

## **NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA)**

- 1. Name of the proposal (policy, proposition, programme, proposal or initiative)<sup>1</sup>: Neonatal Critical Care Service Specification**
- 2. Brief summary of the proposal in a few sentences**

This is an update to an already existing service specification for Neonatal Critical Care. The service specification was last published in 2013. Since that time neonatal services have been subject to a number of significant national reviews and updates to national clinical guidance. This new specification includes reference to the latest guidance and takes account of the National Maternity Review – Better Births (2017), the Neonatal Critical Care Review (NCCR) (2019), the NHS Long Term Plan (2019), the Get it Right First Time (GIRFT) review (2021), the final report of the Ockenden Review (2022), and Reading the Signals (2022) report into Maternity and Neonatal services in East Kent. It specifies the expected gestational ages and numbers of babies that each level of neonatal unit should be caring for and how units link with the rest of the neonatal network, other networks and associated services to deliver safe and effective care. The specification has also been updated in line with NICE guidance where applicable.

Provider reconfiguration will take place upon publication of this service specification but will be managed as part of implementing the NCCR recommendations. The service specification will support these changes.

- 3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

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<sup>1</sup> Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>No change to overall age of mothers whose babies are considered at high risk therefore requiring admission. The service specification has been updated to clarify entry points to the neonatal pathway and place/level of care to ensure equity and appropriateness of care pathways, to ensure service capacity and deliver care as closer to family home when safe to do so.</p> <p>The service specification has been updated to clarify recommended standards for patient experience and facilities for families requiring neonatal critical care, and communication with these families.</p>	<p>Descriptions of Neonatal Operational Delivery Networks (ODNs), categories of neonatal units and care pathways have been updated and clarified to reflect new and updated NICE guidelines and frameworks / recommendations from the British Association of Perinatal Medicine (BAPM) which ensure appropriate referral to the right level of need and care, as well as pathways and neurodevelopmental follow-up of babies at highest risk of neurodisability.</p>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>The service specification is expected to support the prevention of disability as it clarifies care pathways for babies with high risk of neurodevelopmental problems.</p>	<p>Incorporation of recommendations from the NICE guideline 'Developmental follow-up of children and young people born preterm', 2017.</p>
<p><b>Gender Reassignment and/or people who identify as Transgender</b></p>	<p>There are no identified positive or adverse impacts on this group.</p>	<p>Although the service specification does not specifically mention the need to provide additional support to mothers who have had gender reassignment, it does encompass Family Integrated Care, one of the principles of which is that families</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		and staff have access to specialist psychological and mental health support
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	There are no identified positive or adverse impacts on this group. Access to care will be granted to parents that are recognised by a civil partnership equally and without prejudice.	
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	The service specification is expected to have a positive impact on this group through: The health and wellbeing of mothers and families will be assessed and reported as part of service monitoring. Clarification of antenatal care pathways for high risk pregnancies, reducing term admissions and keeping mothers and their babies together when safe to do so.	Clarification of care pathways involving a mother's transfer before birth (in-utero transfer) to a facility with appropriate neonatal designation so that clinical outcomes for the mother and baby are enhanced.  Avoidance of term admission – incorporating ATAIN principles and clarifying service models of transitional care according to the BAPM Framework for Practice for Neonatal Transitional Care (2017).
<b>Race and ethnicity<sup>2</sup></b>	A higher risk of preterm birth, neonatal mortality and thus need for NICU care for babies of mothers from BAME is known.	The specification puts into place measures which ensure that there is sufficient capacity, a skilled workforce and facilities and support for families so that variation in access and service provision is

<sup>2</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		avoided and differences in outcome for BAME mothers and babies are reduced.
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	The incorporation of Family Integrated Care into the new service specification ensures that parents beliefs and views are always considered in planning and provision of their baby's healthcare.	Incorporation of Family Integrated Care.
<b>Sex:</b> men; women	There is no discrepancy in sex in the way service specification is set out thus it assumes equal provision.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families, and carers.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	There are no identified positive or adverse impacts on this group. No change or impact is anticipated but access to care will be granted to parents equally, irrespective of sexual orientation and without prejudice.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families, and carers.

#### 4. Main potential positive or adverse impact for people who experience health inequalities summarised

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Looked after children and young people</b>	The principles of Family Integrated Care ensure that the needs of all parents/carers and families are provided for, and that parents/carers and families are supported throughout the baby's neonatal care.	Incorporation of Family Integrated Care.
<b>Carers of patients:</b> unpaid, family members.	The service specification has been updated to clarify recommended standards for experience and facilities for parents/carers and families experiencing neonatal critical care and communication with those families. It also acknowledges the need for additional provision when this is required.	Incorporation of standards for family facilities, support, experience, and communication as recommended in the Neonatal Critical Care Review (2019).
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	The service specification addresses the need to make available facilities and resources to be available to enable parents / carers to be resident with their baby for as long as they want and are able to be. This includes sufficient accommodation on or close to the neonatal unit for all families. It also sets	Enhanced support and facilities for families of baby's requiring neonatal critical care has been added to the service specification.

<sup>3</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	out clear requirements for discharge planning which should involve other professionals/agencies as required.	
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	The principles of Family Integrated Care ensure that the needs of all parents/carers and families are provided for, and that parents/carers and families are supported throughout their baby's neonatal care.	All staff should receive training in the provision of developmentally sensitive care, delivered by a multi-disciplinary team. Staff must have the skills and training to provide knowledgeable and skilled advice to parents / carers and families. This should include communication skills to ensure staff have empathy with the needs of babies' and their families / carers and are able 'to stand in their shoes.'
<b>People with addictions and/or substance misuse issues</b>	The principles of Family Integrated Care ensure that the needs of all parents/carers and families are provided for, and that parents/carers and families are supported throughout their baby's neonatal care.	All staff should receive training in the provision of developmentally sensitive care, delivered by a multi-disciplinary team. Staff must have the skills and training to provide knowledgeable and skilled advice to parents / carers and families. This should include communication skills to ensure staff have empathy with the needs of babies' and their families / carers and are able 'to stand in their shoes.'
<b>People or families on a low income</b>	The service specification has been updated to clarify care pathways to ensure service capacity and deliver care as closer to family home when safe to do so. This will ensure the costs of accessing services are kept to a minimum. The service specification also	Services are required to provide facilities and resources to enable parents / carers to be resident with their baby for as long as they want and are able to be. This includes sufficient accommodation on or close to the neonatal unit for all families.

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	addresses the need for services to develop family integrated care which enables integration of the family as the primary carer.	
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	The specification includes clarification for support of parents / carers with poor literacy or health literacy.	Written and verbal parent / carer support information, which includes local unit information (including accommodation, parking transport and food), financial help, welfare and breastfeeding, should be available from their baby's admission to the neonatal unit. Written information should be accessible, and ideally available in a range of languages.
<b>People living in deprived areas</b>	The service specification has been updated to clarify care pathways to ensure service capacity is delivered where it is needed and as close to the family home as possible. The service specification also addresses the need to make available facilities and resources to be available to enable parents / carers to be resident with their baby for as long as they want and are able to be. This includes sufficient accommodation on or close to the neonatal unit for all families.	Descriptions of Neonatal Operational Delivery Networks (ODNs), categories of neonatal units and care pathways have been updated and clarified to reflect new and updated NICE guidelines and frameworks / recommendations from the British Association of Perinatal Medicine (BAPM). Services should also provide information on facilities available including accommodation, parking, transport, food and financial help upon baby's admission to the neonatal unit.
<b>People living in remote, rural and island locations</b>	The service specification has been updated to clarify care pathways to	Descriptions of Neonatal Operational Delivery Networks (ODNs), categories of neonatal units and

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	ensure service capacity is delivered where it is needed and as close to the family home as possible.	care pathways have been updated and clarified to reflect new and updated NICE guidelines and frameworks / recommendations from the British Association of Perinatal Medicine (BAPM). The specification outlines responsibilities of providers to provide information on facilities available including accommodation, free parking, transport, food and financial help upon baby's admission to the neonatal unit.
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	The service specification addresses the need to make available facilities and resources to be available to enable parents / carers to be resident with their baby for as long as they want and are able to be. This includes sufficient accommodation on or close to the neonatal unit for all families.	Services should provide information on facilities available including accommodation, parking, transport, food and financial help upon baby's admission to the neonatal unit.
<b>Other groups experiencing health inequalities (please describe)</b>		

## 5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	X	No	Do Not Know
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b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

<b>Name of engagement and consultative activities undertaken</b>	<b>Summary note of the engagement or consultative activity undertaken</b>	<b>Month/Year</b>
1	<p>Stakeholder Testing</p> <p>Stakeholder testing undertaken for two weeks as per specification development process. the responses were largely supportive of the specification especially around the inclusion of allied health professionals and pharmacy in neonatal care of babies and inclusion of family integrated care. Further positive impacts were noted including strengthening the alignment with Maternity Services particularly the provision of seamless maternity and neonatal care for mother / parents and their baby.</p> <p>Some responses informed the SWG of updated guidance to be included which has now been amended in the service specification.</p> <p>Further suggestions of changes in the wording for Family Experience, Communication and Facilities has been taken into consideration by the SWG and changes to the specification have been made. The SWG have also strengthened language related to psychological support and the presence of AHPs in units in response to stakeholder comments.</p>	October 2022
2		
3		

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
<b>Published evidence</b>	<ol style="list-style-type: none"> <li data-bbox="577 244 1395 459">1. NHS England and NHS Improvement (2019) Implementing the Recommendations of the Neonatal Critical Care Transformation Review. <a href="https://www.england.nhs.uk/publication/implementing-the-recommendations-of-the-neonatal-critical-care-transformation-review/">https://www.england.nhs.uk/publication/implementing-the-recommendations-of-the-neonatal-critical-care-transformation-review/</a></li> <li data-bbox="577 504 1395 647">2. National Maternity Review (2016) Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care. NHS England</li> <li data-bbox="577 692 1395 799">3. NHS England (2019) The NHS Long term Plan, (Chapter 3: a strong start in life for children and young people)</li> <li data-bbox="577 844 1395 951">4. NHS Improvement (2017): Reducing harm leading to avoidable admission of full-term babies into neonatal units.</li> <li data-bbox="577 995 1395 1054">5. National Neonatal Audit Programme (2020), Annual Report 2020 on 2019 data</li> <li data-bbox="577 1099 1395 1206">6. MBRRACE-UK (2020) MBRRACE-UK Perinatal Mortality Surveillance Report: UK Perinatal Deaths for Births from January to December 2018</li> <li data-bbox="577 1251 1395 1347">7. MBRRACE-UK (2019) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries</li> </ol>	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	<p>into Maternal Deaths and Morbidity 2015-2017</p> <p>8. Patterson, L, O'Mara, C, Hunn, L, (2020), Neonatal nursing workforce survey – What does the landscape look like in England? <i>Journal of Neonatal Nursing</i>, Vol. 26 Issue 1 pp.-3-16</p> <p>9. Helenius K, Longford N, Lehtonen L, Modi N, Gale C (2019). Association of early postnatal transfer and birth outside a tertiary hospital with mortality and severe brain injury in extremely preterm infants: observational cohort study with propensity score matching. <i>BMJ</i>; 367:l5678.</p> <p>10. Bliss (2015), The Bliss Baby Charter Audit Tool.</p> <p>11. Department of Health (2009) Toolkit for High-Quality Neonatal Services.</p> <p>12. NHS England (2014), Picker survey, parents' experiences of neonatal care</p> <p>13. NHS England Quality Surveillance Team (2017), Neonatal Critical Care Quality Indicators</p>	
<b>Consultation and involvement findings</b>		
<b>Research</b>	No specific research for this service specification update apart from publications listed above	

Evidence Type	Key sources of available evidence	Key gaps in evidence
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Neonatal Critical Care Clinical Reference Group (CRG) membership	

**7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?** Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	Yes	Yes	Yes
Uncertain whether the proposal will support?			

**8. Is your assessment that your proposal will support reducing health inequalities faced by patients?** Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	Yes	Yes
The proposal may support?		
Uncertain if the proposal will support?		

**9. Outstanding key issues/questions that may require further consultation, research or additional evidence.** Please list your top 3 in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question

1	N/A	
2	N/A	
3	N/A	

## 10. Summary assessment of this EHIA findings

This assessment indicates that this proposed will make a contribution towards advancing equality of opportunity and reducing health inequalities. Inclusion of Family Integrated Care and the strengthening of standards for family facilities, support, experience, and communication as recommended in the Neonatal Critical Care Review will enhance experience of care for patients / service users. Additionally, clarification of provider responsibility in relation to information on facilities available including accommodation, free parking, transport, food and financial help upon baby's admission to the neonatal unit as well as ensuring staff have the appropriate training and skills to provide knowledgeable and skilled advice to parents will also improve services for those groups who experience health inequalities.

## 11. Contact details re this EHIA

Team/Unit name:	Women & Children's Programme of Care
Division name:	National Specialised Commissioning
Directorate name:	Chief Financial Officer
Date EHIA agreed:	04 October 2023
Date EHIA published if appropriate:	11 March 2024