

1. Topic of assessment

EIA title:	Procurement of children and young people’s occupational therapy service
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EIA author:	Zarah Lowe, Provision and Partnership Development Manager
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2. Approval

	Name	Date approved
Approved by¹	Beverley Clarke	

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Zarah Lowe	Provision and Partnership Development Manager	Surrey County Council	Lead Commissioner for Paediatric Therapies
Harriet Derrett-Smith	Public Health Principal	Surrey County Council	Commissioner for Public Health Services

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

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Occupational therapy is a person-centred profession concerned with promoting a balanced range of occupations to enhance health and wellbeing. Occupations refer to everything people do in the course of their daily life. Occupational therapists believe that everyone has the right to the opportunity to fulfil their potential (COT 2014).</p> <p>Surrey’s occupational therapy services for children and young people experiencing difficulties with everyday activities are commissioned by different organisations, which include: Surrey County Council Schools and Learning Service and Surrey County Council Children’s Services, Surrey Clinical Commissioning Groups and by some individual schools.</p> <p>Surrey County Council has the statutory responsibility to ensure that occupational therapy is provided to children and young people who have this specified on their Education, Health and Care plan.</p> <p>Surrey County Council Children’s Social Care funds and provides the equipment and adaptation service. This service is not included in the EIA as it is not part of the proposed changes.</p>
<p>What proposals are you assessing?</p>	<p>The Occupational Therapy Service for children and young people to be jointly commissioned by Surrey County Council and the six Clinical Commissioning Groups in Surrey (excluding Children’s Social Care) from April 2017.</p> <p>The Council funded Occupational Therapy Service to form part of the Community Health Services procurement process that was agreed in the November Cabinet meeting for Health Visiting and School Nursing, Parent Infant Mental Health and CAMHS Community Nurses.</p> <p>The impact of these proposals will be:</p> <ol style="list-style-type: none"> 1. Occupational Therapy across Surrey Clinical Commissioning Groups and Surrey County Council (Education) will be integrated to provide seamless care across the service 2. All children’s community health services will be accessing the same provider which gives benefits around information sharing and reducing on-costs (e.g. management and premises) and clear co-ordination of health care. 3. The planning of the community health services procurement planning has already started; with governance and funding frameworks that are unlikely to pose any additional costs to Surrey County Council. 4. This will be integrated with other community health service provision which will facilitate better and seamless multi-health professional work; particularly for differential diagnostics, assessments of complex needs and intervention for children with disabilities.

Equality Impact Assessment

Who is affected by the proposals outlined above?	<ol style="list-style-type: none">1. Children and young people aged 0-25 (18+ with Education, Health and Care plan and their families)2. Providers of the occupational therapy service3. Occupational therapy staff4. Early years, school and college settings5. Health professionals
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6. Sources of information

Engagement carried out
<ul style="list-style-type: none"> • Rapid Improvement Event held in July 2013 - This was jointly sponsored by the Council and Guildford and Waverley CCG. Participants comprised families, schools areas teams, health providers and commissioners. Concerns captured from the event included: disagreement over funding and therapists; therapists don't always see the child in a classroom setting; children without statements not getting support; have to fight for provision; things have to go wrong before anything is done and there is poor follow-up on the impact of the therapy. • The rapid improvement event identified a number of solutions that were quickly implemented and resolved some of the issues raised by families, schools and other professionals. More importantly it emphasised the negative impact that the current commissioning arrangements were having on service delivery and that until these were resolved no significant change in the service could take place. Following this event contracts with Virgin Care Services Ltd and CSH Surrey were extended in order to align the timeframes for procurement with Health contracts. In addition to this, the Council and Surrey CCGs together with families, schools and professionals have worked together to agree what these arrangements should look like in the future. • A therapy forum set up in February 2014 with representation from families, schools and early years. Therapy forum members agreed the five key principles for joint commissioning. • The College of Occupational Therapy completed a review of the service in January 2015. The reviewer carried out five days of stakeholder interviews, which included interviews with staff, managers, colleagues, staff from partner agencies and parents. Detailed feedback included: <ul style="list-style-type: none"> • It is confusing and frustrating for schools and parents to have such disparity from the different services within the county. • Parents were not clear about outcomes of assessment and intervention demonstrates a lack of communication and clarity about the occupational therapy contribution. • There is a lack of equity in provision across health providers as a whole.
Data used
<p>The College of Occupational Review provided the following feedback on the stakeholder consultation that had been undertaken:</p> <p>Information for the review was gathering from the following groups by the methods indicated</p> <p>Parents <i>Sources of information</i></p> <ul style="list-style-type: none"> • School age and early years on line survey tool • Other parent's reviews forwarded from previous surveys • Phone interviews with parents.

- Health/ school main focus of parent's response, with some specific comments regarding social care included
- Just under half of those who responded to the survey (127 parents) have a child with Autistic Spectrum Disorder (ASD).
- Approximately 71% of those responding have a child in Special School or special nursery or special unit
- Representation of responses came from all areas of the County.

Key results

- Parents describe a battle to receive occupational therapy and without a statement in place intervention was felt to be lacking. One parent was very vocal in his call for better contract management by commissioner when services have waiting lists.
- Half of those who accessed both health and social care said communication between the services was good or excellent, half said it was poor or unacceptable.
- Parents resent having to go through the re-referral process each time a new need is identified and to have to wait again to be seen
- Parents interviewed whose children are thought to have Developmental Coordination Disorder (DCD) were frustrated by the lack of diagnostic pathway and lack of recognition of the condition as a whole in Surrey.
- When occupational therapists do see children and communicate with parents they make a big difference
- Nearly half of the respondents were not clear about the outcome of their occupational therapy assessment
- Nearly half of the respondents were not clear about the outcome of intervention
- Just over half of the respondents were happy with the quality of the service
- Parents interviewed did agree that the 'whole school approach' could work with sufficient resourcing and acknowledged that it might not have occurred to them to seek occupational therapy in the statement if their child's functional needs were being addressed and met in a collaborative, outcomes focused way. Those interviewed felt that this would need significant extra resources to achieve.

Two respondents commented as follows: -

'OT is an extremely important function of the council, to enable severely disabled children and their families to cope with the complex needs and barriers that prevent us from functioning in many aspects of "normal" everyday life. Resources for this service should be adequate, and ring fenced so they do not get absorbed by other areas of social services. OT adaptations can mean the difference between a family continuing to meet the needs of a disabled child, or consider it too much and request residential care. The service can ultimately create savings for the council by helping parents to continue to cope, rather than reach breaking point.'

'Shame their (occupational therapist's) input is so tied to the individual children's Statements rather than a fundamental component of the educational setting. i.e. is a discrete service taking place within the school. Would have more impact and benefit if fully integrated within school provision. Therapy staff and teaching staff do the best they can with the rationed service available but I believe there is unmet needs within the school as a result.'

Schools

Sources of information

- On line Survey
- Interviews of Head Teachers/ Special Educational Needs Coordinators (SENCOs)

School staff were very positive about the potential contribution of occupational therapy to the school team and children and young people, but many expressed frustration regarding the lack of provision and lack of integration into everyday school activities. Although this was not the feedback from every school, schools within each of the four provider teams districts made this observation. The schools that express satisfaction with the service were those which reflected that occupational therapy was part of the school team, integrated and co working with teachers.

Feedback summary

- 60 % of survey responses were from mainstream schools (it should be noted that most special school staff were interviewed by phone/ in person).
- Over-whelming response related lack of occupational therapy in schools, frustration at therapist working outside of class and not being part of the school team.
- Schools want to know when occupational therapy staff will be on site and that timetabled plans will be adhered to.
- They want occupational therapy to embed into school day/ team and co work with educational staff.
- School would welcome more training, although school staffing budgets are reducing so therapists need to have realistic expectations and build therapy into learning goals.
- Frustrating to be told to use the resource pack when they feel that the child needs an assessment.
- Some schools responded that they would be prepared to consider buying in occupational therapy.

Occupational therapy staff

Source of information

Meeting with teams

Staff survey

- Recognise potential for tiered working but present contract makes this very difficult as contracted for individual children.
- Frustration that education work is prioritised to the detriment of health role, as it is specifically contracted and needs to be met. So if there are vacancies the work that is prioritised tends to be health – (except in CSH where they have separated roles.
- Some special schools very difficult to engage with and not easy to employ new ways of working, i.e. working in class/ whole school working
- SEN/schools schedule annual reviews with short notice - need more time to work to amend levels.
- Health staff have concerns about working for non-NHS organisation and losing NHS pension, terms and conditions.
- Some staff are not confident that other teams have the skills needed to carry out the breadth of their role
- There are anxieties about the band 7 review in some areas, although the North West feel that this is the direction that they have taken already.
- Difficulty parking wastes a significant amount of time especially for social car staff
- The concern in the LA regarding health occupational therapists stipulating high levels of therapy is not borne out by the occupational therapists themselves, who report working to reduce those hours where possible but there attempts are sometimes

frustrated by lack of combined approach with SEN case officers.

- Poor IT access for health staff
- High levels of paperwork
- Travel a major problem as the county is very large and traversed by very congested roads.
- Not enough opportunity to carry out interventions in some teams – the role is felt to be too consultative

The concern in the LA regarding health occupational therapists stipulating high levels of therapy is not borne out by the occupational therapists themselves, who report working to reduce those hours where possible but their attempts are sometimes frustrated by a perceived lack of responsiveness from SEN case officers.

Colleagues health and social care

Source of information –interview with Paediatricians, Senior Managers in Health and Social Care

There was wide acknowledgement that the services are hard pressed to manage need, and there is insufficient resource. Occupational therapists are a valued part of the multi - disciplinary team and their expertise, particularly for those with DCD and ASD, is much valued.

Summary of comments

- For parents of young children the roles of health and social care are confusing and getting access to social care is reported to be difficult and stressful.
- An inequity in service arrangement which effects occupational therapy e.g. multi disciplinary coordinator role. Occupational therapists in the East team are not co-located with Drs and not always able to get to multi disciplinary assessment meeting due to staffing levels – this should be compared to Whitelodge where therapists working together all the time etc.,
- Health reports are often lengthy and Drs are often only reading the summary and test results, not the explanations
- Frustrating that schools referring ASD children are asked to use resource pack – this may not be appropriate for complex children
- Acknowledgement that DCD diagnosis is not meeting EACD guidelines.
- The perception is that the service responding to parents who ‘shout the loudest’ not to those with greatest need.
- Acknowledgment that differing practices and resourcing in each area has an impact on occupational therapy service delivery
- Lack of leadership and strategic post in children’s social care, hard for them to develop and increase their profile particularly in the west team.
- Need to look to adult social care occupational therapy team for models of integrated and flexible working

Special Educational Needs staff

Key points:

Source – interviews

- The need for occupational therapy staff to train and up skill teachers not only to support children more but also to understand the resource pack.
- The resource pack covers specialist and much lower-level need, which is confusing for teachers and support staff.

- There is an opportunity to work through the teacher-training centre and use their organisation to support occupational therapy practice
- The high number of children going to out of borough or non-maintained schools, at significant expense to the LEA often do so because of greater therapy provision within those schools compared to maintained schools in Surrey. Bringing children and young people back into Surrey maintained schools or reducing the drift would save money, which could be spent on therapies.
- The SEND teaching school alliance has a remit to organise and deliver cpd for specialist centres at present; this is likely to expand across all schools and may include some mandatory training elements in the future. Those leading the Alliance feel that this offers a great opportunity for occupational therapy to deliver teacher training and on going learning support supported by the organisational infrastructure of the alliance. It also can assist greatly in the delivery of the message to schools that all staff need to be up skilled to incorporate therapeutic suggestions and practice into the school day and that work with therapists must be fully collaborative if parents are to be assured that their child's needs will be met in Surrey maintained schools. (Without significant IPA hours)

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

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

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
Age	The new service specification will include statutory provision which may be detailed in Education, Health and Care plans for 19-25 year olds, which has not been included previously.		Children's and Families Act 2014 extends the age for statutory plans to 19-25 year olds with SEND who continue in education and training.
Disability	<p>Children and young people with disabilities will access the same service regardless of where they live or go to school in Surrey</p> <p>A single commissioned service will achieve better value for money for the service, redirecting funding to service delivery and reducing spend on on-costs.</p> <p>A county-wide service will achieve a greater skills-mix within the service and more efficient use of staffing, therefore improving the service for children and young people with a disability.</p> <p>Following recommendations from the College of Occupational Therapy, the new service specification will require providers to make</p>		College of Occupational Therapy Review, which cites a range of research to backup recommendations.

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² More information on the definitions of these groups can be found [here](#).

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	recommendations in line with evidence-based practice.		
Gender reassignment	Not applicable	Not applicable	Not applicable
Pregnancy and maternity	Not applicable	Not applicable	Not applicable
Race	Not applicable	Not applicable	Not applicable
Religion and belief	Not applicable	Not applicable	Not applicable
Sex	Not applicable	Not applicable	Not applicable
Sexual orientation	Not applicable	Not applicable	Not applicable
Marriage and civil partnerships	Not applicable	Not applicable	Not applicable
Carers³	Not applicable	Not applicable	Not applicable

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	Not applicable	Not applicable	Not applicable

³ 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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Disability	Not applicable	Not applicable	Not applicable
Gender reassignment	Not applicable	Not applicable	Not applicable
Pregnancy and maternity	Not applicable	Not applicable	Not applicable
Race	Not applicable	Not applicable	Not applicable
Religion and belief	Not applicable	Not applicable	Not applicable
Sex	Not applicable	Not applicable	Not applicable
Sexual orientation	Not applicable	Not applicable	Not applicable
Marriage and civil partnerships	Not applicable	Not applicable	Not applicable
Carers	Not applicable	Not applicable	Not applicable

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8. Amendments to the proposals

Change	Reason for change
Not applicable at this stage	Not applicable at this stage

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
The new service specification will include statutory provision which may be detailed in Education, Health and Care plans for 19-25 year olds, which has not been included previously.	Local Offer information updated on website. Post-16 Case workers briefed On-going communication with families, schools, post-16 settings and health professionals	April 1 st 2017	Zarah Lowe, Partnership and Provision Development Manager
Children and young people with disabilities will access the same service regardless of where they live or go to school in Surrey A single commissioned service will achieve better value for money for the service, redirecting funding to service delivery and reducing spend on on-costs. A county-wide service will achieve a greater skills-mix within the service and more efficient use of staffing, therefore improving the service for children and young people with a disability.	Local Offer information updated on website. On-going communication and engagement with families, early years, schools, post-16 settings and health professionals Transition plan in place to support changes in service	April 1 st 2017	Zarah Lowe, Partnership and Provision Development Manager Karina Ajayi Head of Children's Commissioning – Community Health Services Surrey Children's Commissioning Team Hosted by: NHS Guildford & Waverley Clinical Commissioning Group
Following recommendations from the College of Occupational Therapy,	Local Offer information updated on website. On-going communication and engagement with families,	April 1 st 2017	Local Offer information updated on website.

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<p>the new service specification will require providers to make recommendations in line with evidence-based practice.</p>	<p>early years, schools, post-16 settings and health professionals Transition plan in place to support changes in service Additional resources and support in place for families</p>		<p>On-going communication and engagement with families, early years, schools, post-16 settings and health professionals Transition plan in place to support changes in service</p>
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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Not applicable	

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>Occupational therapy provision is valued within Surrey for its contribution to health, education and social care and for the impact on children’s participation in everyday activities. There is however, significant variation and subsequent dissatisfaction amongst parents and schools at the levels of service available and the waiting times experienced; colleagues and partner agencies echoed these concerns.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<ol style="list-style-type: none"> 1. The new service specification will include statutory provision which may be detailed in Education, Health and Care plans for 19-25 year olds, which has not been included previously. 2. Children and young people with disabilities will access the same service regardless of where they live or go to school in Surrey A single commissioned service will achieve better value for money for the service, redirecting funding to service delivery and reducing spend on on-costs. A county-wide service will achieve a greater skills-mix within the service and more efficient use of staffing, therefore improving the service for children and young people with a disability.

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	3. Following recommendations from the College of Occupational Therapy, the new service specification will require providers to make recommendations in line with evidence-based practice.
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	Local Offer information updated on website. On-going communication and engagement with families, early years, schools, post-16 settings and health professionals Transition plan in place to support changes in service Additional resources and support in place for
Potential negative impacts that cannot be mitigated	Not applicable