EQUALITY IMPACT ASSESSMENT

The **Equality Act 2010** places a '**General Duty'** on all public bodies to have '**due regard'** to the need to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advancing equality of opportunity between those with a 'relevant protected characteristic' and those without one;
- Fostering good relations between those with a 'relevant protected characteristic' and those without one.

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protect characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council's commitment to equality and the responsibilities under the Public Sector Equality Duty.

When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.

Please read the Council's Equality Impact Assessment Guidance before beginning the EqIA process.

1. Responsibility for the Equality Impact Assessment	
Name of proposal	Commissioning a 0-19 year old Integrated Service
Service area	Public Health
Officer completing assessment	Linda Edward, Senior Commissioner for Children and Young People
Equalities/ HR Advisor	Hugh Smith
Cabinet meeting date (if applicable)	February 2020
Director/Assistant Director	Susan Otiti

2. Summary of the proposal

Please outline in no more than 3 paragraphs

- *The proposal which is being assessed*
- *The key stakeholders who may be affected by the policy or proposal*
- *The decision-making route being taken*

Public Health will combine the functions of the council's commissioned health visiting and school nursing services, with the implementation of a single 0-19 year old integrated service specification.

This is the 3rd phase of a transformation programme that started when the council received from the NHS commissioning responsibility for these two services in 2013 and 2015. The Public Health team has worked with the NHS provider on all aspects of the transformation programme.
Phase 1 the health visiting service – Changing the service from a targeted to a universal service and to lead implementation of the 0-5 year old Healthy Child Programme[1] – completed in 2017.
Phase 2 the school nursing service – Change the school nursing service to a proactive public health nursing service supporting the needs of schools, parents and school aged children and young people and leading the implementation of the 5-19 year old Healthy Child Programme. This was completed spring 2019. NHS England decommissioned the NHS School health service provider of its function to deliver the school-based immunisation programme. NHS England is the commissioner of school based immunisation programme and the service is provided by Vaccination UK.
Phase 3, service integration - This phase is focused on integration and the introduction of a vulnerable parent pathway to support vulnerable families. Completion due December 2020.
'Integrated care' is a term used to improve patient experience and achieve greater efficiency and value from health delivery systems. The aim is to address fragmentation in services, and enable better coordinated and more continuous care, shared decision making, alignment of clinical, managerial and users' interest. (NHS England, March 2015). The overall aim is to maximise the impact of service delivery. This transformation programme links and interfaces with screening programmes e.g., vision, and hearing and other public health programmes including immunisation, emotional health and wellbeing, sexual health, smoking, substance misuse and oral health promotion.

As well as seeking innovation, it is anticipated the 0-19 year old integrated service model will also lead to the realisation of financial savings for the Council. We will decommission the FNP programme and introduce an evidence based vulnerable parent pathway to be aligned within the 0-19 year old integrated service model. The new vulnerable parent pathway will; cover a wider reach of vulnerable families including the current cohort of families that meet the FNP programme eligibility criteria, provide value for money and achieve the financial savings for the Council.

[1] The evidenced based national Healthy Child Programme provides a framework for prevention and early intervention of public health priorities, and supports collaborative working and integration of service delivery for children and young people across the system.

The decision to commission a 0-19 year old Integrated Service to include a new vulnerable parent pathway is based on:
1.The known benefits of service integration and utilisation of the national 0-19 year old service specification developed by Public Health England.
2.The introduction of the vulnerable parent pathway (the MESCH programme) will provide a consistent offer of support to a larger number of families identified in need of additional support.
3.The FNP programme has been delivered in Haringey since October 2010, for the past few years due to the decline in Haringey's teenage pregnancy rate the programme has not been operating at full commissioned capacity despite locally extending the eligibility criteria.

In addition, The Building Blocks Trail, Evaluating the Family Nurse Partnership Programme in England *(September 2014 Cardiff University)* compared the FNP programmes across England with routine health visiting services, the research found no difference between two in the four primary outcomes. This included the proportion of mothers who smoked at late pregnancy, the proportion of women with a second pregnancy within 24 months of their first child's birth, differences in mean birth weight, and differences in rate of A&E attendances or hospital admissions for the child. Except for a systematic review, a randomised controlled trial is the strongest form of research evidence. The authors of the research concluded that *"programme continuation is not justified based on available evidence".*

The commissioned provider has been fully informed of our commissioning intentions and the Public Health team is working with the provider to change the current service provision into one single 0-19 year old integrated service model incorporating a new vulnerable parent pathway which is the Maternal Early Childhood Sustained Home visiting (MESCH).

3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these

This could include, for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.

Protected group	Service users	Staff
Sex	2011 census JSNA Haringey Child Health Profile 2019	N/A
Gender	ONS	

Reassignment	Equality and Human Rights Commission	N/A
Age	2011 census JSNA Haringey Child Health Profile March 2017	N/A
Disability	2011 census JSNA ONS Haringey Public Health Intelligence 2018	N/A
Race & Ethnicity	2011 census JSNA ONS Haringey Child Health Profile 2017	N/A
Sexual Orientation	ONS 2017	N/A
Religion or Belief (or No Belief)	ONS IMD	N/A
Pregnancy & Maternity	ONS September 2018 Haringey Child Health Profile 2017	N/A
Marriage and Civil Partnership	ONS IMD 2018	N/A

Outline the key findings of your data analysis. Which groups are disproportionately affected by the proposal? How does this compare with the impact on wider service users and/or the borough's demographic profile? Have any inequalities been identified?

Explain how you will overcome this within the proposal.

Further information on how to do data analysis can be found in the guidance.

Age

The FNP programme eligibility criteria stipulate that young first time parents who access the programme must be under 19 years old. The age range was increased locally to 24 years of age to meet the needs of children in care and care leavers. The introduction of the Maternal Early Childhood Sustained Home visiting programme as part of a vulnerable parent pathway will expand the reach and provide an offer to a broader range of families with no age limit criteria.

The total children and young people 0-19 years population is 66,500 and is projected to increase in 2017 by 23.1%- 68,600. Child Health Profile 2017 published by PH England 2019.

Sex, (Girls and Young Women)
49% of the 8-19 year old population of Haringey are female; 50.5% of Haringey residents are female.

In Haringey, the estimated 15-17 year old female population is projected to increase by 0.8% from 2017 to 2022, less than the 12.1% increase predicted for London overall. All pregnant women will benefit from the integrated service and the introduction of the vulnerable parent pathway.

Race and Ethnicity

According to the Census 2011, 65% of the Haringey population are not White British. This is higher than the London figure of 55%. It was estimated that the largest ethnic groups in Haringey are White British (34.7%), White Other (23.0%), Black Caribbean (7.1%) and Black African (9.0%).

Using information from the School Census is another way of measuring ethnic diversity of an area. According to data extracted in January 2013 from our local School Census, the most common ethnic origin of school pupils in Haringey is White Other (29.2%) followed by White British (18.7%), Black African (16.6%) and Black Caribbean (9.2%)
It is acknowledged that black and minority ethnic (BAME) populations have until now experienced poorer health and barriers to accessing certain services.

Public Health England data source 2017 showed that school children from ethnic minority groups make up 29,391 (79.8%) of Haringey school population. *PHE Child Health Profile 2019.*

The west of the borough has the highest concentration of White British 0-5year olds with Alexandra, Crouch End and Fortis Green wards being particularly high. The east of the borough has a high concentration of BME 0-5 year olds with Northumberland Park, Tottenham Green and Tottenham Hale wards having the highest. Muswell Hill ward had a particularly low proportion of BME children, significantly less than other wards in the west. Seven Sisters had a significantly less BME population than the others wards in the east. This transformation programme does not affect this protected characteristic.

Pregnancy and Maternity
Total births in Haringey have been steadily increasing since 2002 but have now taken a dip since 2008. The birth rate (births per 1000 of the population) in Haringey has been consistently higher than London in this period until 2008 and is now level with London. The number of children born to Haringey residents has been increasing year on year since 2002 in line with the London and England trend.

Total number of live births in Haringey in 2017 was 3,881 (PHE Child health profile 2019)
Teenage pregnancy has reduced significantly in Haringey the same as across England. The under 18s conception rate in Haringey was 20 per 1,000 population in 2017, which is not significantly different to the 2016 rate. This rate is also similar to the average rates for London (16 per 1,000) and England (18 per 1,000) in 2017.
Applying the population growth to the actual rate for conception in under 18s, this would estimate a 1.1% increase in the number of pregnancies occurring in women aged 15-17 in 2022, based on the 2017 figure and assuming no changes in the rate over time. This is

lower than the estimated 12.2% increase expected in London.

- In 2016, the under 18s conception rate in Haringey was 19 per 1,000 population. This is similar to the average rate for London (17 per 1,000) and England (19 per 1,000).
- The under 18s conception rate in Haringey was 20 per 1,000 population in 2017, which is not significantly different to the 2016 rate. This rate is also similar to the average rates for London (16 per 1,000) and England (18 per 1,000) in 2017.

Disability

- In 2018, there were 6,396 pupils with special educational needs and disabilities (SEND) in Haringey schools, 15% of Haringey pupils. Of these pupils, 8% were in special schools. The proportion of Haringey pupils with SEND in special schools is in line with the London average and lower than the national average.

Although SEND is often thought of in the context of schools, the primary types of needs impacting SEND can be present throughout the life course:

- In Haringey, 510 children under 5 with SEND are benefiting from funded early education in 2018.
- 1,130 individuals aged 18+ are diagnosed with a learning disability in Haringey as of 2017/18.

Religion or belief

The Census 2011 show 45% of Haringey residents were Christian, slightly less than 48.4% in London overall. Second most common religion stated was Muslim (14.2%) followed by Jewish (3%) and Hindu (1.8%).

Gender Reassignment

We do not hold data on the number of people who are seeking, receiving or have received gender reassignment surgery, and there is not national data collected for this characteristic. The Equality and Human Rights Commission estimate that there are between 300,000-500,000 transgender people in the UK. We will need to consider the inequalities and discrimination experienced for this protected group. For the purposes of this EqIA, we will use the inclusive term Trans* in order to represent the spectrum of transgender and gender variance.

Sexual Orientation

We do not hold ward or borough level data on sexual orientation, and it is not collected nationally through the Census. However, the ONS estimates that 3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 15th largest LGB community in the country, and is likely to be reflected in both the pupil and parent populations. However, ONS data shows that 0.5% families are same sex cohabitating couples , which suggests that LGB people are less likely to be parents, compared with the wider population.

Marriage/Civil Partnership

	Married (heterosexual couples)	Civil Partnership
Haringey	32.2%	0.6%

London	40%	0.4%
England and Wales	47%	0.2%

The number of married people (only available to heterosexual couples at the time of the 2011 Census) is significantly lower than in London and England. However, the proportion of people in civil partnerships is higher in the area compared to the London and England and Wales average. Decisions will need to ensure all couples in a civil partnership are treated exactly the same as couples in a marriage.

4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Please outline which groups you may target and how you will have targeted them

Further information on consultation is contained within accompanying EqIA guidance

Engagement with our commissioned provider on the transformation programme commenced in January 2019. This included a time tabled period to enable our commissioned provider to comment on the 0-19 year old integrated service model and service specification which incorporates the MESCH. Their feedback and comments regarding our proposal were received and this was used to agree a clear strategic partnership approach in going forward.

Regular scheduled meetings take place with our commissioned provider to ensure on-going discussion is maintained on their preparation for implementation, including a clear timeline to inform staff within the commissioned services and other commissioned and non-commissioned stakeholders.

We have not consulted with residents on the transformation programme as; the existing clients who are currently participating in the FNP programme will be transitioned into the new vulnerable parent pathway and we do not envisage any adverse impact to these clients. All new clients who would have met the criteria for the FNP programme and been referred will be offered the MESCH programme.

The generic health visiting service routinely provides support to families who have additional needs, these families are managed within the targeted element of the health visitor's caseload, therefore this will mitigate any potential risk to families during the transition period. These families will be offered the MESCH programme.

4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the

protected characteristics

Explain how will the consultation's findings will shape and inform your proposal and the decision making process, and any modifications made?

Evidence taken from surveys and user engagement during implementation of the national Healthy Child Programme;

- Focused groups with parents to co-produce publicity and information supporting the 0-5 year old Healthy Child Programme delivered by health visitors, reflected the need to improve access to 0-5 year old services and ensure that families have good quality advice and information to promote good parenting and healthy lifestyle.

- The bi-annual Haringey children and young people health related behaviour questionnaire; identified the need to continue focusing on; emotional wellbeing, obesity, drugs and alcohol, sexual health and oral health – a wide range of health issues which impact on children, young people and their families.

5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?

Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

- **Sex** *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*.

The 0-19 year old integrated service model will have a positive impact on women as the service aims to ensure that all women's needs are met from pregnancy up to when the child reaches early adulthood. The service forms an integral part of Public Health England's priority to support healthy pregnancy, ensure children's early development and readiness for school, and reduce health inequalities in young children irrespective of sex.

Positive	X	Negative		Neutral impact		Unknown Impact	

2. Gender reassignment *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

We do not have local data. We do not think there will be specific impacts for this protected group. Monitoring arrangements will be established so that any inequalities can be addressed if they are identified.

Positive		Negative		Neutral impact		Unknown Impact	X

Age *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic*
The 0-19 year old integrated service model is inclusive of children aged 0-19 years. The introduction of the Maternal Early Sustained Childhood Home visiting programme will have a positive impact on this characteristic as there is no age limit for women/parent /carer regarding access to the service.

Positive	X	Negative		Neutral impact		Unknown Impact	

4. Disability *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

The 0-19 integrated service model is under pinned by the evidence based Healthy Child Programme and aims to prevent problems in child health and development and contribute to a reduction in health inequalities.

Our service specification stipulates, and performance monitoring demonstrate that the commissioned services comply with the Equality Act 2010, which sets out the duty of public authorities to make reasonable adjustments to ensure that service users are not disadvantaged due to their disability. For example, installing a ramp or lift, widening doorways or installing disabled toilets.

Commissioning clinical support for children with additional health needs or long-term conditions and disabilities, including clinical support for enuresis or diabetes, special schools lies with NHS England and clinical commissioning groups, to ensure co-ordinated support across the life course. Meeting the health needs of children and young people with disabilities is an integral part of the health visiting service and the introduction of the MESCH programme will further strengthen health visiting practice for supporting families who have additional needs and therefore have a positive impact.

Positive	X	Negative		Neutral impact		Unknown Impact	

- **Race and ethnicity** *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

The proposal with have a positive impact on this characteristic, as the majority of affected families are likely to be from BAME communities and the vulnerable parent pathway (MESCH) will further strengthen the existing health visiting service.

Positive	X	Negative		Neutral impact		Unknown Impact	

6. Sexual orientation *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*
We do not have local data regarding this protected characteristic. However, integral to the service is that it is inclusive and provides a service to all groups irrespective of sexual orientation.

Positive		Negative		Neutral impact	X	Unknown Impact	

7. Religion or belief (or no belief) *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Integral to the service is that it is inclusive and provides a service to all groups irrespective of religion or belief (or no belief).

Positive		Negative		Neutral impact	X	Unknown Impact	

8. Pregnancy and maternity (*Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

The 0-19 integrated service begins in early pregnancy and ends in early adulthood. The health visiting and school health services deliver the Healthy Child Programme, its universal reach provides an invaluable opportunity in particular to identify teenage parents that need additional support and children who are at risk of poor outcomes.
The proposal will have a neutral impact as all pregnant women currently access the existing health visiting service and will continue to be offered a service. The 0-19 year integrated public health services work together and continue to improve collaboration

within the wider partnership with other services such as maternity services, including supporting early years, early help and social care to ensure that there is a multi-disciplinary approach that focuses on prevention, early assessment and intervention to 'get it right first time' and achieve key outcomes for children, young people and their families.

Positive		Negative		Neutral impact	X	Unknown Impact	

9. Marriage and Civil Partnership *(Consideration is only needed to ensure there is no discrimination between people in a marriage and people in a civil partnership)*

Parents who are in a civil partnership will be treated the same as parents who are married. The service makes no distinction regarding marital or non-marital status of parents/carers.

Positive		Negative		Neutral impact	X	Unknown Impact	

10. Groups that cross two or more equality strands e.g. young black women

The Healthy Child Programme is a progressive universal service, i.e. it includes a universal service that is offered to all families, with additional services for those with specific needs and risks. The Healthy Child Programme schedule includes both the universal service to be offered to every family and the progressive services for children and families with additional needs and risks. A progressive universal Healthy Child Programme is one that offers a range of preventive and early intervention services for different levels of risk, need and protective factors.

Women from BAME groups
In a diverse borough such as Haringey, one size does not fit all, understanding different childcare practices, the need for the use of interpreters are examples of key factors which is an integral part of the health visiting and school health service in meeting the needs of a diverse community.

Children and young people from Minority Religions and Beliefs

Minority religions and beliefs are over-represented among young people in Haringey. The proposal will positively impact on young people, by ensuring our commissioned service demonstrates culturally sensitive provision.

Disabled children

The service has a positive impact on children with special education needs or a disability as it has a pathway within the council's children's services to ensure that the needs of these children are met.

The commissioned 0-19 year old integrated service will play a key role in supporting

children and young people with SEND and in addition, Haringey clinical commissioning groups commissions health provision for special schools.

Outline the overall impact of the policy for the Public Sector Equality Duty:

- **Could the proposal result in any direct/indirect discrimination for any group that shares the relevant protected characteristics?**
- **Will the proposal help to advance equality of opportunity between groups who share a relevant protected characteristic and those who do not?**

  This includes:

  a) **Remove or minimise disadvantage suffered by persons protected under the Equality Act**
  b) **Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups**
  c) **Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low**

- **Will the proposal help to foster good relations between groups who share a relevant protected characteristic and those who do not?**

The 0-19 year old Integrated Service will not result in any direct or indirect discrimination for any group that shares the protected characteristics. In fact, the 0-19 year old Integrated Service will enhance the existing support offered to these protected groups. The 0-19 year old Integrated Service will provide greater flexibility across the commissioned workforce to respond to emerging need and allows for a whole family approach to service delivery. It will provide the following outcomes for all children and their families within the community who have the protected characteristics:

1. Narrowing the gap in outcomes for children and young people through effective practices in the early years. E.g., children are kept physically and emotionally safe.
2. Improved children's educational attainment through a better quality family based support for early years. E.g., children ready to learn at 2 years and ready for school by 5 years.
3. Improved outcomes of children's life course journey through effective practice in integrating both health visiting and school nursing services. E.g. children and young people have healthy lifestyle habits, are emotionally healthy and resilient, and are nurtured within supportive families.
4. Parents/carers are resilient and know how to deal with life's challenges, e.g. residents will know as parents what will help their child's development, are well informed, recognise when they need help and know where to get it.
5. By introducing the vulnerable parent pathway, the service will expand the reach from 100 to 400 potential additional families and provide an offer to a broader range of families exhibiting vulnerabilities.

6. a) What changes if any do you plan to make to your proposal as a result of the

Equality Impact Assessment? Further information on responding to identified impacts is contained within accompanying EqIA guidance	
Outcome	Y/N
No major change to the implementation of he 0-19 year old Integrated Service: the EqIA demonstrates the service change is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.	Y
Adjust the service change: the EqIA identifies potential problems or missed opportunities. Adjust the service change to remove barriers or better promote equality. Clearly set out below the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	N
Stop and remove the service change: the service change shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	N

6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty

Impact and which relevant protected characteristics are impacted?	Action	Lead officer	Timescale
One aspect of the 0-19 year old Integrated Service is to discontinue with the Family Nurse Partnership programme for first time mothers under the age of 19 who are pregnant there is a risk that young people will not be transitioned into the new vulnerable parent pathway or referred by other services into the new vulnerable pathway. Therefore impacting negatively on these groups in terms of not	1.Regular scheduled meetings have been taking place with the provider to ensure preparation for implementation of the 0-19 year old Integrated Service, including a communication plan. A clear timeline to inform the other commissioned and non-commissioned stakeholders. 2.The commissioned provider has a comprehensive project plan. 3.Information and an update on progress will be provided to all relevant stakeholders both internal and external, particularly frontline	Linda Edward	31st March – December 2020

receiving a service.	practitioners working with children and families via a multi-agency seminar is planned for February 2020.		

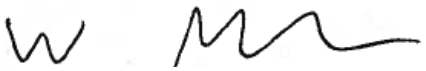
Please outline any areas you have identified where negative impacts will happen as a result of the proposal, but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.

6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:

The preparation, implementation and post implementation phase of the 0-19 year old Integrated Service will be closely monitored through scheduled commissioner and provider meetings.

Strategic oversight will be undertaken by the Assistant Director of Public health.

7. Authorisation

EqIA approved by ..... (Assistant Director/ Director)	 .....

8. Publication

Please ensure the completed EqIA is published in accordance with the Council's policy.

Please contact the Policy & Strategy Team for any feedback on the EqIA process.