

Equality Impact Assessment (EqIA)

Before completing this EqIA please ensure you have read the EqIA Guidance Notes

Title	Children and Young People`s Public Health Service		
Date assessment started:	23/11/18	Version No:	3
		Date of completion:	18/04/19

Type of Strategy, Policy, Project or Service:

Is this Equality Impact Assessment (please put a cross in the relevant box)

Existing:	<input type="checkbox"/>	Changing, update or revision:	<input checked="" type="checkbox"/>
New or proposed:	<input type="checkbox"/>	Other (please explain):	<input type="checkbox"/>

Is this Equality Impact Assessment (please tick)

Internal:	<input type="checkbox"/>	External:	<input type="checkbox"/>	Both:	<input checked="" type="checkbox"/>
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Report Created By:

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Step 1: Aims

What are the aims of your strategy, policy, project or service?
<p>There are three key aims in this project:</p> <ol style="list-style-type: none"> 1) To undertake a robust procurement process which ensures compliance. 2) To integrate the existing Health Visiting, School Nursing and National Childhood Measurement programme and procure an effective, equitable and efficient integrated Public Health Service for Children and Young People aged 0 – 19 years. 3) To commission and deliver this service therefore ensuring all children, young people and their families have access to universal and specialist services, in the right place, at the right time, by the right professional that will prevent or allow for the earliest identification of need and improve or protect their health and wellbeing.

What is the background or context to the proposal?

In Autumn 2015 commissioning responsibility for Health Visiting transferred from NHS England to the Local Authority Public Health Service, complimenting existing responsibilities for School Nursing and the National Childhood Measurement Programme.

Since this time extensive consultation with service users (children, young people and families) and stakeholders has informed annual service improvement plans and shaped the current service. Health Visiting, School Nursing and the NCMP are delivered by Dorset HealthCare pan-Dorset.

To achieve compliance with procurement legislation and deliver an effective, efficient and equitable service a strategic approach to commissioning and procurement is required. The Joint Public Health Board has responsibility for overseeing commissioning and procurement and in February 2017 supported the initiation of this process.

As part of this process, extensive research of national models, service specifications and procurement approaches have been complimented with local market and stakeholder engagement, to develop a service specification which both protects mandatory universal functions and prioritises local needs.

The existing contracts with Dorset HealthCare have been extended and the Trust will continue to provide these services until September 2019.

Step 2: Intelligence and Communication

What data, information, evidence and research was used in this EqIA and how has it been used to inform the decision-making process?

The following data, information, evidence and research has been used:

Data

- Local demographic data (Office for National Statistics ONS releases)
- Mandated community data sets for children and young people
- Public Health Outcomes Framework data
- Children and Maternity (ChiMat) Outcomes Framework data
- What About Youth study (2015) – one-time study
- Historical and current contractual service data and reporting (Quarterly)
- South West Public Health England (PHE) benchmarking data 2018 (workforce/levels of need/spend)
- Benson Workforce data modelling completed in 2017/18

Information

- Health visiting service review – commenced in 2016
- School nurse reviews completed in 2015 & 2017
- Annual Public Health England Conference presentations / posters
- Annual Dorset Young Researchers' reports

- Service user feedback from the local 'Be Heard, We Heard' Integrated Community Children`s Health Services (ICCHS) user survey and co-production event (October 2018)
- Market consultation interviews with potential providers (August 2018)
- Stakeholder consultation interviews with system leaders (August – December 2018)
- The Local Maternity Transformation plan
- The Integrated Children`s Community Health Services strategy and action plans
- The Local Authority Early Help Strategies and action plans
- The Local Transformation Plan for Children and Young People`s Emotional Health and Wellbeing
- The NHS England workplans for childhood immunisations and new-born hearing screening
- The Local Safeguarding Children`s Board strategies and action plans

Evidence

- Best Start In Life – commissioning guidance (2018) <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
- Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009) <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>
- Healthy Child Programme rapid review to update evidence (PHE, 2015) <https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence>
- Healthy Child Programme: From 5-19 years old (DH/DCSF, 2009) <https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old>

Research

- Service models, specifications and procurement approaches from a number and range of Local Authority areas who have recently commissioned Health Visiting, School Nursing, National Childhood Measurement Programme (NCMP) and/or Integrated Children and Young People`s Services in England

What data do you already have about your service users, or the people your proposal will have an impact on?

Please refer to data, information, evidence and research cited in the previous question.

What engagement or consultation has taken place as part of this EqIA?

Key engagement with service users and stakeholders:

1) Health visiting service review in 2016

Methodology:

- There were 1,119 responses to the online survey from across Bournemouth, Poole and Dorset to the online survey. Most were from the 30-39 age bracket, with younger parents under 25 years making up 5% of the sample. 88% were White British and 3% stated that they had a disability.
- Face to face interviews were focused on geographical areas of higher deprivation and were conducted at 21 different children centre or community groups across Dorset, Bournemouth and Poole. In total 162 parents and carers were interviewed. This included 26 parents between the ages of 17-25 years, 36 parents of children with additional needs, and a number from different ethnic backgrounds
- A total of 17 role-specific focus groups/interviews were held in each of the four areas (Bournemouth, Poole, Dorchester and Wimborne) and approximately 84 staff attended workshops

Brief Summary of Findings:

- The majority of parents reported a good experience from their Health Visiting team, were able to receive information they needed. However, this was variable across Dorset, Bournemouth and Poole. Parents also valued support especially for maternal mental health.
- Parents wanted: improved continuity of care; greater access to Health Visitors including improvements in communication; more support around infant feeding and for parents with Children who have Special Educational Needs (SEND)
- The support offered and access to Health Visitors in Children's Centres was positively regarded and support for transition to parenthood was seen as the more important contact.

2) School nurse review 2015 & 2017

Methodology:

- Focus groups were held with students from primary and secondary schools; 34 pupils took part from Reception to Year 11, 16 males and 18 females.
- 88 schools responded to an online survey from each school phase from infants to secondary.
- Individual interviews were completed with key stakeholders, commissioners and practitioners.

Brief Summary of Findings:

- Awareness of what the service could offer and how to contact the School Nurse was poor.
- School Nurses were seen as a valuable resources and link between education and health and their knowledge of local health needs was recognised.

- Young people wanted: Greater awareness of the offer including using social media, better access at times they need information and advice, more relaxed spaces to meet, drop-in service for emotional health, better signposting to other local services and thought they could also train and help teachers.

3) 'Be Heard, We Heard' Children and Young People's Survey

Methodology:

- There were a total of 541 responses to the children and young people's services questionnaire. There were 16 responses to the easy read version of the questionnaire, and 35 individual responses to the stakeholder survey.
- Feedback was received from a number of sources, with representation from people with varied characteristics across a broad range of demographic groups.
- 58% of respondents were completing the questionnaire as a parent/ carer on behalf of a child or young person, the remaining 42% were young people aged 16-25.
- The majority of children and young people were aged 15-19 (36%), 20-25 (23%) or 5-9 (17%). 13% of respondents were aged 10-14, while 11% were aged 0-4.
- More than half of the respondents were female (52%), and 45% were male.
- 38% of respondents indicated that they have a disability of some kind. One quarter of respondents have a learning disability (24%), 11% have a physical disability, 4% have a visual disability and 3% have a hearing disability. 12% of respondents indicated that they have an 'other' disability or difficulty.
- Postcodes provided by respondents were allocated to one of 12 districts. The districts with the highest number of respondents were Bournemouth (23%), North Dorset (16%), West Dorset (14%), Poole (11%) and Weymouth and Portland (11%).

Brief Summary of findings:

- The majority of young people who had used a physical health service at school rated the School Nurse as good or brilliant (41%/10%). There were clear gaps and less satisfaction from young people who identified as Transgender and/or spoke to the School Nurse about gender identity. More training was suggested.
- The School Nurse was seen as easy to access, trustworthy and discrete, but many young people and professionals would like to have more time/ availability from a School Nurse. Some young people felt the offer could be clearer and better promoted and that more health promotion / proactive information on health and lifestyle would be good.

Is further information needed to help inform this proposal?

Not at this time

How will the outcome of consultation be fed back to those who you consulted with?

- 1) Feedback from consultations to date with children, young people and families have been provided to those consulted with.
- 2) Market consultations have been collated and provided to all providers engaged and will be available throughout the procurement process as required.
- 3) Stakeholder consultations have been collated and shared with relevant local stakeholders either directly or indirectly involved in shaping the service.

Step 3: Assessment

Who does the service, strategy, policy, project or change impact?

- If your strategy, policy, project or service contains options you may wish to consider providing an assessment for each option. Please cut and paste the template accordingly.

For each protected characteristic please choose from the following options:

- Please note in some cases more than one impact may apply – in this case please state all relevant options and explain in the 'Please provide details' box.

Positive Impact	<ul style="list-style-type: none"> • Positive impact on a large proportion of protected characteristic groups • Significant positive impact on a small proportion of protect characteristic group
Negative Impact	<ul style="list-style-type: none"> • Disproportionate impact on a large proportion of protected characteristic groups • Significant disproportionate impact on a small proportion of protected characteristic groups.
Neutral Impact	<ul style="list-style-type: none"> • No change/ no assessed significant impact of protected characteristic groups
Unclear	<ul style="list-style-type: none"> • Not enough data/evidence has been collected to make an informed decision.

Age:	Positive Impact
What age bracket does this affect?	<ul style="list-style-type: none"> • All families with children aged 0 – 19 years old (up to 25 years if SEND) resident in Dorset and Bournemouth, Christchurch and Poole • All children and young people aged 0 – 19 years old (up to 25 years if SEND) attending schools (including sixth forms) and colleges in Dorset and Bournemouth, Christchurch and Poole.
Please provide details:	<p>The service specification has an ambition to promote a greater focus on Whole Family Working.</p> <p>Practitioners will need to consider, draw upon and include in assessment and planning all potential resource available to the</p>

	<p>child, including family both living in the family home and outside of it, friends and relatives and the assets in the wider community.</p> <p>It is expected this will reduce the current fragmentation between services currently orientated towards:</p> <ul style="list-style-type: none"> a) Families with children aged 0 – 5 years and b) Families with children and young people aged 5 – 19 years
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Disability:	Neutral Impact
Does this affect a specific disability group?	No
Please provide details:	The current and future services equally provide for children, young people and their families with Special Educational Needs (SEND) up to 25 years old.

Gender Reassignment & Gender Identity:	Positive Impact
Please provide details:	<p>The current and future services equally provide for children, young people and their families irrespective of gender identity.</p> <p>However, the future service specification has a more inclusive offer for dads and non-birthing parents / carers and it is hoped this will improve support specifically reducing poor mental health during the ante-natal and post-natal periods.</p>

Pregnancy and maternity:	Positive Impact
Please provide details:	<p>The current and future services equally offer support to parents and families during pregnancy and parenthood specifically in partnership with maternity services.</p> <p>However, the future service specification has a greater focus on integrated pathways during maternity and parenthood for those individuals identified with specific health and wellbeing needs.</p> <p>The service specification makes it clear that <i>“Each family unit may consist of parents, partners, grandparents, other relatives, friends and community members. Practitioners should seek to understand each family unit, defined by its unique strengths and capacity to support one another, than simply by its members”</i>.</p>

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Race and Ethnicity:	Neutral Impact
Please provide details:	The current and future services equally provide for children, young people and their families irrespective of Race and Ethnicity.

Religion or belief:	Neutral Impact
Please provide details:	The current and future services equally provide for children, young people and their families irrespective of religion or belief

Sexual orientation:	Positive Impact
Please provide details:	<p>The current and future services equally provide for children, young people and their families irrespective of Sexual Orientation.</p> <ol style="list-style-type: none"> 1. The future service specification recognises the diversity of families: <i>“Each family unit may consist of parents, partners, grandparents, other relatives, friends and community members. Practitioners should seek to understand each family unit, defined by its unique strengths and capacity to support one another, than simply by its members”</i>. 2. Lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities. The future service specification has a greater focus on supporting children and young people with emotional and mental health needs.

Sex:	Positive Impact
Please provide details:	<p>The current and future services equally provide for children, young people and their families irrespective of gender identity.</p> <p>However, the future service specification has a more inclusive offer for dads and non-birthing parents / carers and it is hoped this will improve support specifically reducing poor mental health during the ante-natal and post-natal periods.</p>

Marriage or civil partnership:	Positive Impact
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Please provide details:	<p>The current and future services equally provide for children, young people and their families irrespective of Marriage or Civil Partnership.</p> <p>The future service specification recognises the diversity of families: <i>“Each family unit may consist of parents, partners, grandparents, other relatives, friends and community members. Practitioners should seek to understand each family unit, defined by its unique strengths and capacity to support one another, than simply by its members”.</i></p>
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Carers:	Positive Impact
Please provide details:	<p>The future service specification specifically recognises the additional needs of socially excluded groups in Dorset:</p> <p><i>“Within the Dorset population additional inequalities should be recognised and equal access ensured for; military families, single parents, carers including young carers, families with lower socio-economic status and to mitigate any impact of rurality”.</i></p> <p>Furthermore, the service specification looks to recognise the wider support within families;</p> <p><i>“Each family unit may consist of parents, partners, grandparents, other relatives, friends and community members. Practitioners should seek to understand each family unit, defined by its unique strengths and capacity to support one another, than simply by its members”.</i></p>

Rural isolation:	Positive Impact
Please provide details:	<p>The future service specification specifically recognises the additional needs of socially excluded groups in Dorset:</p> <p><i>“Within the Dorset population additional inequalities should be recognised and equal access ensured for; military families, single parents, carers including young carers, families with lower socio-economic status and to mitigate any impact of rurality”.</i></p> <p>Furthermore, the service specification has a focus on improving access through digital technology and a more mobile workforce to reach out to those more isolated, particularly in rural Dorset.</p>

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Single parent families:	Positive Impact
Please provide details:	<p>The future service specification specifically recognises the additional needs of socially excluded groups in Dorset:</p> <p><i>“Within the Dorset population additional inequalities should be recognised and equal access ensured for; military families, single parents, carers including young carers, families with lower socio-economic status and to mitigate any impact of rurality”.</i></p> <p>Furthermore, the service specification looks to recognise the support offered to all families, but which will be particularly important to single parent families who may be supported by other relatives, friends or community members;</p> <p><i>“Each family unit may consist of parents, partners, grandparents, other relatives, friends and community members. Practitioners should seek to understand each family unit, defined by its unique strengths and capacity to support one another, than simply by its members”.</i></p>

Poverty (social & economic deprivation):	Positive Impact
Please provide details:	<p>The future service specification specifically recognises the additional needs of socially excluded groups in Dorset:</p> <p><i>“Within the Dorset population additional inequalities should be recognised and equal access ensured for; military families, single parents, carers including young carers, families with lower socio-economic status and to mitigate any impact of rurality”.</i></p> <p>Furthermore, the service specification recognises the impact of inequalities on health outcomes and the expectation is for the service to ensure the right support to families based on levels of need (Community, Universal, Universal Plus and Universal Partnership Plus, as defined in the National Service Model)</p> <p><i>Reference: Best Start In Life – commissioning guidance (2018) https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning</i></p>

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Military families/veterans:	Positive Impact
Please provide details:	<p>The future service specification specifically recognises the additional needs of socially excluded groups in Dorset:</p> <p><i>“Within the Dorset population additional inequalities should be recognised and equal access ensured for; military families, single parents, carers including young carers, families with lower socio-economic status and to mitigate any impact of rurality”.</i></p> <p>Furthermore, the service specification looks to recognise the support offered to all families, but which will be particularly important to military families who may be supported for extended periods by friends or community members;</p> <p><i>“Each family unit may consist of parents, partners, grandparents, other relatives, friends and community members. Practitioners should seek to understand each family unit, defined by its unique strengths and capacity to support one another, than simply by its members”.</i></p> <p>There are clear expectations within the service specification to ensure families moving into the local area are identified early and provided with appropriate support (recognising the resident not registered population).</p>

Step 4: Acton Plan

Provide actions for **positive**, **negative** and **unclear** impacts.

If you have identified any **negative** or **unclear** impacts, describe what adjustments will be made to remove or reduce the impacts, or if this is not possible provide justification for continuing with the proposal.

Issue	Action	Person(s) responsible	Deadline	How will it be monitored?
Complete Service Specification EQIA	This EQIA represents the measures considered and taken account of through the development of a service specification for “An Integrated Children and Young People’s (0 – 19 years) Public Health Service”.	PHD CYP Lead	April 2019	Scrutiny and support from Children and Young People’s Equality and Diversity Group.
	The procurement process will evaluate Provider’s commitments when responding to specific requirements which will include elements of Equality and Diversity as described in this EQIA.	DCC Procurement	April – June 2019	Compliance with procurement.
Ensure the successful provider has robust EQIA monitoring processes to implement the service equitably as outlined in the service specification	<p>Following the award of the contract PHD will work with the successful Provider to ensure a clear commitment to EQIA as described in this assessment.</p> <p>The organisation will need to provide evidence of their operational implementation to meet EQIA requirements.</p>	<p>PHD CYP Lead</p> <p>Provider organisation</p>	September 2019	Ensure the successful provider has robust EQIA monitoring processes to implement the service equitably as outlined in the service specification

Ensure the successful provider is robustly implementing EQIA monitoring processes to implement the service equitably as outlined in the service specification	PHD will meet quarterly with the Provider as part of contract management processes. The Provider is expected to provide evidence in line with the service specification evaluation matrix. Measures are available for supporting a Provider organisation to meet the requirements of the service specification if required e.g. Service Improvement Plans, Financial Sanctions	PHD CYP Lead Provider Organisation	Quarterly from Oct 2019	Contract Management minutes and evidence submitted
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Step 5: EqIA Sign Off

Officer completing this EqIA:	Joanne Wilson	Date:	18/04/19
Equality Lead:	Susan Ward-Rice	Date:	30/04/19
Relevant Focus Groups*:	Rick Perry - Chair of Children's Diversity Action Group	Date:	03/05/19
Directorate Board Chair:		Date:	

* To include Diversity Action Groups