK RATING MATRIX

ACTUAL RISK OUTCOME			
LOW (Green)	MODERATE (Yellow)	SIGNIFICANT (Amber)	HIGH (Red)

LIKELIHOOD	CONSEQUENCE				
	INSIGNIFICANT 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
ALMOST CERTAIN 5	5 (Yellow)	10 (Amber)	15 (Red)	20 (Red)	25 (Red)
LIKELY 4	4 (Yellow)	8 (Amber)	12 (Amber)	16 (Red)	20 (Red)
POSSIBLE 3	3 (Green)	6 (Yellow)	9 (Amber)	12 (Amber)	15 (Red)
UNLIKELY 2	2 (Green)	4 (Yellow)	6 (Yellow)	8 (Amber)	10 (Amber)
RARE 1	1 (Green)	2 (Green)	3 (Green)	4 (Yellow)	5 (Amber)

RISK LIKELIHOOD TABLE - Guidance

Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability	< 1%	1-5%	6-29%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not