Impact Assessment

Version 2018
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Assessment of:	**Provision of 0-19 Public Health Nursing Service from April 2019** **Service delivery options for April 2019 onwards –**
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:	30th January 2018
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Section 1 – Background

Description:	The Public Health Nursing Service 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: • 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) 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. 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. 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.
Reason for change/review:	Public Health was transferred from the NHS to local government in 2013, and therefore is now part of Devon 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 Childrens Services (Devon), which includes Public Health Nursing Service alongside CAMHS and a range of services for Children with Additional Needs such as Portage and ROVICs (Rehabilitation Officer for Visually Impaired Children service), is due to come to an end on 31st March 2019 at the end of a one-year interim contract which Devon's Cabinet had agreed in March 2017 following consultation on how Public Health Nursing Services should be commissioned and delivered in the first months of 2017. This is to be achieved under the terms of a Section 75 agreement, by which NEW Devon CCG would then act as Lead Commissioner for agreeing the interim contract, and DCC would pass over the budget for Public Health Nursing to NEW Devon CCG for the duration of 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 15.1%. The Devon Public Health Nursing Service will however 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. At the Devon County Council Cabinet meeting, held on the 11th October 2017, the Cabinet approved the undertaking of an option appraisal for the provision of the 0-19 Public Health Nursing Service, Portage and ROVICs services from April 2019 onwards. This Impact Assessment is intended to assess the potential impacts of each of the service delivery options for the future provision of the 0-19 PHNS from April 2019.

Section 2 - Impacts, options and recommendations

See sections 3, 4 and 5 for background analysis

Options Appraisal and Recommendations:	In considering the service delivery options a set of strategic objectives were developed. Each option was considered against ability to deliver the objectives. **Strategic Objectives:** 1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service: • services are compliant with national clinically recognised standards. • there are clear mechanisms for quality assurance. • governance processes are robust/fit for purpose. 2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes. 3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access. 4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation. 5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life). 6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality. In addition to the assessment against the strategic objectives all options were analysed to a set of assumptions which remain, irrespective of the option that is determined to be the preferred option. These are: • The specification for the PHNS is based upon the national template 0-19 Healthy Child Programme. • The budget (£10million per annum) for the service does not alter. • Identification of core public health nursing staff who are likely to be eligible for TUPE will be relatively straightforward however obtaining a full TUPE transfer list from the current incumbent will require a longer time period so some assumptions have been made on the staffing requirements.

The following service delivery options were considered and fall into 2 broad categories:

1. **Procurement of the PHNS**

2. **DCC direct delivery of the PHNS**

   Within each of the categories 2 options are considered:

   <u>Procurement of the PHNS</u>

   1a: Open procedure with one contract;
   1b: Procure a joint venture delivery vehicle

   <u>DCC direct delivery of the PHNS</u>

   2a: 'In-house' as a department of DCC.
   2b: Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC;

The table below contains a summary of the options appraisal. The full options appraisal is available.

Summary of Options Appraisal

Option	Key Strengths	Key Weakness	Cost / Achievability	Mitigating actions
(1a) **Open procedure with one contract;**	**Financial Risk –** Will ensure the requirements of the financial envelope are met as the budget will be defined as part of the tendering process. **Clinical Governance –** Provider	**Responsiveness**: If contract variations are required due to unforeseen circumstances the commissioners will need to agree any such variation with the provider which could delay or reduce responsiveness, incur additional costs and	There is a potential risk of market failure if providers assess that the service is not deliverable within the budget available.	The development of a good commissioner/provider relationship. Through the procurement process DCC will ensure that the delivery model will align to the strategic vision with the contract setting out

	would have all the necessary governance requirements, such as CQC registration, clinical governance processes, clinical supervision and any related additional liabilities that (such as insurance requirements). **Will ensure direct and appropriate use of Public Health Grant** monies, in accordance with the requirements of the Grant determination. **Direct relationship between budget and service** - enables full control of the budget through the life of the contract. **Workforce –** The impact on the staff, including potentially leaving the service, is likely to be less than the other options to leave the service as this option was more favourably received in the earlier consultation. **Branding -** Enables branding to be separate from DCC and to have a potential clear alignment with "health" services	reduce flexibility to service delivery.	Considered achievable within the timescale.	clear and precise contract review clauses which will highlight the scope and nature of possible variations and these will not alter the overall nature or scope of the contract.
(1b) **Procure a joint venture delivery vehicle**	**Financial Risk -** Will ensure the requirements of the financial envelope are met as the budget will be defined as part of the tendering process. **Allows for** DCC to benefit from the expertise and knowledge that is brought to the partnership from the partner.	**Set Up -** Setting up a joint venture will have additional immediate costs and there will be costs associated with the reporting and regulation of the organisation (relating to e.g. tax compliance, VAT, audit and financial regulation) on an ongoing basis.	This option is not considered achievable due to the procurement process timescales so therefore has to be dismissed for service	This option could only be considered if additional time was available and so should remain a delivery option as part of any future consideration of service delivery models.

	Clinical Governance - Allows for the specific requirements, such as CQC registration, clinical governance, clinical supervision and any related additional liabilities that (such as insurance requirements) to be “ring-fenced” within the SPV and not related to DCC as a whole. **Will ensure direct and appropriate use of Public Health Grant** monies, in accordance with the requirements of the Grant determination. **Direct relationship between budget and service** - enables strong control of the budget through the life of the contract. **Branding** - Allows service specific branding. The joint venture could be branded as a “health” service, which would improve staff morale and enable the clarity required by both staff and service users between this and social services. **Recruitment** - If additional staff are appointed to the SPV it is likely they will need to be on the basis of equal pay between SPV employees and DCC employees. However, this does depend on the exact set up of the SPV, which could allow for recruitment on different T&C’s to standard DCC employee’s. This could enable an easier transition in the future to a fully out-sourced position if that becomes necessary/desired.	**Negotiations**- relating to the exact arrangements for the joint venture could be difficult and would also require DCC resource. **Contract Management** - DCC would still need to contract manage the arrangement, so no savings would be released at a corporate level. **Workforce –** There may be an impact on the staff, including individuals potentially leaving the service. **Timescales** - Procuring through a CDP process is a longer process than a straightforward procurement exercise and is not considered achievable within the timescales.	delivery from April 2019.	

(2a) **'In-house' as a department of DCC.**	**Clarity of management** - performance reporting for DCC services would be straight to Chief Officers **Alignment -** Increased opportunity to align DCC's social and health care responsibilities for children, young people and families. **Responsiveness** – the service could respond quickly to changing needs and service demands. **Autonomy** – this option allows for more autonomy than in option 1a and 1b.	**Governance** – No current Clinical and governance infrastructure in place so this would need to be established to deliver the service effectively. **Expertise** – While there are currently some staff within DCC who have experience of leading and working within the Public Health Nursing Service DCC will need to secure clinical leadership and operational expertise. **HR** – Recruitment and retention of public health workforce, particularly for new roles would need careful consideration. If new staff are offered appointment on DCC terms and conditions and not offered NHS Pensions there is a potential risk this may impact on the ability to recruit new staff, particularly if neighbouring PHNS providers offer NHS terms and conditions (including NHS Pensions). **Stakeholder concerns –** the consultation undertaken identified this option as the least most popular option for those that responded. **Financial Risk** – Full risks would be borne by DCC without any level of risk-share with independent providers.	This option is considered deliverable within the timescales. Initial calculations to scope bringing PHN services in-house has demonstrated that services could be delivered within budget although it is likely that some on-off set up costs will be required.	The early appointment of an experienced and skilled service lead and senior staff to ensure the establishment of the necessary service infrastructure including the required CQC registration, processes and governance arrangements to uphold quality assurance would mitigate some weaknesses identified. The development of a transition plan, led by the Chief Officer of Childrens Services, would provide assurance of senior leadership to lead the transfer of service and workforce. DCC already has Admitted Body status, which will enable the provision of NHS pensions.

		Traceability of the use of the Public Health Grant may become complex. **Costs** – there will be additional immediate costs relating to the set up. Initial calculations to scope bringing PHN services in-house have demonstrated that services could be delivered within budget but this will be dependent upon on the final TUPE information supplied.		
(2b) **Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC;**	**Clarity of management** – the SPV would have a Board which was directly accountable into DCC chief officers **Increased opportunity to align PHNS with DCC children services**. **Financial risk to DCC –** The SPV would have a contract with a specification to deliver against and an agreed contract price to support that activity. Any further support needed from DCC would need to be "bought" at cost thus ensuring value for money and accountability. Additionally, the requirements of the Public Health Grant (direct traceability) would be met. **Branding –** This allows the ability to retain a strong PHNS brand	**Set-up costs –** there will be additional immediate costs relating to set up and there will be costs associated with the reporting and regulation of the organisation (relating to e.g. tax compliance, VAT, audit and financial regulation) on an ongoing basis. Contract management: DCC would still need to contract manage the arrangement, so no savings would be released at a corporate level. **Governance** – Clinical governance mechanisms would need to be established by DCC as part of the SPV. **Workforce –** There is likely to be an impact on the staff,	This option is considered deliverable within the timescales. Initial calculations demonstrated that the service could be delivered within budget although it is likely that some on-off set up costs will be required.	The early appointment of an experienced and skilled service lead and senior staff to ensure the establishment of the necessary service infrastructure including the required CQC registration, processes and governance arrangements to uphold quality assurance would mitigate some weaknesses identified. The development of a transition plan, lead by the Chief Officer of Childrens Services, would provide assurance of senior leadership to lead the transfer of service and workforce. DCC already has Admitted Body status, which will enable the provision of NHS pensions.

	Autonomy – this option allows for more autonomy than an in-house option, and absolute focus on the PHNS and any other contracted activity.	including individuals potentially leaving the service. **HR** - the terms and conditions for staff are likely to be compliant with those of DCC which may impact on any external tender in the future.		

Social/equality impacts (summary):	The service will continue to work to the localised National Specification from April 2019, which has a positive impact on tackling health inequalities as the fundamental principle of what it seeks to address. The 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.
Environmental impacts (summary):	Some healthy lifestyle behaviours can contribute to environmental goals. There is no identifiable environmental impact caused regardless of which service delivery model is chosen.
Economic impacts (summary):	Good health is a factor affecting people's ability to work. There is no identifiable economic impact necessarily caused by the service model delivery decisions.
Other impacts (partner agencies, services, DCC policies, possible 'unintended consequences'):	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. The 0-19 Public Health Nursing Service is currently part of an integrated children's health service and in making the decision not to continue to be part of any future integrated health service there is a risk the 0-19 PHNS results in a disintegrated health system. It is important that, regardless of the service delivery model, that public health nursing is aligned to the total service offer for children, young people and families. This includes ensuring alignment and good close working relationship with all services for children, young people

	and families, including primary care, NHS, social care, early years and education. Achievement of this require good strategic leadership and a service offer capable of adapting and responding to health needs.
How will impacts and actions be monitored?	Once a service delivery model is agreed an ongoing programme of monitoring and evaluation will be put in place to ensure the best possible public health nursing service is available to Devon residents. This will be led by the service provider.

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

People affected:	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. 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.	
Diversity profile and needs assessment of affected people:	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. 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. There is a strong evidence-base for improved health, social and educational outcomes from a systematic approach to early child development. Research shows that: • 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)

There is also a strong evidence base for prevention and early intervention programmes as children grow and develop. Research shows that:

- 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_19Jan2016.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 public consultation was undertaken through the Have Your Say website from the 6th December 2017 – 15th January 2018. A total of 135 responses were received through the website with an additional four written responses. The full consultation response can be accessed via PHNS Consultation Report	
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_1	

	9Jan2016.pdf	

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	**In what way can you eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage?** **Are there any lawful, reasonable and proportionate, unavoidable negative consequences?**	**In what way can you advance equality (meet needs, encourage participation, make adjustments for disabled people, 'close gaps').** **In what way can you foster good relations between groups (tackle prejudice and promote understanding), if relevant?**
All residents (include generic equality provisions):	The decision on the service delivery model 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.	The decision on the proposed service delivery model should be made with a view to advance equality and foster good relationships between groups. The whole aim of the service is to reduce health inequalities, identify and respond to issues to prevent escalation and target children, young people, their families and the communities in greatest need.

		The service specification requires the service to be as accessible and flexible as possible to deal with high demand and to provide different routes in to the service (including direct self-help or referrals). It will require the service to positively reach out and engage to deliver its core offer and enable and support children, young people, their families and those working with them to easily access information for self-help and any additional support they may need. It specifically requires the service to develop and extend more efficient, timely, and user-friendly methods of engagement through digital channels and more targeted face-to-face contact so as to improve service users' experience and strengthen Early Help and Safeguarding activity. Equality requirements such as ensuring access and operating in a non-discriminatory way for all protected characteristic groups are a standard part of all County Council contracts. This specification also specifically requires the service to be delivered in a "welcoming and non-judgemental way".
Age:	The decision on the service delivery model 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.	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified. The current specification covers all children and families aged 0-19yrs who are resident within the Devon County Council area.
Disability (incl. sensory, mobility, mental health, learning disability, ill health) and carers of disabled people:	The decision on the service delivery model 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.	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified. The current specification requires the service to fully engage in

		identifying and supporting the Public Health needs of children and young people who may be affect by either their own or their parent's disability, mental health, learning disability, ill health or mobility issues and play a key role within the Devon SEND multi-agency approach to supporting this vulnerable group.
Culture and ethnicity: nationality/national origin, skin colour, religion and belief:	The decision on the service delivery model 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.	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified. The current specification requires the service to apply evidence based practice, community development and engagement processes to ensure the health improvement needs of those most vulnerable are met including people from black and minority ethnic (BME) groups, and Gypsies/Travellers. Providing various routes to engage with the service will ensure that those who are not registered with a GP can also be identified. GP registrations can be lower for some ethnic minority groups including Gypsies and Travellers. Close liaison with schools and other services, with key performance indicators of reach for the universal services of 100% (including assured exception reporting), alongside robust pathways should ensure a whole cohort approach. The specification requires the service to connect with 'community assets' (for example, voluntary sector support). There are a number of community agencies in Devon who work with BME groups and the Provider will be expected to work with them to inform best practice. The Provider will also need to demonstrate access to appropriate interpreting services including telephone interpreting. Religious belief will be taken into account in the delivery of

		advice on healthy eating (giving appropriate dietary information).
Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed).	The decision on the service delivery model 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.	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified. The current specification requires support for sex, gender and gender identity (including transgender) which impacts on the family to be included in the range of support offered.
Sexual orientation and marriage/civil partnership:	The decision on the service delivery model 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 service offer to those most in need.	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified. The current specification requires the service to connect with 'community assets' (for example, voluntary sector support). In order to support Lesbian, Gay and Bisexual children and young people, there are some LGB agencies who could help improve their offer. Family and friends are seen as powerful enablers to behavioural change. Staff will be trained appropriately to not make assumptions about family and friends and recognise that some children will be supported by those in same-sex relationships and that some children and young people will need additional support as their own preferences develop.
Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing	The decision on the service delivery model 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	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.

skills, ‘digital exclusion’ and rural isolation.	offer to those most in need.	The evidence is clear that those living in the most deprived communities in Devon suffer the worse health and are more likely to die prematurely. The current specification requires the service to provide a targeted offer to the most disadvantaged people and communities within Devon, working with holistic assessments within an integrated children’s delivery model. The data show that within the more social deprived communities there are higher levels of smoking, more adults are overweight and there are less active than people from more affluent communities, and as a result children and young people are likely to have poorer outcomes. Excess drinking is more common in less deprived areas but outcomes are worse in more deprived areas.
Human rights considerations:	The decision on the service delivery model 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	The enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified. The current specification requires a core offer to children, young people, their families to be delivered, albeit in sometimes different ways, in order to best meet their needs and build capacity of others to support them in promoting healthy lifestyles, identification and early intervention. In addition to socio-economic and protected characteristics (disability, race etc.) the service specification also recognises wider diversity issues of people’s behaviours and preferences: that there are different motivators and preferred levels of support/intervention, this demonstrates a recognition that people have a right to autonomy and choice as provided by the Human Rights Act – Right to Private and Family Life.

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 current 0-19 Public Health Nursing Service has the core aims of reducing inequalities and enabling families to improve their health and wellbeing. The service model extends the existing strengths-based approach to provide a wider range of options for families to engage with advice and support in a way that is proportionate to their needs.
In what way can you help people to be safe, protected from harm, and with good health and wellbeing?	The current 0-19 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.
In what way can you help people to be connected, and involved in community activities?	The 0-19 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.

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 spaces:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Conserve and enhance Devon’s cultural and historic	No negative consequences anticipated.	No neutral or positive consequences anticipated.

heritage:		
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 consequences. **(Consider how to mitigate against these).**	**Describe any actual or potential neutral or positive 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.

Section 5 - 'Social Value' of planned commissioned/procured services:

How will the economic, social and environmental well-being of the relevant area	Some additional economic and social opportunities may arise for voluntary and third sector groups, if options 1a or 1b are chosen and the provider is a third sector organisation. The

be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?	utilisation of community assets can be achieved with any of the service delivery options.