

Equality Impact Assessment: 0-19 services

Version 6: July 2016: Strictly confidential and not for onward circulation

1. Topic of assessment

EIA title:	Equality Impact Assessment of a reduction in investment in health visiting and school nurse services in Surrey
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EIA author:	Harriet Derrett-Smith and Catherine Croucher
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2. Approval

	Name	Date approved
Approved by¹	Helen Atkinson	23 rd May 2016

3. Quality control

Version number	7.0	EIA completed	
Date saved	March 2017	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Harriet Derrett-Smith	Public Health Principal	Surrey County Council	Commissioner of the services.
Catherine Croucher	Consultant in Public Health	Surrey County Council	Oversight of public health finance and overall lead for public health, health improvement services.
Phil Osborne	Head of Early Years Services	Surrey County Council	Reviewer
Ian Banner	Senior Children's Commissioner	Surrey County Council	Reviewer
Frank Offer	Head of Commissioning for Young People	Surrey County Council	Reviewer
Gareth Symmonds	Assistant Director Commissioning and Prevention	Surrey County Council	Reviewer
Lucinda Derry	Finance	Surrey County Council	Reviewer
Karen Cridland Trudy Mills	0-19 Service Leads	Virgin Care First Community Health and Care	Through financial negotiations with the providers they have

¹ Refer to earlier guidance for details on getting approval for your EIA.

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Clare Knight		Central Surrey Health	illustrated the risk to current (in year and future delivery).
Multiple	Members of the Children's Community Health Service Procurement Board	Multi-agency	Review and agreement of the impact described in the EIA.

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5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	<p>The Health Visiting and School Nursing services as well as Family Nurse Partnership are being reviewed.</p> <p>The health visiting and school nurse services are collectively referred to as '0-19 services' and this is the term that will be used throughout this report.</p> <p>The 0-19 services are currently delivered by three community health providers, all with different business models and serving different populations. These services are currently being re-procured as part of the Children's Community Health Service. A single provider will deliver this contract across the whole County from 1st April 2017.</p> <p>Health Visitors and School Nurses support children and their families from before birth until they are 19 years of age. They form part of the Healthy Child Programme (the universal health promotion programme). The services work with all families, regardless of their level of need and they are essential to a good local preventative approach. As the service offers support to all families this enables them to intervene early to provide lower cost but high value interventions that can reduce the need for more complex, costly health and social care.</p> <p>The Family Nurse Partnership, provides early intervention for a proportion a vulnerable population group (teenage mothers and their children). It works to improve their access and engagement with other services (e.g. social care/children's centres) and improve child health and development (e.g. school readiness) so that this population develops in line with expectations for this age group.</p> <p>The 0-19 services work in partnership and have several interdependencies with maternity, children centres, schools, GPs and social care services, working together to jointly improve outcomes for children and young people. Specifically the services support better outcomes for; parenting and attachment, mental health and wellbeing, healthy weight, positive relationships and sexual health and reducing substance misuse. This work is undertaken at universal and targeted levels providing a clear prevention and early intervention function that identifies and sign posts children, young people and their families requiring specialist support.</p> <p>The table below illustrates the levels of need and type of work that the 0-19 services deliver.</p>
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Safeguarding	Community – Making Every Contact Count ²	Being involved with local communities to Make Every Contact Count. Understanding the needs and differences within these communities to inform service delivery. Knowing the different partners working in and delivering services to local communities to ensure their offer is maximised by the 0-19 Integrated Healthy Child Programme service.
	Universal Services	Providing leadership across the Healthy Child Programme and delivery of services that are accessible to all children and young people. Promoting good health and wellbeing and uncovering any hidden need leading to early identification and intervention, through the delivery of developmental checks and reviews alongside health education and promotion.
	Universal Plus	Provide a quick response to families, children and young people when expert advice or help is required as part of the Early Help system and through pathways for children with Special Education Needs or a Disability.
	Universal Partnership Plus	Delivers ongoing support as part of a range of local services working together with families with more complex needs over a longer period of time.
<p>Early Help and safeguarding are core to the Healthy Child Programme and Health Visitors, School Nurses and Family Nurse Partnership Nurses have a crucial role in the early identification of needs and providing tailored support. The offer of early help is essential to ensure issues are addressed in a timely manner and access to appropriate support is provided.</p> <p>The 0-19 services contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity, of families, where there are safeguarding/child protection concerns. They also advise other agencies about the health management of individual children in child protection cases, regularly fulfilling the Lead Professional role and attending Initial and Review Case Conferences and Core Groups. These services will also play a key role in the Multi Agency Safe Guarding Hub, which is currently in development in Surrey.</p> <p>In Surrey we are continuing to work towards greater integration of health and social care services and this includes those for children and young people. The 0-19 services have a large role to play in enabling better integration. Due to their prevention and early intervention role they are often the gate way into services including speech and language, occupational therapy, family support services and social care. They are also key to helping to reduce upward costs associated with higher need health and social care.</p>		

² Making Every Contact Count (MECC) encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health. <http://www.makingeverycontactcount.co.uk/>

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What proposals are you assessing?

The Surrey Public Health budget is being reduced by 33% from the budget available at the beginning of 2015/16 to the final year of the current Surrey County Council Mid Term Financial Plan (2020/21). This reduction is the result of direct cuts made by the Department of Health to the Public Health Grant plus Public Health being required to support other Council activities that contribute towards health outcomes. Further details on the public health budget are described in the attached document.



Partner briefing on public health budget -

0-19 services make up approximately 40% of the Surrey Public Health budget and so is an important element of the plan to achieve our savings target.

Therefore, this Equalities Impact Assessment is concerned with:

- 1) The impact of the 6% savings to be realised in 2016/17
- 2) Plus the impact of a 15% reduction in the budget available for 0-19 services from 2017/18 to 2019/20. (The time period corresponding to the new three year Children's Community Health Services contract).

2016/17 savings:

During this year, the Public Health team have to make an 18% reduction in overall spend. Our savings strategy includes a 6% target reduction in spend across all of our major contracts. This is problematic as we are still mid-contract with all of our major providers across our three biggest programmes (0-19, sexual health and substance misuse).

We are in discussion with all three providers, of the 0-19 services, on how we can work together to contribute towards these savings by making in year reductions in spend. However they have clearly indicated the risks that a budget reduction will impose on being able to deliver their services in an effective and universal manner.

The risks and mitigation actions described in the rest of this report will therefore apply equally to this year as to the future years.

The table below shows the current values contained in 0-19 services (including the Family Nurse Programme), the proposed savings and the proposed final envelope available for procurement.

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	2015/16 (£m)	2016/17 (£m)	Year 1*: 2017/18 (£m)	Year 2: 2018/19 (£m)	Year 3: 2019/20 (£m)	Total: 3 year contract (£m)
New contract for Children's Community Health Services contract						
Current contract value of Public Health 0-19 services (including FNP)	14.3	14.3	14.3	14.3	14.3	42.8
Savings target for 0-19 services (cumulative)		0.9	1.9	2.1	2.4	6.4
% savings (cumulative)		6%	13%	15%	17%	15%
Proposed budget after % savings applied for 0-19 services (including FNP)		13.4	12.4	12.1	11.9	36.4
Additional funding provided by CSF to reduce impact of public health savings			.5	.5	.5	1.5
			12.9	12.6	12.4	37.9

*The service delivered by Central Surrey Health will continue in 2017/18, coming into the new contract in 2018/19. These figures include the CSH funding element

Quantifying the impact of 15% reduction

0-19 services are currently delivered by three community health providers, all with different business models and serving different populations. The new Children's Community contract will be delivered by a single provider across the whole County. It can be assumed that the combination of three providers into one will release efficiency savings and so not all of the 15% reduction will impact on service delivery but it is difficult to truly define the precise impact of this reduction until a new provider is mobilised and we understand what service design they will put in place to deliver the Integrated Healthy Child Programme service specification.

To try and describe the impact, Surrey Public Health team have utilised a detailed workforce planning tool called the Benson Model (<http://www.bensonwintere.com/tag/health-visiting>). The Benson Model is a methodology developed to provide a robust and objective process to inform workforce planning and support service improvement initiatives across community nursing services. The model is informed and refined by other 0-19 services across the country to provide benchmarking and increase assurance around the information provided.

The model uses a demand led approach – using the needs of the local population alongside the local service requirements, which incorporate the Healthy Child Programme objectives, to provide an assessment of the level of resources required to deliver the service across Surrey and their associated costs.

The Public Health team commissioned this model in 2015 and have worked with the three current community providers in refining the model to reflect our local population. The table below shows the Benson Model estimated financial value needed to deliver the Health Child Programme in the year 2018 (the middle year of the contract) as compared to the current contract value and the proposed financial envelope for 2016/17.

Please note that the Family Nurse Partnership is not included in the Benson model and therefore, this contract value has been subtracted from the figures here (£350k).

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16/17 Financial envelop (Health visiting and School Nursing)	18/19 Financial envelop (Health Visiting and School Nursing)	Cost estimate (Benson Commissioner model: 2018 values Health Visiting and School Nursing)	Difference between Final Year envelope and Benson Commissioner model
£ 13,920,418	£ 11,798,926	£ 12,289,052	£ -490,126

This indicates, that despite an overall funding reduction between 16/17 and 18/19 of £2.1m, it is possible that only £0.5m of this cut could actually be detrimental to the services as workforce modelling indicates that across the whole county, and across all 0-19 services, there is currently more money available in the system than required to deliver the programme, based on Surrey's population need.

As a result of this analysis £1.5m, across the length of the contract, has been added into the baseline of the 0-19 service, from CSF Commissioning and Prevention. This funding will help to reduce the impact on the reduction in budget for these services but will not necessarily lead to increased activity.

However, there are further risks to the envelope available to deliver the Healthy Child Programme:

- The Benson model makes an estimation of indirect costs (overheads) of 30%. It is possible that the overhead applied by the new provider to all the services in the community contract could be larger than this, reducing the amount available for direct service delivery.
 - Following the procurement exercise this now known as to be circa XX%
- The total Children's Community Health Service contract value will be split into separate envelopes with health visiting and school nursing being separate from other services. One reason for this is due to concerns over cross-subsidisation of the 0-19 service from other service budgets. However, as the financial envelope for the 0-19 service makes up a large share of the overall contract value (approximately 40%), the service will be a major contributor to provider overheads. Not all of these overheads will be proportionally larger for the 0-19 service due to it's size. Therefore, there is a risk that the 0-19 service will cross-subsidise overheads across the whole contract.
- The additional CCG commissioned services within the Community Health Services procurement are being funded at historic levels and therefore may not be sufficient to meet population needs for these services. There may therefore be a risk that the 0-19 services, which makes up two thirds of the procurement value, cross subsidises these smaller services. This may be mitigated by having separate financial envelopes for different organisations finances.
- As part of the new contract an incentivised payment (a CQUIN) will be agreed with the provider once they are in place. This payment is worth 2.5% of the whole contract value and due to the large proportion of the contract made up of the 0-19 service value, the service will be a major contributor to this CQUIN payment (see table 9 for possible mitigation).
 - This value will be approximately £900k over the life of the contract.

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	<ul style="list-style-type: none"> All start up costs will need to be covered within the financial envelope stated here. <p>These risks do not include those to direct service delivery which are outlined in table 9.</p> <p>Work force numbers</p> <p>The national call to action for health visitors led to around 203 WTE qualified health visitors being in post by the end of March 2016. Soon after this target was met retirements and leavers reduced these numbers for Surrey. At time of procurement 184 WTE health visitors were in place, the difference being 19 equivalent to £855k. There are also 19 school nurses.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The services provide universal, targeted and specialist support and interventions to all children and young people and their families in Surrey.</p> <p>The reduction in spend will reduce delivery across all levels of need and therefore could affect all children and their families. There is strong evidence behind the suite of baby and child checks that health visitors and school nurses carry out for all children. The checks and reviews serve as key points in a child's development to check; progress, the health status of mother and baby (or child/young person) and to deliver interventions for example; screening and immunisations, maternal mood reviews, sight, vision and weight checks and ongoing checks on any safeguarding concerns.</p> <p>Whilst many children and their families will only need the lowest level of care and intervention from 0-19 services it is not possible to suggest that they are not required at all by these families. It is the strength of these services to reach across all families and children to prevent and intervene early that reduces cost and poorer health, education and social care outcomes in the future.</p> <p>Reduced delivery is likely to have a greater adverse affect on population groups that do not readily access services and are traditionally more difficult to engage with and experience poorer health and wellbeing outcomes, for example:</p> <ul style="list-style-type: none"> Gypsy, Roma, Travellers, Children that are looked after (LAC), Young Carers, Home schooled children, Children with a special educational need or disability and Children and young people not in school, education, employment or training. <p>Some of the children in these groups will be at greater safeguarding risk while many could experience poorer outcomes. The Family Nurse Partnership (FNP) service, in particular, works with vulnerable Young Parents a proportion of which have been looked after and or been subject to a child protection plan and are likely to have lower levels of attainment. FNP supports these young parents and their babies for up to two years focusing on attachment and core parenting skills that improves both long and short term outcomes.</p>

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6. Sources of information

Engagement carried out

Public and Patient engagement activities surrounding the delivery of the 0-19 services have taken place through the Community Health Service procurement process.

In addition Community Health Service provider engagement events were also held to gain feedback on the proposed model, financial envelop and general approach.

Reports on these activities are available from Guildford & Waverley CCG.

The Lead Members for Children and Young People, Education, Skills and Learning and Health and Wellbeing have been briefed on the Community Health Services procurement and a paper was agreed at Cabinet regarding pre-savings financial envelop for this process, with an indication that the SCC element would need to be reduced.

Engagement regarding the public health budget

Surrey County Council Cabinet received a high level Impact Assessment on proposed cuts to Public Health programmes (based on the savings target at the time) in September 2015. This included information about impact for 0-19 services.

In January 2016 Helen Atkinson wrote to all CCG Chief Executives, outlining the budgetary pressures Public Health are under, and stating intend to discuss options with our major providers. A subsequent letter was then written to major providers and discussions with them are still ongoing.

In February 2016, Surrey County Council Cabinet signed off the final MTFP submission for Public Health, which states the level of savings to be made and the fact that most of these would be made through contract negotiation (e.g. reprocurement).

Public Health made a representation to the March 2016 Wellbeing and Health Scrutiny Panel to discuss the Public Health Budget.

Since April 2016, a written briefing on the Public Health budget from Helen Atkinson has been available for internal and external partners. The Public Health team have used this document to support discussions with several partners including CCGs. It was circulated to the SCC Children's Commissioning Oversight Group in April 2016.

Other verbal or written updates on the Public Health budget were given to:
SCC Children's Commissioners (February 2016)
CCG Commissioning Collaborative (January 2016)
Surrey GPs and Pharmacies (February 2016)

Data used

Benson Wintre Workforce Planning tool (which contains population projections, workforce data and data on socio-economic status of the population)

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7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ³	Potential positive impacts	Potential negative impacts	Evidence
Age		<p>The 0-19 service is primarily a service for children and young people, therefore, any reduction to service delivery will impact on this age-group.</p> <p>It is likely that reduction in service will also impact on families as a whole because the 0-19 services take into account the health and wellbeing needs of the family unit as part of their early help and safeguarding remit.</p>	<p>The Healthy Child Programme is an evidence- based framework of advice, support and interventions spanning four domains (Community, Universal, Universal Plus and Universal Partnership Plus) and safe guarding. These are the building blocks for delivery by the 0-19 Integrated Healthy Child Programme service.</p> <p>https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</p> <p>http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566</p>
Disability		<p>Reduced service delivery will negatively impact the ability of the service to identify possible early indicators of or risk factors for disability, resulting in delayed referral to specialist help.</p>	<p>The service provides support to those children, young people and their families already affected by a special educational need or disability. This may be through the Education Health and Care Plan for those children within mainstream school as well as assisting a family in navigating the support they require for their child.</p>
Gender reassignment		<p>Reduced service delivery will negatively impact the ability of the school nursing service to support young people who may be transgender (and therefore consider reassignment in the future)</p>	<p>School Nurses have a role in supporting children and young people to develop positive relationships and good mental health. They do this through supporting PSHE and Relationship and Sex Education within schools but also through 1:1 direct intervention.</p> <p>A child or young person wishing to discuss any anxieties they feel about their sexual orientation could do so with a</p>

³ More information on the definitions of these groups can be found [here](#).

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			<p>school nurse. The nurse would be able to assess any impact on their mental wellbeing as well as being able to sign post to local support groups across the County.</p>
Pregnancy and maternity		<p>Reduced service delivery will negatively impact the ability of the service to support mothers during pregnancy and in the post-natal period. This includes support around maternal mental health and wellbeing, breastfeeding and early attachment. All of which impact upon the short and longer term health and wellbeing outcomes of children and their parents.</p>	<p>There is clear evidence of the role the 0-19 services have in supporting mothers and fathers transition to parenthood. Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socio-economic outcomes in later life.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413128/2903110_Early_Years_Impact_1_V0_2W.pdf</p> <p>In addition the 0-19 service provides support and advice to encourage breastfeeding which has wide ranging benefits; promoting emotional attachment between mother and baby, reducing risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413130/2902452_Early_Years_Impact_3_V0_1W.pdf</p> <p>Perinatal and Parent Infant Mental Health are crucial to the ongoing positive development of the child and relationship between mother and baby.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413129/2902452_Early_Years_Impact_2_V0_1W.pdf</p>
Race		No negative impact predicted	
Religion and belief		No negative impact predicted	

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Sex		<p>Reduced service delivery will negatively impact the ability to support mothers.</p> <p>Whilst the mother and child are normally the focus of many of the health visitor led checks and interventions. We also know that the role of the father and support they may require is key. A reduced service would mean limited support and referral for those fathers that may be experiencing difficulties.</p>	<p>It is likely that a reduced service would impact on the level of support provided to mothers to assess their mental health and wellbeing, currently undertaken at one of the 5 main assessment points. Perinatal and Parent Infant Mental Health are crucial to the ongoing positive development of the child and relationship between mother and baby.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413129/2902452_Early_Years_Impact_2_V0_1W.pdf</p>
Sexual orientation		<p>Reduced service delivery will negatively impact the ability of the school nursing service to support young people with sexual orientation issues.</p>	<p>School Nurses have a role in supporting children and young people to develop positive relationships and good mental health. They do this through supporting PSHE and Relationship and Sex Education within schools but also through 1:1 direct intervention.</p> <p>A child or young person wishing to discuss any anxieties they feel about their sexual orientation could do so with a school nurse. The nurse would be able to assess any impact on their mental wellbeing as well as being able to sign post to local support groups across the County.</p>
Marriage and civil partnerships		<p>No negative impact predicted</p>	
Carers⁴		<p>Reduced service delivery will negatively impact the ability of health visitors and school nurses to identify and support young carers.</p>	<p>Supporting young carers' health needs requires a whole family approach; young carers may be supporting a parent, family member or sibling.</p> <p>The 0-19 service not only identifies young carers and sign posts them to local support networks using the carer's prescription. It is also aware of specific risk factors for young carers eg bullying,</p>

⁴ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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		This may also impact on the support that is given to the person requiring care as they may remain hidden from or unknown by local adult social care services.	stress, isolation, self-harm, depression, physical injury and can alert other professionals to the needs of specific young carers at all stages of change – key transition within education eg from year to year or school to school, development change https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299270/Young_Carers_pathway_Interactive_FIN_AL.pdf
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****NB: Whilst a service reduction will affect the protected characteristic groups the impact is also likely to be unequal across different socio-economic groups. Those children, young people or their families living in more deprived areas of Surrey (and who already experiencing poorer outcomes) are likely to experience a greater impact than other population groups.**

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8. Amendments to the proposals

Change	Reason for change
<p>In June 2016 the EIA was presented to the Children's Community Health Service Procurement Board. As a result of the risks identified within the EIA, Surrey County Council have agreed to invest a further £500,000 for the first two years of the new Community Health Service contract. This investment will focus on ensuring that targeted children receive the core set of checks and contact points from the 0-19 Healthy Child Programme service as well as maintaining the current level of input into safeguarding and early help through appropriate provision of the role as Lead Professional.</p>	<p>Early Help and safeguarding are strategic priorities for Surrey. The County Council understand the potential implications that a reduced service offer could have on these priorities and the outcomes for families. They have therefore agreed to this additional investment to help mitigate against any negative impact.</p>
<p>In March 2017 further clarity within the EIA was provided regarding the additional investment by the Council into health visiting services: £500k for three years of the Children's Community Health Service contract. Reducing the impact to 11% in budget over three years.</p>	<p>As per above</p>
<p>In March 2017 we understood the service model for the new provider of Children's Community Health Services, their overheads and TUPE implications. An update under each of the sections within this EIA has been reflected in V7.</p>	<p>This information was unknown at the time of writing the first version of the EIA.</p>

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9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
<p>The Public Health budget is being reduced by over 30%. If this same % was applied to all Public Health programmes then the negative impact on 0-19 services would have been more severe.</p>	<p>The Surrey Public Health team fully understand the value of the Healthy Child Programme and the universal nature of the services that deliver this. We also recognise the extra value that is gained from delivering preventative services as early in the life course as possible and over 40% of the public health budget is invested in services specifically for children and young people. So, the first action we have taken to mitigate impact is to reduce the amount of savings required from the 0-19 contractual budget. Initial proposals for savings required were in excess of 20%. However, we have benchmarked the whole public health budget against other areas statistically similar to Surrey and rebalanced investment between areas. As a result, we have reduced the target savings for 0-19 services to 15% over the three years of the contract.</p> <p>Update 6th June 2016: Surrey County Council has agreed to invest a further £500,000 in each of the first two years of the Children’s Community Health Service.</p>	<p>Complete</p>	<p>Public Health</p>
<p>Impact on safeguarding.</p>	<p>Safeguarding (including Early Help and Child Protection) is a key element of 0-19 services and so there is the potential for negative impact on this role given a reduction in service delivery. Mitigation to protect this role is likely to come from reduction in other elements of the service such as the community engagement and universal role. Further mitigation would also come from alternative sources of funding for safeguarding roles carried out by the 0-19 on behalf of other sectors, for example, any requirement to provide staff for the Multi-agency Safeguard Hub to perform the specialist health processes within the MASH.</p> <p>Update 6th June 2016: The additional investment from Surrey County Council over the first two years of the Children’s Community Health Service contract will support the maintenance of the lead professional role by these services. In addition to ensuring targeted families receive the support they require.</p>	<p>Ongoing An immediate action is to gain agreement for the health funded element of the MASH.</p>	<p>Public Health and Surrey CCGs</p>

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Impact on Early Help	<p>Surrey continues to develop its Early Help offer including the Early Help Assessment process. A reduced 0-19 service would mean less capacity in the Early Help system including less initial assessments and onward referral as part of an early intervention approach.</p> <p>To mitigate the impact of this it is likely that the provider would have to reduce the universal offer to all children and young people. There are efficiencies that could also be made including combining the Family and Early Help assessment processes, this is currently being piloted within one geography in Surrey.</p> <p>Update 6th June 2016: The additional investment from Surrey County Council over the first two years of the Children's Community Health Service contract will support the 0-19 Healthy Child Programme Service to maintain the current level of delivery of the Lead Professional role for early help.</p>	Ongoing work will be required with the provider of the Children's Community Health Services contract awarded in October 2016	Public Health Children's Schools and Families
Impact on the universal service	<p>In order to ensure that the service fulfils its safeguarding duties, it is likely that activities undertaken for the universal elements of the service will be need to be reduced. It is likely to be the broader public health function of the 0-19 services that focuses on attachment, healthy weight, breastfeeding, attainment and emotional health and wellbeing that will be impacted on the most as the service focuses on fulfilling its safeguarding function</p> <p>To mitigate the impact of this on Surrey's children, it is likely that the provider will have to take a proportional approach to its universal service delivery, with more intense service delivery in areas of higher need.</p> <p>It was mentioned in section 5 that the 0-19 service may be part of the CQUIN scheme which may add further burden on the budget available for service delivery. However, the CQUIN scheme could also be a mitigating factor if the particular CQUIN selected is one that benefits the 0-19 service, particularly their universal role. Examples include working to improve data integration between services, improving patient pathways between</p>	Ongoing work will be required with the provider of the Children's Community Health Services contract awarded in October 2016	Public Health Community Health Provider

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	<p>maternity and 0-19 services or improving uptake of the 2-2.5 year checks with health visitors.</p>		
<p>Impact on other partners (NHS and SCC Children's, Schools and Families directorate)</p>	<p>There are several potential impacts on other services as a result of reduced 0-19 services:</p> <p>CCGs: A reduction to the 0-19 service could lead to the new provider deciding not to use certain estates to reduce costs. This could result in a void cost for CCGs should estates remain empty. Mitigation would include requirement for the provider to provide adequate communication with commissioners regarding their estate usage, so that alternative uses can be activated.</p> <p>Primary Care: A reduction in 0-19 service would lead to less communication and partnership working between community health services and primary care. This could result in different professional groups not being sighted on children's needs, at a time when we are trying to increase health and social care integration.</p> <p>Children Centres: The 0-19 service runs a wide range of clinics and drop-in sessions from Surrey's Children's Centres these support the work of the Centres and drive attendance figures and registrations in addition to providing a range of services of children and their families in one place. Any impact on these can in turn impact on OFSTED results for these centres.</p> <p>Education: The 0-19 services contribute to early assessment of school readiness, through an integrated health and education review at 2.5yrs. They also support the evidence based Healthy School - whole school approach. Less of this work will be possible should this service be reduced.</p> <p>As mentioned in section 5, it will not be possible to precisely define both the impact and the mitigation that could be put in place until a new, single provider is mobilised. However, possible actions to mitigate some of these factors include better integrated IT systems, more efficient communication methods between health professionals (teleconference equipment, secure email etc) or new models of delivery for Family Hubs. These options could be incentivised through a CQUIN.</p>	<p>Ongoing work will be required with the provider of the Children's Community Health Services contract awarded in October 2016. The ITT of the Community Procurement will test as to whether the financial envelope is viable (June 2016)</p>	<p>Public Health CCGs Children. Schools and Families.</p>

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<p>Impact on local health visiting and school nursing workforce</p>	<p>Like many health and social care professions, in Surrey, the Community Health Providers struggle to employ and retain health visitors and school nurses. This is in part due to Surrey's geography and borders with London as well as the high cost of living in the County.</p> <p>Should the reduction in service lead to a greater targeting and higher focus on safeguarding we could see health visitors and school nurses choosing not to work in the County. Larger caseloads containing higher level of need (more safeguarding) and requiring less use of their broader public health skills could be less appealing, especially to newly qualified staff. It would also require a greater number of higher banded health visitors and school nurses to ensure safeguarding duties were carried out by suitably experienced staff.</p> <p>A possible mitigating factor to help with the reduction in funding for these services would be for a greater level of skill mix to be employed by the Community Health Providers. However this would not help with the increased workload that may arise through moving towards a more targeted service delivery model.</p>	<p>The Benson Model has provided commissioners with a greater understanding of the possibilities of introducing wider skills mix within the 0-19 services. However this needs to be balanced against ensuring a level of care is provided and is available for all levels of need across Surrey's families.</p>	<p>Public Health and Community Health Provider</p>
<p>Impact on broader public health outcomes including routine immunisation and screening</p>	<p>Surrey's childhood immunisation rates are historically significantly lower than the England average. Health Visitors and School Nurses are a large part of the action plan to address this through their role to Make Every Contact Count, checking immunisations status of babies, children and young people and sign posting them to appropriate immunisation services. A reduction therefore in the 0-19 services would limit their ability to carry out this crucial function.</p> <p>A mitigating factor to help lessen the impact on Surrey's childhood immunisation figures would be to ensure Primary Care staff are supported to use every opportunity to check the immunisation status of babies, children and young people on their lists. In addition the Specialised Immunisations Teams could carry out wider work in promoting the immunisation schedule to parents and carers.</p>	<p>Ongoing</p>	<p>Public Health NHS England CCGs</p>
<p>Impact on health inequalities</p>	<p>Those children, young people or their families living in more deprived areas of Surrey (and who already experiencing poorer outcomes) are likely to experience a greater impact than other population groups.</p>	<p>Ongoing work would need to take place to understand the impact of service</p>	<p>Public Health</p>

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	<p>A mitigating factor could include the recent commissioning of certain additional services that could meet the needs of these families and children e.g. child weight management or new elements of the Surrey CAMHS. However these would be unlikely to have the reach of the 0-19 services and would only focus on one health issue. The benefit of health visitors, school nurses and family nurse partnership nurses is their ability to see and act upon a wide set of factors that may need support or intervention.</p> <p>Additionally, as mentioned above, the 0-19 service will be expected to prioritise those population groups who experience poorer outcomes, relating to living in areas of lower socio-economic status (append x).</p>	reduction on health inequalities	
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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
<p>Risk to viability of procurement process: The reduced financial envelope means that the service tender may be less attractive to potential bidders. There is a theoretical risk that no providers will bid on account of the financial envelope, leaving less than 12 months to return to the market or make alternative arrangements for continuation of services in April 2017. Due to the wide engagement carried out regarding the public health budget (see table 6) and discussions with each of the current community providers regarding 2016/17 savings, all are fully aware of the reduced public health budget and the need for considerable service redesign. Some mitigation has already been put in place by alterations to the Key Performance Indicators contained within the service specification. Therefore, Public Health do not consider this risk to be likely but it does exist and it's impact, should it occur, would be significant.</p>	<p>All stated in table 7 as risk of no children's community service being in place would trigger all of the impacts outlined in the table.</p>
<p>Upward cost on other NHS or SCC services for children: there could be an increase in referrals for issues or conditions that could normally have been handled by the 0-19 services. Additionally, more specialist services may only get to see children at a later, more severe stage of their condition due to the reduced capacity of the 0-19 service to identify problems early and make appropriate referrals</p>	<p>All stated in table 7 as a reduced 0-19 service would trigger all of the impacts outlined in the table.</p>

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11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	A number of engagement activities have taken place that have high
Key impacts (positive and/or negative) on people with protected characteristics	<p>There are likely to be negative impacts from a reduction in service in the following groups of protected characteristics; age, disability, gender reassignment, pregnancy and maternity, sex, sexual orientation and carers.</p> <p>Whilst a service reduction will affect the protected characteristic groups the impact is also likely to be unequal across different socio-economic groups. Those children, young people or their families living in more deprived areas of Surrey (and who already experiencing poorer outcomes) are likely to experience a greater impact than other population groups.</p>
Changes you have made to the proposal as a result of the EIA	<p>The Public Health grant is a fixed allocation and Surrey receives an allocation that is 40% below our target allocation based on population need (see embedded document in section 5 for further details). On top of this poor allocation, we are expected to make in excess of 30% reduction over the next five years. Benchmarking of public health programmes against other areas means that we have already minimised the proportion of savings being allocated to the 0-19 service. Further reductions to other public health programmes would also have a negative impact on children and their families as these programmes cover smoking cessation for children, pregnant women and parents, substance misuse services for children and parents and access to contraceptive and other sexual health services. It is therefore not possible to change the outcome of the proposals as a result of this EIA.</p> <p>Update 6th July 2016: The EIA has been changed to reflect the additional investment made by Surrey County Council to maintain the role the 0-19 Healthy Child Programme Service has in being the Lead Professional for Safeguarding and Early Help cases.</p>

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<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Public Health Commissioners will continue to work with the lead CCG for the procurement of the Children’s Community Health contract to understand the risks to the procurement and future service delivery.</p> <p>Public Health will work with the current and future provider of the Children’s Community Health Services to understand the risks to the reduction in service spend and options for reduced activity and greater skill mix within the workforce.</p> <p>Public Health will continue to keep partners including Children, Schools and Families aware of the possible impact that a reduced service may have on early help and safeguarding capacity.</p> <p>Public Health will continue to prioritise the 0-19 services in terms of future funding when contracts are due for renewal.</p> <p>Update 6th July 2016: Surrey County Council has worked to mitigate against the full impact of the public health savings by investing from within Children, Schools and Families. This will be for the first two years of the Children’s Community Health Service contract.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<ol style="list-style-type: none"> 1) Risk to viability of procurement process 2) Upward cost on other NHS or SCC services for children