

Impact Assessment

Version 2017

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Assessment of:	Public Health Nursing Service Procurement options for April 2019 onwards – Removal of the Public Health Nursing Service from the CCG-led re-procurement process for Children’s Community Health and Care services
Service:	Public Health

Head of Service:	Dr Virginia Pearson, Chief Officer for Communities, Public Health, Environment & Prosperity; Director of Public Health
Date of sign off by Head Of Service/version:	29 th September 2017
Assessment carried out by (incl. job title):	Jon Richards (Senior Commissioning Officer) Contributors: Steve Brown (Deputy Director of Public Health), Becky Applewood (Public Health Specialist), John Amosford (Senior Strategic Engagement Officer), Kirsty Hill (Senior Public Health Analyst), Helena Freeman (Public Health Business and Innovation Manager)

Section 1 – Background

<p>Description:</p>	<p>The Public Health Nursing Service (PHNS) delivers the following key services to help support babies, children, young people and their families to adopt/maintain a healthy lifestyle. The current service areas are:</p> <ul style="list-style-type: none"> • Health Visiting (0-5 years old) including New Born Hearing Screening • School Nursing (5-19 years old) including Level 1 Bladder and Bowel assessment and support • National Childhood Measurement Programme (NCMP) <p>Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status.</p> <p>The current 0-19 population in Devon is 162,000, with between 7,000 and 7,500 new births per year. Our vision is to co-develop an innovative Public Health Nursing Service which is capable of connecting, empowering, enabling and motivating Devon children, young people and their families who wish to take responsibility for their own health and wellbeing to change their behaviour with an overall aim to reduce premature deaths and reduce health inequalities in Devon.</p> <p>The objective is to ensure that the service will provide prevention and early intervention support for babies, children, young people and their families in Devon. As advocated by Professor Sir Michael Marmot, the service adopts a proportionate universalism focus on the 0-19 population which means targeting those who currently do not have a health condition or illness, but are at higher health risk in adulthood if they continue with their current lifestyles and/or behaviours.</p>
<p>Reason for</p>	<p>Public Health was transferred from the NHS to Local government in 2013, and therefore is now part of Devon</p>

change/review:

County Council. School Nursing responsibilities were transferred at that time, but Health Visiting responsibilities remained with NHS England until October 2015 in order that the national 'A Call to Action 2011' programme was completed; this programme was set up to deliver on the Government's commitment to increase the number of Health Visitors nationally by 4,200 by March 2015 and to transform services with a clear structure of mandated early years health reviews. Commissioning Public Health Nursing Services for 0-19s has therefore been a statutory responsibility of Devon County Council since that time.

The service forms part of the Director of Public Health's responsibilities for 'any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act'.

The current jointly commissioned contract for Integrated Children's Services (Devon), which includes Public Health Nursing alongside CAMHS and a range of services for Children with Additional Needs such as Portage and Rehabilitation Officer for Visually Impaired Children service(ROVICs), ends on 31st March 2019 following an extension via a one-year interim contract. The placement of this interim contract was agreed by DCC's Cabinet in March 2017 following consultation. The interim contract will be enabled through the provisions of a Section 75 agreement, which passes the funding and delegated authority from DCC to NEW Devon CCG enabling them to hold and manage the interim contract.

The Public Health Nursing Service is funded within the context of a diminishing local authority Public Health Grant, as the Comprehensive Spending Review (CSR) 2015 announced a five year annual reduction to the Public Health Grant amounting to a cash reduction of 15.1%.

For the balance of the current contract (ie to 31st March 2018), the decision was taken to maintain the Public Health budget contribution to the joint contract; however, with the commencement of the interim 2018/19 contract, this is no longer a sustainable position.

For 2018/19, therefore, the provider will need to comply with a 14.5% reduction in budget for Public Health Nursing Services, from £11.86m to £10.14m. The provider is making these savings through a reduction in the Public Health Nursing workforce of around 30 whole-time equivalent staff. The DCC budget for 2019 onwards is

	<p>currently expected to be in the region of £10m</p> <p>The Devon Public Health Nursing service will continue to adhere to the PHE national guidance on commissioning the Healthy Child Programme 0-19yrs and Public Health Nursing services, but inevitably some further revisions to the service model will be required.</p> <p>The Clinical Commissioning Group is to commence (18th October 2017) the re-procurement of Children’s Community Health and Care Services for delivery from April 2019 onwards. If Cabinet decides to undertake an options appraisal on future service delivery models, this would result in a removal of the 0-19 Public Health Nursing service from the Clinical Commissioning Group led re-procurement of Children’s Community Health and Care Services.</p> <p>This Impact Assessment is therefore intended to assess the potential impacts of any decision to remove PHNS from the CCG-led re-procurement, and to highlight areas of service delivery where more detailed analysis will be required in future Impact Assessments depending on the outcomes of consultation and options appraisal processes which are being recommended for Cabinet approval.</p>
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Section 2 - Impacts, options and recommendations

See sections 3, 4 and 5 for background analysis

Options Appraisal and Recommendations:	<p>The incumbent provider has informed the commissioners that the funding reduction for 2018-19 will necessitate a reduction of around 30 whole-time equivalent staff across the Public Health Nursing workforce, (around 15% of the current workforce) which has the potential to impact negatively on the way in which services are delivered and experienced by families across Devon. Exploring other commissioning and delivery options may alter this reduction in the Public Health Nursing workforce as different savings may be found, and the proposed Options Appraisal will explore some efficiencies through different forms of integrated working within Early Years Childhood Services.</p> <p>In order to mitigate this impact as far as possible, a revised service model for 2018-19 has been developed,</p>
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supported by both the provider and commissioners, which will focus on providing the core set of services through the most efficient and responsive methods. In addition, commissioners have agreed to a transitional period for the required budget reductions so that the impact on workforce and service users alike is kept to an absolute minimum.

Some aspects of the revised service model are being trialled during the lifetime of the current contract, enabling service users to provide feedback on what works best; these will be further developed during the 2018-19 interim contract, taking into account feedback from service users. The revised service model for 2018-19 is based on the following themes but would be subject to some risk of deterioration and further revisions to the service model if it is decided to de-couple Public Health Nursing from its current location within Integrated Children's Services Devon as noted in bold text at the end of each theme:

- Increased use of technology
 - At the beginning of the current contract, the Service was still entirely paper-based. The introduction of mobile working in 2016-2017 has enabled practitioners to record casework and all activity via handheld tablets without needing to return to an office base, and is already beginning to show some time and capacity savings in the administration of the mandated assessments and wider workload, although in the short-term as workforce reductions are implemented the full benefits will not yet be realised.
 - New technology tools for inter-action and responsiveness with users, based on learning and evidence (for example from the inter-dependent Early Help for Mental Health (EH4MH) contract); the intention is to implement the nationally recognised CHAT health model for school nursing in early 2018. This new online and SMS-based information and advice service is based on a county-wide rota of qualified School Nurses who will be available to answer questions and concerns from young people who could only previously be given 'face to face' advice through periodic school-based clinics. School-based clinics will therefore be withdrawn as they are an inefficient model of provision; community clinics for school-aged children and their families will remain as a continuing option for parents of primary aged children in particular.
 - Also being considered for development during the interim 2018-19 contract is a similar model of online/SMS-based resource for parents of young children, so that many of the most pressing queries and concerns can be resolved in a timely and effective way without the need for visits or

clinic attendance.

- **If the PHN service is removed from the current model of Integrated Children's Services delivery, these technological developments (including associated licencing and training, and integrated electronic case records systems) could be detrimentally impacted as the technological systems, expertise, and management are located within ICS Devon. The proposed Options Appraisal and Consultation will need to explore how these risks can best be mitigated under whatever delivery method is adopted for 2019 onwards.**
- Increased explicitness and clarity of the core Public Health Nursing offer
 - Within the context of an Integrated Children's Service and organisational cuts elsewhere in the health system, Public Health Nursing's highly skilled nursing competency, coupled with the universal element which means that virtually all children, young people and their families are known and often have a relationship with the service, has meant that the service has delivered over and above the core offer. Examples are the delivery of the Newborn Hearing Screening Programme (NHSP) (NHSE responsibility), Review Health Assessments for Looked After Children (RHA LAC) (CCG responsibility) and extensive delivery against the Bladder and Bowel Pathway (B&B) (CCG responsibility) and the Perinatal Maternal and Infant Mental Health Pathway (PMIMH) (CCG responsibility, Plymouth facing). Clarity within the new service specification will release capacity back into delivery of the core offer.
 - Work has therefore been undertaken during the current contract to define the scope and extent of the work currently being undertaken and to resolve and rebalance work. For example, funding has now been transferred from the CCGs to the current provider to release PHNs from undertaking school-age RHA LAC, CAMHS transformation monies have enabled a Plymouth facing PMIMH service to be designed, and CCG commissioners have confirmed funding for NHSP and improved B&B pathways which will together strengthen existing services as well as offsetting some of the Public Health budget reductions.
 - In line with existing developments by the Service Provider, there will be an increasing emphasis on providing the most appropriate clinical input to Child Protection (CP) meetings, rather than maintaining the default position of sending PHNs in all cases (whether the child is known to other clinical services or not). This may improve the level of information and engagement for children subject to CP processes as the right clinician will provide information directly, while reducing the

time spent by PHNs (and especially School Nurses) on researching and liaising with health colleagues over children of whom they have no direct knowledge.

If the PHN service is removed from the CCG-led re-procurement process, there is a potential risk that some elements of the current model of integrated community health and care provision will be negatively impacted, through removal of CCG-commissioned clinical functions and funding. The proposed Options Appraisal and Consultation will need to explore how these risks can best be mitigated under whatever delivery method is adopted for 2019 onwards.

- Developing an integrated 0-19yrs Service
 - At the time of the transfer of commissioning responsibility, the Public Health Nursing Service was split into two elements: Health Visiting for 0-5yrs and School Nursing for 5-19yrs. Bringing the two elements back together into a 0-19yrs service, in line with national Public Health England commissioning guidance, enables better flexibility within the workforce to meet population needs, increases opportunities for more creative use of the skill mix teams, and aids transition between services.
 - Linked to this development, the Service has embarked upon an improvement in business support for clinicians, based around four locality 'Hubs' (in line with geographies adopted by the wider Devon Children's Partnership). These 'Hubs' are expected to provide much improved responsiveness and support to service users, clinicians, and partners organisations alike, enabling more efficient and effective working with families. Changes of this sort will take some time to embed fully, as families become accustomed to the different form of access and become used to a more team-based approach to support.
 - The new 0-19 PHN service has also developed closer and more inter-dependent relationships with other services within the ICS Devon family; for example, School Nursing staff are now routinely trained by CAMHS colleagues in a range of early identification and intervention programmes to support children, young people and schools in dealing with emotional and mental health needs. As emotional and mental health is of significant and increasing local and national concern, this is providing a much-needed increase in expertise and capacity for families and schools alike.
 - **If the PHN service is removed from the CCG-led re-procurement process, there is likely to be a loss in the close links between the PHN 'Hubs' and the ICS Devon Single Point of**

Access (SPA) which manages internal and external referrals for other community health services. Any distancing of PHN from CAMHS services risks losing the opportunities for easy access to training and clinical support which has previously been available. Depending on the outcomes of the Options Appraisal, the integration of Health Visiting and School Nursing workforces and service provision might also be at risk, which could take Devon's service away from national recommended models of delivery. The proposed Options Appraisal and Consultation will need to explore how these risks can best be mitigated under whatever delivery method is adopted for 2019 onwards.

- Targeting the offer to families more effectively
 - During the current contract, the Service has analysed and reviewed the way in which 'Health Visitor Clinics' have been used by families across the county; booked appointments within a Clinic setting are currently being trialled for families to have access to information, advice and support when they need it. This still allows some drop-in access to Health Visitor's advice but will in time enable a more efficient use of PHN staff time. As with the introduction of Hubs, it will take some time for families to become used to a more structured form of access and it is possible that in the short-term there will be some impact on individual families. This will be closely monitored as the model is rolled out and through engagement work with families across the county, feedback will be gained and the opportunity to make any further necessary revisions to the model will be explored to mitigate impact.
 - In addition, the number and location of 'Health Visitor Clinics' is being reviewed by the Service with the expectation that this will lead to a sensible rationalisation in the number of Clinic venues from the current number of 79 (some of which are used by very few families) and an increased alignment with the way in which Children's Centre provision is located.
 - Devon already has a very good record in engaging with families at the Ante-natal stage (around 28wks into pregnancy), performing more strongly than most regional and national comparators. New technology is beginning to enable more efficient engagement where that is appropriate (for example through digital channels and telecare models), and the Service is working with maternity service providers to improve the quality of information provided prior to Ante-natal engagement. A model of home-visiting for first babies and a wider choice of home-visiting, clinic visiting and phone calls will be developed for second and subsequent babies and assessed through continuing

	<p>engagement with families.</p> <ul style="list-style-type: none"> ○ If the PHN service is removed from the CCG-led re-procurement process, there is both a risk and an opportunity related to the future model of ‘Health Visitor’ clinics. Historically, these have usually been provided by Health Visitors and Community Health Workers in Children’s Centres across Devon and have been supported by other community groups such as ‘Stay and Play’ sessions within a well-established model of integrated early years provision. Recent reductions in Children’s Centre provision and the further reductions planned in the current tender for Children’s Centre provision for 2018-21 are already being taken into account in the planned review of ‘Health Visitor Clinics’; depending on the outcomes of the proposed Options Appraisal these reductions could be exacerbated or ameliorated. The proposed Options Appraisal and Consultation will need to explore how these risks can best be mitigated or opportunities exploited under whatever delivery method is adopted for 2019 onwards.
<p>Social/equality impacts (summary):</p>	<p>The service will continue to work to the localised National Specification in 2018-19 which has a positive impact on tackling health inequalities as the fundamental principle of what it seeks to address. In due course, the revised service model will enable the continued provision of a more effective and efficient delivery of the Universal and Targeted elements of the service, with improved timeliness, accessibility and responsiveness to families’ needs where possible. The service specification includes clear equality and access requirements, and the impact on children, young people and their families with protected characteristics and/or other vulnerabilities will continue to be monitored and evaluated as the revised model develops.</p> <p>If the proposed Options Appraisal and Consultation leads to any changes in the localised National Specification for 2019 onwards, it will be necessary to undertake further Impact Assessments to identify and manage and risks that might arise.</p>
<p>Environmental impacts (summary):</p>	<p>Some healthy lifestyle behaviours can contribute to environmental goals.</p> <p>There is no identifiable environmental impact caused by a decision to separate from the joint commissioning and procurement process.</p>
<p>Economic impacts</p>	<p>Good health is a factor affecting people’s ability to work.</p>

(summary):	<p>The removal of PHN from the CCG-led re-procurement process may lead to a different provider or form of provision from April 2019 onwards, which could impact on local businesses and employment opportunities. The proposed Options Appraisal and Consultation will need to explore any financial risks or benefits that become evident under whatever delivery method is adopted for 2019 onwards.</p>
Other impacts (partner agencies, services, DCC policies, possible 'unintended consequences'):	<p>Improving health outcomes through more effective delivery of a range of Universal and Targeted Public Health services should often reduce dependence on other health and social care services. However, the development of more clearly integrated working with maternity services, Children's Centres and others will also protect against unplanned impact on partners and other services.</p> <p>If the PHN service is removed from the CCG-led re-procurement process there is a risk that links with the future Integrated Children's Services delivery model are weakened. Without careful management this could impact negatively on activity to develop an integrated Local Maternity System alongside providers of maternity services will be compromised and/or delayed. The proposed Options Appraisal and Consultation will need to explore how these risks can best be mitigated under whatever delivery method is adopted for 2019 onwards.</p>
How will impacts and actions be monitored?	<p>The proposed Options Appraisal and Consultation will incorporate a range of risk assessment and engagement processes, with participation by stakeholders including CCG colleagues, provider services, children and families, and the wider population. Any impacts or risks of impact will be considered and monitored by an appropriately constituted Programme Board along with any actions required.</p>

<p>People affected:</p>	<p>The current 0-19 population in Devon is 162,000, with between 7,000 and 7,500 new births per year and a school-age (5-19years) population of around 123,000 spread across the fourth largest local authority by area in England.</p> <p>Therefore, in terms of delivery of the service all children, young people and their families and anyone who has a works directly or provides a service could be affected.</p>
<p>Diversity profile and needs assessment of affected people:</p>	<p>The health and wellbeing of Devon's children and young people is relatively good across the population, with better than average rates for many measures – for example, Life Expectancy at Birth, Breastfeeding Initiation, Child Poverty, School Readiness, Under 18 conceptions, and most Immunisations and Vaccinations. However, within the county, rates can vary considerably between Local Super Output Areas and within specific vulnerable groups; these inequalities need to be addressed at a local level.</p> <p>A small number of measures indicate a worse than average health profile: these include adolescent smoking prevalence (though this is against a backdrop of a continuing overall fall in smoking across the population nationally and in Devon), chlamydia detection rate (in common with a number of Local Authority areas across the Southwest), and some emotional and mental health indicators such as hospital admissions due to alcohol specific conditions and self-harm. Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years.</p> <p>There is a strong evidence-base for improved health, social and educational outcomes from a systematic approach to early child development. Research shows that:</p> <ul style="list-style-type: none"> • a baby's brain and neurological pathways are laid down for life between pregnancy and in the first 2 years when 80% of a baby's brain development takes place • this critical period for brain development is a key determinant of intellectual, social and emotional health and wellbeing • neuroscience and developmental psychology show that interactions and experiences with caregivers in the first months of a child's life determine whether the child's developing brain structure will provide a strong or weak foundation for their future health, wellbeing, psychological and social development • prevention and early intervention is described as a powerful equaliser which merits investment (Irwin et al 2007, Marmot 2010) <p>There is also a strong evidence base for prevention and early intervention programmes as children grow and develop. Research shows that:</p>

- mortality and morbidity for this age group remain largely preventable and rates vary widely across the Country
- this is a life stage of significant neural, emotional and physical development and when change is possible
- nationally, our 9.9 million young people have poorer health outcomes than those in many other developed nations
- inequality has a significant negative effect on health in adolescence
- keeping young people safe from harm is an important priority for all of us
- the consequences of poor health in this age period last a lifetime

For further details, see: 'Improving young people's health and wellbeing – A framework for Public Health' (Public Health England 2014) http://cdn.basw.co.uk/upload/basw_72800-4.pdf

The evidence also tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of young people.

The overall aim is to contribute to the improvement in the health and wellbeing that support all children and young people and to keep children and families safe and reduce health related risks across the life-course through delivery of universal public health assessments and implementation of public health interventions designed to identify and address difficulties and issues as early as possible to prevent exacerbation, and work with other agencies to garner additional support at the earliest opportunity where longer term intervention is needed. Within proportional universalism, resources are focussed on the most deprived geographical communities and communities of need within Devon to improve their health outcomes.

Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities including:

- Undertaking the five mandated Universal assessments at antenatal, new birth, 6-8 weeks, 1 year, and 2 to 2½ years and the National Child Measurement Programme undertaken at Reception and Year 6
- Delivery of the Healthy Child Programmes 0-5 years and 5-19 years
- Assessment and intervention when a need is identified and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care where required.

The service will ensure that the Healthy Child Programme is provided to all children and young people (0-19) and their families who are resident in the Devon County Council area. This includes the antenatal period for all families from 28 week gestation, or earlier if midwifery identifies a vulnerable family for which there is likely to be an on-going public health need. It also includes all young people of statutory school age whose home address is located within the Devon County Council boundaries and extends to children and young people who do not live within the Council area but are attending a Devon state funded school/college or Devon community setting in which the Service is providing an intervention.

This includes priority groups, such as:

- Looked After Children
- Care Leavers
- Young Carers
- Lesbian, Gay, Bisexual ,Transgender, Questioning (LGBTQ)
- gypsy, Roma and traveller communities
- other ethnic communities with specific Public Health needs
- children with additional needs
- children with parents/carers with a learning disability
- families who are vulnerable to domestic and/or sexual violence and abuse

In addition, the service is tasked to deliver an evidence based targeted programme of additional Public Health Nursing support to families, identified and assessed as vulnerable antenatally, who require more intensive and sustained intervention for the first 1001 days.

A comprehensive summary of relevant National Institute of Clinical Excellence (NICE) and Public Health England (PHE) guidance for service delivery can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_19_Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification	CG4_FINAL_19_Jan2016.pdf)

Health profiles are produced by the Public Health team and published on the Devon Health and Wellbeing website:
<http://www.devonhealthandwellbeing.org.uk>

Health Needs Assessments are published at:

<http://www.devonhealthandwellbeing.org.uk/library/hea/>

Needs assessments for some protected characteristic groups such as Lesbian, Gay, Bisexual and Trans people and Gypsies and Travellers are available here:

<http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/>.

The Annual Public Health Reports which look at health inequalities and Devon's population needs can be found at:

<http://www.devonhealthandwellbeing.org.uk/aphr>

Other stakeholders (agencies etc.):	Other key stakeholders will include (not exhaustive): GPs, NHS maternity services, other NHS services for children and families, dental services, community pharmacies, opticians etc; Schools and their phase associations, Children’s Centres and their provider organisations, Children’s Social Work Service, Youth Offending Service, substance misuse services for adults and young people, and other specialist services for children and families; Devon Health and Wellbeing Board, Devon Children and Families Partnership (incorporating Devon’s local safeguarding board function); the current workforce, the current provider; parent and young people’s forums, service user groups; local community and voluntary sector services for children and young people; HealthWatch Devon, local and national interest groups for children and other potential providers.
Consultation process and results:	The proposed Options Appraisal will incorporate a formal period of consultation with children, families and stakeholders to ensure any impacts are fully understood and can be mitigated as far as possible.
Research and information used:	The comprehensive summary of relevant National Institute of Clinical Excellence (NICE) and Public Health England (PHE) guidance for service delivery can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_19_Jan2016.pdf

Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

Section 3 - Profile and views of stakeholders and people directly affected

Section 4a - Social Impacts

Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair

- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

Characteristics	<p>In what way can you eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage?</p> <p>Are there any lawful, reasonable and proportionate, unavoidable negative consequences?</p>	<p>In what way can you advance equality (meet needs, encourage participation, make adjustments for disabled people, 'close gaps').</p> <p>In what way can you foster good relations between groups (tackle prejudice and promote understanding), if relevant?</p>
All residents (include generic equality provisions):	The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.
Age:	The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on specific age-groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.
Disability (incl. sensory,	The proposed removal from the CCG-led re-	Removal from the CCG-led re-procurement process and

<p>mobility, mental health, learning disability, ill health) and carers of disabled people:</p>	<p>procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on people with disabilities or their carers or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.</p>	<p>subsequent options appraisal will enable the opportunities to advance equality to be explored.</p>
<p>Culture and ethnicity: nationality/national origin, skin colour, religion and belief:</p>	<p>The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on specific ethnic or cultural groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.</p>	<p>Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.</p>
<p>Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed).</p>	<p>The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on specific sex, gender, or gender identity groups, or impact on pregnancy and maternity, or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.</p>	<p>Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.</p>
<p>Sexual orientation and marriage/civil partnership:</p>	<p>The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on people with specific sexual orientation, or in relation to married people or civil partners, or increase inequalities due to the continuing commitment to targeting the</p>	<p>Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.</p>

	service offer to those most in need.	
Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing skills, 'digital exclusion' and rural isolation.	The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on specific socio-economic groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.
Human rights considerations:	The proposed removal from the CCG-led re-procurement process and Options Appraisal for future delivery options should not of itself have any unmanageable negative impact on human rights considerations or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	Removal from the CCG-led re-procurement process and subsequent options appraisal will enable the opportunities to advance equality to be explored.

Supporting independence, wellbeing and resilience?

Give consideration to the groups listed above and how they may have different needs.

In what way can you support and create opportunities for people and communities (of place and interest) to be independent, empowered and resourceful?	The proposed removal from the CCG-led re-procurement, and Options Appraisal and Consultation process will not in itself support and create opportunities for people and communities to be independent, empowered and resourceful, beyond their potential involvement in the proposed Consultation.
In what way can you help people to be safe,	The proposed removal from the CCG-led re-procurement, and Options Appraisal and

<p>protected from harm, and with good health and wellbeing?</p>	<p>Consultation process will not in itself help people to be safe, protected from harm, and with good health and wellbeing.</p> <p>The current Public Health Nursing service has the core aims of reducing inequalities and enabling families to improve their health and wellbeing. Whilst providing a wider range of options for families to engage with advice and support, the revised service model will maintain a tight focus on safeguarding issues to build safety and protection within a strengths-based approach but will engage fully in child protection processes wherever appropriate.</p>
<p>In what way can you help people to be connected, and involved in community activities?</p>	<p>The proposed removal from the CCG-led re-procurement, and Options Appraisal and Consultation process will not in itself help people to be connected, and involved in community activities, beyond their potential involvement in the proposed Consultation.</p> <p>The Public Health Nursing service has the core aims of reducing inequalities and enabling families to improve their health and wellbeing. The revised service model will support families' ability to connect with their communities by signposting and developing links with appropriate community activities and groups.</p>

Section 4b - Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

	Devon County Council's Environmental Review Process for permitted development highway schemes.
	Planning Permission under the Town and Country Planning Act (1990).
	Strategic Environmental Assessment under European Directive 2001/42/EC "on the assessment of the effects of certain plans and programmes on the environment".

	Describe any actual or potential negative consequences. (Consider how to mitigate against these).	Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).
Reduce waste, and send less waste to landfill:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Conserve and enhance biodiversity (the variety of living species):	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Conserve and enhance the quality and character of our built environment and public	No negative consequences anticipated.	No neutral or positive consequences anticipated.

spaces:		
Conserve and enhance Devon's cultural and historic heritage:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Minimise greenhouse gas emissions:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Minimise pollution (including air, land, water, light and noise):	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Contribute to reducing water consumption:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Other (please state below):		

Section 4c - Economic impacts

	Describe any actual or potential negative	Describe any actual or potential neutral or positive
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	consequences. (Consider how to mitigate against these).	outcomes. (Consider how to improve as far as possible).
Impact on knowledge and skills:	No negative consequences are anticipated at this stage; the proposed Options Appraisal and Consultation will need to take account of this issue in coming to any conclusions.	No neutral or positive consequences can be anticipated at this stage; the proposed Options Appraisal and Consultation will need to take account of this issue in coming to any conclusions.
Impact on employment levels:	No negative consequences are anticipated at this stage; the proposed Options Appraisal and Consultation will need to take account of this issue in coming to any conclusions.	No neutral or positive consequences can be anticipated at this stage; the proposed Options Appraisal and Consultation will need to take account of this issue in coming to any conclusions.
Impact on local business:	No negative consequences are anticipated at this stage; the proposed Options Appraisal and Consultation will need to take account of this issue in coming to any conclusions.	Some additional economic and social opportunities may arise for voluntary and third sector groups, if the proposed Options Appraisal and Consultation ends up encouraging greater use of community assets to support families with low levels of need.

Section 4d -Combined Impacts

Linkages or conflicts between social, environmental and economic impacts:	None identified at this stage.
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Section 5 - 'Social Value' of planned commissioned/procured services:

<p>How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?</p>	<p>Some additional economic and social opportunities may arise for voluntary and third sector groups, if the proposed Options Appraisal and Consultation ends up encouraging greater use of community assets to support families with low levels of need.</p>
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