

# Appendix B Equality Impact Assessment

<b>Directorate: Adults and Communities</b>	
<b>Service: Public Health</b>	
<b>Name of Officer/s completing assessment: Daniel Devitt</b>	
<b>Date of Assessment: 15 January 2022 and onwards to 18 February 2022</b>	
<b>Name of service/function or policy being assessed: Re-procurement of the 0 to 19 Health Visiting and School Nursing Services ( Healthy Child Programme) Service</b>	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The foundations for virtually every aspect of human development including physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, <a href="#">The Healthy Child Programme</a> (HCP 2021), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. Sustaining this across the life course for school-aged children and young people is important to improve outcomes and reduce inequalities through universal provision and personalised response for supporting physical and mental health and wellbeing. Universal and targeted public health services provided by health visiting and school nursing teams are crucial to improving the health and wellbeing of all children and young people.</p> <p>Key service elements have been developed since the original Health Child Programme Model in 2009 and over time the service model has been refined. In 2015 Local authorities became the commissioners of HCP related services as the health and Social Care Act 2012. The existing providers contract has at its heart a specification that was generated across 2015 and 2016 and is coming to its natural end on the 30<sup>th</sup> September 2022 after five years. Alongside this there have been two significant developments in both the wider NHS and a national Modernisation programme.</p> <p>1 The National HCP Modernisation programme: The delivery of HCP services has undergone major changes with a national Healthy Child Programme modernisation programme under way since 2018.</p> <p>2 Health Service reforms currently underway herald major changes in the local NHS and greater opportunities for wide scale collaboration in the new Integrated Care System and Partnerships that will come into place from April 2022.</p> <p>Modernising the Healthy Child Programme is intended to enable effective, focused services where additional needs are identified along with use of the latest evidence on effective practice and helping to bring local authorities, the NHS and partners together to achieve priority outcomes for children and families:</p>

	<p>It is proposed that a re- procurement for the service (with support from the Berkshire East system) is approved by the Cabinet to enable exploration of a collaborative response to the HCP offers of Slough and its neighbouring boroughs, the Royal Borough of Windsor and Maidenhead and Bracknell Forest. The aim of the collaborative re-procurement is two fold</p> <ul style="list-style-type: none"> <li>• To support modernisation of local HCP offers across Berkshire East in line with national models in a way that supports evolutions in integrated working practices across health education and social care systems</li> <li>• To ensure each borough can benefit from efficiencies of scale without compromising the different requirements arising from the very different demographics and service imperative arising from each area.</li> </ul> <p>In summary the HCP an early intervention and prevention orientated programme, tackling health inequalities faced by children and young people from birth through the school years to the age of 19, consolidating the good practice programmes and interventions for this age range. It is an evidence-based programme outlining a universal service to promote optimal health and well-being for children and young people.</p>						
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Slough's Healthy Child Programme is commissioned by the Public Health Department with support from the commissioning team in the Adults and Communities Directorate. It is currently being delivered by Solutions 4 Health.</p>						
3.	<p>Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>The service modernisation programme and re-procurement will have the impacts as set out in the table below</p> <table border="1" data-bbox="277 991 2056 1348"> <thead> <tr> <th data-bbox="277 991 521 1163">Characteristic</th> <th data-bbox="521 991 725 1163">Positive , Negative, Neutral or Unknown Impact</th> <th data-bbox="725 991 2056 1163">Rationale for Assessment</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 1163 521 1348">Age</td> <td data-bbox="521 1163 725 1348">Positive</td> <td data-bbox="725 1163 2056 1348">Health Visitors will continue to provide a universal offer to families with children aged 0-5 years who live in Slough. The School nurse service will continue to offer a service to children and young people aged 5-19) who attend mainstream schools in Slough. Both groups, their parents and carers, will benefit from the modernised service model which enhances early intervention and support to deliver prevention of ill health</td> </tr> </tbody> </table>	Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment	Age	Positive	Health Visitors will continue to provide a universal offer to families with children aged 0-5 years who live in Slough. The School nurse service will continue to offer a service to children and young people aged 5-19) who attend mainstream schools in Slough. Both groups, their parents and carers, will benefit from the modernised service model which enhances early intervention and support to deliver prevention of ill health
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<b>Disability</b>	Positive	The revised HCP is considerably more inclusive - specifically in works in support of CYP with SEND and Neurodivergent needs across the life course from birth to transition to adults. The local development plan will explicitly factor in works to improve and augment SEND provision in response to the ongoing works on the Written Statement of Action following on from the SEND inspection in November 2021.
<b>Gender Reassignment:</b>	Positive	Though gender reassignment is largely an area for adults service provision, the revised HCP is much more inclusive and embracing of diversity and better equipped to meet the needs of CYP with emerging gender identity issues, and related support needs. A focus on enhanced mental health and wellbeing alongside additional welcome focus on diversity and inclusion across the related relationship and Sexual Education agenda in school and college aged children will provide additional support to CYP with gender identity support needs.
<b>Marriage and Civil Partnership:</b>	Positive/ Neutral	The revised programme is explicit on refreshing the awareness of diversity and the different models of relationships and structures supporting couples with children or young people, alongside key roles in support of the mandatory provision of Relationships and Sexual Education where diversity of sexualities, relationships and family composition is addressed.
<b>Pregnancy and maternity:</b>	Positive/ Neutral	The HCP is by design inclusive and supportive of pregnancy and maternity and specifically supportive of the health needs and supports in the peri-natal phase including but not limited to health and care inputs to support parental mental health, infant feeding, child development and positive parenting, early intervention and support and accessibility of support for parents and carers from birth to transition to adults.
<b>Race:</b>	Positive	The HCP is by design inclusive and supportive of different ethnicities and cultural groups. Explicit focus in local delivery on meeting the needs of CYP, parents and carers from minoritised communities (including but not limited to Black, Asian, Eastern European and Gypsy Roma and other Traveller communities) is a core element of the offer.
<b>Religion and Belief:</b>	Positive	The HCP is by design inclusive and supportive of different cultural groups and offers a culturally sensitive model of health care and support in an inclusive and culturally sensitive matter. This is a particular feature of early years (0 to 5) and school aged developmental and health care delivery in support of the RSE curriculum alongside works with parents and carers with diverse faith backgrounds and practices.
<b>Sexual orientation:</b>	Positive	The HCP is by design inclusive and supportive of different sexualities and in its early parent support offer embracing of different family compositions and in school aged children supportive of emerging sexual identities in CYP. As above there is a key role from HCP practitioners in delivery of inclusive practices with regards to the mandatory provision of Relationships and Sexual Education where diversity of sexuality, relationships and family composition is addressed.

	<p><b>Other: CYP/Parents and carers Neurodivergent needs, Mental Health needs and Children Looked After/Care leavers</b></p>	<p>Positive</p>	<p>The service will be positive for three different additional groups:</p> <p><b>Neurodiverse</b> Parents, Carers and CYP through a strong focus on raising awareness of neurodiversity and approaches to early identification and support alongside diagnostic pathways and education and social care support</p> <p><b>Parents, Carers and CYP with specific Mental Health and Wellbeing needs</b> from early years to transition into adult services with the new approach to holistic service development and collaborative working relationships with Mental Health services including school based Mental Health Support Teams and other offers.</p> <p><b>Children Looked After/Care leavers</b> will receive additional support alongside existing provision through the modernised HCP and local works to ensure the 0 to 19 service offer is fully meeting requirements for support arising from the Children and Social work Act 2017s requirement for additional support to be in place till the age of 25. An earlier and more developed approach to in borough and out of borough support and preparation for transition of health and care needs will be an additional supportive input.</p>
<p>4.</p>	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>See above</p>		
<p>5.</p>	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>None.</p>		
<p>6.</p>	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>There is a wide range of evidence in support of the national modernised Healthy Child Programme that show the clear positive impacts and outcomes for the works it delivers. A concise bibliography of some of the main sources of evidence in support of the initial and revised programme is presented below including <a href="#">What Works to enhance the effectiveness of the Healthy Child Programme – an evidence update EIF 2018</a></p>		

[Saving Babies Lives Care Bundle NHS England 2017](#)  
[Better Births Four Years on – a review of progress NHSE 2020](#)  
[1001 Critical Days The Importance of the conceptions to Age Two Period \( WAVE TRUST 2014\)](#)  
[Rapid Review to Update Evidence for the Healthy Child Programme 0–5 DHSC 2015](#)  
[Future in Mind DHSC 2015](#)  
[No Child Left Behind UKHSA 2020](#)  
[SEND Code of practice: 0 to 25 years, Department of Education and Department of Health and Social Care, 2014](#)

Programme specific evidence resources include:

[Cover of vaccination evaluated rapidly \(COVER\) programme \(DHSC 2018\)](#)  
[Public Health England Child and maternal health profiles \(PHE/OHID 2021\)](#)  
[Public Health England National Child Measurement Programme \(NHSE 2022\)](#)  
[Single Data List, Department for Communities and Local Government, 2021](#)

**A draft Health Needs assessment developed by the Berkshire East Public Health Hub as a product of the area Joint Strategic Needs assessment has also informed progress to date on the approach to re-procuring the service and the model that has been recommended to the Slough Borough Council Cabinet. Both of these area waiting final proofing and publication from March 2022 and will be added to an updated version of this EIA.**

Local performance against the [Public Health Outcomes framework](#) has and will continue to inform the initial approach to re-procurement and works that will follow on from it. Key insights from this are summarised below.

- [Injuries and ill health](#) mostly significantly worse - Mostly at level of slightly lower levels of reported injuries/diagnoses ( may be an operational issue
- [Behavioural Risk Factors](#) **mostly significantly worse**: Apart from lower alcohol admissions for under 18s significantly worse than national averages and much lower adult activity levels
- [Child Health](#) **variable**: Good breast feeding initiation and relatively low levels of maternal smoking - but significantly worse obesity
- [Inequalities](#) **mostly significantly worse**: Significantly worse than the national average – based on indices of multiple

	<p>deprivation</p> <ul style="list-style-type: none"> <li>• <b>Wider Determinants mostly significantly worse:</b> Mixed picture with significant challenges on domestic /sexual violence and employment</li> <li>• <b>Health Protection mostly significantly worse:</b> Significantly high TB levels – much lower STI reported levels very low execs winter deaths</li> </ul>
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>A full scale consultation exercise is planned to follow Cabinet agreement. This will be focussed largely on the How rather than what is delivered given the national programme and substantial level of mandated service offers within the HCP. Consultation will follow on from March and be an ongoing element of the revised service model.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>Yes. The revised model and approach to service improvement and delivery will be tested with the community and professional stakeholders. It is hoped that the changes will be well received as they will directly impact on service improvement works for the works across the key age ranges for the HCP (i.e. Parents and Carers, CYP from 0 to 19) including those with protected characteristics as identified above.</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>A programme delivery Task and Finish group reporting to Cabinet portfolio leads and the executive Directors for both Public Health and Children's services will provide continual assurance of progress, issues arising and mitigations to follow</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>There will be a wider range of indicators in both the procurement/contractual development framework, service iteration, co-production and</p>

	improvement mechanisms and eventual service design to ensure the re-procurement approach develops in the required way and the eventual service go live and onward operation is responsive to feedback and able to capture impact on Slough Borough Council residents and wider system partners in the NHS and community.
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<b>What course of action does this EIA suggest you take? More than one of the following may apply</b>	✓
<b>Outcome 1: No major change required.</b> The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
<b>Outcome 2: Adjust the policy</b> to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
<b>Outcome 3: Continue the policy</b> despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
<b>Outcome 4: Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

### Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date

Name:

Signed: .....Daniel Devitt.....(Person completing the EIA)

Name:

Signed: .....( Policy Lead if not same as above)

Date: