

Name of proposal/policy	Child and Family Public Health Nursing Service	Budget number (if applicable)	
Service area responsible	Public Health	Cabinet meeting date	September 12 th 2017
Name of completing officer	Claire Blackmore	Date EqIA created	10/07/17
Approved by Director / Assistant Director	Lucy Douglas Green	Date of approval	29/08/17

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'Due regard' to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant **MUST** include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact equalities@northamptonshire.gov.uk

PART 1

Description of current provision/policy and main beneficiaries/stakeholders

The aim of the 0-19 Public Health Nursing Service is to ensure that all children and young people receive the full National Healthy Child Programme 0-19 service offer including universal access and early identification of additional and/or complex needs, with timely access to specialist services. The core purpose is to give every child the best start in life and is crucial to reducing health inequalities across the life course.

The 0-19 Healthy Child Programme is based on the following aspirations:

- Children and young people have a positive attachment with their parents and carers
- Children, young people and families live healthy lifestyles and have a positive sense of well-being
- Children and young people develop and achieve their potential and are supported to achieve positive physical and emotional developmental milestones
- Children and young people are in the best possible health at birth, have good nutrition and maintain a healthy weight
- Children and young people are safe and protected from preventable death, ill health, injuries, and physical and mental health problems
- Children and young people are involved in decisions about their health and wellbeing

Services are orientated around four levels of delivery, all families receiving universal services and families with greatest need receiving targeted interventions aimed at reducing risk, increasing resilience and improving outcomes. Services are delivered using a public health approach focussed on health promotion; health protection; prevention of ill health or accident and early intervention through 4 levels of intervention and service delivery:

- **Universal:** Every child 0-5 is known to a named health visitor and will be offered the mandatory assessments and home visits. Every child 5-19 will be offered the school age health checks. This universal service provides a proactive method to uncover hidden need leading to early intervention. The universal service also promotes good health, protects health by identifying problems early and promoting immunisations and vaccinations. Universal services are essential for primary prevention, early identification of need and early intervention and lead to early support and harm reduction
- **Universal Plus:** This element of the service provides a swift response when specific expert help is needed, which may be when families raise concerns or contact the service or where other professionals
- **Universal Partnership Plus:** Delivers on-going support as part of a range of local services working together with families with more complex needs over a longer period of time
- **Your Community:** Being involved with communities and partners maximising family support and development of community resources

Current service provision: Four Separate service contracts, all provided by Northamptonshire Healthcare Foundation Trust (NHFT) were brought together in October 2016 as one 0-19 Public Health Nursing Service. The four contracts were Health Visiting, School Nursing, Breastfeeding Support, and Family Nurse Partnership. Since October 2016 the current provider has reconfigured the services and the supporting management to provide a single integrated service delivered through integrated locality teams. The teams work closely with the immunisation team, commissioned by NHS England and with General Practice, Specialist Community Children's Services including child and adolescent mental health services and with children's social care and early year's services. Further detail is outlined below:

- All children aged 0-5 years within the population receive the Healthy Child Programme 0-5 delivered via the health visiting team, including the mandatory health assessments.

- All children aged 5-19 years (and up to 25 years old for young people with a disability) are offered the Healthy Child Programme 5-19 via the School Nursing team
- Mothers with complex breastfeeding needs receive support and advice from the Specialist Breastfeeding Service
- First time eligible mothers under 18 years of age receive input from the Family Nurse Partnership (FNP) until the child is two years of age.
- Children identified as overweight from Healthy Child Programme are offered weight management support

The services are provided by qualified health visitors and school nurses (registered nurses/midwives with a second degree in public health and who are registered as public health nurses), supported by nursery nurses, and administrative support staff. The administration of the service operates alongside the NHFT Referral Management Centre (RMC) which provides a single point of access for professionals to make referrals into children and young people's specialist community health services. The RMC aims to facilitate all referrals to ensure that children and young people are seen by the right person, with the right skills at the right time and the co-location means that children receiving the universal service can easily be referred to the most appropriate specialist health services.

All children and young people can be considered vulnerable. However, the 0-19 Public Health Nursing Service supports children and young people who are particularly vulnerable, including:

- Children and young people with a learning disability
- Children and young people with mental ill-health problems
- Children and young people who have physical disabilities
- Children and young people with chronic illness
- Children and young people who have witnessed domestic abuse
- Children and young people with drug or alcohol misuse problems
- Children and young people who have contact with the criminal justice system
- Children and young people in the travelling community
- Children and young people who are migrants, unaccompanied or accompanied, or who may have been trafficked
- Children and young people from families where any of the above problems may be present in parents/guardians, or the wider family unit

Families tell us they only want to tell their story once, however, current arrangements where Health and Social Care services are commissioned separately as two 0-19 services can be confusing for families and other organisations, leading to potential duplication of effort, the need for repeated assessments and complicated data sharing arrangements. The most vulnerable families and young people are usually known to both services and it is not unusual for the 0-19 Public Health Service and NCC Early Intervention Services to be working with families. There is a requirement for one mandatory health and early year's assessment at 2 years to be delivered in an integrated way, however this has proved very difficult to achieve. The 0-19 Public Health Service is provided in parallel to the 0-19 early help service and this can cause confusion for families and there can be a lack of clarity of roles and responsibilities across the two services.

There are increased numbers of children subject to a child protection plan which places increasing demands on the service and the lack of clarity regarding early help roles and responsibilities leads to duplication of effort and may lead to some families not receiving early help as early as would be desired. The increased focus on child protection means that less resource is available for preventive and early help interventions.

Main beneficiaries of the services:

- Parents/carers/guardians of children and young people in Northamptonshire
- Babies, children and young people in Northamptonshire

Main stakeholders:

- Service users
- Northamptonshire Healthcare NHS Foundation Trust
 - Health Visitors
 - 0-19 Weight Management Service
 - 0-19 Universal Service
 - Specialist Community Public Health Nurses
 - School Nurses
 - Family Nurse Partnership
 - CAMHS
- Corby Clinical Commissioning Group
- Nene Clinical Commissioning Group
- Primary care, including GP Federations
- A&E and Secondary Care
- Contraception and Sexual Health Services
- Northamptonshire County Council (NCC)
 - Public Health (NCC)
 - Business Intelligence and Performance Improvement (NCC)
- First for Wellbeing
- Schools and Education settings
- Early Years settings
- Domestic Abuse support
- Children's Social Care
- Looked After Children Services
- 3rd Sector providers
- Young People's Drug and Alcohol Services
- Healthwatch
- Northamptonshire Police Early Intervention Team

Description of proposal under consideration/development

The existing contract ends in March 2018 with no option available to extend the contract. It is proposed to tender for a service provider to commence April 2018. Invitations for expressions of interest had a very limited response, however advice from LGSS procurement is to proceed to open tender to provide maximum opportunity for the market to respond. The Council is developing the Children's Trust including the 0-19 Early Help Services and this tender provides an opportunity to align the Council's aims for improving health and social care outcomes for children and families and integrating service provision by aligning the two 0-19 services.

The aim of the new Service is to ensure all children and young people receive the services set out in the National Healthy Child Programme 0-19. Its universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes at an early stage, and focus resources on supporting these families to build their resilience, access the services they need, and improve the life chances of their children.

As the proposed Children’s Trust arrangements in the county develop it is essential that the Public Health and Social Care resources for children and young people 0-19 are aligned and that best use is made of the total resource available. This is particularly important in the key risk areas of safeguarding and mental health and wellbeing, but there are areas of duplication across the two services where efficiencies could be made and where greater clarity could be developed for service users. The new service will aim to develop co-location of staff, and integrate assessments, service delivery and record keeping where this will benefit service users and improve outcomes.

The proposed service model for the 0-19 Public Health Nursing Service will maximise the impact of specialist public health and clinical resources and develop non clinical services that together will work as one to deliver the programme, using a proportionate universalist approach to ensure best use of resource. This will include delivery of universal access for all families with children aged 0-19 resident in the county, delivery of the mandatory elements of the programme, early identification of additional and/or complex needs, supported timely access to specialist services and the wider promotion of health and wellbeing, working with partner agencies including communities themselves. Performance targets and quality measures will be in place to measure activity and quality of services and measures will be in place to ensure pressures on the service are identified – for example;. Numbers of children subject to child protection plans and numbers of children with special educational needs.

In order to reduce inequalities, the new service will aim to improve outcomes for all children and to bring the outcomes for children from particularly vulnerable groups in line with the outcomes achieved by children generally. The vulnerable groups are listed above.

The proposed service model is illustrated below and is based on Public Health Specialist leadership (assessment, care planning and clinical oversight of the programme and supervision for all staff), targeted, evidence based, time limited clinically led programmes, such as Family Nurse Partnership and management of enuresis or maternal mental health, targeted, evidence based, time limited lifestyle community improvement programmes such as parenting support and resilience building, and universal programmes of advice, support and information aimed at improving health and wellbeing and building community capacity. Key to the new model will be alignment with social care children’s services, in particular early help services, while maintaining alignment with clinical services such as CAMHS and community paediatrics and maintaining alignment and close working with the Referral Management Centre for children’s clinical services.

Data used in this Equality Impact Assessment (general population data where appropriate but each EqlA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqlA)

Data Source (include link where published)	Please summarise what the data tells us – for example “X number of people use this service, X are male, Y are female etc”
Physical Health and Mental Wellbeing in 0-19s in Northamptonshire – A local profile	Population and demographic information: It is estimated that Northamptonshire has the total of 178,902 children and young people aged under 19 years. Extrapolating from research at a national level, the number of children and young people in

Northamptonshire aged between 0-19 years with a disability is estimated to be between 5,367 and 9,661. The areas with the highest proportion of children and young people under 19 occurs almost exclusively in the urban areas of Corby, Kettering, Wellingborough, Northampton and Daventry. Corby, Kettering and Northampton have a significantly higher proportion of live births and children aged 0-4, than the England and East Midland average. All districts and boroughs except Daventry have a significantly higher 5-19 population rate than the national and East Midland average.

Population projections from ONS using 2012 figures predict an increase in the 0-19 population from 177,000 in 2015 to 184,000 in 2020, which would be a considerable increase in the workload of the 0-19 service.

Service need:

Within Northamptonshire, there are 329 children aged 0-4 years and 585 aged 5-17 years on a child protection plan. There are 196 children aged 0-4 years and 798 aged 5-17 in care in Northamptonshire.

The proportion of reception class children who have excess weight is similar to the national average in 2015/16, which is a significant reduction from 2013/14. The proportion of Year 6 children with excess weight is lower than the national average. There are differences in prevalence of excess weight in both reception class and 11 year olds in the localities across the county.

The teenage conception rate in Northamptonshire has continued to reduce since 2009. However, in 2015/16, Northamptonshire had 97 deliveries where the mothers were aged under 18 years (compared to 87 deliveries in 2014/15) and the proportion of teenage mothers in Northamptonshire was significantly higher than the national average in 2015/16. Teenage conceptions are significantly higher in some areas of the county (Corby) than others.

There is a growing demand for emotional and mental health services for 0-19 year olds. Northamptonshire has a significantly higher emergency hospital admission rate for intentional self-harm than the national average. In particular, for the young people aged 15-19, the rates have been continuously higher than the national average since 2011/12. Northamptonshire also has a significantly higher rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years than the national average. The rate increased significantly in 2014/15 and remained high in 2015/16. Hospital admission rate due to substance misuse in young people aged 15-24 years has continuously increased since 2009/10. In the 2013/14-15/16, there were 285 hospital admissions due to substance misuse, which was significantly higher than the national average and higher than last data collection period.

Mental wellbeing is lower in Northamptonshire than the national average. The Warwick-Edinburgh Mental Wellbeing Scale is used to measure mental wellbeing status of young people at a local authority level; a lower score suggests a lower mental wellbeing status. Northamptonshire had a significantly lower score than the national average in 2014/15.

Children's JSNA 2015

Deprivation and risk factors.

There are areas of significant deprivation in the county.

	<p>Based on The English Indices of Deprivation 2015, 18.7% of Northamptonshire's lower super output areas (LSOA) are in the top quarter of most deprived LSOAs in the country, with 38.8% of LSOAs being in the top 25% least deprived in the country. In terms of child poverty, the top ten LSOAs (where between 42.3% and 55.6% of children live in poverty) are all urban. The numbers of children living in poverty in the highest area of the county, Corby, are three times higher than the lowest, South Northamptonshire</p> <p>The percentage of children in Northamptonshire achieving a good level of development at Reception stage is similar to the regional average (East Midlands) but below the national level. However, the gap increases with children claiming free school meals</p> <p>The percentage of mothers smoking during pregnancy is higher in Northamptonshire (15%) than nationally (12%) and regionally.</p> <p>The percentage of mothers initiating breastfeeding is similar to the national average in Northamptonshire. However, breastfeeding continuation rates at 6-8 weeks are below national average and varies across the county. From 2013/14 data, the best performing localities in breastfeeding initiation are: Daventry (78.6%) and Northampton (77.6%), with Corby (64.3%), East Northamptonshire (70.3%), Kettering (65.3%) and Wellingborough (69.3%) showing a downward trend when compared to the county performance in 2012/13 (72.9%). Data for South Northamptonshire was not available.</p>
<p>Family Nurse Partnership Annual Report 2015-16</p>	<p>Client Mix: At recruitment 42% of clients using the service were known to social care and applying NHFT thresholds - 54% were at level 2, 27% at level 3 and 18% at level 4. 49% of level 3/4 were stepped down to level 2/3 and 17% were escalated appropriately to child protection [for specific data on service users on Child Protection Plans see 0-19 Dashboard figures below]. Northamptonshire has the highest prevalence of children subject to a child protection plan accessing the FNP service in England.</p> <p>Of the young women using the service, 24% had no GCSEs at any grade and 56% of those aged 16+ were not in education, employment or training. 31.6% had a very low income or were living entirely on benefits, and 2.6% did not have English as their first language.</p> <p>(3 pages of qualitative feedback available in annual report)</p>
<p>0-19 Dashboard – figures for FNP activity from August 2015 – July 2016</p>	<p>Service Need: During the year August 2015 – July 2016, 135 clients were already enrolled at the start of the period and 65 clients were enrolled throughout the period. 83 completed the programme during the period, with 96 clients remaining active at the end of the period. 40% of clients were enrolled within 16 weeks, with a target of 60%.</p> <p>Average Length Of Visit In Pregnancy (mins) = 67.7 Average Length Of Visit In Infancy (mins) = 64.0 Average Length Of Visit In Toddlerhood (mins) = 67.1</p> <p>Client Mix:</p>

	<p>Of the clients enrolled with the Family Nurse Partnership, 26.7% had a history of mental health problems with 6.8% receiving input from mental health services. 16.9% were on a Child In Need Plan, and 16.9% were on a Child Protection Plan (there is no national average for this indicator for comparison). 1.7% were a Looked After Child (LAC). 24.4% of clients had reported being abused by someone close to them and 17.8% had reported physical or sexual abuse in the past year. 27.1% did not live with their mother or partner. 53.8% had smoked during pregnancy with 34.6% having smoked in the 14 days previous to enrolment.</p>
<p>Statistical Release Health Visitor Service Delivery 2015-2016 (adapted)</p>	<p>Service Need: In 2015-16, 3,040 mothers received their first face-to-face antenatal contact with a health visitor at 28 weeks or above. 8,614 mothers received a face-to-face new birth visit (97.8%). In 2015-16, 6-8 week reviews were carried out on 8,320 babies (95.6%). 12 month reviews were carried out on 7,903 infants (90.1%) by 12 months, and 7,891 infants (91.6%) by 15 months. 2-2.5 year reviews were carried out on 6,830 children (75.8%). Of these, 5,047 used the Ages and Stages Questionnaire (ASQ-3).</p>
<p>NCC Information Schedule Mar 2016-17 (Indicating service delivery from April 2015-March 2016)</p>	<p>Growing numbers of young people are supported by the service: 5,890 children and young people aged 5-19 were subject to a Child Protection Plan during 2015-16 (cumulative figure), an average of 491 children aged 5-19 were supported by the team each month. 2,588 children aged <5 years were subject to a Child Protection Plan during the year (cumulative figure), an average of 216 per month. The team initiated the early help assessment tool was 111 times and 103 baseline health assessments were completed for children and young people identified as needing early help.</p> <p>The school nursing team assesses and supports large numbers of children and young people are supported to access the immunisation programme. The team offers limited levels of sexual health advice, support and prescribing.</p> <p>During the school year ending July 2015, 8,715 reception children returned a health questionnaire completed by parents at school entry (of 9,689 children, representing 89.95%). Between April 2015 and March 2016, the school nursing service delivered 3,017 short-term interventions or packages of care to children and young people, 128 PSHE sessions and 55 training sessions on management of long-term conditions.</p> <p>3,377 Year 8 girls completed both doses of the HPV immunisation programme (85.8%) and 6,315 Year 10 pupils received the meningitis C booster vaccination (82.32%).</p> <p>School nurses had 440 contacts relating to sexual health during the recording period, supplying 578 contraceptives and 42 chlamydia screens. 7 individuals were offered support around drugs/alcohol/tobacco misuse, with one accepting onward referral. There were 856 contacts related to enuresis and 581 contacts to follow up A&E attendance.</p> <p>Weight Management:</p>

	<p>3,778 children were classified as overweight or obese in assessments carried out between April 2015 and March 2016. 219 were referred to Alive N Kicking weight management programme with 51 completing the programme during this time.</p> <p>Breastfeeding: 2,624 infants were totally breastfed at 6-8 week assessment, compared with 1,150 partially breastfed and 4,105 bottle-fed. On average, 46.15% of infants were being breastfed at 6-8 weeks. 8,455 mothers received a Maternal Mood review at the 6-8 week assessment (97.15%).</p>
<p>Northampton Breastfeeding Needs Assessment – October 2015</p>	<p>National data from NHS England shows the highest proportion of births are to mothers aged 30 to 34 years in 2013-14, this is reflected in the data for Northamptonshire hospital births. Northampton, Daventry and South Northamptonshire have significantly higher breastfeeding rates than England. Corby and Kettering remain significantly below however, the rate has increased at a faster rate than England (4.5% compared to 0.5%). Breastfeeding support is available at various locations throughout the county and through La Leche League and Northamptonshire Breastfeeding Alliance.</p> <p>Population and Demographic Information: There is a higher fertility rate in those from the most deprived areas when taking into account the number of women of child bearing age. The highest fertility rates are in the Other, White Other, Pakistani, Black African and Bangladeshi ethnic groups, all with significantly higher rates compared with White British, Mixed and Chinese ethnic groups. In the county as a whole there is a much higher proportion of EU born mothers from the new EU countries compared to the national average. Overall for the county there was a slightly lower proportion of births to mothers born outside the UK in 2014 compared to the national average, though both Corby and Northampton had higher rates than the national average. In Corby this equated to 288 mothers born outside the UK (79% were born in the EU, 93% of which were from new EU countries). Conversely, Corby has fewer births to mothers originally from Africa (11%), compared with 18% in Northamptonshire overall. In Northampton district, of the 1,183 births to mothers born outside the UK 52% were born in the EU, 23% were born in Africa and 17% were born in the Middle East or Asia.</p>
<p>ASSET Data Analysis: Physical Health, Emotional and Mental Health and Substance Misuse – Institute for Public Safety, Crime and Justice (2017)</p>	<p>ASSET assessments must be carried out with all young offenders who are, amongst other things, subject to bail supervision/support, pre-court reports and community disposals. Young people known to the criminal justice system are known to experience higher levels of health need that those in the general population and this is reflected locally.</p> <p>Service Need: In the “What Do You Think – Self Assessment”, 45.9% of Youth Offending Services (YOS) clients reported often using cannabis and 35.5% reported often drinking alcohol. 34.3% had problems eating or sleeping, with 13.8% stating they think about killing themselves and 11.3% reported deliberately hurting themselves.</p> <p>In the ASSET assessment completed by YOS practitioners, 65.6% of young offenders had at least one indicator of substance misuse problems. 68.6% had at least one indicator of mental health issues, with 17.3% of young people having reported self-harming previously and 7.1% having attempted suicide in the past.</p>

23% of young people had at least one indicator of physical health problems. These young people are also likely to have experienced bereavement.

Client Mix:

Additional analysis showed that young people who have had a referral to mental health services are statistically more likely to have a higher number of previous convictions. However, this was not the case for those with a formal mental health diagnosis. This suggests that there is a shared demand for mental health and policing services for young people with mental health difficulties who offend, but not necessarily for those who with a formal diagnosis. There is also a statistical association between contact with social care and having a mental health referral. Young people who have offended and who have had contact with social care are over twice as likely to also have had a mental health referral. Both these findings indicate the level of complexity of some of the clients who have contact with YOS.

Tick the relevant box for each line by using a capital 'P' to make a <input type="checkbox"/>	Based on the above information, what impact will this proposal have on the following groups?			
	Positive	Negative	Neutral	Unsure
Sex			✓	
Gender Reassignment			✓	
Age 0-19	✓			
Disability			✓	
Race & Ethnicity			✓	
Sexual Orientation			✓	
Religion or Belief (or No Belief)			✓	
Pregnancy & Maternity	✓			
Human Rights (Please see articles in toolkit)			✓	
Other Groups (rural isolation, socio-economic exclusion etc)	✓			

<p>Young offenders Families in need of early help Families where a child is subject to a child protection plan</p>	<p>✓ ✓</p>			
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Initial impact	
Explain your findings above	Actions identified to mitigate, advance equality or fill gaps in information
<p>The Service faces a challenge from the projected population increase. Population projections from ONS using 2012 figures predicted an increase in the 0-19 population from 177,000 in 2015 to 184,000 in 2020, which would be a considerable increase in the workload of the 0-19 service, in particular the universal elements of the service which include 5 mandatory health assessments for every child 0-4 (for example. 9,000+ new baby assessments every year and even higher numbers of the remaining mandatory assessments) and 5 health assessments for every child 5-19.</p> <p>The evidence above shows that the 0-19 Public Health Nursing Service provides services to some of the most vulnerable members of society, including the growing number of children subject to a child protection plan or identified as children in need. This proposal enables closer working with social care services to maximise resource and support proportionate universalist approaches.</p> <p>There are clear geographical pockets of health need within the county. This is demonstrated by high prevalence of teenage conceptions in Corby, and low breastfeeding rates in Corby and Kettering</p> <p>There is also clear evidence of increasing demand on mental health services and significant differences in mental health and wellbeing across the county with growing need noted in Daventry and Wellingborough.</p> <p>Although there are some areas where the county is performing around the national average, such as excess weight in school children, overall there are areas where there is significant and increasing need for early identification, effective intervention and support and timely referral to specialist clinical and support services at an early stage.</p>	<p>National and local data has been triangulated with performance data provided by the current service provider, workforce data, feedback from staff and stakeholders, and feedback from a detailed service user survey in 2016 to ensure the information provided is as complete as possible.</p> <p>Additional service user feedback (parents and children and young people) is being completed and analysed over the summer and will be used to inform the final service design. Working with the preferred provider once they have been confirmed.</p> <p>As the Children’s Trust develops the Provider will be required to work closely with the Trust to share data and information, co-location and integrated service delivery.</p>

<p>This proposal allows for services to be aligned more closely with children's social care services ensuring equitable access, maximum use of resources and using proportionate universalism, ensuring all children receive timely assessments to identify risk and need and the right level of support to meet that need</p>	
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Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2

PART 2 – if required

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?

Final impact analysis (taking the findings from Part 2 into account) – including review date if required

As the proposed Children's Trust arrangements in the county develop it is essential that the Public Health and Social Care resources for children and young people 0-19 are aligned and that best use is made of the total resource available. This is particularly important in the key risk areas of safeguarding and mental health and wellbeing, but there are areas of duplication across the two services where efficiencies could be made and where greater clarity could be developed for service users. The new service will aim to develop co-location of staff, assessments and service delivery and record keeping where this will benefit service users and improve outcomes.

The new services will have a positive impact on service users and staff, offering an evidence based services delivered on a proportionate universalist approach and enabling maximum use of resources, with clinicians and social care professional working together, driving and leading skill mixed teams.