

Equality Impact Assessment Guidance and Template

CABINET - 23 April 2013

Item a Annex 1



SURREY
COUNTY COUNCIL

Annex 1

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1. Topic of assessment

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

	Name	Date approved
Approved by¹	Ruth Hutchinson	05/04/2013

3. Quality control

Version number	2	EIA completed	05/04/2013
Date saved	04/04/2013	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Maggie Simkins	Senior Public Health Lead	Surrey County Council	NCMP
Kelly Morris	Public Health Principal	Surrey County Council	

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

	<ul style="list-style-type: none"> • evaluates the effectiveness of the service and makes recommendations to recommission or decommission; • 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</p>

	<p>positive opportunities and able to reach their full potential. This should 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.

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

6

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	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](#).

EQUALITY IMPACT ASSESSMENT TEMPLATE

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

EQUALITY IMPACT ASSESSMENT TEMPLATE

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

Item 1 Annex 1 EQUALITY IMPACT ASSESSMENT TEMPLATE

8. Amendments to the proposals

Change	Reason for change
N/A	

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9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
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	

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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