



**Equality Delivery System (EDS v2) required Outcome summary evidence template**

Please see supporting EDS Goals and Outcomes below and identify which one your evidence supports. Evidence can be strategic or operational but must demonstrate **outcomes**.

**We are looking for evidence for Goal 2 (Improved patient access and experience) for grading on 17 May 2016.**

All evidence must address at least one of the Equality Act ‘Protected Characteristics’ which are: **age, disability (physical, mental, sensory, learning, long term health conditions), gender, race, religion and belief, pregnancy and maternity including breastfeeding, sexual orientation, gender reassignment** (marriage & civil partnership not included as refers to workforce only).

**Your evidence should specifically show:**

**How do people from protected groups fare compared to people overall [in healthcare]?**

Evidence is put forward for external scrutiny at a public grading panel event this year. Please think creatively about how you would like to present your evidence (stories, pictures, film, audio, presentations, case study etc.). Please ask for support if needed.

CCG: Stoke on Trent CCG
CSU Directorate/Team: Acute Team (Children Services)
Contact person: Sharon King
<p><b><u>Targeted Intervention Service (TIS)</u></b></p> <p><b>EDS Goal and Outcome:</b></p> <p><b>Goal 2 Outcome 2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care.</p> <p><b>Goal 2 Outcome 2.3</b> People report positive experiences of the NHS</p>

Which of the following protected characteristics have been addressed?	What is the evidence for each protected group indicated?
<p><b>X Age</b></p>	<p>The provider worked with children and young people from 2 local schools aged between 14-16 years to recruit champions to support a focus group to develop and design the branding for the new service.</p> <p>The provider led this engagement work. Children and young people were selected by school staff, the 2 schools selected (1 religious school/ 1 non-religious school) were different (one in an affluent area, the other in a deprived area of the City). The age range selected (14-16 years) aligned to the British Youth Council Programme and there was representation from boys and girls, mixed race and religious belief.</p> <p>The representatives were a mix of both boys and girls.</p> <p>A short anonymous (non-compulsory) questionnaire was shared with parents at the Aiming High Parent Carer Forum in October 2015 to gain a view/ feedback around experiences of the previously commissioned service including negative impacts/ barriers to fair access and areas for improvement.</p> <p>7 questionnaires were completed which identified a mix in the age of respondents. 1 member was aged between 25-34 years, 5 members were aged between 35-44 years and 1 member was aged between 45-54 years.</p> <p>[The questionnaire asked for feedback on the existing service and how the new service should operate / identifying any barriers to inclusion for patients and their carers.]</p> <p>The service has been launched in 3 localities within the city and the special schools. This has provided opportunity to discuss the new service offer with a broad range of school staff and partners who are in a unique position to support access to the service for children, young people and parents.</p>
<p><b>X Gender</b></p>	<p>As above</p>

<input type="checkbox"/> Gender re-assignment	
<input checked="" type="checkbox"/> Disability	<p>Members of the public and parents/ carers of children and young people with 1) physical or learning disabilities, 2) complex medical/ health needs and 3) emotional/ mental health distress participated in a table top discussion at the CCG Annual General Meeting (AGM) regarding what changes they would like to better support CYP in the above 3 categories access education.</p> <p>Attendance at the Aiming High Parent Carer Forum (parents/ carers) of CYP with 1) physical or learning disabilities, 2) complex medical/ health needs and 3) emotional/ mental health distress to discuss, review and comment on the model and pathway for the proposed new service.</p> <p>A short anonymous (non-compulsory) questionnaire was shared with parents at the Aiming High Parent Carer Forum in October 2015 to gain a view/ feedback around experiences of the previously commissioned service including negative impacts/ barriers to fair access and areas for improvement.</p> <p>7 questionnaires were completed which identified 4 members had a disability and 3 did not.</p> <p>[The questionnaire asked for feedback on the existing service and how the new service should operate / identifying any barriers to inclusion for patients and their carers.]</p>
<input type="checkbox"/> Race	
<input checked="" type="checkbox"/> Religion or Belief	<p>A short anonymous (non-compulsory) questionnaire was shared with parents at the Aiming High Parent Carer Forum on 22nd October 2015 to gain a view/ feedback around experiences of the previously commissioned service including negative impacts/ barriers to fair access and areas for improvement.</p> <p>7 questionnaires were completed which identified a mix in religion/ belief. 3 out of 7 had no religion and 4 out of 7 were Christian.</p>

	[The questionnaire asked for feedback on the existing service and how the new service should operate / identifying any barriers to inclusion for patients and their carers.]
<input type="checkbox"/> Sexual orientation	
<input type="checkbox"/> Marriage and Civil Partnership	
<input type="checkbox"/> Pregnancy maternity	N/A
<p><b>What is your evidence focus / Area of good practice</b></p> <p>Historically, the commissioning responsibility of School Nursing Services was the responsibilities of PCTs. However, national changes in commissioning responsibilities in 2013 meant that the PCTs/ CCGs were now responsible for commissioning (buying the healthcare service which includes) prognosis (likely diagnosis – unconfirmed), treatment and intervention services to support children and young people with complex health, medical needs and special educational needs and disabilities.</p> <p>Stoke on Trent CCG was supportive of the need to ensure that there was a standardisation of intervention and support for children and young people with complex needs in all educational settings i.e. mainstream schools; special schools; pupil referral units (where children are excluded from school); and further education – up to 19 years of age.</p> <p>As a result, the CCG jointly with the provider undertook a scoping exercise to ascertain the health needs of the local population to develop a holistic and integrated approach to the delivery of care and support across Stoke on Trent. North Staffordshire CCG worked collaboratively with the Staffordshire County Council to develop an integrated approach to providing a children and young people health and wellbeing service across Staffordshire. The NHS Atlas of Variation and Joint Strategic Needs Assessment (JSNA) highlights that children and young people in the city have poorer health outcomes than the national average due to levels of deprivation and vulnerability of children and young people. As a result, it was agreed that Stoke on Trent would commission a separate service. However, it is recognised that there are pockets of deprivation across North Staffordshire and we will continue to review the service and outcomes for service users across both Stoke on Trent and North Staffordshire to identify any gaps in provision.</p> <p>Local schools, GPs, parents and carers reported that the availability of such services to support children, young people and families across the area was inconsistent and fragmented. Some schools had access to a nurse on site each day of the school week; others didn't know how to access the service.</p> <p>The Targeted Intervention Service (TIS) was developed to offer a core programme of evidence based, regularly evaluated provision with additional early and ongoing support that is needs led. To facilitate self-care and independence and to enable all children and young people with additional or complex health/ medical needs to have access to appropriate education (equity of access to healthcare / education needs).</p>	

### Good Outcomes for people from protected groups - what happened?

The TIS now operates a central referral hub i.e. a single point of access to contact the service for support, which is integrated and effectively utilises resources, knowledge and skills to determine the level of need and a seamless approach to the service user. The hub now provides a flexible year round service across the City (previously operated during term time only).

The change in model has created a core offer (ensuring everyone has fair access to the same level of service – children get additional service depending on level of need) of targeted, time limited intervention which is led by need e.g. support following an asthma attack to stabilise condition. Unmet health needs reduce school attendance, significantly impact on other services, increase safeguarding risks, resulting in increased children in need numbers subsequently leading to greater child protection concerns.

Families of children and young people with complex health needs will have a key contact/ person, reducing the need to tell their story repeatedly.

### Evidence of 'You said. We listened. We did.'

#### Case Study (Outcome 2.3 evidence)

Feedback from school following accessing the service:

*"Please can I say how thrilled we are with your speedy response to our call last week about child A (young person with IGA Bullous Disease which is an autoimmune skin disorder causing blistering to the skin). With your help, we have been able to move mountains for this young person who has been so debilitated by the pain caused by this disorder, that he has been unable to attend school since the start of September 2015.*

*The service was able to advise mum of what to discuss with the child's consultant in order to get the correct treatment/ dose of medication.  
[Our service started during October 2015.]*

*I raised concern about child A on Tuesday 26<sup>th</sup> January 2016 and one of the nurses from the service was able to reschedule their commitments to see child A as a matter of urgency the following day.*

*As a result of the services input, child A has been in school every day and has settled brilliantly, mum too is also over the moon.*

*Please could you pass this onto your team, you have made a real difference to this young man and his family. "*