

ANNEX 3: EQUALITY IMPACT ASSESSMENT SUMMARY (ADDENDUM)

The papers attached are provided to complete the information set out in Annex 3: Equality Impact Assessment Summary and relate to the Public Health budget proposals.

There are no reductions being made to the Public Health budget in 2013/14, however as a new function transferring to Surrey County Council, Equality Impact Assessments have been undertaken of these services. In most cases, programmes will continue unchanged from previous years meaning the impact of the transfer of responsibilities on groups with protected characteristics will be minimal. Should Cabinet be required to take decisions about proposals for changes to services in the future, further Equality Impact Assessments will be undertaken.

Approved by: Dr Akeem Ali
Date: 25 March 2013

PUBLIC HEALTH EQUALITY ANALYSIS SUMMARY

The Public Health budget for 2013/14 and will fund the Council's new public health responsibilities including:

- The transfer of specialist public health staff from the NHS to local authorities
- The six mandatory service areas as outlined in Healthy Lives Healthy People¹:

1. Commissioning appropriate access to sexual health services
2. Commissioning the NHS Health Check programme
3. Commissioning the healthy child programme 5-19 years
4. Commissioning the national child measurement programme
5. Ensuring that plans are in place to protect the population's health
6. Ensuring NHS commissioners receive the public health advice they need

Equality analysis has been undertaken of public health programmes which will be transferred to the County Council in April 2013. In most cases, programmes will continue unchanged from previous years, meaning that the impact of the transfer on groups with protected characteristics will be minimal. The grant for Public Health has been announced for 2013/14 and 2014/15 and it is assumed that following current government policy the funding will increase by 10% each year after this. This should enable the Council to deal with volume and price issues, whilst recognising that there is a growing demand for Public health services and that there has been historic underfunding of Public health services in Surrey which needs to be rectified.

Budget proposals for Public Health in 2013/14

Budget line	Amount 2013/14	EIA page no.
Public Health Commissioning		
<ul style="list-style-type: none"> • Sexual health services 	£8.9m	3
<ul style="list-style-type: none"> • National Child Measurement and 5-19 programme 	£2.1m	12
<ul style="list-style-type: none"> • Substance misuse 	£8.7m	21
Health Protection	£0.4m	32
Health Improvement	£4.1m	40

¹ Department of Health, 2011

EQUALITY IMPACT ASSESSMENT TEMPLATE

1. Topic of assessment

EIA title:	Sexual and Reproductive Health Commissioning – integration of Sexual and reproductive health services
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EIA author:	Kelly Morris, Public Health Principal
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2. Approval

	Name	Date approved
Approved by¹	Dr Akeem Ali	25 March 2013

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role

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

EQUALITY IMPACT ASSESSMENT TEMPLATE

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>What does the policy, function or service aim to achieve?</p> <p>This is a statutory commissioning function which aims to;</p> <ul style="list-style-type: none">• ensure that Sexual and Reproductive Health commissioned services are based on need, evidence based practice and outcomes.• that ongoing service delivery is monitored and performance managed in line with the service specification and that services are targeted to those who are most at risk of poor sexual health i.e. young people or men who have sex with men (MSM).• evaluate the effectiveness of the service and make recommendations to recommission or decommission• ensure robust data collection processes are in place including equality data• ensure services develop in line with best practice and continue to meet the need of the Surrey population• ensure robust care pathways exist between commissioned services i.e. HIV testing and treatment services• ensure the service user voice is included within and influences commissioning decisions including those most at risk of poor sexual health. <p>Who does the policy, function or service affect?</p> <p>Internally – SCC directorates – Adult Social Care, Children Schools and Families and Business Services.</p> <p>Externally – Partners such as Health (commissioners - Area Teams, CCGs and providers – acute and community), local borough and districts, the voluntary and community sector and Surrey residents</p> <p>All services are commissioned to work towards ‘You’re Welcome quality criteria’ accreditation.</p> <p>How do people access the policy, function or service?</p> <p>The commissioning function is not a public facing service, however service user and non-user consultation is recommended as best practice. Partners can access the function via their public health representative. i.e. CCGs via the Public Health Consultant that sits on their Board.</p> <p>Further information about how service users access services is provided below.</p>
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EQUALITY IMPACT ASSESSMENT TEMPLATE

<p>What proposals are you assessing?</p>	<p>As of 1st April 2013 Surrey County Council will be responsible for Contraception and Sexual Health Services (CASH) and Genito-Urinary Medicine (GUM). At this point services will continue as commissioned previously, however work is underway to develop an integrated service and this will be considered by Cabinet at a future date.</p> <p>Services available from individual GP practices will not change. The CASH service provides contraception and family planning interventions and advice and is a referral centre for primary and secondary care providers. The service includes ensuring that:</p> <ul style="list-style-type: none"> • All methods of contraception choices are available, including Long Acting Reversible Contraception (LARC) • All clients have timely access and are supported to make an informed choice about their use of contraception • All men have access to and guidance on the use of contraception • All young people (aged 15-24 years old) accessing the service are offered a Chlamydia screen • Enable women without delay to find out if they are pregnant and act upon informed choices in relation to pregnancy • Services are young people friendly • Confidentiality is assured as appropriate <p>The GUM Service provides consultation, screening, diagnosis and treatment of STIs and related conditions on an open access basis to all individuals who require or request specialist advice. The service is consultant led and operates both walk in and booked appointments for anyone requiring these services.</p> <p>The commissioning service ensures that the services we commission are cost-effective, offering our residents best value.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Groups affected by the proposals include:</p> <ul style="list-style-type: none"> • Service users and potential service users • Provider staff • External organisations commissioned to deliver services on behalf of the Council or in partnership

EQUALITY IMPACT ASSESSMENT TEMPLATE

6. Sources of information

Engagement carried out
<p>In accordance with the NHS and Social Care Act 2001, there is a statutory duty to consult and involve patients and the public in decisions about local service changes and developments:</p> <ul style="list-style-type: none">• Service users are regularly consulted on their satisfaction with the service provided and are actively involved in their own care• Service Users are made aware of complaints' procedures and local advocacy and support services• The Contractor shall ensure that the standards and responsibilities of the Surrey Service User strategy are met. <p>All services that are 'You're Welcome quality criteria' accredited have to involve young people in the evaluation of their service.</p> <p>Sexual Health clinicians were involved in the development of the service specification via a series of clinical reference groups. Their role was to ensure the service specification was clinically sound and in line with clinical standards</p> <p>Service users were surveyed as part of the sexual health needs assessment in 2009 – this will be refreshed.</p> <p>A Sexual Health Commissioning/Strategy Group and expert reference group will be set up in 2013 to input into the Sexual Health agenda.</p>
Data used
<p>This includes:</p> <ul style="list-style-type: none">• National research – sigma conduct an annual MSM survey• <u>Surrey-i</u>, our local data and information portal, which can be searched by protected characteristic.• Service monitoring reports.• User feedback and/or complaints data.

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

EQUALITY IMPACT ASSESSMENT TEMPLATE

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

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
Age	Most people that use sexual and reproductive health service are under 25. As services are commissioned they will be based in appropriate locations and open at suitable times for people under 25 to improve access.	The focus on providing services for under 25s means that the service provided for older groups could be limited. However there is evidence that older groups tend to use GP services for their sexual health needs, as opposed to those commissioned as part of this service.	National and local data shows greatest service use in under 25s. It also shows that young people living in more deprived areas often have more risky behaviour.
Disability	No impact	No impact	Services have disabled access. There is currently no evidence that uptake of services by disabled people is proportionately low however data will be collected and shared with commissioners as part of the move to an integrated commissioning service.
Gender reassignment	No impact	No impact	
Pregnancy and maternity	No impact	No impact	All pregnant women are tested for HIV in the antenatal period
Race	No impact	No impact	Nationally, Black Africans have greater prevalence of HIV. However, the size of the population in Surrey is relatively small.
Religion and belief	No impact	No impact	

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

EQUALITY IMPACT ASSESSMENT TEMPLATE

Sex	Men only clinics are available – this is because there are higher levels of sexual ill health and risky behaviour among men.	No impact	
Sexual orientation	As there is evidence that men who have sex with men (MSM) have greater risky sexual health behaviour, services are commissioned to ensure they are fit for purpose for MSM.	No impact	National data including annual MSM survey. However, HIV prevalence is also increasing in heterosexual men.
Marriage and civil partnerships	No impact	No impact	

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

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Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	No impact	No impact	
Disability	No impact	No impact	
Gender reassignment	No impact	No impact	
Pregnancy and maternity	No impact	No impact	
Race	No Impact	No impact	
Religion and belief	No impact	No impact	

EQUALITY IMPACT ASSESSMENT TEMPLATE

<p>Sex</p>	<p>No Impact</p>	<p>No impact</p>	<p>Service users can request the gender of the member of staff that they see.</p>
<p>Sexual orientation</p>	<p>No impact</p>	<p>No impact</p>	
<p>Marriage and civil partnerships</p>	<p>No impact</p>	<p>No impact</p>	

EQUALITY IMPACT ASSESSMENT TEMPLATE

8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Data to be collected on service use by disabled people	Ensure data is collected on disability and it is shared with commissioner	1/7/13	KM
Proposals to develop an integrated commissioning service are likely to lead to changes to how services are delivered which could impact on groups with protected characteristics.	<p>Take proposal to integrate the Sexual and Reproductive Health Services to Cabinet. A further Equality Impact Assessment will be completed as part of this process.</p> <p>An expert reference group and contract monitoring meetings will be set up – to ensure key stakeholders attend and the terms of reference are clear.</p>	<p>30/6/13</p> <p>1/6/13</p>	AA (KM)

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
N/A	

EQUALITY IMPACT ASSESSMENT TEMPLATE

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>There is a statutory duty to consult and involve patients and the public in decisions about local service changes and developments and contractors will ensure that the standards and responsibilities of the Surrey User Strategy are met. In addition Sexual Health clinicians have been involved in the development of service specification via a series of clinical reference groups.</p> <p>National data including sigma conduct and an annual MSM survey plus local data from Surrey inform the commissioning of services.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>The commissioning of services is targeted at under-25s as the most significant group of service users which will have a positive impact on outcomes for this group. For older age groups, there is some risk that the services may be more limited but national evidence shows that those over 25 are already more likely to use GP services which should reduce any negative impact.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>N/A</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Proposals to develop an integrated commissioning service are likely to lead to changes to how services are delivered which could impact on groups with protected characteristics in the future. As proposals are developed the impact on groups with protected characteristics will be taken into consideration.</p> <p>Data on service used by disabled people will need to be collected as part of changes to services and shared with commissioners.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>N/A</p>

EQUALITY IMPACT ASSESSMENT TEMPLATE

1. Topic of assessment

EIA title:	Surrey Drug and Alcohol Action Team – Substance Misuse
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EIA author:	Martyn Munro Programme Manager
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2. Approval

	Name	Date approved
Approved by		

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Martyn Munro	Programme Manager	Surrey Substance Misuse Commissioning	
Avril Gilliam-Hill	Programme Manager	Surrey Substance Misuse Commissioning	
Karl Smith	Substance Misuse Commissioning Service User and Carer Development Officer	Surrey Substance Misuse Commissioning	

EQUALITY IMPACT ASSESSMENT TEMPLATE

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Surrey Substance Misuse Harm Reduction. Treatment and Recovery system which targets populations who are resident in Surrey:</p> <ul style="list-style-type: none">• Young People• Opiate Drug users• Other Drug users• Dependant Alcohol users• Higher Risk Alcohol users <p>This system is currently commissioned through a number of contracts against a 4 tier treatment system:</p> <ul style="list-style-type: none">• Tier 1 – Universal provision ie Police, Housing, Primary care and Education• Tier 2 – Low threshold substance misuse specialist interventions ie drop in centres, harm reduction and injecting equipment exchange.• Tier 3 – Care planned interventions including substitute prescribing, psychodynamic interventions and recovery support.• Tier 4 – Inpatient treatment including detoxification, recovery programmes and rehabilitation
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EQUALITY IMPACT ASSESSMENT TEMPLATE

<p>What proposals are you assessing?</p>	<p>Substance Misuse Commissioning as a part of the Surrey Public Health Executive is from the 01/04/2013 transferring to Surrey County Council.</p> <p>There are no immediate changes in the services being provided arising from the transfer of responsibilities to the council but procurement will continue on a number of projects which forms part of the existing Drug and Alcohol Action Team and Public Health Substance Misuse commissioning cycle;</p> <ul style="list-style-type: none"> • Tier 3 Young Peoples Drug and Alcohol treatment. • Tier 3 Treatment, both clinical and non clinical within the 5 Surrey Prisons. • The Drug Intervention Programme (DIP); a Criminal Justice Treatment Programme. • Drug Rehabilitation Requirement; Community Treatment order available to courts for adult offenders • Tier 3 Community drug and alcohol treatment for adults • Tier 4 inpatient detoxification and recovery unit <p>Surrey's treatment system seeks to maximise the number of people who overcome addictions and sustain long-term recovery. Drug misusers have access to employment, education and housing, and that they become contributing members of society.</p> <p>Families and communities also receive tangible benefits while drug misusers are in treatment, and that these benefits are sustained following successful treatment.</p> <p>Separate EIAs will be undertaken to inform decisions on each of these services and future provision of other services as they are commissioned or recommissioned.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The extent to which individuals are affected by these changes will vary depending on an individual's need, the intervention sought and or the complexity in relation to the wider needs of the individual and or family across tier 1 partner agencies i.e. Safe Guarding, criminal justice, co-morbidity and social functioning :</p> <ul style="list-style-type: none"> • Service users and their carers or families as appropriate. • External organisations we commission to deliver services on behalf of the Council or in partnership with it.

EQUALITY IMPACT ASSESSMENT TEMPLATE

6. Sources of information

Engagement carried out

Service users are actively involved in the design and delivery of their own care packages. The care planning process is an active agreement between the service provider and directs the interventions and treatment delivered with the service user; this process must include acknowledgement of the risk to the service users and others i.e. family and the community, and will impact upon the interventions that can be provided safely, however obstacles and solutions are additionally included in all care planning.

Service providers and service user involvement regularly consult service users on their satisfaction with services and report quarterly to contract review meetings issues and solutions developed in partnership to resolve and improve provision.

Service users acting in a representative capacity assist providers in the design and development of services.

Service user involvement representatives provide advice to commissioners and contract managers throughout the commissioning cycle to develop effective evidence based substance misuse treatment service in Surrey.

Surrey Substance Misuse Commissioning is undertaken in line with both National and Local drivers and service user need. Quality commissioning is based upon effective needs-assessment processes and is followed up by performance-assurance arrangements which monitor and evaluate the developments planned and commissioned in line with evidenced need.

Data used

- National Drug Treatment Monitoring Service (NDTMS) Adult Provider (by Residence) Quarterly Performance Report (Green report) client management for PDU and All drug service users
- NDTMS Purple performance and client management for Alcohol services users
- NDTMS DOMES report
- DIRWEB DIP performance and client management reports
- Drug Treatment Monitoring Unit (DTMU) Young people and Adult
- Surrey-i, our local data and information portal, which can be searched by protected characteristic.
- Service monitoring reports.
- Service User Involvement Team (SUIT) engagement, development and feedback
- User feedback and/or complaints data.

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

EQUALITY IMPACT ASSESSMENT TEMPLATE

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

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence																																						
<p>Interventions; within best practice evidence based guidance as defined by the National Treatment Agency and National Institute for Health and Clinical Excellence and local needs, for young people and adults are provided by distinct substance misuse specialist providers at appropriate settings in a variety of locations across county.</p> <p>The increased risk of significant harm and neglect among children of drug misusing parents receives heightened awareness and appropriate action from all those working with drug misusers.</p> <p>The system ensures that safeguarding children becomes a central feature of practice.</p>	<p>Access to interventions may be limited in locations where a provider is not currently located or with poor access to transport networks; in such cases providers deliver interventions on an outreach basis.</p>	<table border="1" data-bbox="512 98 1098 869"> <thead> <tr> <th colspan="3">Age group at mid point of the year (30/09/2010)¹</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>62</td> <td>3%</td> </tr> <tr> <td>19</td> <td>39</td> <td>2%</td> </tr> <tr> <td>20 – 24</td> <td>205</td> <td>11%</td> </tr> <tr> <td>25 – 29</td> <td>277</td> <td>15%</td> </tr> <tr> <td>30 – 34</td> <td>306</td> <td>17%</td> </tr> <tr> <td>35 – 39</td> <td>314</td> <td>17%</td> </tr> <tr> <td>40 – 44</td> <td>278</td> <td>15%</td> </tr> <tr> <td>45 – 49</td> <td>187</td> <td>10%</td> </tr> <tr> <td>50 – 54</td> <td>98</td> <td>5%</td> </tr> <tr> <td>55 – 59</td> <td>51</td> <td>3%</td> </tr> <tr> <td>60 – 64</td> <td>25</td> <td>1%</td> </tr> <tr> <td>65</td> <td>7</td> <td>0%</td> </tr> </tbody> </table>	Age group at mid point of the year (30/09/2010) ¹			18	62	3%	19	39	2%	20 – 24	205	11%	25 – 29	277	15%	30 – 34	306	17%	35 – 39	314	17%	40 – 44	278	15%	45 – 49	187	10%	50 – 54	98	5%	55 – 59	51	3%	60 – 64	25	1%	65	7	0%
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¹ Adult Partnership Quarterly Performance Report 2012/2013 Quarter 3 – Drug User Profile (all in treatment YTD)

EQUALITY IMPACT ASSESSMENT TEMPLATE

Disability	As part of a comprehensive assessment for a service users planned treatment. All sites used should be accessible to disabled people.		Not recorded
Gender reassignment	As part of a comprehensive assessment for a service users planned treatment.		Not recorded
Pregnancy and maternity	Prioritised programme response to pregnant services users, including liaison with maternity services and children and family teams as appropriate.		The number of pregnant females entering services in 2012/13 was low at 0.9% compared to a national average of 4.8% ²

EQUALITY IMPACT ASSESSMENT TEMPLATE

<p>Race</p>	<p>Committed to reducing inequalities in access and health outcomes</p>	<p>The majority of service users are White British (90%). This is followed by White Irish (3%). This is proportionately higher than the Surrey population as a whole which in 2011 stood at White British (84%) and White Irish (1%)³.</p> <table border="1"> <thead> <tr> <th colspan="3">Ethnicity⁴</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>1656</td> <td>90%</td> </tr> <tr> <td>White Irish</td> <td>12</td> <td>1%</td> </tr> <tr> <td>Other White</td> <td>48</td> <td>3%</td> </tr> <tr> <td>White & Black Caribbean</td> <td>11</td> <td>1%</td> </tr> <tr> <td>White & Black African</td> <td>5</td> <td>0%</td> </tr> <tr> <td>White & Asian</td> <td>12</td> <td>1%</td> </tr> <tr> <td>Other Mixed</td> <td>12</td> <td>1%</td> </tr> <tr> <td>Indian</td> <td>4</td> <td>0%</td> </tr> <tr> <td>Pakistani</td> <td>13</td> <td>1%</td> </tr> <tr> <td>Bangladeshi</td> <td>2</td> <td>0%</td> </tr> <tr> <td>Other Asian</td> <td>22</td> <td>1%</td> </tr> <tr> <td>Caribbean</td> <td>5</td> <td>0%</td> </tr> <tr> <td>African</td> <td>5</td> <td>0%</td> </tr> <tr> <td>Other Black</td> <td>5</td> <td>0%</td> </tr> <tr> <td>Chinese</td> <td>2</td> <td>0%</td> </tr> <tr> <td>Other</td> <td>15</td> <td>1%</td> </tr> <tr> <td>Not Stated</td> <td>6</td> <td>0%</td> </tr> <tr> <td>Missing ethnicity code</td> <td>14</td> <td>1%</td> </tr> </tbody> </table>	Ethnicity ⁴			White British	1656	90%	White Irish	12	1%	Other White	48	3%	White & Black Caribbean	11	1%	White & Black African	5	0%	White & Asian	12	1%	Other Mixed	12	1%	Indian	4	0%	Pakistani	13	1%	Bangladeshi	2	0%	Other Asian	22	1%	Caribbean	5	0%	African	5	0%	Other Black	5	0%	Chinese	2	0%	Other	15	1%	Not Stated	6	0%	Missing ethnicity code	14	1%
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Other Mixed	12	1%																																																									
Indian	4	0%																																																									
Pakistani	13	1%																																																									
Bangladeshi	2	0%																																																									
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³ 2011 Census ONS <http://www.surreyi.gov.uk/Viewdata.aspx?P=Data&referer=%2FViewpage.aspx%3F%3Dbasket%26BasketID%3d224>

⁴ Adult Partnership Quarterly Performance Report op cit

EQUALITY IMPACT ASSESSMENT TEMPLATE

Religion and belief	As part of a comprehensive assessment for a service users planned treatment.		Not record										
Sex		Requires further engagement with women not presenting for substance misuse interventions	<table border="1"> <tr> <td colspan="2">Gender⁵</td> </tr> <tr> <td>Male</td> <td>1343</td> </tr> <tr> <td>Female</td> <td>506</td> </tr> <tr> <td></td> <td>73%</td> </tr> <tr> <td></td> <td>27%</td> </tr> </table> <p>Women are significantly under-represented in treatment (this is the experience nationally – the ratio in Surrey is similar to that across the country).</p>	Gender⁵		Male	1343	Female	506		73%		27%
Gender⁵													
Male	1343												
Female	506												
	73%												
	27%												
Sexual orientation	As part of a comprehensive assessment for care planning		Optional recording.										
Marriage and civil partnerships	As part of a comprehensive assessment for care planning		Not recorded										

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

⁵ Adult Partnership Quarterly Performance Report op cit

EQUALITY IMPACT ASSESSMENT TEMPLATE

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	N/A see section 6		
Disability	N/A see section 6		
Gender reassignment	N/A see section 6		
Pregnancy and maternity	N/A see section 6		
Race	N/A see section 6		
Religion and belief	N/A see section 6		
Sex	N/A see section 6		
Sexual orientation	N/A see section 6		
Marriage and civil partnerships	N/A see section 6		

EQUALITY IMPACT ASSESSMENT TEMPLATE

8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
positive	<p>Improving procurement practice so that each decision is fully informed by Equality Impact Assessments</p> <p>Substance misuse commissioning workforce within PHE PDP further develop EIA skill base</p>	<p>2013-14 for scheduled procurement</p> <p>2014-15 Q1-2 for scheduled procurement</p> <p>Q1-4 2013-14</p>	MM/AGH
positive	<p>Improving data collection on the prevalence and nature of problems across groups with protected characteristics to inform contract management and assessment of the effectiveness of services</p>	<p>Establish and conduct on existing contracts Q1-Q3 2013-14. Identify ongoing assessment and review Q4 2013-14</p> <p>Further develop utilisation EIA data streams present in existing NDTMS reports and Halo client management system Q1 2013-14</p>	MM/AGH

EQUALITY IMPACT ASSESSMENT TEMPLATE

positive	Enhancing service user involvement in the design and delivery of service	Q1 2013-14	MM/AGH
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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Data available on uptake of services by people in most of the protected characteristic groups and significant engagement with individuals about the design and delivery of their care and treatment which informs the effectiveness of interventions for all groups.
Key impacts (positive and/or negative) on people with protected characteristics	Positive for all groups but there is a marked under representation of women receiving care and treatment.
Changes you have made to the proposal as a result of the EIA	This set of services is transferring to the council. It is not at this stage being reconfigured or re-commissioned. Separate EIAs will be carried out as services go through procurement.
Key mitigating actions planned to address any outstanding negative impacts	Collecting more information on prevalence across the protected characteristics groups to further improve contract management and the evaluation of the effectiveness of services. Additional engagement with women to improve the rate of take up of services.
Potential negative impacts that cannot be mitigated	None.

1. Topic of assessment

EIA title:	5-19 years commissioning
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EIA author:	Kelly Morris, Public Health Principal
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2. Approval

	Name	Date approved
Approved by¹	Dr Akeem Ali	25 March 2013

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Maggie Simkins	Senior Public Health Lead	NHS Surrey/CC	NCMP

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	<p>From 1 April 2013 Surrey County Council will become responsible for the 5-19 programme which aims to commission universal and progressive services for children and young people to promote optimal health and wellbeing. This is a statutory commissioning function which aims to ensure that children's 5-19 services are commissioned, decommissioned and recommissioned based on need, evidence based practice and achievement of improved outcomes for children.</p> <p>The commissioning service:</p> <ul style="list-style-type: none"> ensures that ongoing service delivery is monitored and performance managed in line with the service specification; evaluates the effectiveness of the service and makes
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¹ Refer to earlier guidance for details on getting approval for your EIA.

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	<p>recommendations to recommission or decommission;</p> <ul style="list-style-type: none"> • focuses on improving children’s health and social wellbeing to ensure universal and progressive services for children and young people promote optimal health and wellbeing; • ensures robust data collection processes are in place; • ensures services develop in line with best practice and continue to meet the need of the Surrey population; • ensures robust care pathways exist between commissioned services i.e. from children’s 0-5 services and to adult social care; and • ensures the service user voice is included within and influences commissioning decisions including the most vulnerable young people such as those in care. <p>All services are commissioned to work towards ‘You’re Welcome quality criteria’ accreditation. You’re Welcome sets out principles to support health service providers to improve their service and be more accessible for young people.</p> <p>As part of a broader responsibility to provide obesity and community nutrition initiatives, Surrey County Council will also become responsible for local commissioning of the mandatory National Child Measurement Programme. This is a universal programme which measures all children in schools.</p>
<p>What proposals are you assessing?</p>	<p>This service is not changing as part of the transfer of the Public Health function to Surrey County Council. Therefore this Equality Impact Assessment is re-assessing the existing service.</p> <p>The aim of the services is to commission outcomes and evidence based practice, which focuses on improving children’s health and social wellbeing, to ensure universal and progressive services for children and young people promote optimal health and wellbeing.</p> <p>The service delivery model to achieve this will be based upon a holistic full service offer of care. This offer is aligned to local need and will include a core universal 5-19 years offer which is supplemented for individual children from wider public health and other services as required to meet identified needs in line with ‘Getting it right for young people – call to action’.</p> <p>The service model sets out the good practice framework for prevention and early intervention services for children and young people aged 5–19 and acknowledges that health, education and other partners working together across a range of settings can significantly enhance a child’s or young person’s life by identifying and then addressing their health needs through a range of interventions.</p> <p>The core ambition is that this model results in healthier, happier children and young people who are ready to take advantage of positive opportunities and able to reach their full potential. This should</p>

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	<p>be made possible for <i>all</i> children and young people, regardless of health status or home background.</p> <p>Effective delivery of this good practice programme, over time, may contribute to improvements in:</p> <ul style="list-style-type: none"> • the quality and experience of health services; • health and wellbeing outcomes (such as reduction in the number of children obese or overweight, improved management of chronic conditions and reduced bullying); • broader health and wellbeing outcomes (such as higher life satisfaction, participation in positive activities); • educational outcomes; • support for particularly at-risk children and young people as identified by the school. • and data capture and analysis.
<p>Who is affected by the proposals outlined above?</p>	<p>Groups affected by the proposals include:</p> <ul style="list-style-type: none"> • Children aged 5-19 and their families . • Provider staff. Current staff were involved in the development of the service specification. • External organisations we commission to deliver services on behalf of the Council or in partnership with it.

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6. Sources of information

Engagement carried out
<p>Consultation and involvement of patients and the public in decisions about local service changes and developments is a requirement for all services. In addition, service providers are expected to have regular consultation with service users to assess satisfaction.</p> <p>All services that are 'You're Welcome quality criteria' accredited have involved young people in the evaluation of their service.</p> <p>Clinicians were involved in the development of the service specification via a series of workshops. Their role was to ensure the service specification was clinically sound and in line with clinical standards.</p> <p>The Children's joint Commissioning Steering Group involves key partners such as CCGs and other SCC directorates such as social care.</p>
Data used
<p>This includes:</p> <ul style="list-style-type: none">• National research• <u>Surrey-i</u>, our local data and information portal, which can be searched by protected characteristic.• Service monitoring reports.• User feedback and/or complaints data.

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	Positive impacts for the age 5-19 group tailored to the needs of individual children. Services are targeted to respond to higher need in deprived areas through additional capacity provided through the school nurse service.	As services end at age 19, if care (communication) pathways are not in place at transition points some service users may be negatively impacted.	This is a national issue as care pathway split between commissioners. i.e. Maternity by CCGs, Children 0-5 year olds services by area teams and Children 5-19 years old services by Local Authorities. Resources are focused on more deprived areas
Disability	Better alignment with SCC children services is expected as part of the transfer of function. This could lead to improvements in the commissioning of services for disabled young people. All services have disabled access.		
Gender reassignment	No impact	No impact	
Pregnancy and maternity	No impact	No impact	
Race	No impact	No impact	
Religion and belief	No impact	No impact	

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

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Sex	No impact	No impact
Sexual orientation	No impact	No impact
Marriage and civil partnerships	No impact	No impact

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

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	No impact	No impact	
Disability	No impact	No impact	
Gender reassignment	No impact	No impact	
Pregnancy and maternity	No impact	No impact	
Race	No Impact	No impact	
Religion and belief	No impact	No impact	
Sex	No Impact	No impact	

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Sexual orientation	No impact	No impact	
Marriage and civil partnerships	No impact	No impact	

EQUALITY IMPACT ASSESSMENT TEMPLATE

8. Amendments to the proposals

Change	Reason for change
N/A	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Disruption to support for children at key transition points	Good communication with other commissioners in the pathway	1/6/13	KM
Ensure the ongoing monitoring of groups with protected characteristics	Ensure key stakeholders attend contract monitoring meetings and terms of reference are clear. Enhance the capture and use of data in the child health information system.	30/6/13	KM
Ensure ongoing consultation with key stakeholders	Ensure reference group is established and is attended by key stakeholders with a clear terms of reference	1/5/13	KM
Enhance the involvement of young people in the commissioning cycle	Develop a more structured process for involvement in the design and evaluation phases drawing on practice developed as part of work on the 'Call to Action: Getting Services Right for Young People'	30/6/13	KM

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
N/A	

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11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>Best practice guidance from the Department of Health, national data and service user data is used to inform the commissioning of services. Consultation with service users is ongoing, and all services that are 'You're Welcome' accredited have involved young people in the evaluation of their services. The Children's Joint Commissioning Steering group provides a forum for partners such as CCGs to provide input into the commissioning of services. In addition an expert reference group will be established in 2013 to input into the 5-19 agenda.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Positive impacts have been identified for the 5-19 age group who will receive targeted services. Where services are universal this will benefit all groups with protected characteristics within this age group. Where services are focused these will benefit those aged 5-19 from more deprived areas.</p> <p>Potential negative impacts are identified as arising from the targeting of services on the 5-19 group if care (communication) pathways aren't in place at transition points.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>N/A</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>To mitigate the potential negative impact lost or delayed support for children at key transition points, good communication with other commissioners in the pathway will be ensured.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>N/A</p>

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1. Topic of assessment

EIA title:	Public Health - Health Protection
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EIA author:	Tricia Spedding - Public Health Lead
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2. Approval

	Name	Date approved
Approved by	Dr Akeem Ali	25 March 2013

3. Quality control

Version number	1	EIA completed	
Date saved	06/03/13	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	<p>The Public Health - Health Protection and Emergency Planning Unit has the responsibility for the following work streams:</p> <ul style="list-style-type: none"> • Health protection • Accidental injuries • Immunisations and screening • Seasonal mortality • Violence and safety • Environmental risks • Emergency planning • Emergency handling • Outbreak • Infection prevention and control <p>Detailed project plans are in place, which include SMART objectives and realistic milestones. These are monitored on a monthly basis by the unit team and can be accessed via the Public Health Business Unit.</p>
What proposals are you assessing?	<p>The above work streams have been developed and implemented by NHS Surrey, however with the implementation of the NHS reforms and the move of public health to local authorities these now become the responsibility of Surrey County Council</p> <p>Work continues on each work stream to ensure they meet the need of the statutory functions of the council and the needs of Surrey residents:</p>

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	<ul style="list-style-type: none"> • Health protection - to provide assurance for the Director of Public Health that the health protection arrangements in place post April 2013 will protect the population's health and wellbeing. Including detailed accountability and governance arrangements for communicable disease control, chemicals, radiation and environmental hazards and how these will be maintained during 2013/14. • Accidental injuries - accidental Injury prevention, including SUIs, adult and child safeguarding and maternal and child death panel. • Immunisations and screening (cancer and non cancer) - supporting, reviewing and challenging delivery of services to ensure targets are met. Work with NHS National Commissioning Board Local Area Team (LAT) to ensure services meet the needs of Surrey residents. • Seasonal mortality - local initiatives to reduce excess deaths. Effective partnerships with Boroughs and Districts leading to home improvements and fewer excess winter deaths • Violence and safety - public health aspects of promotion of community safety, violence prevention and response. • Environmental risks - local initiatives that reduce public health impacts of environmental risks. • Emergency planning - emergency planning, resilience and response, maintenance of current systems and governance. • Emergency handling - the local authority role in dealing with health protection incidents, outbreaks and emergencies. • Outbreak - Leading the scaling up of NHS services in an outbreak situation (population immunisation, prophylaxis etc). Ensuring NHS response to incidents and outbreaks. • Infection prevention and control
Who is affected by the proposals outlined above?	<p>Each work stream may have a specific target group depending on the particular project and the evidence base around good practice and effective intervention. In some cases all Surrey residents may be affected.</p> <p>The project plans within the work streams may also affect working practices within the council where staff work together to plan and deliver services.</p>

6. Sources of information

Engagement carried out
<p>As these work streams were previously mandatory functions of NHS Surrey engagement was undertaken at a national level. However in the future if changes are made to projects within the Health Protection and Emergency Planning Unit, the unit lead will consult the communication department and use the Council's consultation and engagement toolkit to help with appropriate engagement.</p>
Data used

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As the majority of the projects are developed and delivered on national directive data is used from the following:

- NICE (National Institute of Clinical Excellence)
- Dept of Health
- NHS Information Service
- Health Protection Agency
- National Screening Programme
- Joint Committee for Vaccination and Immunisation

EQUALITY IMPACT ASSESSMENT TEMPLATE

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

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p>Age</p>	<p>Screening and immunisation programmes are targeted appropriately to those age groups most at risk</p> <ul style="list-style-type: none"> • HPV - 12 - 13 year old girls - catch up for 14 - 17 year old girls • Seasonal flu - over 65's, , under 65's with other health conditions, • Tuberculosis - birth to 16 years old at high risk • Chickenpox - siblings of children who have suppressed immune system, Pneumococcal - Babies, over-65s and at-risk people <p>Effective action on health aspects child safeguarding will benefit young people at risk.</p>		<p>National guidance from NICE and Dept of Health</p>
<p>Disability</p>	<p>Focus on those at risk will work towards achieving national targets.</p>	<p>N/A</p>	<p>National guidance from NICE and Dept of Health</p>
<p>Gender reassignment</p>	<p>Focus on those at risk will work towards achieving national targets.</p>	<p>N/A</p>	<p>National guidance from NICE and Dept of Health</p>
<p>Pregnancy and maternity</p>	<p>Focus on those at risk will work towards achieving national targets. Immunisation priorities include:</p>	<p>N/A</p>	<p>National guidance from NICE and Dept of Health</p>

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	<ul style="list-style-type: none"> - seasonal flu jabs for pregnant women - Whooping cough - babies and pregnant women when they are 28-38 weeks pregnant. - Hepatitis B - children at high risk of exposure to hepatitis B, and babies born to infected mothers. 			
Race	Focus on those at risk will work towards achieving national targets	N/A	National guidance from NICE and Dept of Health	
Religion and belief		N/A	National guidance from NICE and Dept of Health	
Sex	<p>Focus on those at risk will work towards achieving national targets</p> <ul style="list-style-type: none"> • Breast Screening - all women aged 50 and over • Cervical screening - all women between the ages of 25 and 64 • Bowel Cancer Screening - all men and women aged 60 to 69. 	<p>A number of screening and immunisation programmes are not available for both genders due to being targeted appropriately to those considered most at risk.</p>	National guidance from NICE and Dept of Health	
Sexual orientation	Focus on those at risk will work towards achieving national targets.	N/A	National guidance from NICE and Dept of Health	
Marriage and civil partnerships	N/A	N/A	National guidance from NICE and Dept of Health	

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

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age			
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			

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8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Positive impact - wider focus on prevention to ensure a protected population.	Work with communications department to improve awareness across the population.	March 2014	Unit Lead
Negative impact - programmes targeted to specific ages and genders.	Continue to monitor uptake to ensure targeted groups are accessing services. Work with communications department to ensure key messages are communicated appropriately.	March 2014	Unit Lead
Need for arrangements for engaging Surrey residents in shaping the design and delivery health protection activity	Develop arrangements building on existing practice and with advice from across SCC.	March 2014	Unit Lead

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
N/A	N/A

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Engagement undertaken at a national level previously. However in the future if changes are made to projects within the Health Protection and Emergency Planning Unit, the unit lead will consult the communication department and use the Council's consultation and engagement toolkit to help with appropriate engagement.
Key impacts (positive and/or negative) on people with protected characteristics	<p>Positive impact:</p> <ul style="list-style-type: none"> Wider focus on prevention to ensure a protected population. Screening and immunisation programmes are targeted appropriately to those considered most at risk. <p>Negative impact:</p> <ul style="list-style-type: none"> A number of screening and immunisation programmes are not available for all due to being targeted appropriately to those

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	considered most at risk.
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	Work with communications department to ensure key messages are communicated appropriately. Ensure that where groups are targeted for certain services that this continues to be based on appropriate evidence and national guidance.
Potential negative impacts that cannot be mitigated	None

1. Topic of assessment

EIA title:	Health Improvement Programme - Behaviour Change Unit
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EIA author:	Helen Atkinson
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2. Approval

	Name	Date approved
Approved by	Dr Akeem Ali	25 March 2013

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Health Improvement is a key domain of Public Health work. In Surrey, the Behaviour Change Unit within the Public Health Directorate will take a lead role in delivering Health Improvement work. Existing services are being continued in 2013/14, there will not be any changes in this period.</p> <p>The Behaviour Change Unit will lead on a wide range of initiatives and programmes aimed at helping people to take control and improve their own health and well-being. These initiatives seek to not just to prevent ill health, but go beyond that and positively improve both physical and psychological well-being.</p> <p>Programmes range from those aimed at helping people to stop smoking, reduce alcohol intake or improve their diet, through to initiatives focused more on improving psychological well-being and reducing social isolation. In that sense, Health Improvement work focuses not just on health related behaviours, but on the wider psychosocial factors that may influence those behaviours.</p> <p>Specific outcomes against which progress within this work programme can be gauged are set out in the Public Health Outcomes Framework. Within this Framework, the work of the Behaviour Change unit can be seen as most closely related to Domain One (“Improving the Wider Determinants of Health” and Domain Two (“Health Improvement”).</p>
<p>What proposals are you assessing?</p>	<p>Set out below are the key elements of the Health Improvement programme that will be delivered in 2013/14 with the Behaviour Change Unit. In many cases, this work builds on previously established programmes and successes. However, there is a clear focus on new and evolved initiatives that are up to date and responsive to the recent changes in the health and social care system.</p> <p>NHS Health Check Programme</p> <p>Cardiovascular Disease (CVD) is a major cause of mortality and long-term morbidity. Early detection can not only reduce the impact on individuals but also healthcare costs. NHS (vascular) Health Checks are an evidence based vehicle for increasing early detection. NHS Health Checks are for all people aged between 40-74 years that do not already have a diagnosed condition. The Health Checks programme is mandatory and is a deliverable within the Public Health Outcomes Framework.</p> <p>68348 Health Checks need to be offered across primary care, commissioned outreach and community groups and 34172 Health Checks need to be delivered across primary care, commissioned outreach and community groups, also in key settings including prisons, acute hospitals, mental healthcare settings, community</p>

outreach and primary care. The programme does have a focus on tackling health inequalities and as such providers of the service will be encouraged to target those most at risk of developing CVD. This will include South Asian communities who are more predisposed to developing diabetes.

Physical activity for adults

In Surrey 88% of adults don't participate in enough physical activity to benefit their health (5 x 30 minutes) and 42.5% of people in Surrey don't do any physical activity at all (0 x 30 minutes). This data is broken down by age, disability, ethnicity, gender and socio-economic class:

Age

Aged 55+ are least active with 59.7% participating in no activity at all (0 x 30 minutes) and 92% do not participate in the recommended levels of physical activity to benefit their health (5 x 30 minutes).

Disability

People who have a limiting disability are less active with 66.4% participating in no activity at all (0 x 30 minutes), however, 87% do not participate in the recommended levels of physical activity to benefit their health which is similar to all adults (5 x 30 minutes).

Ethnicity

There are no differences in ethnicity

Gender

Women are less active with 49.7% participating in no activity at all (0 x 30 minutes) and 89% do not participate in the recommended levels of physical activity to benefit their health (5 x 30 minutes) which is similar to all adults.

Socio-economic class

NS SEC 3 and NS SEC 5-8 are the two least active groups based on socio-economic class.

Surrey Exercise Referral and Weight Management Scheme is a project that aims to improve the health and well-being of inactive patients by encouraging a programme of prevention, improvement and / or medical management of individual health conditions.

Let's Get Moving is a behaviour change brief intervention for physical activity within Primary Care. It is an evidence-based physical activity care pathway that provides additional support to inactive patients.

Public Health input is provided to Surrey County Council's Olympic

Legacy Plans in particular with a focus on increasing participation in cycling through the expansion of existing exercise referral schemes to include indoor and outdoor cycling.

Stop smoking services and interventions

Smoking is a major contributor to premature death and chronic illness. It kills 1400 Surrey residents each year and it is one of the most significant causes of inequalities. Aside from the human impact, the costs of smoking extend to healthcare and societal resources. Efforts in Surrey to tackle the impact of smoking include extensive provision of Stop Smoking Support, interventions aimed at preventing smoking uptake and work focused on reducing the exposure to second-hand smoke.

Effective promotion is key to all aspects of the Tobacco programme, both in relation to the dangers of smoking and of the availability of stop smoking support. This will take place across a range of settings and contexts, including the NHS Health Checks programme, and in a range of workplaces, healthcare settings and schools & youth services. Specific work will target priority groups such as pregnant women and young people

Wider tobacco control

The tobacco control programme is coordinated by the Smokefree Surrey Alliance. The Surrey Tobacco Control Strategy has four strategic priorities, specific projects are aligned to each priority (an EIA of the strategy was undertaken at the time it was drafted):

a) Strategic Priority 1 - Reducing uptake of smoking in children and young people

- Ongoing project with Babcock 4S to continue to promote Surrey tobacco control education toolkit.
- Alliance funded underage sales project with Surrey Trading Standards. Working with a pilot school in north Leatherhead looking at a community approach to tackle underage smoking with a multi agency/local community partnership.
- Development of advocacy section on Alliance website hosted by local borough council.

b) Strategic Priority 2 - Tackling health inequalities and helping smokers to stop

- Including hard to reach groups eg; routine and manual workers; pregnant smokers; young people; Gypsies, Romas and Travellers
- Working with health champions in Runnymede and other D&Bs, Surrey Community Action (GRT) to promote stop smoking

c) Strategic Priority 3 -- Reducing exposure to secondhand smoke

- A funded project with four borough councils across the county looking at smokefree compliance in work vehicles.
- A project with Surrey Fire and Rescue Service, reviewing the Home Fire Safety Check and Visit and incorporating some smokefree messages around smokefree homes, with the aim of reducing the incidence of fatal fires in Surrey (the majority of which are caused through smokers' materials).

d) Strategic Priority 4 - Combating illicit tobacco

A group of Alliance partners - trading standards, D&B's environmental health, police, HMRC - are working on developing an action plan to tackle illegal; tobacco in the county.

Dental Public Health

This service aims to ensure that the local population has reasonable access to NHS dentistry. It aims to provide a strategic co-ordinated framework for a range of oral health promotion activities and supports resources across a wide range of individuals and organisations.

Additional funding has been received from DH to help improve access to NHS dentistry. The overall aim of this project is to work with existing NHS practices to encourage them to accept more new patients and provide care at a time when capacity within the system is stretched as practices run out of contract activity to see patients. There will be a national campaign but the service is also considering if there should be some local communications work done to promote access to NHS dentistry as there is a strong public perception that there are not NHS dentists available in Surrey.

The Local Authority has a statutory responsibility to provide a range of activities within Dental Public Health that support the population to improve their oral health. Dental decay is an entirely preventable disease.

“Oral health promotion programme” means a health promotion and disease prevention programme the underlying purpose of which is to educate and support members of the public about ways in which they may improve their oral health.

Oral health promotion programmes can be more effective in terms of cost and their effects on the population if targeted. This means targeting oral health promotion to certain identified population subgroups. In relation to dental health a certain subgroup could be children.

Reviews into the effectiveness of oral health promotion have concluded that strategies should involve the local community, agencies and health workers therefore oral health promotion can be integrated into general health promotion encouraging inter departmental working within local authorities.

Public mental health

This is a multi-agency and multi-faceted pilot project to raise awareness about mental health problems and reduce the associated stigma and discrimination in Redhill and Merstham. These are areas of high mental health need and socio-economic deprivation compared to most other Surrey Districts and Boroughs and the Merstham estate has the highest level of Common Mental Health Disorders of any super output area in Surrey. This work aligns with the Surrey CC Mental Health PVR which included the recommendation “to improve

	<p>knowledge and awareness of mental health and address stigma and discrimination.”</p> <p>Aims of the Pilot:</p> <ul style="list-style-type: none"> • improve public understanding of and positive attitudes towards mental • reduce the stigma and discrimination experienced by people with a mental health problem • increase the confidence and ability of people with mental health problems to address discrimination <p>The aims will be achieved through: a comprehensive programme of mental health awareness training with local employers and providers of services; mental health ambassadors sharing their experiences through the training, “Human Library” events; a project identified by the local community; creative/arts based approaches using cast and contributions from people with experience of mental health problems; media communication and local monitoring of stigmatising reporting.</p> <p>Birth defect reduction initiatives Foetal alcohol spectrum disorder (FASD) can be caused if a woman drinks alcohol during pregnancy. FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome (pFAS).</p> <p>PH will work to develop a programme to raise awareness of the issues of consuming alcohol when pregnant.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Health Improvement work aims to reach a wide range of people. There is a specific focus on those groups who may be vulnerable to poor health and well-being, either because of an increased susceptibility to ill health or because of poor access to health services. In this sense, Health Improvement work seeks to reduce inequalities and increase the cost-effectiveness of initiatives through effective targeting towards those most in need.</p> <p>The groups targeted or most likely to be affected by each of the Health Improvement work streams are set out below.</p> <p>NHS Health Check Programme NHS Health Checks are for all people aged between 40-74 years that do not already have a diagnosed condition. The programme does have a focus on tackling health inequalities and as such providers of the service will be encouraged to target those most at risk of developing CVD. This will include South Asian communities who are more predisposed to developing diabetes.</p> <p>Physical activity for adults Surrey Exercise Referral and Weight Management Scheme targets</p>

inactive adult patients within Primary and Secondary care who have at least one medical condition that can be managed with physical activity.

Let's Get Moving targets inactive adults living in Stanwell, Spelthorne, a Priority Place identified by Surrey County Council. This is to target areas of higher levels of inactivity and where greatest health improvement benefits will be seen.

Stop smoking services and interventions

Adults over the age of 16 and young people resident in Surrey.

Wider tobacco control

Some projects are targeted at children and young people and families; others disadvantaged groups and some at the wider population. Some projects are specifically targeted at children and young people, others are for the wider public, and some are targeted at specific groups eg; fatal fires project, looking at smokers who have been shown by evidence to be more exposed to fatal fires.

Dental Public Health

The end result of the project will be up to 6,000 new patients will be seen in the NHS in the next three months.

Activity will be targeted at particular groups, notably young children.

Public mental health

The target group is people living and working in Redhill and Merstham – because these are areas of high mental health need compared to most other Surrey Districts and Boroughs. No group is being excluded from the project and we are linking with staff working with groups that are at higher risks of mental health problems and hard to reach, so that they can promote the project to them and encourage them to participate:

- Black and Minority Ethnic Groups – information about the project is being sent to the Forum;
- have met with the lead for Travellers and , Lesbian, Gay, Bisexual and Transgender groups);
- presentation on the project to the Gypsy, Roma, Traveller Forum

Birth defect reduction initiatives

Pregnant women, no exclusions.

6. Sources of information

Engagement carried out
<p>Public Health staff will deliver Health Improvement initiatives in partnership with a variety of statutory bodies, service providers, community organisations, commercial businesses and public / patient representatives. Each work stream has been developed in conjunction with these partners and engagement will continue as work streams develop and are re-commissioned. Engagement has been carried out to help design the programme and its delivery. Brief details are set out below.</p>
<p>NHS Health Check Programme The Surrey Health Checks steering group has representatives from Public Health, CCG's, GPs and Pharmacists and has oversight of service delivery.</p>
<p>Physical activity for adults Most leisure providers in Surrey are contracted to provide exercise referral and weight management by the borough or district council. There are regular meetings of all partners including the boroughs and districts, the main providers and healthcare professionals.</p>
<p>Stop smoking services and interventions The terms and implementation of the contract for provision of stop-smoking support has been developed with General Practitioners, CCGs, Pharmacists, Acute Trusts, Children's Centres and Leisure Centres. Employers have influenced the frequency and location of work-based stop smoking support and healthy workplace events themed on stop smoking.</p>
<p>Wider tobacco control Consultation takes place at stakeholder meetings with key organisations: Trading Standards, Surrey Fire and Rescue Service, Borough and District authorities, Surrey Police, Crimestoppers, and Surrey Community Action.</p>
<p>Dental Public Health The development of the oral health strategy will involve the local community, agencies and health workers. Stakeholders are currently being identified.</p>
<p>Public mental health A wide range of organisations including mental health charities as well as users of mental health services</p>
<p>Birth defect reduction initiatives A population of babies at risk is currently being identified. Their families will be invited to participate in the programme.</p>
Data used
<p>In designing Health Improvement work streams a wide range of data and information sources have been considered. These have ranged from local quantitative data resources such as Surrey i and Health Needs Assessments through to nationally</p>

published evidence reviews of need and effectiveness (eg – Stop Smoking related NICE Guidance and Cochrane Collaboration reviews)

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 ¹	Potential positive impacts	Potential negative impacts	Evidence
Age	<p>Tobacco Control projects have a specific emphasis on the protection of young persons.</p> <p>Smoking among 15 year olds is a specific priority due to the inclusion of this indicator in the Public Health Outcomes Framework. Department of Health (DoH) monitoring data records uptake of service by age group.</p> <p>Health improvement at any age.</p>	<p>Those outside of the age criteria (40-74) are not offered an NHS Health Check. This exclusion criterion is set nationally by the Department of Health.</p>	<p>All age groups supported. Data on age range groups are included on number of each age group treated is recorded and reported to DoH every quarter.</p>
Disability	<p>Potential positive impacts for all protected characteristics:</p> <ul style="list-style-type: none"> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems. <p>Specific emphasis on the protection of vulnerable adults within Tobacco Control work with Surrey Fire & Rescue Service.</p>	<p>None</p>	<p>Face to Face support can be provided by each contracted provider.</p> <p>Or telephone support for smokers with mobility problems can be arranged for all who wish to quit.</p> <p>Telephone support can be arranged via a contracted provider or directly by Surrey Stop Smoking Service.</p> <p>Specialist service provided for users with mental health issues.</p>

¹ More information on the definitions of these groups can be found [here](#).

	<p>Telephone support for smokers with mobility problems can be arranged for all who wish to quit. A specialist service is also provided for users with mental health issues.</p> <p>Support available to all. Immediate health benefits.</p>		
<p>Gender reassignment</p>	<p>Support available to all. Immediate health benefits.</p>	<p>None</p>	<p>No exclusions for this population group have been agreed. No claims of exclusion from this population group have been received or made to Surrey Stop Smoking Services</p>
<p>Pregnancy and maternity</p>	<p>Immediate health benefits to mother and baby. Smoking in pregnancy is a specific priority due to the inclusion of this indicator in the Public Health Outcomes Framework. Immediate health benefits to mother and baby.</p>		<p>Specific support is available to this patient group directly via Surrey Stop Smoking Service. Evidence of number treated is recorded and reported to DoH every quarter.</p>
<p>Race</p>	<p>Stop Smoking support delivery strategy recognises that BME groups are a priority target. Main information on stop smoking support available is other languages. Department of Health (DoH) monitoring data records uptake of service by ethnic group.</p>		<p>Department of Health (DoH) monitoring data records uptake of service from ethnic groups</p>

	<p>The Health Checks programme does have a focus on tackling health inequalities and as such providers of the service will be encouraged to target those most at risk of developing CVD. This will include South Asian communities who are more predisposed to developing diabetes.</p> <p>Stop Smoking support delivery strategy recognises that BME groups are a priority target.</p>		
<p>Religion and belief</p>	<p>Support available to all. Immediate health benefits</p>	<p>None</p>	<p>Work with all partners are in accordance with local and national policies on inclusion for all religious groups and beliefs</p>
<p>Sex</p>	<p>Support available to all. Immediate health benefits</p>	<p>Some differences in smoking rates between male and female</p>	<p>Action included in general targets and performance required by each contracted provider.</p>
<p>Sexual orientation</p>	<p>Support available to all. Immediate health benefits</p>	<p>None</p>	<p>No exclusions for this population group have been agreed. No claims of exclusion from this population group have been received or made to Surrey Stop Smoking Services</p>
<p>Marriage and civil partnerships</p>	<p>Support available to all. Immediate health benefits</p>	<p>None</p>	<p>No exclusions for this population group have been agreed. No claims of exclusion from this population group have been received or made to Surrey Stop Smoking Services</p>

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

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Disability	Job satisfaction of improving others health	Limitations in mobility or communication	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Gender reassignment	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Pregnancy and maternity	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Race	Job satisfaction of improving others health	Language barriers if English not first language	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Religion and belief	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Sex	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Sexual orientation	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Marriage and civil partnerships	Job satisfaction of improving others health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.

8. Amendments to the proposals

Change	Reason for change
N/A	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Involvement of service users in development and commissioning of services.	As services are commissioned or recommissioned to ensure service users with protected characteristics are consulted and involved.	Ongoing	
Monitoring and collection of data on groups with protected characteristics to inform future provision.	To continue to collect data and monitor the impact of commissioned services on certain groups.	Ongoing	

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Those outside of the NHS Health Check age criteria are not screened	Age

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Public Health staff will deliver Health Improvement initiatives in partnership with a variety of statutory bodies, service providers, community organisations, commercial businesses and public / patient representatives. Each work stream has been developed in conjunction with these partners and engagement will continue as work streams. Engagement has been carried out to help design the programme and its
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	<p>delivery.</p> <p>In designing Health Improvement work streams a wide range of data and information sources have been considered. These have ranged from local quantitative data resources such as Surrey i and Health Needs Assessments through to nationally published evidence reviews of need and effectiveness (eg – Stop Smoking related NICE Guidance and Cochrane Collaboration reviews</p>
Key impacts (positive and/or negative) on people with protected characteristics	<p>Positive impacts for young people are expected from Tobacco Control projects which will target young people, specifically those at age 15. Health benefits are also expected for pregnant women and BME groups who will be provided with additional support to stop smoking.</p> <p>Positive impacts are expected for people with mental health issues as a result of the programmes.</p> <p>Potential negative impacts are identified for those who are outside the age criteria for an NHS Health Check (age 40-74).</p>
Changes you have made to the proposal as a result of the EIA	N/A
Key mitigating actions planned to address any outstanding negative impacts	To ensure ongoing monitoring and evaluation of services in regards to groups with protected characteristics. To continue to consult and involve service users as part of the commissioning process.
Potential negative impacts that cannot be mitigated	Those outside of the NHS Health Check age criteria are not screened