

H&F Equality Impact Analysis Tool

Conducting an Equality Impact Analysis

An EIA 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 is informed by the [public sector equality duty](#) which came into force in April 2011. 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 the Equality Act 2010**
- 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 these three tenets.

General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision, and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense, and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Strategy & Communities team for support.

Further advice and guidance can be accessed online and on the intranet:

<https://www.gov.uk/government/publications/public-sector-equality-duty>

<https://officesharedservice.sharepoint.com/sites/Governance/SitePages/Reports.aspx>

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Overall Information	Details of Full Equality Impact Analysis
Financial Year and Quarter	Q3 / 2024
Name and details of policy, strategy, function, project, activity, or programme	<p>Title of EIA: Procurement of a 0-19 Public Health Nursing and Maternity in the Community Services</p> <p>Short summary:</p> <p>Approval is sought in the procurement strategy to recommission a contract for the delivery of a the 0-19 Public Health Nursing and Maternity in the Community Services comprising of three functions:</p> <ul style="list-style-type: none"> • function one: delivery of health visiting (0-5). • function two: delivery of the school nursing service (5-19 (25). • function three: delivery of a maternity in the community health service. <hr/> <p>Local Authorities have responsibilities to commission various Public Health services. These services should also work to address health inequalities by targeting resources to vulnerable groups and promoting healthy lifestyles.</p> <p>The new service will continue to deliver the Healthy Child Programme 0-19 which is a statutory programme. 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.</p> <p>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.</p> <p>This report seeks approval of the procurement strategy which sets out the intention to tender for the delivery of a high quality and ruthlessly efficient, Public Health Nursing and Maternity in the Community service that will be made up of Health Visiting and School Nursing.</p>
Lead Officer	<p>Name: Charis Champness</p> <p>Position: Programme Lead</p> <p>Email: charis.champness@lbhf.gov.uk</p> <p>Telephone No: 07554222722</p>

Date of completion of final EIA	01/04/2025
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Section 02	Scoping of Full EIA		
Plan for completion	Timing: 2025-2026 Resources: Public Health Commissioners		
Analyse the impact of the policy, strategy, function, project, activity, or programme	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.		
	Protected characteristic	Analysis	Impact: Positive, Negative, Neutral
	Age	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. It is proposed to introduce the Maternity in the Community to provide extra support to all families.	Positive
	Disability	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. For children with Special Educational Needs and Disabilities (SEND), we do not commission Health Visiting (HV) or School Nursing (SN) services directly, but we work closely with these services to ensure comprehensive support. The school nursing team will provide clinical care to children and young people with long term health conditions. 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 appropriate health visiting services form part of the high intensity multi-agency services for families where there are safeguarding and child protection concerns.	Positive

	Gender reassignment	Trans young people in Hammersmith and Fulham might be in greater need of additional support. 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 and staff are safe. A culture and whole school/setting environment that celebrates difference and diversity where all young people can see themselves reflected and valued.	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. The Maternity in the Community will aim to provide extra support to all families focusing on breastfeeding support and maternal mental health.	Positive
	Race	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 motivation harassment, violence and/or abuse. 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 and that they are made accessible to everyone.	Positive
	Religion/belief (including non-belief)	The new service will be expected to support residents to practice their religion/beliefs via the support groups set up through the navigation service.	Neutral
	Sex	There are no identified impacts on sex.	Neutral
	Sexual Orientation	There are no identified negative impacts for sexual orientation. 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	Positive

		direct intervention. 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 sign post to local support groups.	
	Care Experienced as a Protected Characteristic	<p>There are positive identified impacts for Care Experienced people. Health visiting and school nursing provide essential support for children in care, offering numerous benefits:</p> <p>Continuity of Care: Health visitors and school nurses offer consistent support, helping children navigate the health and care system effectively.</p> <p>Early Intervention: They identify health issues early, allowing for timely interventions that can prevent more serious problems later on.</p> <p>Health Promotion: These professionals educate children and their caregivers about healthy lifestyles, nutrition, and hygiene, promoting overall well-being.</p> <p>Emotional Support: They provide emotional and mental health support, helping children cope with the challenges of being in care.</p> <p>Reducing Inequalities: By focusing on vulnerable children, health visitors and school nurses work to reduce health inequalities and ensure that all children have access to the care they need.</p>	Positive
<p>Human Rights or Children's Rights 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? No</p> <p>Will it affect Children's Rights, as defined by the UNCRC (1992)? No</p>			

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	If new research is required, please complete this section
Section 04	Consultation
Consultation	<p>The Council has undertaken formal consultation in respect of these services in accordance with the legal obligations. A range of stakeholders' views have been and are currently being sought. Their feedback is central to the development the service model. The new service model is 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 consultation and further face to face and online consultation sessions. • Support from the 0-19 steering group. • Engagement through workshops, utilising the Family Hubs and the "Family Voices" group, the Youth Council, talking to young people at Summer In The City, SENCO Forum, Integrated Neighborhood Steering Group and other professional consultations with teachers and headteachers. • Work with the Institute of Health Visiting. • National guidance. • Learning from other London Boroughs and other areas in the country.
Analysis of consultation outcomes	Ongoing
Section 05	Analysis of impact and outcomes
Analysis	<p>Stakeholder consultation is ongoing, but the following themes have emerged and are informing the service specifications 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, maternity, hospitals and the Health Visiting and School Nursing Service 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 unrecognized; • 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.

Health Visitor Service:

- That there needs to be more clarity around the role of a health visitor and expectations of the service through contact antenatally as well as throughout the 0-5 pathway.
- That contact with a Health Visitor face to face or by phone is valued over digital solutions.
- That mental health needs are increasing and there needs to be more evidence-based support around mental health postnatally.
- That the service needs to be more clear, consistent, and responsive with appointments, visits, clinics and access to advice.
- That the service needs to be culturally competent.
- That staff need to be up to date in their knowledge base and practice.
- That health visitors should be enabled to exercise clinical judgement in the timing of the New Birth contact.
- That greater access to community breastfeeding support is needed.

School Nursing Service:

- That School Nurses should be more visible to the children and to other professionals.
- 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 and in training, and the co-ordination of NCMP.
- There are synergies that could be sought in the special educational needs area. GPs typically reported further links are needed with School Nurses to be the missing communication link with the schools. That a specialist School Nurse should be allocated to champion SEND.
- Key things that the service should focus on include toileting; mental health; safeguarding; oral health; sexual health; puberty; sleep; healthy relationships; emotional support; care plans; early identification; weight management; and long-term conditions especially asthma.

Specific feedback on the new Maternity in the Community Services:

- The current service lacks the capacity to offer comprehensive support packages. Increasing visibility and accessibility for both children and professionals is essential.
- There is a need for a skilled, resourced, and varied workforce. Current guidance should be used to ensure an effective workforce for delivering the Health and Care Plan (HCP), including safe staff numbers and a balanced skill mix.
- This service has the potential to attract new starters into the health visiting career, promoting growth and development within the field.
- A whole-system approach is crucial for providing safer, personalized, and accessible support. This includes individualized care with a clear vision and shared goals to improve outcomes for children, young people, and

	families. Achieving this relies on professionals and services working collaboratively, embracing information technologies, and making efficient use of data to deliver high-quality services.
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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 department	Expected outcome	Date added to business/service plan

Section 08	Agreement, publication and monitoring
Senior Managers' sign-off	Name: Dr Nicola Lang Position: Director of Public health Email: nicola.lang@lbhf.gov.uk Telephone No: 07769199396 Considered at relevant DMT: 07/05/2025
Key Decision Report (if relevant)	Date of report to Cabinet/Cabinet Member: 14/07/2025 Key equalities issues have been included: Yes
Equalities Advice (where involved)	Name: Yvonne Okiyo Position: Strategic Lead Equity, Diversity and Inclusion Date advice / guidance given: 01.04.25 Email: yvonne.okiyo@lbhf.gov.uk Telephone No: 07824 836 012