

Appendix B Equality Impact Assessment

Directorate: Adults and Communities	
Service: Public Health	
Name of Officer/s completing assessment: Daniel Devitt	
Date of Assessment: 31st August 2022 – refresh of original EIA Draft in January 2022	
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	
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, The Healthy Child Programme (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 30th 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>

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:

It is proposed that an additional extension of the service for the service, alongside that already granted by the Cabinet in March 2022, amounting to a total of two years is granted to permit the further development of a cross border model that aligns 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

- 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 including the NHS Frimley Integrated Care System
- 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.

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.

The HCP will shortly be reframed as the National Framework for Maternity Children and Young People by the Office of Health Improvement and Disparities. It will substantially restate the core principles of the HCP and wider NHS and Local Authority Public Health works to support and improve the health of Children and Young People from preconception to transition into adults services.

It is important to note insights from [Census](#) and Health Needs Assessment data on the CYP groups in Slough and how these impact on Health inequalities and Equality issues in a wider context. The proposed collaborative works will seek to address these needs for a wide range of children and young people who require additional support or service focus:

- Nearly a quarter of Slough's population are under 15 years of age which is a significantly higher proportion than national and regional averages.
- There are significant health inequalities faced by children and young people in Slough and these are known to intersect with equality characteristics such as gender, ethnicity, disability and more generally deprivation and other risk factors.
- Whilst the collaborative work that is underway will aim to reduce inequalities and improve access and outcomes for children and

	<p>young people from all backgrounds, it does have a specific focus emphasis on supporting those most vulnerable and at risk of negative outcomes.</p> <ul style="list-style-type: none"> • The resulting specification will be evidence –based, align to the emerging National framework and the selection regime will ensure that the providers can demonstrate understanding of Equality, Health Inequalities and Health Equity issues and the different demographics and emerging issues in the Berkshire East area. • The collaborative will establish and ensure the ongoing monitoring of Key equality indicators and outcomes amongst different groups • The EIA is a fluid document and will be updated throughout the process, and thereafter through contractual review and the diverse service user voice and co-production elements that are being planned. <p>Anticipated and pertinent strengthening of the programmes inclusion and support offers for particularly vulnerable groups will range across all age ranges and specific attention will be required – as an extension of existing provision – for Babies Children and Young People with a range of additional needs including SEND status, Black and Minority/Minoritised Ethnic Communities, Asylum seekers, Children Looked After and Care leavers, parity of esteem for physical and mental health conditions, LGBT and those impacted by Economic/Health Equity considerations including the cost of living crisis.</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>

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
Disability	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.
Gender Reassignment:	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.
Marriage and Civil Partnership:	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.
Pregnancy and maternity:	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.
Race:	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.
	Religion and Belief:	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.
	Sexual orientation:	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. I
	Other: CYP/Parents and carers Neurodivergent needs, Mental Health needs and Children Looked After/Care leavers	Positive	<p>The service will be positive for three different additional groups:</p> <p>Neurodiverse 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>Parents, Carers and CYP with specific Mental Health and Wellbeing needs 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>Children Looked After/Care leavers 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>
4.	<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>		

5.	<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>
6.	<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</p> <p>What Works to enhance the effectiveness of the Healthy Child Programme – an evidence update EIF 2018 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</p> <p>Programme specific evidence resources include:</p> <p>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</p> <p>Further data and insight into Children and Young People’s health inequalities and health Equity issues are provided by the constantly evolving Berkshire Joint Strategic Needs Assessment Berkshire East JSNA (berkshirepublichealth.co.uk) and the core analysis sections for Maternity Services and Children and young people. Lifestages and Groups Archives - Berkshire East JSNA (berkshirepublichealth.co.uk)</p>

Both have 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 areas will evolve over time and provide a constantly updated resource to inform the work of the Health Visiting and School Nursing Services.

A useful highlight summary from the 0 to 19 HNA is set out below:

Slough CYP – Highlights from the [Berkshire East 0 to 19 Health Needs Assessment](#)

Population	Slough has the largest number of children and young people aged 0 to 19 in Berkshire East and these make up 31% of the total population. The proportion of Slough’s population from the 0 to 14 age group is significantly higher than the rest of Berkshire East and the national picture.
Ethnicity and language	73% of children and young people in Slough are from a non-White British background, which is significantly higher than the rest of Berkshire East and England. 86% of school-children in Slough do not have English as a first language. Slough has the 2nd highest proportion of births from mothers who were born outside of the UK in England at 69%.
Deprivation	15% of children aged 0 to 15 in Slough are from income-deprived households and 3% of 0 to 15 year olds live in the most deprived quintile nationally. Deprivation is more wide-spread across Slough rather than being in specific neighbourhoods.
Housing	13% of households in Slough are overcrowded, which is significantly worse than the rest of Berkshire East and England. The rate of households that are homeless or threatened with homelessness are significantly higher in Slough compared to England. This is the case for households with dependent children and also those headed by a young person (aged 16 to 24).
Employment	Slough has significantly worse employment and unemployment rates than England for people aged 16 to 64.
Maternal and infant health	Fertility - Slough has the highest Total Fertility Rate in England. This has decreased over the last 5 years, but still remains much higher than the rest of Berkshire East.

	<p>Low birth weight – Slough has the highest proportion of babies born with a low-birth weight in the South East and this has increased over the last 5 years.</p> <p>Infant mortality – Slough has the 2nd highest infant mortality rate in the South East, although this is similar to the national figure.</p>
Child development at 2 – 2 ½ years	80% of children in Slough who received the 2 to 2 ½ year ASQ-3 development review in 2020/21 were meeting the expected levels in all 5 skill areas. This proportion was significantly lower than the national figure and was the lowest level in Berkshire East.
Dental Health	In 2018/19, 38% of 5 year olds in Slough had visually obvious dental decay. This was the highest level in the South East and significantly worse than the national figure.
Healthy Weight	Data from 2015/16 to 19/20 shows an association between deprivation and obesity in Slough, particularly for the Reception aged group. The difference in obesity prevalence between ethnic groups is not as great in Slough compared to the rest of Berkshire East. Reception children and Year 6 children from a Black ethnic group do have higher prevalence than those in White and Asian groups, however this is not significantly different.

Local performance against the [Public Health Outcomes framework](#) has and will continue to inform the initial approach to the collaborative 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

	<ul style="list-style-type: none"> worse obesity • <u>Inequalities</u> mostly significantly worse: Significantly worse than the national average – based on indices of multiple deprivation • <u>Wider Determinants</u> mostly significantly worse: Mixed picture with significant challenges on domestic /sexual violence and employment • <u>Health Protection</u> mostly significantly worse: Significantly high TB levels – much lower STI reported levels very low excess winter deaths <p>Initial data analysis from the 2021 Census has confirmed local insights on the youthful nature of Slough’s population. 23.5% of Slough’s residents are aged under 15. This is the second highest proportion in England and Wales behind only Barking and Dagenham</p> <p>There has been an increase in population cohorts in Slough since 2011 of:</p> <ul style="list-style-type: none"> 19.3% in people aged 65 years and over 10.7% in people aged 15 to 64 years 17.3% in children aged under 15 years.
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 across all three Berkshire East Areas. This will be focussed largely on the “How” rather than the “What” is delivered given the national programme and substantial level of mandated service offers within the HCP and new National Framework. Consultation will follow on throughout the two year extension period and will 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</p>

	<p>across the key age ranges for the HCP/National Framework (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 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.</p>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy 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).	
Outcome 3: Continue the policy 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).	
Outcome 4: Stop and rethink 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: Christine Ford

Signed:Approved By Email 27/09/2022.....(Policy Lead if not same as above)

Date:30/09/2022