

APPENDIX 3

H&F EQUALITY IMPACT ANALYSIS TOOL

CONDUCTING AN EQUALITY IMPACT ANALYSIS

An EQIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool has been updated to reflect the new public sector equality duty (pseud). The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under this act;**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.**

Whilst working on your equality impact assessment, you must analyse your proposal against the three tenets of the equality duty.

H&F Equality Impact Analysis Tool

Overall information	Details Of Equality Impact Analysis
Financial year and quarter	2021/22
Name and details of policy, strategy, function, project, activity, or programme	<p>0-19 Public Health Nursing Services Procurement Strategy</p> <p>Short Summary</p> <hr/> <p>Approval is sought in the procurement strategy to procure a new contract for the delivery of 0-19 Public Health Nursing services.</p> <p>The council will seek to commission an external provider to deliver an integrated healthy child and public health nursing programme for 0 to 19 year olds to be operational from 1 sept 2021.</p> <p>it is proposed that the following functions will be commissioned under a single contract from 1 September 2021:</p> <hr/> <ul style="list-style-type: none"> • function one: delivery of health visiting (0-5) including the delivery of mecsh targeted prevention • function three: delivery of the school nursing service (5-19 (25) <hr/> <p>The service will be provided by Specialist Public Health Nurses - either Health Visitors or School Nurses.</p> <p>It is proposed that the elements of this programme will include:</p> <ul style="list-style-type: none"> • Public health nursing - including the 4-5-6 service model from the antenatal period up to 19 years for children, young people and families (transitional support for young people up to 25 years with SEND). • Support for all children, young people and families at four service levels (community, universal, universal plus and universal partnership plus). • Early identification of need, screening, 5 developmental health reviews, focus on high impact areas, and the provision of the National Child Measurement Programme (NCMP) • Health improvement with a focus on prevention including MECSH

- Work towards integration with children's services, social care and the local third sector.
- We consider that this model will ensure:
 - 0-19 Public Health outcomes will be achieved
 - we invest in line with other similar boroughs and shift towards greater prevention and early identification by improving referral pathways into Childrens and adult Services.
 - A further enhanced 0-19 offer so that children are healthy, will reach their potential and offer families greater choice and control.

The new service will continue to deliver the Healthy Child Programme 0-19 which is a statutory programme developed by the Department of Health. The Healthy Child Programme will offer every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices and identifies families that need additional support. This is currently delivered to all children and young people by health visitors, school nurses, and a range of other professionals such as maternity services, early year's services and education services.

The service integrates care across the 0 to 19 age range removing artificial barriers created by transition from health visiting to school nursing services. Professionals will work across the 0 to 19-year-old age range in locality-based teams so they can better know and support families.

To families, the service will be received as a single, streamlined service with shared language, culture and branding and service delivery will be equitable across the borough. In order to integrate care the service will share resources and skill mix across the 0 to 19 years pathway, recognizing professional registration and specialisms where appropriate.

A single assessment process or tool will be developed to capture core information and build on this as appropriate across a child or young person's life course. Referral pathways onto other services will be smooth.

The key features of the proposed new model are:

- a) Nine universal reviews delivered in line with the Healthy Child Programme, widely promoted via a core offer

	<p>and supported by universal access to advice and support (drop-ins)</p> <ul style="list-style-type: none"> b) Four levels of provision, based on need and delivered in line with the Healthy Child Programme, with safeguarding at the core c) Targeted support and evidence-based interventions, focused on the Department of Health’s high impact areas d) Health promotion across the life-course the service model and associated impacts of change was informed by a programme of engagement with service users, parents and carers, the current workforce, professionals and partner organisations. e) The service will need it be flexible and responsive to need and that Children, Young People and Families are nit constrained by service need or settings. <p>The proposals are in the process of being formally consulted on to inform the development of the final model. There will be no adverse impact for Hammersmith & Fulham residents. All residents currently receiving a service will continue to receive an enhanced service. It is important to note that any changes in service delivery will involve consultation with parents, families and children to ensure people retain complete choice and control.</p>
<p>Lead officer</p>	<p>Susan Hughes Programme Lead Susan.Hughes@lbhf.gov.uk</p>
<p>Date of completion of final EIA</p>	<p>(AWAITING OUTCOME OF CONSULTATION)</p>

Section 02	SCOPING OF FULL EIA								
Plan for completion	<p>Timing: 2021-22</p> <hr/> <p>Resources:</p> <p>Susan Hughes – Programme Lead; Christine Williams- Strategic Lead Tim Lothian – Procurement Officer</p> <hr/>								
Analyse the impact of the policy, strategy, function, project, activity, or programme	<p>Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic. You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.</p> <table border="1" data-bbox="555 783 2096 904"> <thead> <tr> <th data-bbox="555 783 801 904">Protected characteristic</th> <th data-bbox="801 783 1854 904">Analysis</th> <th data-bbox="1854 783 2096 904">impact:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Protected characteristic	Analysis	impact:			
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	Age	<p>All resident parents and children attending school in the borough will be entitled to receive support from this service from antenatal stage (28 weeks gestation) to when the child is 19 years or 25 with SEND.</p> <p>It is proposed to introduce the Maternal Early Childhood Sustained Home Visiting (MECSH) model which is a structured programme for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage and, unlike Family Nurse Partnership (FNP), has no age restrictions to whom can be accepted on to the programme. This is especially important for all families and children whose personal, social and emotional development have been negatively impacted as a result of the pandemic.</p>	Positive
	Disability	<p>All children and young people and their families (0-19) who are resident or attending school in the local authority area will receive the Healthy Child Programme (HCP) universally proportionate to need. The service will ensure equality of access for all children and young people aged 0-19 years (25 years with SEND) and their families.</p> <p>The special needs nursing team will provide clinical care to children and young people with complex health needs or disabilities who attend special/mainstream schools/social care settings. The service will offer targeted intervention and support for parents in navigating the support they require for children who have additional needs or long-term health conditions.</p> <p>Health Visitors will work in partnership with other services in supporting the assessment of the education health and care plans for children between 0-5 through sharing information about the child's and family's needs and reviewing in collaboration with other services what they can do to support the delivery of these plans and making sure the</p>	Positive

		appropriate health visiting services form part of the high intensity multi-agency services for families where there are safeguarding and child protection concerns.	
	Gender reassignment	<p>Trans young people in Hammersmith and Fulham might be in greater need of additional support. Indicators of this could include reluctance to use the school/setting toilets, reluctance to do physical exercise especially if it is strongly associated with the assigned birth gender, including a reluctance to use the showers and changing rooms, self-harm, not eating or being the victim of bullying, which could include homophobic and biphobic as well as transphobic bullying.</p> <p>School nurses will be part of a 'whole' school or setting approach which will ensure that any trans young people and their families are supported within a culture and whole school setting that celebrates difference and diversity and where all young people can see themselves reflected and valued.</p>	Positive
	Marriage and Civil Partnership	There are no identified impacts for marriage and civil partnerships.	Neutral
	Pregnancy and maternity	All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP. As a minimum there must be a named Health Visitor for every family up to 1 year of age and for all children 0-5yrs identified as having needs at the Universal Plus/ Partnership Plus levels. Promotion of the service website and access to a range of information should be promoted.	Positive

		MECSH families should have a dedicated nurse to support the mother during pregnancy, and the first 2 years of their child’s life, or during periods of vulnerability.	
	Race	<p>The majority of children in Hammersmith and Fulham (54%) are White. The next highest category is Black/African/Caribbean/Black British, at 19%, followed by Mixed/multiple ethnic group, at 12%. These groups can be further broken down to show the diversity within the borough:</p> <ul style="list-style-type: none"> • The vast majority of the “white” population are White British (72%), with 25% Other White and smaller numbers of Irish and Gypsy or Irish Traveller. • Within the Black group, 54% of children and young people reported as African, 21% as Caribbean and 24% as from ‘Other Black’ ethnic backgrounds. <p>All children and young people and their families (0-19) who are resident or attending school in the local authority area will receive the Healthy Child Programme (HCP) universally proportionate to need.</p> <p>The service will be expected to ensure equality of access for all residents, provide culturally sensitive services and deal robustly with all incidents of racially motivated harassment, violence and/or abuse.</p> <p>Health Visitors and School Nurses will lead in ensuring that families know about a range of health services for children, young people and their families and that these services are made accessible to everyone. This includes linking families with services such as the charity Midaye who provide a holistic service of advocacy support for FGM-affected women.</p> <p>We are aware of the need for greater BAME representation within the public health nursing workforce and the positive impact this will have on these communities. We will be seeking assurances and a plan to address this from the provider as part of the overall offer.</p>	Positive

	Religion/belief (including non-belief)	<p>There are no identified negative impacts for religion/belief.</p> <p>The new service will be expected to support residents to practice their religion/beliefs.</p>	Neutral
	Sex	<p>There are no negative impacts for sex</p> <p>The service will be expected to ensure equality and access and treatment for all residents. The provider will be required to highlight any particular themes identified related to sex and how they will be addressed through the contract and associated service delivery.</p> <p>School Nurses have a role in supporting children and young people to develop positive relationships and good mental health. They do this through supporting PSHE and Relationship and Sex Education within schools but also through 1:1 direct intervention.</p>	Positive
	Sexual Orientation	<p>There are no identified negative impacts for sexual orientation.</p> <p>The service will be expected to ensure equality of access and treatment for all residents, provide sensitive services and deal robustly with all incidents of homophobic harassment, violence and/or abuse.</p> <p>A child or young person wishing to discuss any anxieties they feel about their sexual orientation could do so with a school nurse. The nurse would be able to assess any impact on their mental wellbeing as well as being able to signpost to local support groups.</p> <p>The service will be expected to ensure equality of access and treatment for all residents; provide sensitive services and deal robustly with all incidents of homophobic harassment, violence and/or abuse.</p>	Positive
Human Rights or Children's Rights			

	<p>If your decision has the potential to affect Human Rights or Children’s Rights, please contact your Equality Lead for advice</p> <p>Will it affect Human Rights, as defined by the Human Rights Act 1998?</p> <p>No</p> <p>Will it affect Children’s Rights, as defined by the UNCRC (1992)?</p> <p>No</p>
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Section 03	<p>Analysis of relevant data Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.</p>
Documents and data reviewed	
New research	<p>A full Child Health Needs assessment has been undertaken by Public Health in support of this procurement. The key normative findings of the exercise are an increasing child population, diverse local needs and increasing numbers of children with special educational needs and seeking social care support including those needing mental health support.</p> <p>The distribution of the population of children and young people in Hammersmith and Fulham is not uniform across the wards of the borough. Three of the 16 wards have over 3,000 children and young people living there.</p> <p>The population of children and young people in the borough is expected to increase by approximately 3,500 between 2019 and 2024, to a total population of 42,900 in 2024.</p> <p>The distribution of children and young people across the borough is not uniform. The wards in the North have higher proportions of children and young people from BME groups; the wards in the South are generally have lower populations.</p>

Section 04	CONSULTATION
Consultation	<p>The Council is undertaking formal consultation in respect of these services in accordance with the legal obligations. The views of a range of stakeholders, partners, health, social care and education professionals and service users have been and are currently being sought. Their feedback is central to the development of the strategy, service model and specification which are being developed in the light of:</p> <ul style="list-style-type: none"> • findings/themes emerging from the 0-19 public health nursing services review via an online community engagement platform Commonplace. This is currently being accessed by Health, Education and Social Care (including Health Visitors and School Nurses) professionals as well as parents and young people; • support from the 0-19 steering group; • interviews with young people including the SEND Advisory Group; output from various stakeholder groups attended by relevant stakeholders including Children’ s Services, SEND and the Early Years working group, schools, CCGs and the local voluntary organisations; • engagement through workshops, parenting groups including BME groups, the Youth Council and the Head Teachers Forum; • workshops and consultations on any specific issues highlighted i.e. with Midwifery advisory group; • national guidance; and • learning from other London Boroughs and other areas in the country
Analysis of consultation outcomes	<i>Ongoing</i>
Section 05	ANALYSIS OF IMPACT AND OUTCOMES
Analysis	<p>The following themes have emerged and are informing the service specification development:</p> <ul style="list-style-type: none"> • a progressive, universal approach to transition needs to be taken with clear pathways for those needing additional support; • there is a need to develop protocols for robust sharing of information between social care, health and learning services which should limit bureaucracy and be seamless enabling support rather than hindering it and ensuring compliance with the Data Protection Act;

- there are other professionals working with young people who deliver elements of the HCP and who are currently unrecognised;
- quality assurance and evaluation of services should be given priority so that there is a stronger focus on outcomes and quality rather than just on activity;
- quality assurance and client friendly services will enhance outcomes and needs to be consistent across the borough. Award schemes and branding of services is an effective way to promote them to children, young people and families – e.g. PACE Setter, “You’re Welcome”;
- schools are a setting for delivery if it is supported and needs led with adequate training and effective delivery through appropriate professionals who may be school staff or from other agencies. There is an opportunity in Hammersmith and Fulham to utilize the Healthy Schools London model and adapt it for improving the approach to prevention and health outcomes within schools, colleges and learning settings;
- responsibilities of the different elements of health services should be clearly set out. For example, responsibility for health input into Health Care Plans is often passed between CCG and local authority and a lack of clarity can ensue in cases which are unclear. Health Visitors and School Nurses are often required to spend a disproportionate amount of their time attending case conferences to the detriment of their key responsibilities;
- that School Nurses should be more visible, and roles clearly set out - many parents have reported that they are not clear on the role the School Nurse;
- that schools are clear on what to expect from school nursing (SN) services to include: how SNs are allocated to schools, SN time at safeguarding meeting, data returns, the role of SN in PHSE, menstrual poverty and the co-ordination of NCMP; and
- there are synergies that could be sought in the delivery of 2-year reviews. GPs typically reported dissatisfaction with the degree to which they are able to engage with Health Visitors in particular.

Section 06	Reducing any adverse impacts and recommendations
Outcome of analysis	No adverse impacts are anticipated.

Section 07	Action plan					
Action plan	Note: You will only need to use this section if you have identified actions as a result of your analysis					
	Issue identified	Action (s) to be taken	When	Lead officer and borough	Expected outcome	Date added to business plan

Section 08	AGREEMENT, PUBLICATION AND MONITORING					
Chief officers' sign-off	Name: Position: Email: Telephone No:					
Key decision report (if relevant)	Date Of Report To Cabinet/Cabinet Member: Xx / Xx / Xx Key Equalities Issues Have Been Included: Yes/No					
Equalities lead (where involved)	Name: Position: Date Advice / Guidance Given: Email: Telephone No:					