Equality, Diversity, Cohesion and Integration Impact Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, and cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Public Health	**Service area: Children and Families Team**
Lead person: Janice Burberry	**Contact number: 07712214814**
Date of the equality, diversity, cohesion and integration impact assessment: **Workshop 1 – 30th June 2016** **Workshop 2 – 17thAugust 2016** **Report finalised 6th September 2016**	

1. Title: Equality impact assessment of intended decision to close the Family Nurse Partnership Programme

Is this a:

☐	**Strategy /Policy**	x	**Service / Function**	☐	**Other**

If other, please specify

2. Members of the assessment team:

Name	**Organisation**	**Role on assessment team e.g. service user, manager of service, specialist**
Janice Burberry	Public Health LCC	Commissioner
Debra Gill	Leeds Community Healthcare (LCH)	Health Visiting Service Lead
Lucy Love /Lisa Mincke	Leeds Community Healthcare (LCH)	Family Nurse Supervisors
Allison Ellis	Leeds Community Healthcare (LCH)	Clinical Lead Health Visiting

Further support was provided by Victoria Douglas (Head of Business Intelligence) and Rachel Wallace (Performance Analyst Children and Families) from Leeds Community Healthcare (LCH)

3. Summary of strategy, policy, service or function that was assessed:

This assessment is considering the potential impact of implementing a contract variation to the Leeds Early Start Service contract (9RLG-STKYJH) which is due to expire on 31st March 2017. This variation involves:

- not extending the Family Nurse Partnership (FNP) element of the contract which will lead to the closing of the FNP service and;
- making a reduction of approximately 5% in the value of the Health Visiting (HV) element of the service.

The FNP contract has a value of £814K per annum and is currently providing a structured intensive preventive programme of support to 181 first time mothers aged 19 and under and their families. The FNP service currently reaches around 20% of eligible young families. Each Family Nurse has a maximum caseload of 25 families.

The Health Visiting service has an annual value of £9m and provides universal support to all families with a child under 5 years old through the delivery of five mandated contacts and a progressive universal offer which provides additional support for those family's with greater needs. The average caseload for a Leeds Health Visitor is around 350 families.

The approximate annual cost of providing the FNP programme to a family is £1,885, while the approximate annual cost of providing the HV programme to a family is £113. The saving to the Council from the cut that is proposed from April 1st 2017 is £1,264k. This saving is required as part of the Public Health Directorates wider contracts strategy.

An equality screening process was not undertaken as it was clear that this proposed change would give rise to equality impacts particularly for those parents aged 19 and under who currently receive or would be eligible to receive the Family Nurse Programme. Staff will also be affected, particularly women who make 100% of the FNP workforce.

4. Scope of the equality, diversity, cohesion and integration impact assessment
(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4a. Strategy, policy or plan
(please tick the appropriate box below)

The vision and themes, objectives or outcomes	☐
The vision and themes, objectives or outcomes and the supporting guidance	☐
A specific section within the strategy, policy or plan	☐

Please provide detail:

4b. Service, function, event please tick the appropriate box below	
The whole service (including service provision and employment) It is the whole FNP service	x
A specific part of the service (including service provision or employment or a specific section of the service) It relates to part of the HV service	x
Procuring of a service (by contract or grant)	
Please provide detail: The FNP service will be closed and the Health Visiting service will be subject to a 5% cut in funding.	

5. Fact finding – what do we already know

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

Demographics

Leeds is a diverse and growing city, it covers a mix of large urban and rural areas with the inner city areas typified by a more dense and diverse, and faster-growing population. Leeds has a greater-than-national proportion of areas in the lowest 3, 10 and 20% most deprived areas in the country. Mid-year 2014 Leeds population was approximately 766,399, which is a 2.1% increase since the 2011 Census. The GP Audit population resident in Leeds was 823,721(January 2016). ONS Live Births data show the annual number of live births in Leeds has been above 10,000 since 2008. The make-up of the child population is changing with increases in those eligible for free school meals; those with English as an additional language; and those of black and minority ethnic heritage. There has been an increase in the number of residents that were born overseas.

- The ONS mid-year estimate for 2014 show there were 160,470 children under the age of 18, which equates to 20.9% of the total population, slightly lower than the 21.3% in Yorkshire and Humber and England.

- There were 10 374 births of which 545 were births to women under 20 years in the year 2014/15. (Numbers of registrations with the maternity service, for Leeds residents at LTHT).

- The teenage conception rate (under 18 years) has fallen steadily and significantly over the past 6 years and was 29.4 births per 1000 women in the cohort in 2014. Rates within the most deprived 10% have seen the greatest reduction in birth rate, falling from 101.5 births per 100 women in the cohort in 2008 to 52.4 births per 100 women in the cohort in 2014.

- Approximately 19.5 % of the local authority's children are living in poverty.

- The proportion of children entitled to free school meals:
- In primary schools is 20% (the national average is 17%)
- In secondary schools is 17% (the national average is 15%).

- Children and young people from minority ethnic groups account for 23% of all children living in the area, compared with 22% in the country as a whole.

- The largest minority ethnic groups of children and young people in the area are Pakistani and Black African.

- The proportion of children and young people with English as an additional language:
- In primary schools is 18% (the national average is 19%).
- In secondary schools is 13% (the national average is 14%).

- NEETs: 1,402 (6.3%) young people are not in education, employment or training (January 2016).

- Looked After Children: 915 children are being looked after by the local authority (2014/ 2015).

- Stone wall the Lesbian, Gay and Bisexual charity estimate that large cities like Leeds may be made up of at least 10% Gay, Lesbian and Bisexual people.

- Leeds population broken down by religion or belief is 55.9% Christian, 5.4% Muslims, 1.2% Sikh, 0.9% Jewish, 0.9 % Hindu, 0.4% Buddhist, other religion 0.3%, 28.2% no religion and 6.7% not stated.

The Family Nurse Partnership (FNP) programme

The FNP Programme is a licensed preventive programme for vulnerable first time mothers aged 19 and under delivered by specially trained Family Nurses from early pregnancy until the baby is two years old. The programme offers a schedule of structured home visits which can be weekly, fortnightly or monthly and which last between one and one and a half hours. Nurses are guided in their work through detailed visit-by-visit guidelines that reflect the challenges parents are likely to confront during pregnancy and the first two years of the child's life. Within this framework nurses use their professional judgement to address those areas where needs are greatest. Where a family engages with the FNP the Healthy Child Programme mandated visits, as defined within the Health Visiting specification, are delivered by the Family Nurse rather than a Health visitor. Specific aims of the FNP programme are to:

- Improve the outcomes of pregnancy by helping vulnerable first-time young mothers improve their ante-natal health and the health of their unborn baby;
- Improve children's subsequent health and development (including school readiness

and achievement) by helping parents to provide more consistent competent care for their children; and
- Improve the life course and economic self-sufficiency of the young women, their children and families, by planning subsequent pregnancies, finishing their education and finding employment.

Data collection for the Family Nurse Partnership

The FNP team in Leeds collect and report data onto the Family Nurse Partnership Information system provided by Open Exeter/ HSIC. The FNP Information System has been commissioned by the FNP National Unit to provide up-to-date and accurate data that sites can use to implement monitor and ensure quality improvement of the FNP programme. The data used within FNP forms part of a nurse's clinical record and is used to effect change in clinical delivery within supervision sessions. Routine patient reported data is collected during programme visits on all aspects of client and child health. This includes :

- Enrolment rates and demographic characteristics of those taking up the programme.
- Proportion of the programme received by clients in pregnancy, infancy and toddlerhood.
- Retention of clients in the programme.
- Indicative short term outcomes such as smoking during pregnancy, breastfeeding, birth weight, hospital admissions, child health and development, maternal mental health, subsequent pregnancies, participation in education and employment, referrals to other services.

Data from the Open Exeter system for the Leeds FNP site on 21st July 2016 shows:

- 113 families enrolled.
- Age at enrolment -0.9% under 15 years ,3.5% aged 15, 12.4% aged 16 ,22.1% aged 17, 22.1% aged 18,32.7% aged 19 and 6.2% aged 20.
- Client reported ethnicity- 90% White, 0.9% Asian, 2.7% Black, 3.6% Mixed and 2.7% other.
- 28.3% of clients had 5 or more GCSEs at A* to C grade.
- 58.4 % of clients had enrolled by 16 weeks gestation.
- 44.5% of clients enrolled who are Not in Education, Employment or Training (NEET).
- 42.7% of all clients who have lived away from parents for more than 3 months.

At a local level clients are asked about their experiences of the programme and this information is used by their Family Nurse to put together qualitative case studies which highlight what families feel they have benefitted from or least liked about by being part of the programme .These case studies are shared as part of the quarterly FNP Advisory Board meetings and are used to inform service developments.

Family Nurse Partnership Programme capacity and costs

Given current funding levels the FNP service currently only has the capacity to reach around 20% of eligible young families in Leeds. Each Family Nurse has a maximum caseload of 25 families and the service currently has the capacity to see approximately 260 clients per annum. Participation in the FNP programme is voluntary.

It is recognised that Leeds FNP team are a highly skilled workforce who have successfully engaged many young families who highly value the service. Existing clients will continue to

receive FNP support until March 2017 following which it is intended to transfer them to a local Health Visitor who will provide support appropriate to their needs. The actual date at which each family may transfer may be sooner should this be their preference .Leeds Community Healthcare, in discussion with Public Health, stopped accepting new referrals to FNP from April 2016. It is anticipated that 133 of the current 181 FNP clients enrolled in the programme will be affected by this change.

The approximate cost of providing the FNP programme to a family can be calculated by taking the mid-point of the Band 7 pay scale, adding oncosts and dividing by the average caseload figure of 25. This equates to a cost of £1,885 per annum per family.

Demographic of FNP service users

113 FNP clients enrolled between 31/3/15 and 1/4/16. Given the targeted nature of the FNP service all clients are first time mothers aged 19 or below at the date of their last menstrual period. 106 clients were 19 and under. 7 clients turned 20 years of age during the recruitment process. The data shows 90 % of clients were white. Approximately 45% were not in education or employment (NEET), and around 40% had not been living with their parents in the previous 3 months.

Data relating to the current cohort of families engaged with the FNP service as of 21st July 2016 show the following levels of vulnerability:

- 13 Mums who are Children Looked After
- 4 Babies who are Children Looked After
- 1 Mum with a Safeguarding plan in place
- 8 Babies with a Safeguarding plan in place
- 1 Mum with a Child in Need Plan
- 9 Babies with a Child in Need Plan
- Core/initial assessments in progress
- 2 Early help assessment being undertaken
- 5 Families have court involvement
- 32 clients with Mental health issues
- 30 known and 2 suspected Domestic violence cases
- 6 known and 1 suspected Child Sexual Exploitation cases
- 9 families with known Drug and alcohol issues
- 16 families with Health problems
- 6 babies have suspected developmental concerns
- 4 families are impacted by concerns about Special Educational Needs and/or capacity issues
- 30 families have concerns about a significant other in their family or social network
- 2 families are affected by homelessness
- 13 babies are noted to be BME, 3 of who do not have a BME mother

These figures reflect the situation on the day the data was extracted, however alter daily. It is considered they are a fair reflection of the background and issues that the FNP services manage on an ongoing basis.

Data on the number of fathers /significant others engaged in the FNP service show for FNP visits completed for the timespan 1/4/15- 31/3/16:

- 27% in pregnancy were attended by partner
- 21% in infancy were attended by partner
- 32% in toddler hood were attended by partner

Evidence regarding the effectiveness of The Family Nurse Partnership Programme

The programme has been commissioned in Leeds since 2009 and was imported into the UK following the positive evaluation of the programme in the US and Scandinavia.

The Leeds FNP programme has been part of a national Randomised Control Trial (RCT) to determine the programmes clinical and cost effectiveness in the UK context; this has included the most recent Building Blocks trial[1]. The results of the building blocks trial were published in January 2016 and found that the impact of the intervention on the primary outcomes was disappointing. The study authors concluded that "FNP is no more effective than routine available health care alone in relation to reducing smoking in pregnancy, improving birth weight, reducing rates of second pregnancies by two years post-partum or reducing rates of emergency attendances or hospital admissions for any child for any treatment by the child's second birthday".

It should be noted that there were small positive impacts on secondary outcomes such as: intention to breastfeed, child cognitive development (24 months only), language development (at 12 -18 months), levels of social support, partner –relationship quality, and general self-efficacy. One of the main reasons why there may not have been the same added benefits of FNP here in the UK is likely to be due to the high quality of our mandated universal Health Visiting offer which provides core contacts and more intensive support according to need.

Service User feedback

Quantitative service user feedback data is available in the form of the friends and families test results which highlighted that 100% of clients reported they were satisfied with the service they received.

Case studies are presented at each quarterly Advisory Board meeting and every FNP Service Annual Review meeting has included significant input from service users. The FNP nurses are highly skilled at engaging and building strong relationships with young families. It is recognised that the service has provided young parents with the opportunity to express their views on the care they receive not only from the FNP Programme but also more generally, and the Family Nurses have advocated on behalf of individuals and the client population as a whole with regard to making local maternity and 0-2 years services more responsive to the needs of young people. For example the Family nurses and clients presented at a recent Leeds Safeguarding Board themed session on engaging young people.

Demographic profile of the FNP staff

The FNP service currently employs 12 Family Nurses, 2 team leader/supervisor roles and an administrator, whom are all women. 2 practioners have BME status and 2% of the staff are at potential early retirement age. The Family Nurses are employed on agenda for change Grade

[1] Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial

Michael Robling, Marie-Jet Bekkers, Kerry Bell, Christopher C Butler, Rebecca Cannings-John, Sue Channon, and others
The Lancet, Vol. 387, No. 10014, p146–155.

7 and the Nurse supervisors are graded agenda for change Grade 8a. While it is recognised there are relatively few positions for community public health nurses at Agenda for Change Grades 7 and 8a locally, LCH will seek to redeploy the team working under the agenda for change policy.

Health Visiting services

Leeds Health Visiting service provides support to families from pregnancy up until the child is aged 5. The service provides an opportunity for all families to have a face to face contact with the service often in the home, on 5 specific occasions: at around 28 weeks of pregnancy, within 10-14 days of baby being born, at 6-8 weeks after the birth, when the baby is aged 8-12 months and when the child is 2- 2.5 year old. These visits are known as the core contacts. During these contacts Health Visitors will deliver key public health messages to families and support parenting choices using evidence based information including:

- providing ante-natal and post-natal support
- supporting parents in bringing up their young children
- providing advice on feeding babies and children
- assessing a child growth and development needs of young children
- supporting children with special needs
- advising on behavioural management techniques
- advising how to reduce risks and prevent accidents and reduce injuries
- providing information on local services

Where families have additional needs the Health visitor will offer further support. This can be through a series of further visits (for example a series of listening visits where a Mum has Postnatal Depression) or by sign posting or referring the family into other specialist services (for example Infant Mental Health Services where Mum is having difficulty in forming a warm and loving relationship with the baby).

Health Visitors have a major role in Safeguarding and protecting children, recognising the risk factors, triggers of concern, and signs of abuse and neglect in children. Where Health Visitors have safeguarding concerns they work with other safeguarding organisations to safeguard and protect children and will ensure families receive the best possible support during formal safeguarding arrangements.

The level of support provided from the Health Visiting service is commensurate with the specific needs of each family and the service routinely work in partnership with other organisations to promote and protect the health of babies and children under 5 years old.

Health Visiting service capacity and costs

As a universal service Health Visiting services are available to all new families in Leeds from pregnancy until the child is 5 years old, with the exception of those engaged in the FNP programme.

Local data show that during 2014 - 2015 the Leeds HV service engaged approximately:

- 95% of eligible families at the birth visit
- Approximately 90% of eligible families at the 6-8 week review
- Around 70% of families at the 12 month review stages

The approximate cost of providing the HV programme to a family can be calculated by taking the mid-point of the Band 6 pay scale, adding on costs and dividing by the average caseload figure of 350. This equates to a cost of £113 per family.

Data collection for the Health Visiting Service

The HV service data is held locally on Systmone, a clinical case management system with limited capacity to produce population based reports. The data has only recently been recorded on an individual electronic patient record and Leeds Community Healthcare have advised that there is still a significant amount of work to be done to allow the service to report on clinical data at a population level. As a trust they have said they are very keen to progress this to support continuous improvement and KPI development, but that they are in the early stages of this work. The service is able to report some basic demographic data for mothers under 20 (partial postcode and ethnicity).

There are also clinical read codes for some of the measures of mothers vulnerability listed for FNP clients. The service have advised they are not able to report on these without doing a large amount of quality assurance work and unfortunately we do not have resource to support this at present.

Demographics of Health Visiting Service Users

The Health Visiting Service was actively engaged with 30,327mums at the time of writing .Of these approximately 3% (906) were mothers aged 19 or under. This includes all mothers with children under 5 years old. There is no directly comparable data available to show numbers of parents under 20 years old who are engaged with the HV services between pregnancy and up until the babies 2nd birthday.

Data on the ethnicity of the 906 mothers aged 19 and under show 632 mothers classified themselves as White, 36 as Mixed Race, 31 as Black, 22 as Asian, 15 as East European, 13 as White European and 4 as Gypsy. There were 152 Mothers whose ethnicity is not known.

Three figure postcode data indicate that the majority of mothers aged 19 and under that are currently engaged with the Health Visiting service are women living in Deprived Leeds. This reflects what we know from the maternity services data set which shows the greatest number of births to women aged under 20 in 2015/16 were in Gipton and Harehills, Burmantofts, Richmond Hill, Armley and Middleton Park Wards.

38 mothers were classified as Child Looked After.

Service User feedback for the Health Visiting service

Quantitative service user feedback data is available in the form of the friends and families test results which highlighted that 95% of Health Visiting service clients reported they were satisfied with the service they received.

The demographic profile of the Health Visiting Staff

The health Visiting service currently employs approximately 145 staff who have responsibility for delivering the Healthy Child Programme all of whom are currently females. 7.9% of Health Visitors have BME status and 35% of the staff are at potential early retirement age. The majority of Health Visitors are employed on Agenda for Change grade 6 contracts, with

around 5% of Health Visitors employed on Agenda for Change grade 7 contracts.

Key differences between the HV and FNP offer

FNP provides an enhanced and intensive Healthy Child Programme offer which going forward will be delivered in a less intensive way by the mainstream Health visiting Service. The decision will affect the 20% of young women aged 19 and under during their first pregnancy, their partner and wider family, who would have been offered the opportunity to opt into the programme.

The number of routine contacts from the Health Visiting service is significantly less than from the FNP service who would meet with clients weekly or fortnightly in the pregnancy and infancy phase of the programme. The family generally would be cared for a by a named family nurse This creates the opportunity for the nurse to build a strong and trusting relationship and provides the family with more opportunity to identify and discuss concerns ahead of these developing into significant problems.

The Health Visiting Service assess need and provide support through the 5 mandated contacts however where a family has additional needs the Health Visiting service is able to provide more frequent visits and support commensurate with the needs of each family. Each contact may be delivered by the same or possibly a different Health Visitor from the local team.

The additional capacity within the FNP team enables the Family Nurses to be more flexible with regard to appointment times and helps ensure a family is able to consistently work with one specific family nurse. Given the geographical focus of Leeds Health Visiting Team the service is less able to provide the same practitioner to work with a family, particularly if the family move to another area of Leeds or a Mum lives in one area and Dad in another. The HV service encourages Fathers/Partners to attend antenatal classes, birth assessment and 6-8 week visit. If parents are not together, both parents may access HV services but given the Health Visiting Teams work in specific geographical areas of the city one client may need to travel to the locality where the baby is.

The FNP team have had additional training in engaging and working with vulnerable young people and it is recognised that they have successfully engaged many very vulnerable families who highly value the service.

Public Health Grant reduction

The Public Health grant for Leeds has been reduced by £3.9m in 2016/17. A provisional 2 year Public Health budget plan has been developed which includes reductions to commissioning budgets of the order of 5-10% across all commissioned services. As partial mitigation for the proposed cessation of FNP, a reduction of approximately 5% is being proposed for the Health Visiting budget (since FNP currently delivers the Health Child Pathway offer to the 180 families on its caseload). This proposed 2 year budget plan allows service providers to plan and manage reductions in their budgets. The Director of Public Health has discussed the proposals with the Chief Executive of Leeds Community Healthcare. The planned 2 year approach has been welcomed.

Are there any gaps in equality and diversity information
Please provide detail:

Less detailed information is available on the characteristics of the population of parents aged 19 years and under from the HV data system (Systmone). Electronic patient data is currently not available on the disability, carer, religion, sexual orientation, and marital status of HV service users. Some of this data is collected and held in case note records; however it is not possible to collate this data across the cohort without manually collating individual's records. Manual collation and the related quality assurance work would be very resource intensive given the numbers of records and is unlikely to provide a robust picture as some of these characteristics are not routinely monitored.

There is currently no capability to report on children by applying criteria to the mothers' records as there is no reliable link between the records. There is no reliable link between the mothers, fathers and child's records.

Data on the number of Dads or significant others present with Mum at any of the Health Visitor contacts is also not available in a format that can be meaningfully collated. Data on the demographic characteristics of Dads or significant others is not routinely collected by the Health Visiting service.

It is unclear to what extent Mums aged 19 and under, Dads and their Babies are accessing the current HV offer. As almost all families are engaged at the birth visit it can be proposed that the service is successful in engaging parents 19 years and under old at this stage. This will enable a full assessment of the family's circumstances and needs to be undertaken and an appropriate package of care offered. There is no evidence to suggest, given high levels of engagement of eligible families into the birth and 6-8 week review core contacts that parents under 20 years are not accessing HV services at these stages. However it is unclear what proportion of mothers under 20 years continues to engage as the percentage of families accessing the offer falls over time.

The FNP Information System is part of the contract with the National FNP Programme and access to the system in terms of Information Governance is only available while there is a contract for clinical delivery of FNP in Leeds.

This information system provides detailed information about this population of clients and supports the understanding of the clinical needs for this population. There is no robust comparative data to enable comparison; universal service data collection is largely based on activity levels rather than a full breakdown of each contact in real time.

Action required:

The health visiting service should further develop the routine collection and reporting of equality monitoring data to enable better understand the demographic profile of clients accessing the Health Visiting service core contacts. This will enable the service to monitor engagement of those with specific protected characteristics including those aged 19 and under. This will be specified as part of the planned reprocurement of 0-19 services.

The HV service will further explore how to monitor Dads or significant other involvement at HV core contact and other support visits. This will be specified as part of the planned reprocurement of 0-19 services.

The HV service information system should be developed to enable the records of all members of a family to be linked eg. Mums, Babies and Dads. This will be specified as part of the planned reprocurement of 0-19 services.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

[x] **Yes** [ ] **No**

Please provide detail:

Clients

Current service users were informed of the proposed decision to close the service by letter handed to clients by their Family Nurse, allowing the opportunity for 1 to 1 discussion. These letters included a name and email address for comments and concerns. Answers to Frequently Asked Questions were also posted on the LCH website: http://www.leedscommunityhealthcare.nhs.uk/working-together/service-change/

To date there has been no feedback to PH via the email address or LCH email or website. An individualised approach is being taken to communicate and support clients to end their involvement with the programme based on their specific needs. The service has collected service user feedback on hearing of the intended decision not to commission the service after 1st April 2017. Key themes that emerge are sadness at the loss of the service which most found helpful and useful. Many comment on the loss of the relationship they have gained with their family nurse.

The service have been working with Chapel FM an independent arts and broadcasting company to capture clients experiences of working with the service .This work is part of the ongoing service user involvement activity that the service regularly undertakes, however given its timing it has enabled clients to share their views on the potential closure of the service . Key themes that have emerged from this are disappointment and sadness at the loss of the relationship and bond with the family nurse, and recognition that the service was useful and had helped them a lot.

Referrers

Referrers were informed via letter by Leeds Community Healthcare. Letters were sent out to Children's Social Care, Children's Services, Early Help, GPs, Midwifery, Health Visitors, and the Teenage Pregnancy and Parenting Team. These letters included a name and email address for comments and concerns. To date only one letter of concern has been received via the Chief Executive Office from a local MP on behalf of a constituent from Adel who raised that closing the service is likely to increase the costs to the local authority given more children will need to be taken into care. The letter also highlighted that the clients themselves were unlikely to raise concerns given their own level of vulnerability. Following this Cllr Barry Anderson and Cllr Caroline Anderson (Adel ward) have also met with the DPH to discuss the proposed service change.

Family Nurse Partnership workforce

The Family Nurse Supervisors were informed of this proposed decision by the Head of the Healthy Child Pathway and then along with the Family Nurse supervisors informed the rest of the team. Leeds Community Healthcare has started an informal redeployment process working under the agenda for change policy. The Head of the Healthy Child Pathway has held

1 to 1 meetings will all staff and has documented their skills and career aspirations. This information has subsequently shared with the Director of Nursing and Director of Workforce within LCH. To date two practitioners have secured new posts both employed at Agenda for Change grade 7. Two further posts are also to be advertised to deliver antenatal education in the Leeds South and East area which will be open for Family Nurses to apply for. Leeds South and East Clinical Commissioning Group is exploring a new model of care around vulnerable families with children on the edge of care, which may in due course offer posts for individuals with skills similar to the FNP nurses.

Wider stakeholders

An Extraordinary FNP Advisory Board meeting was held to discuss the proposed decision and consider its wider implications for the whole system of services provided to young families to be. Key stakeholders expressed concern about the loss of this intensive support. It was anecdotally highlighted that FNP had enabled Children's Social Care to de-escalate the support required to a number of families, and its loss would impact on the numbers of families requiring this more intensive level of support. It was noted that an operational meeting will be held with Social Care colleagues to discuss the likely impact and to ensure systems and processes are in place to ensure all clients transferring from the service receive the appropriate level of support. Nick Wood confirmed that Leeds Community Healthcare NHS Trust would not plan to undertake formal consultation as required by the NHS regarding the potential closure of the service ahead of a firm decision being made.

A formal notification letter of the intended decision was sent to the FNP National Unit and the FNP Advisory Board by the Chair of the Leeds FNP Advisory Board, Janice Burberry.
Key stakeholders were informed by letter from the Director of Public Health and the Executive Lead member to; Elected Members including Scrutiny Chairs, Leeds MPs, and Chief Officers of CCGs, Director of Children Services and the Chair of Young Lives Leeds.

Consultation about the contract variations has been undertaken with public health staff, the Executive Member for Health and Wellbeing, and Leeds Community Healthcare.

A commissioner provider group is in place to discuss and agree the approach to managing this variation with providers and clients. Key colleagues within the council are advising at appropriate stages of this decision making process, for example: finance; projects programmes and procurement unit, communities' team and policy and performance.

Action required:

Public Health will undertake further consultation work with FNP clients and practitioners January –March 2017 to inform the procurement of the new 0-19 Healthy Child Programme contract with a focus on ensuring the service effectively engages and supports first time mums aged 19 and under.

The Head of Health Visiting will ensure the timely delivery of the communication actions detailed in the FNP Transfer Plan The FNP Advisory Board will continue to meet quarterly until end of March 2017 to keep partners updated and to monitor impact of this proposed service change across the wider Health and social care system.

An operational meeting will be held with Social Care to identify any further actions that may be required from Social Care to safeguard families affected by this change during and following

their transfer to Health Visiting Services. Any further actions required to ensure all relevant social care colleagues are aware of this proposed change will also be identified.

The Commissioner Provider Group will continue to meet until September 2017 to oversee the potential closure of the service and to monitor the impact of this service change on the engagement of clients aged under 20 years and particularly those who are Children Looked After.

7. Who may be affected by this activity?
please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

Given the service provides support to families all the characteristics below will be relevant however given the focus of the service the following are the most relevant

[x] **Age**	[ ] **Carers**	[ ] **Disability**
[ ] **Gender reassignment**	[ ] **Race**	[ ] **Religion or Belief**
[x] **Sex (male or female)**	[ ] **Sexual orientation**	
[ ] **Other**		

Please specify: Pregnancy and maternity

Stakeholders

[x] **Services users**	[x] **Employees**	[x] **Trade Unions**
[x] **Partners**	[x] **Members**	[ ] **Suppliers**
[ ] **Other please specify**		

Potential barriers.

[ ] **Built environment**	[ ] **Location of premises and services**

x	**Information and communication**	x	**Customer care**
	Timing		**Stereotypes and assumptions**
	Cost		**Consultation and involvement**
	Financial exclusion		**Employment and training**

☐ **specific barriers to the strategy, policy, services or function**

Please specify

8. Positive and negative impact
Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

It is anticipated that this change should not significantly impact on maternal and child outcomes given the evidence from the recent RCT Building blocks study that the intervention was no more effective than routine care in reducing smoking in pregnancy, improving birth weight, reducing rates of second pregnancies, by two years post-partum or reducing rates of emergency attendance or hospital admissions for any child for any treatment by the child's second birthday.

Given existing levels of funding the current service only has the capacity to engage approximately 20% of the eligible population. This proposed change will remove the inequality in access to this enhanced Healthy Child Programme offer. Going forward all clients in this age group will receive support, in accordance with their level of need, from the universal Health Visiting Service.

8b. Negative impact:

The decision will affect 133 families who will not have the Family Nurse programme delivered up to the stage where their baby is 2 years old. Some planned and in progress actions that have been agreed between the family and the Family Nurse while on the programme will need to be communicated to their Health Visitor as they transfer to the HV service.

The FNP service have more detailed information on clients that is updated more regularly

given the frequency of visits, for example FNP routinely record the percentage of visits attended by partner across the offer . This understanding of Dad's involvement will be lost as it is not monitored by HV services.

The closure will affect 13 staff who will no longer be employed within the service, all of whom are women.

FNP Service users usually have complex social circumstances and both young mothers and their babies are more at risk of poorer outcomes. The closure of the FNP service will increase the number of these young mothers on the HV caseload and these new clients will generally require support at the universal plus or universal partnership plus level. Mapping of the teams impacted by this change shows 13 teams will be affected, with those HV teams serving the most deprived communities receiving the most FNP clients.

There is a concern that some of these families may opt out of receiving support given the loss of the trusting relationship they have built with their Family Nurse, a reluctance to engage with a new practitioner from the Health Visiting service, or due to dissatisfaction with the less intensive level of support they may be offered.

There is a local view that involvement in the FNP programme has resulted in the de-escalation of families with regard to safeguarding support and lower levels of social care interventions. The Family Nurses support and advocacy role will be lost which may result in lower levels of engagement with other health and social care, education and welfare services.

Young families, especially those with complex social circumstances, may engage less well with Health Visiting services as compared to FNP services. The smaller caseloads of the Family Nurse allow them to deliver the service much more flexibly as compared to the geographically based Health Visitor .The Family Nurses are able to visit clients at a time that suits the client, rather than 8.30m – 5.30pm., The Family Nurses work city-wide and evenings and are therefore more likely to be able to include Dads in the visits. If the parents are not together the Family nurse would be able to provide support to Dads even if they lived in a different area of the city.

The specialist skills the Family Nurses have in engaging and supporting young families to make behaviour change could potentially be lost. The closure of this service will lead to the loss of the relationship with and knowledge about this vulnerable young cohort which has been used to shape wider local services to enable vulnerable young parents needs to be better met across the system. FNP has been very successful in giving these service users a voice and championing their need for support.

The strong relationship and regular communication and involvement with the National FNP team will reduce as Leeds is no longer an implementation site. Given the ongoing evaluation work there is a need for commissioners to maintain a good understanding of the developing UK evidence base as the programme is adapted in other areas.

Actions required:

The FNP Supervisors and Family Nurses will continue to provide individualised support to families and ensure effective communication between them and the named Health Visitor to enable clients to safely and successfully transition from the FNP to Health Visiting services

.This will be informed by the use of a standard operating procedure document developed to ensure good communication between the Family Nurse and the Health visitor. An individual transfer plan will be maintained and reviewed monthly by HV lead and FNP Nurse supervisors to keep account of each Families transition journey.

The Family Nurse will work with families on a 1 to 1 basis to identify other appropriate services and help clients to build relationship with relevant service providers in order that they have their needs met. Other services specifically for young families include the Teenage pregnancy and parenting team who offer one to one support to help young people develop as parents and support continued education. Women's Health Matters deliver the Include programme offering open ended one to one support and advice for vulnerable young mothers across Leeds. In South Leeds the YUMS programme offers weekly group support for young pregnant women and mothers. Young parents can also access the universal preparation for Birth and Beyond programme or the targeted Baby Steps perinatal education programmes.

The FNP Transfer Plan will be used to ensure the safe, timely and effective transfer of clients from the FNP service to HV services. The plan includes actions to ensure good communication and safeguarding practices and actions to support the staff affected by this change including their redeployment where ever possible. Actions have been included to ensure there are sufficient staff in place to provide the service for those clients who wish to remain with the programme until March 31st 2017. A full copy of the plan is available upon request and its implementation will be monitored via the monthly Provider Commissioner meeting.

The list of HV teams who will receive FNP clients will be used to determine the allocation of Health Visiting capacity during the transfer period ensuring appropriate staffing and resources are available in the geographical areas where these families live.

Appropriate employment policies and practices will be used to support FNP and HV staff through this transition and to secure the local redeployment of Family Nurses as far as possible.

The commissioner provider meetings will continue to oversee the transition of FNP families from the FNP programme into the mainstream Health Visiting service and to ensure they receive support appropriate to their needs. In addition the wider implications, including the increase in complex caseload for Health Visiting as a result of this change will be being considered. An action plan will be developed and delivered to manage any adverse impacts that may have arisen through the implementation of this change.

Health visiting service will monitor the impact of integrating FNP clients into the Health Visiting service following the transfer period A caseload spread sheet will be maintained and reviewed monthly. The provider commissioner meeting will monitor these clients engagement with Health Visiting Services following their transfer and at 6 and 12 months after transfer.

The Family Nurse Partnership service will deliver a legacy project which will include sharing their expertise in engaging teenage parents and working with teenage parents to enable them to shape local services.

The FNP Advisory Board will continue to meet until March 31st 2017 to support service provision and provide a forum for wider stakeholders to consider the wider impact that closing of the service will have.

Given some evidence of small positive impacts on secondary outcomes such as intention to breastfeed, child cognitive development (24 months only), language development (at 12 -18 months), levels of social support, partner –relationship quality, and general self-efficacy.it is recommended that commissioners locally continue to monitor the evidence from the national Family Nurse Partnership programme to determine whether evidence of positive impact on longer terms outcomes emerges”

9. Will this activity promote strong and positive relationships between the groups/communities identified?
☐ **Yes** ☒ **No** **Please provide detail:**
Action required:

10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)
☐ **Yes** ☒ **No** **Please provide detail:**
Action required:

11. Could this activity be perceived as benefiting one group at the expense of another? (e.g. where your activity/decision is aimed at adults could it have an impact on children and young people)
☐ **Yes** ☒ **No** **Please provide detail:**
Action required:

12. Equality, diversity, cohesion and integration action plan
(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
Funding and capacity Differentially protect HV services from the impact of the central government cuts by reducing service budget by approximately 5% over the next two years rather than 10%.	2016-2018	Family Nurse Partnership clients will be supported by a health visitor in accordance with their specific needs.	Ian Cameron (Director of Public Health)
Monitor the caseload and resources available within the Health Visiting teams who will work with the Family Nurse Programme families following the closure of the programme.	2016-2018	Sufficient resources will be available to meet the needs of the client population.	Debra Gill (Head of Health Visiting services)
Communication Continue to provide 1 to 1 individualised support to Family Nurse Programme Clients to support their transfer to other services.	May 2016 - March 31st 2017	Families are safely transferred onto the appropriate HV caseload and engaged with others services that can contribute to improving the outcomes of both the mother and baby.	Lisa Mincke/Lucy Love (Family Nurses Supervisors)
Continue FNP Advisory Board quarterly meetings.	Summer 2016 - March 31st 2017	Key stakeholders will be updated and the impact of the closure of the FNP service on	Janice Burberry (FNP Advisory Board Chair)

Action	Timescale	Measure	Lead person
		the wider Health and social care system will be monitored.	
Transfer of clients. Continue to deliver the operational transfer plan detailing the management of the closure of the service.	Summer 2016 – April 2017	The key actions detailed on the Transfer plan are completed in a timely manner.	Debra Gill (Head of Health Visiting Services)
Continue to meet as a Provider commissioner steering group	Summer 2016 – March 31st 2018	Support and monitor the timely delivery of the Transfer plan.	Janice Burberry (Commissioner and Chair of Provider Commissioner steering Group)
Continue to use the Single Operating Procedure to support safe transfer to the HV service. Continue to maintain and use the individual transfer plan.		Details on the specific characteristics and needs of each mother and baby that will be affected will be communicated to the receiving HV team and an account of each family's transition journey will be held.	Lisa Mincke Lucy love (Family Nurse Partnership programme supervisors) Named Health Visitor responsible for each family's care following their transfer from FNP.
Continue to maintain and use the caseload management plan.		The caseloads of the affected teams will be monitored and sufficient resources made available to meet the needs of the client population.	Debra Gill (Head of Health Visiting Services)

Action	Timescale	Measure	Lead person
Staff support Continue to deliver informal redeployment support under agenda for change policies until the proposed decision is subject to LCC formal governance processes.	May 2016 – November 2016	Staff will be supported to access alternative employment, training and development or leavers support, including Trade Union involvement. The service provider will consult with staff and Trade Unions to support staff to find alternative employment or exploring opportunities for Early Leavers.	Sam Childs (Head of the Healthy Child Programme)
Data collection and monitoring Continue to develop the electronic patient recording system to enable the routine collection and reporting of equality monitoring data. Further explore how to monitor and encourage Dads or significant other involvement at HV core contact and other support visits.	September 2016- March 2019	The demographic profile of clients (Mums, Dads and Babies) engaged with the Health Visiting service will be reported quarterly, with an initial focus on the monitoring of engagement of mothers aged 19 and under. The health Visiting service will understand and be able to report the level of engagement of Dads or significant others in support visits.	Victoria Douglas (Head of Business Intelligence Leeds Community Healthcare) Victoria Douglas (Head of Business Intelligence Leeds Community Healthcare)

Action	Timescale	Measure	Lead person
Explore how to link records of all members of a family ie. Mums, Babies and Dads. Specify the collection and reporting of data to enable routine equality monitoring , understanding of the characteristics and involvement of fathers and significant others , and the linking of Mums', Babies' and Dads' records as part of the planned reprocurement of 0-19 services.		A more holistic understanding of a family's characteristics and needs will be available to support improved client outcomes. The service specification will include these measures.	Victoria Douglas (Head of Business Intelligence Leeds Community Health) Debra Gill (Head of Health Visiting Services) Janice Burberry (Commissioner for the Healthy Child Programme Public Health)
Maintaining engagement Share learning regarding successful engagement of young people with FNP with the HV service. Undertake further consultation work with FNP clients and practitioners.	By April 1st 2017 January –March 2017	FNP learning events held. The specification of the new 0-19 Healthy Child Programme contract will take account of the views of young service users to enable the engagement , retention and	Debra Gill (Head of Health Visiting Services) Lisa Mincke /Lucy Love (Family Nurse Partnership programme supervisors) Janice Burberry (Commissioner for the Healthy Child Programme Public Health)

Action	Timescale	Measure	Lead person
Monitor the impact of the closure of FNP services on the engagement and support provided to young first time parents aged 19 and under. Develop and deliver an action plan to manage any unforeseen consequences.	April 2017- April 2018	delivery of effective support to first time mums aged 19 and under. The findings will be available to determine the need for further work to ensure the best outcomes for this client group.	Debra Gill(Head of Health Visiting Services)

13. Governance, ownership and approval State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment		
Name	Job Title	Date
Janice Burberry	Health Improvement Manager	26th August 2016
Date impact assessment completed		26th August 2016

14. Monitoring progress for equality, diversity, cohesion and integration actions (please tick)

x	As part of Service Planning performance monitoring
	As part of Project monitoring
x	Update report will be agreed and provided to the Early Start Commissioning Group
	Other (please specify)

15. Publishing

Though all key decisions are required to give due regard to equality the council only publishes those related to Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision.

A copy of this equality impact assessment should be attached as an appendix to the decision making report:
Governance Services will publish those relating to Executive Board and Full Council.
The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
A copy of all other equality impact assessments that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent: September 2016
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: