Public Health Savings Plan 2018-19 and 2019-20 within Health Visiting Service

Cabinet Member(s): Cllr Christine Lawrence – Cabinet Member for Public Health & Well-being
Division and Local Member(s): All
Lead Officer: Trudi Grant, Director of Public Health
Author: Alison Bell / Consultant in Public Health
Contact Details: 07788 350 818

<table>
<thead>
<tr>
<th>Seen by:</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Solicitor</td>
<td>Honor Clarke</td>
<td>9/11/2017</td>
</tr>
<tr>
<td>Monitoring Officer</td>
<td>Scott Wooldridge</td>
<td>10/11/2017</td>
</tr>
<tr>
<td>Corporate Finance</td>
<td>Kevin Nacey</td>
<td>10/11/2017</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Chris Squire</td>
<td>10/11/2017</td>
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<tr>
<td>Property / Procurement / ICT</td>
<td>Richard Williams</td>
<td>10/11/2017</td>
</tr>
<tr>
<td>Senior Manager</td>
<td>Trudi Grant</td>
<td>1/11/2017</td>
</tr>
<tr>
<td>Local Member(s)</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Cabinet Member</td>
<td>Cllr Christine Lawrence</td>
<td>1/11/2017</td>
</tr>
<tr>
<td>Opposition Spokesperson</td>
<td>Cllr Amanda Broom</td>
<td>7/11/2017</td>
</tr>
<tr>
<td>Relevant Scrutiny Chairman</td>
<td>Cllr Leigh Redman for Scrutiny Children &amp; Families, Cllr Hazel Prior-Sankey for Scrutiny Adults and Health</td>
<td>10/11/2017 8/11/2017</td>
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**Forward Plan Reference:**
It has not been possible to include this proposed key decision in the Forward Plan and therefore the General Exception procedure is being used in order to meet business needs. A copy of the notice is appended to this report.

**Summary:**
The 2015 Comprehensive Spending Review announced reductions in the public health grant allocated to Local Authorities from April 2016.

The public health grant will be reduced from £23,201,000 in 2015/16 to £20,178,000 by 2020/2021. This paper sets out the plan to make the necessary savings from the Health Visiting budget in 2018/19 and 2019/20, to balance the public health budget.
<table>
<thead>
<tr>
<th>Recommendations:</th>
<th>That the Cabinet Member for Public Health &amp; Well-Being authorises the plan to achieve the 2018/19 and 2019/20 savings from within the Health Visiting budget from the Public Health ring-fenced grant and authorises officers to take forward any necessary actions to achieve these savings</th>
</tr>
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<tbody>
<tr>
<td>Reasons for Recommendations:</td>
<td>The public health grant from central government has been reduced and steps need to be taken to balance the public health budget for 2018-19 and 2019-20.</td>
</tr>
<tr>
<td>Links to Priorities and Impact on Service Plans:</td>
<td>This recommendation supports the Council’s Medium Term Financial Plan and is in line with Public Health Commissioning and Service Plans.</td>
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<td></td>
<td><strong>Links to the County Plan and Ambitions</strong></td>
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<td></td>
<td>Public Health programmes contribute to the council’s statutory duty and County Plan ambition to promote, protect and maintain population health and wellbeing and tackle health and social inequalities.</td>
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<tr>
<td>Consultations and co-production undertaken:</td>
<td>This is a contractual issue around how we manage services within a reducing budget.</td>
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<td></td>
<td>The following bodies have been consulted about this decision - Somerset Clinical Commissioning Group – COG already described this in paper 4/10/2017 - Chairman of Health and Wellbeing Board – 1st November 2017</td>
</tr>
<tr>
<td>Financial Implications:</td>
<td>This decision is being taken to ensure financial balance following a reduction in Central Government funding.</td>
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<td></td>
<td>These savings have been identified to minimise the impact on the public's health, whilst meeting statutory obligations to deliver public health services mandated under the Health &amp; Social Care Act. They form part of a suite of savings already taken, or planned to be taken, between 2016–2020 in order to meet the national reduction in the public health grant and manage cost pressures within the ring fence grant</td>
</tr>
<tr>
<td>Legal Implications:</td>
<td>The decision will not affect the delivery of mandated elements of the service</td>
</tr>
<tr>
<td>HR Implications:</td>
<td>There will be implications for those staff employed within the Health Visiting service. These HR implications will be managed by the current provider with support from SCC commissioners. The current provider has been working with the commissioner throughout 2017-18 to undertake planned skill mixing of staff, as Health Visitors leave, they have appointed Assistant</td>
</tr>
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</table>
Practitioners to support the Health Visiting workforce deliver the Universal Health and Wellbeing offer. The number of Health Visitors will not go below 93.6 whole time equivalent (WTE) – from the call to action trajectory of 134 WTE, supported by up to 40 Band 4 assistant practitioners. This strategy will continue for the remainder of 2017/18 and during 2018/19 until the required skill mix of 70% is reached.

At the end of quarter one there were 114.5 HV in post. The process of early skill mixing has therefore mitigated any need for compulsory redundancies in 2018/19.

<table>
<thead>
<tr>
<th>Risk Implications:</th>
<th>Reduced impact on public health outcomes (3/3 = 9)</th>
</tr>
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<tr>
<td></td>
<td>Staff stress due to increased workloads (3/3) = 9</td>
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</table>

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

**Risk Implications:**

**Likelihood** 3  **Impact** 3  **Risk Score** 9

**Other Implications (including due regard implications):**

**Equalities Implications**
An Equality Impact Assessment has been undertaken on this proposed decision and this is included in Appendix 1.

Tackling inequalities in health is key to improving health and wellbeing. Reduction in capacity of public health services is more likely to impact on people from more deprived communities and vulnerable groups if not managed well.

The impact of the savings proposed in this report will be monitored through contract management meetings and appropriate action taken should negative effects been reported.

**Health and Wellbeing Implications**
Improving and protecting the health and wellbeing of the population and closing the gap between life expectancy and healthy life expectancy is imperative to improving the quality of life of local people and achieving economic growth. It is also crucial to achieving the longer term sustainability of social care and health services.

Giving every child the ‘best start in life’ is acknowledged as one of the priorities for tackling health inequalities. The proposal presented illustrates how this aspiration can still be achieved whilst making the savings required.

**Community Safety Implications**
No community safety implications have been identified

**Sustainability Implications**
No sustainability implications have been identified

**Health and Safety Implications**
There is some risk of increased staff stress due to the increased caseload as a result of a reduction in health visitor posts and the need to work with a multi-disciplinary team – staff training is
being put in place to ensure this is managed

**Privacy Implications**
No Privacy implications have been identified

<table>
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<tr>
<th>Scrutiny comments / recommendation (if any):</th>
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| Cllr Hazel Prior-Sankey (Chair of Adults & Health) – Cllr Prior-Sankey is broadly supportive of the proposal. However, does not agree that this decision can be taken as a matter of urgency. Cllr Leigh Redman (Chair of Children & Families Scrutiny) – Cllr Redman has requested clarification on the following points and has asked for amendments to be made to the paper:  
  - The impact on staff and how unions have been involved  
  - The impact on service users, children and families  

Cllr Redman also questioned why this decision would be taken using special urgency and asked that the paper explain this. The paper has been edited to clarify the points raised to ensure that the Chairmen of these two Scrutiny committees and the opposition spokesperson have had their questions answered so that we have their support for this decision. Based on feedback, this decision will be considered through general exception rather than special urgency and we have support from both Chairmen of Scrutiny Committee’s for this decision.

1. **Background**

1.1 The public health grant will be reduced from £23,201,000 in 2015/16 to £20,178,000 by 2020/2021. This is a saving of £3.023m over 4 years. This paper sets out the plan to make the necessary savings in 2018/19 and 2019/20 from the Health Visiting budget to contribute to the required cost pressures within the public health ring fenced grant.

1.2 During 2018/19 the proposal is to make £500,000 of savings and during 2019/20 a further £500,000 savings from the Health Visiting budget. This paper describes this proposal.

1.3 The SCC Public Health team became responsible for commissioning the Health Visiting Service and maintaining the 5 mandated Universal contacts in October 2015. The Health Visiting service is highly valued by Somerset County Council Public health Team and we are keen to retain a universal health visiting service.

1.4 The Health Visiting service is provided as a significant part of the Public Health Nursing service delivered by Somerset Partnership NHS Foundation Trust. Their current performance against the mandated Universal Checks is good and they are rated by the Care Quality Commission as ‘good’ for this area of regulated service provision.

1.5 Evidence for Skill Mixing
The saving is proposed to be achieved through the skill mixing of the Health Visiting workforce. The evidence for the proposal is discussed below. Professor
Sarah Cowley’s submission to Hounslow scrutiny enquiry\(^1\) on health visiting stated that at least 70% of the workforce should be qualified Health Visitors with the remainder being a mixed skill set.

In a report commissioned by the Department of Health ‘Why Health Visiting’\(^2\) looking at a review of the literature around health visitor interventions, they noted the challenge of providing an adequate and cost-effective combination of skills and abilities within the workforce. The review goes on to explore the benefits and challenges of skills mix.

### 1.6 Benefits of skill mix
- Skill mix has been cited as a cost-efficient way to deliver services. This has the advantage of freeing up health visitors’ time allowing them to engage in more complex activities such as needs assessment and child health surveillance (Ebeid, 2000) cited in Smith et al, 2007).
- McKnight (2006) documented other benefits of skill mix, describing the experiences of a health visiting team piloting the introduction of a staff nurse. McKnight found that stress levels were reduced in the team, and that there was an increase in client services. There were no difficulties with role boundaries within the team.
- The use of breastfeeding peer educators, who were trained and supervised by health visitors (Carr, 2005a) also appeared successful, in that they were acceptable to the mothers and health visitors with clear lines of accountability and role delineation.

### 1.7 Challenges of skill mix
- In the past the use of skill mixing to support Health Visitors has been a source of discontent by parents mainly because of the lack of relational continuity, not due to the perception that they were receiving diluted, lower-quality care.
- The close supervision required to monitor service quality and exercise clinical judgment using a skill mix model (with non-health visiting staff) is difficult in a community setting (Gibbings, 1995). Hurst (2006) argues that because community staff are isolated and autonomous workers, separating task and skill, ‘may be unwise, particularly for practitioners used to assessing, planning, delivering and evaluating one patient’s care in his or her home at one visit’ (pg. 758).\(^{112}\)

Much of this research is old as once ‘The Call to Action for Health Visiting’ was launched and the pledge to increase the number of Health Visitors by 4200 nationally became national policy, the skill mixing of health visiting teams was put on hold and all efforts were put into achieving this national must do. However, many of our health visitors have worked in skill mix teams previously and are used to working in multidisciplinary teams.


1.8 The proposal for skill mixing

The proposal is to reduce the number of Band 6 Health Visitors by 40 posts and employ more assistant practitioners to support Health Visitors deliver the Universal Health & Well-being offer. The aim is to achieve a 70:30 skill mix as recognised in the national literature. This trajectory has been developed collaboratively with the provider as it was necessary to ascertain the feasibility of this proposal ahead of any decision. In anticipation of the need to reduce the value of the contract in 2018/19, Somerset Partnership and Somerset County Council have been working proactively in 2017/18 to initiate skill mixing when Health Visitors have naturally left their post. It is imperative that the performance and safety of service delivery is maintained during and after this skill mixing process and this will continue to be monitored through regular contract performance management.

These new Band 4 staff will be required to undertake a full local programme of induction and local training into this role. This grade of staff is currently in existence within the service and health visitors are used to working with some skill mix. This process of skill mixing would happen over a period of 2 years, or until the required proportions were in place, and would enable service continuity, management of clinical risk and avoid the need for compulsory redundancies.
2. Options considered and reasons for rejecting them

2.1. Do nothing is not an option as the savings must be found to prevent an overspend position.

3. Why is this decision a matter of urgency:

This proposal was initially discussed with the relevant Cabinet Members Anna Groskop and Frances Nicholson in September 2016. We also discussed this with both relevant Scrutiny Chairmen. No further action was taken at that stage pending the national review of the mandation of Health Visiting services, which was due in October 2016. This was eventually published in March 2017 and continued the requirement for local authorities to commission five universal health visiting contacts for families. This was not a guaranteed outcome and we could not take a decision regarding the future of our Health Visiting service without this national policy decision.

The pre-election period ran from 20th March - 9th June and so we were unable to take decisions on spending at this time. Post elections we had a new Cabinet Member for Public Health and Well-being, who provided continued support for the direction of travel.

We initiated discussions with our provider of Health Visiting services in May 2017, to consider the feasibility of the proposal and to negotiate the programme of skill mix and contract reduction. We worked productively with Somerset Partnership for some time on these negotiations and came to agreement on 19th October 2017 regarding the maintenance of Health Visiting service delivery at a reduced cost, with the appropriate performance and safety reporting in place, whilst aiming to avoid the need for compulsory redundancy.

Somerset County Council is now in a position to take the decision to make the reduction to the Health Visiting budget in 2018/19 by £0.5 million and a further £0.5 million in 2019/20. The provider has agreed this approach and they have signed the contract extension with the new budget figures in place.

Public Health liaised with community governance regarding the general exception and special urgency procedure since this proposed decision had not been published on the forward plan, as this might have jeopardized the negotiations with the provider.

4. Background Papers


"I shall try to explain what "due regard" means and how the courts interpret it. The courts have made it clear that having due regard is **more than having a cursory glance** at a document before arriving at a preconceived conclusion. Due regard requires public authorities, in formulating a policy, to give equality considerations the weight which is **proportionate in the circumstances**, given the potential impact of the policy on equality. It is not a question of box-ticking; it requires the equality impact to be **considered rigorously and with an open mind.**"

Baroness Thornton, March 2010

### Equality Impact Assessment Form and Action Table 2015
(Expand the boxes as appropriate, please see guidance [www.somerset.gov.uk/impactassessment](http://www.somerset.gov.uk/impactassessment) to assist with completion)

<table>
<thead>
<tr>
<th>What are you completing the Impact Assessment on (which policy, service, MTFP reference, cluster etc)?</th>
<th>To assess the impact of proposed savings of £500,000 from the Health Visiting budget in 2018-19 and £500,000 from the Health Visiting budget in 2019-20</th>
</tr>
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<tr>
<td>Version</td>
<td>0.4</td>
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**Section 1 – Description** of what is being impact assessed

The public health grant will be reduced from £23,635,000 in 2015/16 to £20,183,000 by 2020/2021. This impact assessment aims to look at and plan for any impacts of the plan to make the necessary savings from the Health Visiting budget in 2018/19 and 2019/20, to balance the public health budget.

The budget for Health Visiting service (0-4 years) is £7,595,000, which from October 2015 was included as part of the ring fenced public health grant. This budget is subject to Department of Health (DH) budget cuts of £0.5 million in 2018/19 and £0.5 million in 2019/20, which is largely being achieved by working collaboratively with the provider to skill mix the workforce. This means that as Health Visitors leave, they will be replaced with Assistant Practitioners over a time period of 2 years.

Currently -children under 5 years living in Somerset will be registered with a Somerset Health Visitor. Health Visitors deliver a service to each child and family according to their needs, (proportionate universalism)

Health visiting teams offer four levels of service to families with children under five:

- **Your community:** health visiting teams help to develop a range of services in the community and make sure families know how to access them e.g. breastfeeding cafes
- **Universal:** a service offered to all families with health visiting teams providing help and interventions as part of the Healthy Child Programme (HCP) e.g. 5 contacts with a health visitor for routine child development, health surveillance and parenting support
- **Universal plus:** a rapid response from the health visiting team when families need specific expert help e.g when a baby is struggling to sleep or feed
- **Universal partnership plus:** health visiting teams work with other professionals to provide on-going support to parents to deal with complex issues over time while ensuring the right services, groups and networks are available to families locally e.g a family where parents are struggling to meet the babies needs, either physically or emotionally and need the input of many agencies
SCC has a responsibility under the Health & Social Care Act to ensure that every new parent and baby receives an offer of 5 universal contacts. These contacts are as follows:
- one when Mum is still pregnant,
- one new birth visit (within 14 days of birth),
- one contact at 6-8 weeks,
- one contact at 8-12 months and
- one contact at 2-2.5 years.

Proposal – all children born and living in Somerset will continue to be registered with a Health Visitor and will receive the same level of service delivered according to their needs and receive the offer of the 5 contacts. What will change is how this support is provided and that some families (mainly those described as Universal) will be supported by Assistant Practitioners under the supervision of a Health Visitor.

Section 2A – People or communities that are targeted or could be affected (taking particular note of the Protected Characteristic listed in action table)

Children – Investing in children and young people is known to have lifelong health gains. There are 29,560 children aged 0-45 years who are resident in Somerset. The Health Visiting service works with these children and their families, according to their level of need.

Pregnancy and Maternity: Evidence suggests that pregnancy and maternity are a key period impacting on the physical and mental health needs of the mother, father and child. There are approximately 5500 births each year in Somerset, each pregnant woman is notified to Health Visitors via maternity. Health visitors aim to meet each new parent in the last trimester of pregnancy, to prepare them for the transition to parenthood

Older People: The Health Visiting service does not support older people

Disabled People: Disability is associated with low income and poor health outcomes such as reduced life expectancy. Parents who are disabled who have children aged 0-4 years or children who are disabled aged 0-4 years access the HV service.

Gender Reassignment: Parents of children aged 0-4 years are supported by the Health Visiting service regardless of their parents’ gender identity.

Marriage and Civil Partnership: No impacts identified, as the Health Visiting service is delivered to parents regardless of their civil status

Race: No impacts identified as the Health Visiting service is delivered to parents regardless of their race or ethnic origin. The service has access to translation services, to ensure that people can receive the service in a language they understand, not relying on relatives to translate

Sex: The Health Visiting service engages parents regardless of gender, specifically trying to engage new Dad’s. However, the majority of contact is with women due to their child bearing role.

Sexual Orientation: There is national evidence to suggest that LGTB people experience discrimination in accessing services, and that they have particular health needs. Parents of children aged 0-4 years are supported by the Health Visiting service regardless of their
sexual orientation or how children have been conceived or come to be in a family e.g via adoption.

Other:
- People in low income groups and in poverty generally have higher levels of health need; therefore we need to be particularly mindful of potential impacts on these groups.
- Somerset’s rurality poses challenges in the delivery and access of services, these need to be considered as part of this service change.
- Caring responsibilities – we know that carers often have particular needs for their own health and wellbeing. We have not identified any particular impacts from these proposals.
- Military Status – we have not identified any particular impacts on military personnel or veterans as a result of these proposals, if military personnel or veterans are resident in Somerset and parents to children aged 0-5 years they will receive a Health Visiting service.

**Section 2B – People who are delivering the policy or service**

There will be implications for staff employed within the Health Visiting service. These implications will be managed by the current provider with support from SCC commissioners.

During 2017/18 Somerset County Council and Somerset Partnership have worked collaboratively to start to increase the skills mixing of staff within the Health Visiting Service to try and mitigate the risk of compulsory redundancies. The commissioner and provider have started to appoint Assistant Practitioners as Health Visitors naturally leave their post. To the end of quarter 1 (June 2017), a total of 20 Health Visitors have left their post and 5 additional Assistant Practitioners have been appointed. The proportions of these posts will continue to reduce and grow accordingly until a 70-30% skill mix is achieved. By starting this skill mixing earlier than the change in contract value, it has been possible to get ahead of the trajectory for skill mixing therefore mitigating the need for compulsory redundancy in 2018/19.

The commissioner and provider are reviewing the skill mixing position at quarterly performance management meetings to ensure the safety of the services throughout transition. Gaps in staff numbers during the recruitment of assistant practitioners are being managed through the use of bank staff, or the offer of additional hours to existing staff.

Somerset Partnership as the employing organisation has been consulting with relevant union representatives regarding the changes and is proactively sharing information with the Health Visiting workforce so they are aware of the skill mixing policy.

Due to staff departures, some staff will need to deliver services in different geographical areas. This is within their terms of employment and is being managed by the provider of in conjunction with union representatives.

Commissioners and providers will monitor indicators such as staff sickness as part of routine contract monitoring and use this as an indicator to monitor the impact of these changes on the staff remaining who are continuing to deliver the service.
Section 3 – Evidence and data used for the assessment (Attach documents where appropriate)

The JSNA in 2015/16 focused on children and families, the highlights are detailed below:

The Office of National Statistics (ONS) mid-year 2014 population estimates show that there are 540,000 people living in Somerset. Of these, 110,000 are children under the age of eighteen and 30,000 are young children and infants aged 0-4. There are 56,000 boys and 53,000 girls under the age of eighteen.

Overall, Somerset is relatively affluent and enjoys lower than average levels of deprivation. There are, however, 25 neighbourhoods within the 20% most deprived in England; the highest intensity of deprivation is found within the county's larger urban areas. According to the supplementary Income Deprivation Affecting Children Index (IDACI) Somerset has 10 neighbourhoods within the most deprived 10% and 19 within the most deprived 20% in England. All 19 areas are urban.

Because children and young people live in families and communities and there are many complex influences on vulnerability, we have considered the information in this JSNA within a framework of “Think Individuals, Think Families, Think Communities”. Considering vulnerability in this way helps to give us a more rounded picture of the issues that have an influence on children and young people.

Key findings:

- Of the 110,000 children under the age of 18 living in Somerset, between 5,000 and 10,000 are in particular need, the majority living in the most deprived urban wards.
- Those children in need living in rural areas face particularly difficult issues with less contact with existing services.
- The more accessible we make information and signposting, the more individuals, families and communities can help themselves.
- Improving the conditions for vulnerable children across Somerset is best achieved by improving the life chances of the most vulnerable fastest.
- The Family Focus programme (part of the national Troubled Families scheme) identifies 2,790 families in Somerset with three or more of the eligible areas of need.
- Families experiencing more abusive or criminal issues tend to be grouped together geographically. On the other hand, families with lifestyles which adversely affect children but without causing serious harm are more widely dispersed, which has implications for service capacity across the county.
- The vulnerabilities of parents are known to have an impact on children. Improvements have been instigated across adults services, where families are at risk of developing problems, to identify vulnerable children.
- Investing in 'early help' integrated district-based services will deliver a high return for children's development.
- Greater integration and information sharing, for instance by using the individual NHS number and Unique Pupil Reference Number (UPRN), would better enable us to identify a child’s vulnerabilities and provide more appropriate support at an earlier stage.
- About 14,300 Somerset children live in low-income households. Whilst not all will be 'vulnerable', poverty is a strong indicator of poor wellbeing and lack of opportunity.
- Such households are tightly clustered in specific localities of Taunton, Bridgwater and Yeovil. It is important that public services are concentrated and well-co-
ordinated within these areas, but there is no ‘one size fits all’ solution; each individual or group has particular needs.

- There is a continued need for skilled face-to-face delivery of services in homes, community buildings and shared ‘hubs’, amongst others
- Building community capacity to support vulnerable young people close to home remains important

Section 4 – Conclusions drawn about the equalities impact (positive or negative) of the proposed change or new service/policy (Please use prompt sheet in the guidance for help with what to consider):

The health visiting service provides regulated health care activity which is subject to an inspection regimen, delivered by a registered provider.

Somerset County Council believes that this proposed change to skill mix the Health Visiting workforce will not result in an overall change in the service received, the change will be who delivers this service to parents and families.

The Health Visiting service will continue to meet the needs of children and families according to their level of need and this will be performance managed by the commissioner, who is the Somerset County Council Public Health Team. As part of this process we monitor complaints and compliments and also undertake visits to the service, we are also involved in service developments alongside the provider

If you have identified any negative impacts you will need to consider how these can be mitigated to either reduce or remove them. In the table below let us know what mitigation you will take. (Please add rows where needed)

<table>
<thead>
<tr>
<th>Identified issue drawn from your conclusions</th>
<th>Actions needed – can you mitigate the impacts?</th>
<th>Who is responsible for the actions? When will the action be completed?</th>
<th>How will it be monitored? What is the expected outcome from the action?</th>
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<tbody>
<tr>
<td>Age</td>
<td>The reduction in trained HV will not result in a reduction in HV service, but instead use assistant practitioners to meet the needs of less complex families working under the supervision of trained HV to free up trained HV to work with the more complex families</td>
<td>Alison Bell. Consultant in Public Health working with Somerset Partnership NHS Foundation Trust. By 31/3/2019.</td>
<td>Performance against universal contacts through routine contract management and through monitoring patient safety incidents</td>
</tr>
<tr>
<td>Disability</td>
<td>Ensuring that disabled people who have children aged 0-4 years or disabled children aged 0-4 years have access to the HV service.</td>
<td>Alison Bell. Consultant in Public Health working with Somerset Partnership NHS Foundation Trust. By 31/3/2019.</td>
<td>Ensure ongoing delivery of the MAISEY programme and compliance with actions under the Children &amp; Families Bill 2014 (for example</td>
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</table>
Gender Reassignment

Parents of children aged 0-5 years are supported by the Health Visiting service regardless of their parents’ gender identity. | No action required

Marriage and Civil Partnership

Parents of children aged 0-5 years are supported by the Health Visiting service regardless of their parents’ civil status. | No action required

Pregnancy and Maternity

Health Visitors or an assistant practitioner would continue to make contact with pregnant women and work closely with local midwifery services. | Alison Bell, Consultant in Public Health working with Somerset Partnership NHS Foundation Trust. By 31/3/2019. | Through antenatal contact performance data which is monitored quarterly

Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)

No impacts identified as the Health Visiting service is delivered to parents regardless of their race or ethnic origin | No action required

Religion and Belief

No impacts identified as the Health Visiting service is delivered to parents based on clinical need, regardless of religion or beliefs | No action required

Sex

The Health Visiting service engages parents regardless of gender, specifically trying to engage new Dad’s. However, the majority of contact is with women due to their child bearing role. | No action required

Sexual Orientation

There is national evidence | No action required
to suggest that LGTB people experience discrimination in accessing services, and that they have particular health needs. The health visiting service engages parents regardless of sexual orientation or how babies were conceived, based on clinical need.

<table>
<thead>
<tr>
<th>Other (including caring responsibilities, rurality, low income, Military Status etc)</th>
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**Section 6** - How will the assessment, consultation and outcomes be published and communicated? E.g. reflected in final strategy, published. What steps are in place to review the Impact Assessment?

This equality impact assessment will be published as part of the decision making process.

The impact assessment will be reviewed quarterly alongside routine contract monitoring, to ensure performance and safety of the service is not being compromised by the skill mixing of the Health Visiting workforce.

**Completed by:** Alison Bell  
**Date:** 01/11/17  
**Signed off by:** Tom Rutland  
**Date:** 2/11/17  
**Compliance sign off Date:** 2/11/17  
**To be reviewed by:** (officer name) Alison Bell  
**Review date:** November 2018