

New Template EIA (for documents)

Ref. No.: [INSERT]

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To be completed by Document owner or an EDS Lead

Start Date of completing EIA	30/07/14	End Date of completing EIA	12/5/15
<p><i>The assessment should be started prior to policy development or at the design stages of the review and continue throughout the policy development/review.</i></p> <p><i>For an existing document, it needs to be ensured that any changes identified as necessary can be implemented. <u>The assessment will need to inform decision-making</u> so the end date should take this into account. The end date should not however be the end of the assessment cycle, as this may link to any requirements for review.</i></p>			
1	Name of the Document:	Joint Commissioning Strategy for Speech and Language Therapy Services	
2	Who owns the document and who will be responsible for any implementation deriving from this document? Who is the document aimed at?		
Document Owners: Anne Breaks / Zarah Lowe Aimed at: CCG Boards, Health and Well Being Board SCC education commissioners, Council members, schools, general public			
3	Detail the main aims, purpose and outcomes of the document?		
Aim and Purpose <ul style="list-style-type: none"> To explain and set out recommendations for commissioning of services to meet the needs of children with speech, language and communication needs (SLCN) To ensure that all stakeholders are have been directly involved in the process To build trust and collaboration between families and service providers and commissioners Outcomes <ul style="list-style-type: none"> A responsive and equitable service that meets the SLCN of all children and Young People in Surrey. Improved patient /carer experience and satisfaction Improved use of resources through clearer pathways of care, empowering others, and reducing duplications 			
4	Detail which key Stakeholder Groups are 'affected' by this document and what <u>demographical data has been assessed</u> to identify any positive/negative impact to these groups upon implementation of the document		

Affected groups: Children and Young People and their families, Early Years providers and practitioners, schools staff and Governing bodies, Virgin Care Services Ltd., Central Surrey Health, SCC, GPs, Post 16 services.

Impacts: JSNA and CCG commissioning priorities, Surrey - i and schools data and have been taken into account when considering impacts of the implementation of the strategy.

5	How would you rate the level of impact / risk of this document to the organisation? (Delete opposite as appropriate)	Medium CCG	High SCC	<p>USE THE SPACE BELOW TO DETAIL THE IMPACT TO THE ORGANISATION</p> <p>Please detail any risk management (<i>reference to risks being added to the CCG Risk Register</i>); if the impact is positive and/or negative and how this will be managed</p>
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Risks for CCGs are around relationship with SCC as it is likely that SCC will have increased costs associated with the strategy as the Children and Families Act 2014 states that SLT should be provided be viewed as education or training and is therefore the responsibility of SCC. Risks around relationships with current providers as service specs will be written to reflect the change in emphasis of CCG commissioned services to early identification and intervention.

Does the Document affect one group more or less favourably than another based on the 9 protected characteristics?				
	Protected Characteristics <i>(please refer below for further definition of each character)</i>	More favourably Yes / No	Less favourably Yes / No	Comments / Information considered to reach this decision.
6	Age	Yes*	No	*SLT services to Preschool aged children will have more investment and are expected to improve with reduced waiting times and increased provision for children with speech and language impairments. **There is a possibility that parents of some children who may have a reduction in Speech and Language Therapy allocation may perceive this as a poorer
	Sex	No	No	
	Disability	Yes	Yes **	
	Race	No	No	
	Religion and Belief	No	No	
	Sexual orientation	No	No	

	Pregnancy and Maternity	No	No	<p>service, so communications/ messages will need to be considered and y handled sensitively. Any reduction is expected to be mitigated by more effective use of current resources.</p> <p>Factors to consider</p> <ul style="list-style-type: none"> • Relevance to the Equality Duty as stated by law • Level of evidence available that different groups may be affected differently (little, some, substantial) • Level of concern raised by the communities or the public about the policy etc when they are consulted – (recorded opinions, not lack of interest) (little, some, significant)
	Marriage and Civil Partnership	No	No	
	Gender Re-assignment	No	No	

If you have answered yes to any of the above, you **MUST** complete the comments column explaining what information you have considered which has led you to reach this decision.
Please continue overleaf if required.

7	Where, if any, are the gaps in the information required? What are the reasons for any lack of information? List them below for each 'Protected' group			
No gaps identified				
8	Are there barriers which could inhibit access to the benefits of this document? E.g. Communication / information, physical access, location,	No		

	sensitivity			
9	Does the proposal relate to an area where there are known inequalities? If so which and how?	Yes		.
<p>There are inequalities in waiting times and levels of service provision across Surrey which will be addressed through the changes which will result from the implementation of the strategy.</p>				
10	Please list below what evidence you have used in carrying out this assessment.			
<ul style="list-style-type: none"> ▶ In some areas, up to 50% of children starting school with speech, language and communication skills below expected level ▶ Part 3 of the Children and Families Act 2014 states that joint commissioning should be established between health, education and social care commissioners. ▶ Special Educational Needs and Disability Code of Practice: “Healthcare provision is to be treated as special educational provision when it is made wholly or mainly for the purposed of the education or training of a child or young person”. “ Since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so”. ▶ In Surrey, Speech, Language and Communication Needs (SLCN) are second most prevalent primary need (after autism) ▶ In Surrey 951 children with Statements of Special Educational Need (SSEN) listed SLCN as primary need in January 2013. The proportion of children and young people who have SSEN is significantly higher in Surrey than nationally (22% compared to 14%). There are a higher proportion of children with SSEN in Key Stage 1 who SLCN listed as a primary need in comparison to other primary needs ▶ Surrey has a rising population. The population aged 0-4 yrs has increased by 13.5% in the 10 year period 2001 – 2011 and now makes up 6.3% of Surrey’s population. Between 2011 and 2023 the population aged 5yrs to 24yrs is forecast to grow by 10% from 272,389 to 300,800 ▶ Feedback from stakeholders and service users identified key issues in the systems that needed to be addressed: Lack of resource and shortage of trained therapists. Long waiting times and delays in planned treatment when therapist goes on leave or maternity leave. Need for more speech and language therapists to deliver therapy to all children who need it. Issues with ‘the system’ including transition to school from early years. Poor communication between key partners <p>Chronology of consultation, collaboration and co-production events:</p> <p>June 2013: A Rapid Improvement Event was held to explore outcome focussed assessment and delivery for school-based paediatric therapy services to Surrey children and young people with SEN. An on-line survey was sent out to the following groups of stakeholders; children and young people, parents and carers, schools, area education teams, therapists and commissioners. Responses were received from 143 parents and 215 practitioners.</p> <p>Dec 2013: A qualitative review of speech and language therapy provision, commissioned by Surrey CCG children’s collaborative was</p>				

undertaken which revealed significant variation in the provision across Surrey. The report was published in April 2014.

February 2014 – March 2015: A monthly **therapy forum** was held to review current service delivery and commissioning arrangements, and advise on changes that would support compliance with the Children and Families Bill currently in progress through Parliament.

August- October 2014: A total of 23 parents attending **parent empowerment workshops** for children who had been referred to speech and language therapy were consulted informally by the commissioner about their experiences of the service. The parents were seen at 3 different location in Redhill, Woking and Ashford.

15 January 2015 – Engagement Event for families and schools and other stakeholders. Feedback from this event was positive and in support of the strategy.

December 2014/January 2015 Draft Strategy and Consultation Questionnaire published on Surrey Says. There were a total of 79 respondents to the consultation questionnaire. Of these 79, the vast majority belonged to the primary school / early years setting. Parent/ Carers represented the second highest cohort to respond. In general, education taken as a whole (special schools, primary, junior, secondary and early years) made up the majority of responses. 85% of respondents agreed with the proposed strategy.

Four co-design events were held to seek views from families, schools, therapists and other professionals on what a new speech and language therapy service should look like in Surrey. The events were jointly organised by Surrey clinical commissioning groups and Surrey County Council. More than 150 participants attended the four events to share their ideas and each event was fully booked out. Feedback from these events will be reflected in the service specification.

11	<p>Please indicate if a Full Equality Impact Assessment is required.</p> <p>PLEASE NOTE THAT FOR EIAs ON SERVICES, A FULL IMPACT ASSESSMENT IS ALWAYS REQUIRED (N.B this is a CCG process)</p>	No	
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PRINT NAME	Anne Breaks/Zarah Lowe	Date completed	12/05/2015
Signature of individual completing the assessment:			
Details of where EIA is being submitted to	Surrey County Council/ Surrey Clinical Commissioning Groups	Date to review EIA	

Outcome of EIA Review:	Tick as appropriate
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Outcome 1: No major change: the EIA demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.	X
Outcome 2: Adjust the document: the EIA identifies potential problems or missed opportunities. Adjust the document to remove barriers or better promote equality.	
Outcome 3: Continue the document: the EIA identifies the potential for adverse impact or missed opportunities to promote equality. Clearly set out the justifications for continuing with it. The justification should be included in the EIA and must be in line with the duty to have due regard. For the most important relevant policies, compelling reasons will be needed.	
Outcome 4: Stop and remove the document: the document shows actual or potential unlawful discrimination. It must be stopped and removed or changed (the codes of practice and guidance on each of the public sector duties on the Commission's website provide information about what constitutes unlawful discrimination).	

For any other outcome other than Outcome 1, an action plan should be developed, monitored and reviewed. This should include evaluation of the changes, to measure whether they have had their intended effect, and of the outcomes achieved. Actions identified as necessary:

- Details of who is responsible for implementation of actions
- Timescale for implementation
- Timescale and actions for review, and
- Details of how the effects of the actions will be evaluated to measure if expected outcomes are achieved in practice.

Summary of EIA review:			
Signature of EDS Lead endorsing the EIA:		Date to review EIA	
PRINT NAME		Date completed	

Descriptions of Protected Characteristics

Age	Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).
Disability	A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. <i>(Covering mental, physical and learning disability, physical disability, sensory impairment and mental health problems should be included in this section)</i>
Gender reassignment	The process of transitioning from one gender to another.
Marriage and civil partnership	Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion and belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sex	A man or a woman.
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

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