Background Document A: 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, 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: Adults and Health	**Service area:** Public Health
Lead person:	**Contact number:**
Date of the equality, diversity, cohesion and integration impact assessment: March 2018	

1. Title: 0-19 Healthy Child Programme (HCP)

Is this a:

☐ **Strategy /Policy** ☑ **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
Emma Howson	LCC	Commissioning Officer
Laura Hodgson	LCC	Advanced Health Improvement Specialist
Alison Ferguson	LCC	Commissioning Officer

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

This assessment is considering the impact of the remodelling and re-procurement of a contract for the provision of 0-19 Healthy Child Programme (HCP) services. The services contribute to the delivery of key health and wellbeing outcomes for children, young people and their families, primarily supporting children to have the best start in life, ensuring all children and young people are safe from harm and promoting physical and mental health for all.

In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The HCP offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and

families need to receive if they are to achieve their optimum health and wellbeing.

Previous policy has split the pathway into two phases – Pregnancy and the first five years of life (0-5) and Children from 5 to 19 years old (5-19). Commissioning responsibility for public health services for 5-19 year olds, including Specialist Community Public Health Nursing (school nursing), transferred to local authorities in April 2013. This was followed by the transition of commissioning responsibility for the Health Visiting Service in October 2015.

The Five Universal developmental checks conducted by the Health Visitor are mandatory and the Oral Health Survey is a statutory requirement. The HCP covers the period from conception to 19 years of age.

The vision of the Healthy Child Programme is that all children and young people are healthier, happier and ready to take advantage of positive opportunities and reach their full potential. The 0-19 Public Health Services are an integral element of the HCP and ensuring these services are effective and meet the needs of children and young people will improve health outcomes, increase opportunities and reduce inequalities.

Public Health currently ensure the provision of the 0-19 Healthy Child Programme through the commissioning of a number of services. The services in scope are:

1) Health Visiting Service

Health Visiting Services support children under 5 years and their families to keep well emotionally and physically. Health visitors are trained nurses or midwives and work in local communities within different settings, often as part of a wider multi-disciplinary team. The four tiers of service that they deliver are:

Community: health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them.

Universal (5 mandated visits): health visitor teams ensure that every new parent and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.

Universal Plus: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleeping.

Universal Partnership Plus: health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

Following transfer of commissioning responsibility to LCC in 2015, the current health visiting specification follows an integrated model of service delivery, reflecting earlier work between Leeds Primary Care Trust and Children's Services at Leeds City Council, which brought together the Health Visitor Service offer with Children's Centres and Childcare Provision to form a new integrated Leeds Early Start Service.

2) Specialist Community Public Health Nursing Service (referred to as the School Nursing Service)

Specialist Community Public Health nurses or school nurses take a lead role in coordinating the Healthy Child Programme 5-19 for all school-aged children and young people, offering a range of services, again through four tiers of service delivery:

Community: Specialist Community Public Health Nursing (SCPHN) Services work in partnership with the wider community to ensure that there are a range of services available in the community for children and young people.

Universal Offer: SCPHN services conduct the National Child Measurement Programme for every child in Reception and Year 6, undertake the 4-5 year old health needs assessment, and perform the distance vision assessment for Reception age children.

Universal Plus Offer: SCPHN services provide a swift response as part of this tier of service to provide early help to prevent problems developing that could impact on health outcomes. This includes nurse-led bedwetting clinics, drop-in sessions for priority schools, continence assessment and emotional health and wellbeing support.

Universal Partnership Plus Offer: SCPHN services provide additional services and support packages for vulnerable children, young people and families. This includes working with specialist services to support children and young people with SEND/ Complex Health Needs to access appropriate services, undertaking Health Needs Assessments for children who are "Looked After" through local authority provision and child protection and safeguarding.

3) Oral Health Promotion Service

Oral Health Promotion Services aim to achieve the best oral health outcomes for children, young people and adults at risk of oral health inequalities. They are required to lead, deliver and evaluate preventative programmes and the main objectives of these services are:

4) to increase fluoride exposure;
5) reduce dental caries;
6) improve dental attendance;
7) co-ordinate interventions across disciplines;
8) promote a healthy diet; and
9) reduce sugar intake.

As part of the national NHS Dental Epidemiology Programme for England, a statutory requirement is the delivery of an annual oral health epidemiological survey. The fieldwork and submission of data is coordinated by the Oral Health Promotion Service.

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)	✓
A specific part of the service (including service provision or employment or a specific section of the service)	
Procuring of a service (by contract or grant)	✓

Please provide detail:

During 2017/2018, a strategic review was undertaken to inform the future commissioning of the services. This provided an opportunity to consider how well the current services meet the needs of the population and what we can do differently in the future to improve outcomes.

The review has resulted in a series of proposals for a new 0-19 Public Health Integrated Nursing Service (PHINS). The Provider should be able to deliver a structurally and functionally integrated service in order to achieve best outcomes for all Leeds children and their families. Following the national model, the Leeds model will continue to work on the principle of progressive universalism and has four inter-related tiers. All families (from pregnancy to nineteen years) will benefit from the community and universal levels of service, whereas universal plus (short-term early/additional help) and universal partnership plus (long-term multidisciplinary support), are accessed through identified additional need. Key elements of the new service model are as follows:

- Health Reviews will continue to be delivered at specific points across the life course, underpinned by an evidence base that providing support at a certain age will have the biggest impact on improving outcomes for children, young people and families. There are thirteen High Impact Areas 0-19 that have been identified for the service to focus on. These identified areas will be used to focus interventions and develop approaches in order to have the biggest impact on outcomes.
- In order to deliver the best possible outcomes for children and young people in Leeds, the 0-19 PHINS will be required to be structurally integrated with other Community Child Health Services (CCHS). This will ensure the provision of holistic integrated health care and safeguarding, with seamless care and support by the most appropriate professional for those children with additional needs.
- Safeguarding is a core part of the programme which runs through the four levels of intervention. The service will provide appropriate and effective safeguarding services, integrated across Community Child Health Services (CCHS) and will be expected to adhere to relevant national and local requirements and guidance.
- The 0-19 PHINS will be functionally integrated with Children's Centres to ensure that all children and families are supported to have the best possible start in life. The service will be co-located within Children's Centres and interventions will be delivered from these centres. This functionally integrated model will allow allocation of children and families to the most appropriate professional to support the child's needs.
- The four tiers of service span across the 0-19 model and elements of each tier will be delivered as part of an integrated approach. The service will ensure a suitable skill mix across the team between health visiting and school nursing, recognising the importance of, and need for, different specialist training within a life-course approach in promoting and affecting health. There are identified elements of service delivery that will be required to be delivered by either a health visitor or a school nurse.

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)

During 2017/2018, a strategic review was undertaken to inform the future commissioning of the services. This provided an opportunity to consider how well the current services are meeting the needs of the population and what we can do differently in the future to improve outcomes.

The review was led by a project team consisting of members from the Public Health Children & Families Team, the Commissioning Team (Adults & Health) and the Projects, Programmes and Procurement Unit (PPPU).and overseen by the Public Health Programme Board.

The objectives of the review were:

- To review the current service arrangements, taking an inclusive approach to engagement, co-producing with stakeholders as appropriate and working closely with other commissioners to dovetail and improve integration of services as appropriate.
- To inform the development and implementation of a service model which will:

    i. Continue to improve parental health & wellbeing;

    ii. Ensure children get the best start in the first 2 years of life and to reduce infant deaths;

    iii. Improve the health and wellbeing of pre-school children and support them in being school ready;

    iv. Improve the health and wellbeing of school age children; and

    v. Improve the health and wellbeing of young people.

- To ensure that these services are based on identified needs, priorities, evidence, learning and good practice
- To ensure these services are effective; including enabling families to access specialist health, education and social care support where required.
- To ensure that the services provide value for money.
- To enable these services to provide co-ordinated and responsive action on public health priorities.

Information from a variety of sources contributed to the review, including: latest population demographics data, health data, current service performance information and the findings of consultation with clients, stakeholders and current staff to determine the needs of different groups.

Detailed socio-demographic information relating to the population in Leeds is available, including the current and projected size of the target population, as well as characteristics that may warrant more targeted services. In this case, this includes any kind of characteristic that puts children and young people at a higher risk of ill health in future; the most important risk factors being indicators of deprivation such as poverty or a low education level. It is also important to consider characteristics that relate to specific needs, such as ethnicity or disabilities.

Demographics

1. Numbers of children per age band in Leeds, 2016

	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19
Males	27,048	26,534	22,658	24,980
Females	25,339	25,324	21,559	27,093
Persons	52,387	51,858	44,217	52,073

Source: GP Registered Population, October 2016, Public Health Intelligence

2. Birth Rates

There were 10,182 births during 2015. Projections suggest a plateauing of the birth rate from 2020 to 2030 and a slight increase thereafter.

3. Age distribution and gender ration

The 0-19 population in Leeds equates to 22% of the total population of Leeds. The gender ratio is 49.5% Females to 50.5% Males. There has been growth in the 0-9 cohort due to an increase in the birth rate over the last 10 years. *Source: GP Registered Population, October 2016, PH Intelligence*

4. Number of children 0-19 by ward

The 0-19 population is not distributed equally across the city and there is a wide variation at ward level. Gipton and Harehills has a significantly larger 0-19 population than other wards, with 12,000 children and young people. The ward with the fewest children and young people is Headingley, with 1837. This demonstrates that there is wide variation in the demand for the Universal element of the 0-19 public health services across the City and this must be reflected in the deployment of staff across the city.
Source: IMD 2015, DCLG; GP Audit Population PHI, LCC

5. Ethnicity

Leeds is a diverse city, home to children and young people from a range of ethnic and cultural backgrounds. Services are required to be responsive to the needs of families from a diverse range of ethnicities and aware of the health needs that might present.

In Leeds, 31.2% of school-age children (5-16 years) are from a black or minority ethnic (BME) group, compared to 30% in England and 24.2% regionally (Source: ChiMat, 2017). This is an increase from 25.7% since 2011 and this trend is mirrored across England (Source: ChiMat, 2013). There has been a consistent pattern of an increasing proportion of children from BME backgrounds in the school population each year from 2008/9 to 2014/15 and the pattern is similar for children with English as an additional language (EAL), although the rise over time is slower.

Reception pupils 2009-2015

	2008/09	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
Number on roll	8,202	7,387	7,933	7,974	7,779	7,794	7,865
% BME	17.0%	16.8%	18.4%	20.2%	20.3%	25.4%	26.5%
% English as an additional language	8.7%	8.1%	8.8%	11.0%	11.2%	12.0%	12.9%

Year 11 pupils 2009-2015

	2008/09	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
Number on roll	8088	8426	8628	8885	9228	9555	9984
% BME	24.5%	25.4%	25.5%	27.6%	27.1%	33.7%	37.1%
% English as an additional language	15.8%	15.9%	16.%	16.9%	18.2%	24.7%	31.0

This diversity varies across wards - the largest population of Asian and Chinese/Other children live in Gipton and Harehills; the largest population of black children live in Burmantofts and Richmond Hill and the largest population of white children live in Middleton Park. In 2015 there were 181 languages identified as spoken by children in Leeds schools, with English being the first language for 82% of children.

6. Deprivation

There are currently 23.1% of children (under 16) in Leeds living in poverty (ChiMAT 2014). Children in out-of-work households are at greater risk of poverty, however in terms of actual numbers there are now 66% of children classed as living in poverty who live in households where someone is working (in work poverty). Children of lone parents, disabled children, children in large families (4 or more children) and those from certain (but not all) BME backgrounds are also at greater risk of living in poverty. Highest levels of child poverty are seen in households with children aged 0 to 4.

There are high proportions of children living in neighbourhoods classed as the most deprived neighbourhoods in the country. Within C.H.E.S.S. Cluster, 93.9% of Children & Young People live in areas classed as the most deprived 10% in the country, followed by Inner East Cluster at 79.7% and J.E.S.S. Cluster at 77.9%.

From 2010 to 2015 there has been a polarisation in the deprivation status of the general population in Leeds – this means the gap in deprivation status has widened, as residents in-situ have become more affluent or more deprived. This poses challenges for services if a greater proportion of the Leeds population are now in the most deprived quintile.

7. Educational Attainment and Education

In Leeds, 62.5% of children are assessed as achieving the expected level of learning by the end of Reception, compared to 67.4% regionally and 69.3% across England. In 2015/16, 54.8% of young people achieved at least 5 A*- C Grades (including English and Maths) at GCSE level in Leeds, compared with 55.9% regionally and 57.8% nationally. The percentage of 16-18 year olds not in Education or Employment is 6.4% - this is significantly more than the regional and national figures, of 4.8% and 4.2% respectively.

8. Special Educational Needs and Disabilities

The Child and Maternal Health Observatory (ChiMat) provides estimates of the number of children in Leeds with different types of disability. 2011 estimates indicate that, in Leeds:

- 445 children age 5-9, 885 children age 10-14 and 1330 children age 15-19 have a learning disability
- 17,289 boys and 14,470 girls age 0-19 have a long-standing illness or disability
- 86 boys and 42 girls have a severe disability.

Further work has been conducted in Leeds to model the figures:

- an estimated 3,585 children 0-19 have Speech, Language and Communication needs
- 3,500 children 0-19 have a moderate learning difficulty
- 2,435 children have social, emotional and mental health needs

9. Child Protection

At the end of March 2017, the number of children in Leeds subject to a child protection plan was 533 and there were 1253 Children Looked After in Leeds, a rate of 77.1 per 10,000.

Service Performance Key Findings

The review highlighted a range of areas where services are performing well and also identified key areas for improvement. The key findings were**:**

- Since transfer of commissioning responsibility to LCC in 2015, the health visiting service has continued to increase the proportion of families who receive the mandated 5 core contacts.
- There is a notable reduction in the coverage of the health visiting universal contacts as children get older and lower take up of the service offer by families living in more deprived neighbourhoods (trend is mirrored nationally).
- The health visiting and school nursing services are required to attend over 95% of Initial Child Protection Conferences (ICPCs) and CP Reviews. Both services have achieved this consistently.
- The number of Reception and Year 6 children measured and weighed, as part of the National Child Measurement Programme (a mandated function) has consistently exceeded the target coverage.
- The number of children participating in tooth brushing schemes has been increasing steadily.

Consultation Key Findings

These services are highly valued and as part of the consultation, a range of key themes were identified. The service needs to:

- Maintain the unique nature of the health visiting service and its ability to provide proactive one to one support to every new parent in Leeds, giving every child the best start in life.
- Retain the current focus and continue to develop partnership approaches to ensure developmental issues that may affect school readiness can be identified and addressed as early as possible.
- Maintain and further develop specialist roles in order to tailor the service for communities which are less engaged with services.
- Maintain strong partnership working across the city.
- Services need to use innovative communication methods, such as providing more online information, using social media, telephone check-ups and online videos/calls.
- Improve visibility of the School Nursing service.
- Practitioners highlighted the need to improve access to services by children as they transition to secondary school.

The review findings have been used to develop a range of key principles that have informed the development of the model.

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

- The services currently collect basic demographic data but more detailed demographic information is required in order to better understand who is engaging with the service and what developments are required in order to reach those not engaging.
- Need to continue to build upon the current father-inclusive practice and work towards routine collection of the number of fathers or significant others present with the mothers during home visits or clinic appointments.
- Current evidence around the impact of Well Baby Clinics is limited – we need to develop approaches to evaluate the impact of clinics and that those in need of support are accessing the clinics.
- Pathways are delivered as per the recommended clinical guidelines for these services – need to expand and develop the audit programme, focussing on improving outcomes for our most vulnerable families.
- Ongoing engagement with identified vulnerable groups is required and further analysis and/or consultation is required to better understand LGBTQ+ issues, parents with complex needs and young people with Special Educational Needs.

Action required:

1) The type and level of data to be obtained will be reviewed by commissioners as part of mobilisation and periodically thereafter, to ensure consistency of information collected and that it meets current and ongoing monitoring requirements. Provision for the collection and reporting of equality and other data as required on a regular and ad hoc basis by providers will be built into the contract documentation as appropriate.

2) A detailed audit programme will monitor the impact of key interventions, in order to ensure services are meeting needs and reducing inequalities.

3) Service user engagement plans will be developed to ensure ongoing engagement with key priority groups.

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

☑ **Yes** ☐ **No**

Please provide detail:

The engagement plan designed a range of activities to ensure that primary and secondary stakeholders were consulted with appropriately. The programme was complex – this was due to the size of the population the 0-19 Public Health services deliver services to and the broad range of stakeholders with an interest in these services.

A key element of the review was to engage with priority groups and these included:

- Families from BME Communities
- Care Leavers
- Children Looked After
- Foster Carers
- Kinship Carers
- LGBTQ+ Community
- Parents/Carers of children with complex needs
- Parents/carers living in most deprived communities in Leeds
- Young Carers
- Young Parents

A range of approaches and delivery methods were used to ensure that stakeholders were supported to contribute their views. It was important to acknowledge and be sensitive to the experiences of some of our primary stakeholders and to ensure that engagement activities were culturally and socially acceptable to the priority group. We were keen to employ an approach that engaged with non-typical research respondents, that was conducted in an environment where participants felt comfortable to talk openly.

Over 800 children, young people, parents/carers and professionals engaged with the review team via various engagement activities from March to September 2017. Findings were used to identify the key priorities for the services in the future.

Action required:

1. Ensure that the findings from the review continue to inform service development.

2. Service user engagement plans will be developed to ensure ongoing engagement with key priority groups.

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

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

Please specify: 1. Pregnancy and maternity 2. Residential location

Stakeholders

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

Potential barriers.

- [x] **Built environment**
- [ ] **Location of premises and services**
- [x] **Information and communication**
- [x] **Customer care**
- [x] **Timing**
- [x] **Stereotypes and assumptions**
- [ ] **Cost**
- [ ] **Consultation and involvement**
- [x] **specific barriers to the strategy, policy, services or function**

Please specify

Language; Digital access

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:

1) The outcomes of the review highlighted potential areas that will have a positive impact and where innovative practice is required in order to deliver improved outcomes for our children and young people The following areas are some of the key areas that have been identified and embedded into the new model and specification:

i. Integrate the Health Visiting and SCPHN services into a 0-19 Public Health Nursing Service

The model will retain Health Visitor and SCPHN specialist roles but will combine the wider skill mixed teams to enable them to deliver across the 0-19 age range. This will enable the more efficient use of the workforce, reduce duplication and most importantly, will provide the opportunity for families to continue to work with a single lead named practitioner over a longer period of time. This will improve the service experience and engagement with some of our most vulnerable families.

ii. Increase coverage of the 5 Mandated Health Reviews with families identified as vulnerable/in need.

The service will be required to increase coverage for families identified through assessment as being vulnerable/in need. This will ensure that those most in need of the service are engaging and receiving the appropriate support. This individualised approach to assessing families is a more sensitive mechanism for ensuring tailored provision for each family's unique needs. Data recording and monitoring systems will be specified to enable this to be tracked.

iii. Increase the visibility of the service, provide relevant health information and enable children and young people to directly contact a school nurse at any point in their school career.

In order to improve access to the service, a key innovation area will be around increasing the visibility of the service and ensuring that there is a clear offer for children and young people. Approaches will be developed so that children, young people and their parents and carers can directly contact a school nurse on a range of issues, which could result in being offered a range of interventions as appropriate.

iv. Continue to build upon the integration of the service with Children Centres.

The new model will build upon the integration with Children's Centres through co-location and co-delivery. This will support the aim for seamless provision across the city and will further enhance the offer available to all families, as well as providing further opportunities to increase the Early Help offer as a partnership. The Children's Centres reach around 50% of the population, with intense contact with around 25% who are predominately those living in areas of highest deprivation and families with additional needs.

v. Pilot, develop and innovate new digital methods for direct contact with clients.

The service will continue to improve the accessibility of the service by developing new digital methods for contact. These will be developed in consultation with service users and regularly evaluated to ensure that they are accessible to all groups and communities.

vi. Re-model the parenting support offer to target areas of higher need.

The parenting support offer will target areas of higher need, to ensure that those families most in need of support are able to access an appropriate parenting programme.

vii. Specialist roles or enhanced offer to support more vulnerable populations.

The service will provide specialist support in a number of identified areas, where an established relationship will be particularly beneficial in supporting communities accessing the service. For example, a number of identified health visitors or school nurses will visit and support gypsy and traveller families on the roadside, providing the Healthy Child Programme offer and interventions as required. The service will also continue to develop pathways that will describe an enhanced package of care for identified vulnerable groups, including young parents, homeless families, young carers and children/young people engaged in the Youth Offending Service.

viii. Well Baby Clinics – review and re-purpose clinics to build social capital.

There is currently no national guidance about the format, structure, purpose or expected outcomes of Well Baby Clinics. The offer itself has changed over recent years, as it is no longer considered beneficial to routinely weigh and measure a well-baby. The service will review and re-purpose the clinics to ensure that the clinics are meeting the needs of families, improving outcomes and increasing social capital.

2) As detailed in Section 5, there is a requirement to ensure that the collection and reporting of equality and diversity information is robust and that interventions are meeting needs and reducing inequalities.

Action required:

The service specification will include requirements around: 0-19 integration, increased coverage of mandated reviews with most vulnerable families, increasing visibility and access to the service, ensuring provision focuses on areas of highest need, specialist roles and pathways, Well Baby Clinics, the collection and reporting of equality and other data, a detailed audit programme to monitor the impact of interventions and requirement for extensive and representative service user engagement.

8b. Negative impact:

1) The 0-19 Public Health Integrated Nursing Service (PHINS) works on the principle of progressive universalism, with four inter-related tiers of service. All families (from pregnancy to nineteen years) will benefit from the community and universal levels of service, whereas universal plus (short-term early/additional help) and universal partnership plus (long-term multidisciplinary support), are accessed through identified additional need. The model ensures that all families receive the Healthy Child Programme offer, whilst those that need additional help receive enhanced, targeted support, based on a range of evidence-based interventions that will result in reduced health inequalities. Based on this approach, elements of the service will be targeted to families in need. This will be for any family, irrespective of geography or circumstances that are assessed as requiring additional support. This is the current model but there are some elements that may become more targeted. For example, the parenting support groups will still be available within each Early Start Cluster but there will be increased provision in areas identified as highest need. The principle of progressive universalism underpins this approach but there might be some changes to existing provision. Any changes will be communicated with service users and stakeholders and ongoing reviews/service user feedback of provision will be undertaken.

2) The new model will build upon the integration with Children's Centres through co-location and co-delivery. This will support the aim for seamless provision across the city and will further enhance the offer available to all families, as well as providing further opportunities to increase the Early Help offer as a partnership. The vision is that, where possible, all of the interventions delivered by the service outside of the home, are delivered from a Children's Centre. Where this is not possible, other appropriate community bases will be considered. However, there will be some changes to existing delivery sites. This will be a managed process that will be robustly assessed and implemented, communicated to service users clearly and evaluated to ensure it is meeting the needs of families.

3) The service will continue to improve the accessibility of the service by developing new digital methods for contact. These will be developed in consultation with service users and regularly evaluated to ensure that they are accessible to all groups and communities. There will need to be consideration around those service users who are digitally excluded and other paper based communication methods will need to be maintained.

4) It may take additional staff time in order to meet the requirements of increased collation and reporting of demographic information. This information is important to the ongoing evaluation of the interventions to ensure that we are engaging with all communities. The service will have a skill mixed staff team to support with this collation and reporting.

Action required:

1) Any change to current service provision will be done so based upon a robust evidence base and there will be proactive communication with all stakeholders and service users. The interventions delivered will be evaluated to ensure that they are meeting the needs of families.

2) A range of communication methods will be delivered to ensure that there is a digital offer that is primarily used but that paper-based approaches are maintained for those that may be digitally excluded.

3) The service will provide training to staff for any process changes that are required around data collection, making clear the benefits that having this information will have on service delivery and improving outcomes for children, young people and families.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

☑ **Yes** ☐ **No**

Please provide detail:

The 0-19 Public Health Nursing Service (PHINS) is a Universal service providing the Healthy Child Programme to all children, young people and families and the service currently engages with 99% of all families with children 0-5 years old. A core element of service provision is engaging positively with all groups and communities to ensure that everyone is receiving the benefits of the programme and enabling children to have the best start in life, that they are safe from harm and reach their potential.

Key elements of the service that will promote strong and positive relationships include:

i. The Well Baby Clinics will be reviewed and re-purposed to ensure that they are improving outcomes for families and building social capital, particularly in deprived or excluded communities.

ii. There will be identified link practitioners where long-standing relationships are required in order to facilitate improved trust and engagement.

iii. Collation of broader demographics data will support the evaluation of the service to ensure it is engaging with all groups.

iv. Staff delivering the service will be appropriately trained in understanding stereotypes and assumptions about different communities and the culture of the service will be one of inclusion.

Action required:

Actively promoting strong relationships between groups/communities identified is a core element of the Healthy Child Programme. The specification will reference Well Baby Clinics, link practitioners, the requirement to collate broader demographics data and training in order to ensure the opportunities to build strong and positive relationships are optimised.

10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)

☑ **Yes** ☐ **No**

Please provide detail:

The increased use of Children's Centres as a venue for these services will provide a safe and accessible space for people from different backgrounds to come together. Families will often be introduced to the Children's Centre via the Well Baby Clinics. These clinics will be reviewed and re-purposed to ensure that they are:

- Reducing social isolation and building social capital;
- Promoting confident and authoritative parenting;
- Providing evidence based health promotion support;
- Facilitating early intervention; and
- Promoting early learning.

It is hoped that families will then make use of the broader opportunities available to them within the Children's Centre setting, encouraging and promoting contact between different groups of people.

Action required:

Ongoing monitoring of activities delivered from Children's Centres will be required to be undertaken to ensure that the service is meeting the needs of all groups.

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:

The 0-19 Public Health Nursing Service (PHINS) is a Universal service providing the Healthy Child Programme to all children, young people and families. It will remain accessible to all and the requirement is to increase visibility so that children, young people and families engage with the service when they need it. Specific interventions will be re-modelled in order to target resources for those families assessed as having higher needs. This individualised approach to assessing families is a more sensitive mechanism for ensuring tailored provision for each family's unique needs. Any changes will be communicated with service users and stakeholders and ongoing reviews/service user feedback of provision will be undertaken.

The new model will build upon the integration with Children's Centres through co-location and co-delivery. This will support the aim for seamless provision across the city and will further enhance the offer available to all families, as well as providing further opportunities to increase the Early Help offer as a partnership. The vision is that, where possible, all of the interventions delivered by the service outside of the home, are delivered from a Children's Centre. Where this is not possible, other appropriate community bases will be considered. However, there will be some changes to existing delivery sites. This will be a managed process that will be robustly assessed and implemented, communicated to service users clearly and evaluated to ensure it is meeting the needs of families.

Action required:

1) Any change to current service provision will be done so based upon a robust evidence base and there will be proactive communication with all stakeholders and service users. The interventions delivered will be evaluated to ensure that they are meeting the needs of families.
2) A range of communication methods will be delivered to ensure that there is a digital offer that is primarily used but that paper-based approaches are maintained for those that may be digitally excluded.

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
The type and level of data to be obtained will be reviewed by commissioners as part of mobilisation and periodically thereafter, to ensure consistency of information collected and that it meets current and ongoing monitoring requirements. Provision for the collection and reporting of equality and other data as required on a regular and ad hoc basis by providers will be built into the contract documentation as appropriate.	Summer 2018	Requirements included in service specification and contract documentation.	Commissioning Leads, Public Health Specialist Leads and Procurement / PPPU
A detailed audit programme will monitor the impact of key interventions, in order to ensure services are meeting needs and reducing inequalities.	Ongoing	Incorporated within service specification and monitored and reviewed as part of ongoing commissioning processes.	Commissioning Leads and Public Health Specialist Leads
Service user engagement plans will be developed to ensure ongoing engagement with key priority groups.	Ongoing	Incorporated within service specification and monitored and reviewed as part of ongoing commissioning processes.	Commissioning Leads and Public Health Specialist Leads
Commissioners will ensure that the findings from the review continue to inform service development.	Ongoing throughout commissioning process.	Findings from the review will inform the key priorities in the new specification.	Commissioning Leads and Public Health Specialist Leads
The service specification will include requirements around: 0-19 integration, increased coverage of mandated reviews with most vulnerable families, increasing visibility and access to the service, specialist roles, pathways and link practitioners for priority groups, ensuring provision focuses on areas of highest need, Well Baby Clinics, the collection and reporting of equality and other data, a detailed audit programme to monitor the impact of interventions and requirement for representative service user engagement.	Summer 2018	Requirements included in service specification.	Commissioning Leads and Public Health Specialist Leads

Action	Timescale	Measure	Lead person
Any change to current service provision will be done so based upon a robust evidence base and there will be proactive communication with all stakeholders and service users. The interventions delivered will be evaluated to ensure that they are meeting the needs of families.	Ongoing throughout commissioning process.	Monitored and reviews as part of ongoing commissioning process.	Commissioning Leads and Public Health Specialist Leads.
A range of communication methods will be delivered to ensure that there is a digital offer that is primarily used but that paper-based approaches are maintained for those that may be digitally excluded.	Summer 2018	Requirements included in service specification and communication approaches will be monitored and reviewed as part of 0-19 PHINS Communication Strategy.	Commissioning Leads and Public Health Specialist Leads.
The service will provide training to staff for any process changes that are required around data collection, making clear the benefits that having this information will have on service delivery and improving outcomes for children, young people and families. The service will provide training for staff in order to ensure the opportunities to build strong and positive relationships with key priority groups are maximised.	Summer 2018	Requirements included in service specification and workforce training requirements will be monitored and reviewed as part of ongoing commissioning processes.	Commissioning Leads and Public Health Specialist Leads.
Ongoing monitoring of activities delivered from Children's Centres will be required to be undertaken to ensure that the service is meeting the needs of all groups.	Ongoing throughout commissioning process.	Monitored and reviews as part of ongoing commissioning process.	Commissioning Leads and Public Health Specialist Leads.
Equality Diversity and Community Cohesion Impact Screening / Assessments will be undertaken as part of the implementation of service development plans set out in the specification.	Ongoing throughout commissioning process.	Monitored and reviews as part of ongoing commissioning process.	Commissioning Leads and Public Health Specialist Leads.

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
Sharon Yellin	Deputy Director of Public Health	4th April 2018

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

- [x] As part of Service Planning performance monitoring
- [x] As part of Project monitoring
- [ ] Update report will be agreed and provided to the appropriate board
  Please specify which board
- [ ] Other (please specify)

15. Publishing	
This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given. If this impact assessment relates to **a Key Delegated Decision**, **Executive Board**, **full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report. A copy of **all other** Equality and Diversity, Cohesion and Integration impact assessment's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).	
Date impact assessment completed	**3rd April 2018**
If relates to a Key Decision – **date sent to Corporate Governance**	**11th April 2018**
Any other decision – **date sent to Equality Team (equalityteam@leeds.gov.uk)**	