

Equality Impact Assessment (EqIA)

Introduction

This EqIA is for:

Healthy child and public health nursing programme

Details are set out:

Healthy Child and Public Health Nursing programme - Commissioning Plans, Public Health Committee, 19 May 2016

Consultation: Healthy Child and Public Health Nursing programme, 21st March to 18th April 2016

Commissioning Plans, Public Health Committee, 17 March 2016

Officers undertaking the assessment:

Helena Cripps, Public Health and Commissioning Manager

Assessment approved by:

Kate Allen,



Date: 22.05.16

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The contracts for the current Health Visiting service, the School Nursing service and the Family Nurse Partnership (which provides targeted support for young parents) will end on 31st March 2017. Recent changes to commissioning responsibility, as a result of the Health and Social Care Act 2012, have brought together these services within Nottinghamshire County Council (NCC). In line with direction from the Department of Health, NCC is commissioning an integrated Healthy Child and Public Health Nursing programme for 0 to 19 year olds to be operational from 1st April 2017.

The new integrated Healthy Child and Public Health Nursing programme will deliver:

- Health visiting services
- Family nurse partnership services
- School nursing services

This also includes:

- The National Child Measurement Programme, which weighs and measures children at Reception and in Year 6
- Breastfeeding support

- Preparation for Birth and Beyond, antenatal education delivered in pregnancy jointly by health visitors, children's centres and midwives

The new service will continue to deliver the Healthy Child Programme 0-19 which is a statutory programme developed by the Department of Health. The Healthy Child Programme offers every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. This is currently delivered to all children and young people by health visitors, school nurses, family nurses and a range of other professionals such as maternity services, early year's services and education services.

The service integrates care across the 0 to 19 age range removing artificial barriers created by transition from health visiting to school nursing services. Professionals will work across the 0 to 19 year old age range in locality based teams so they can better know and support families.

To families, the service will be received as a single, streamlined service with shared language, culture and branding and service delivery will be equitable across Nottinghamshire

In order to integrate care the service will share resources and skill mix across the 0 to 19 years pathway, recognising professional registration and particular specialisms where appropriate.

A single assessment process or tool will be developed to capture core information and build on this as appropriate across a child or young person's life course. Referral pathways onto other services will be smooth.

The key features of the new model are:

- Nine universal reviews delivered in line with the Healthy Child Programme, widely promoted via a core offer and supported by universal access to advice and support (drop-ins)
- Four levels of provision, based on need and delivered in line with the Healthy Child Programme, with safeguarding at the core
- Targeted support and evidence based interventions, focused on the Department of Health's high impact areas
- Health promotion across the life-course

The service model and associated impacts of change was informed by a programme of engagement with service users, parents and carers, the current workforce, professionals and partner organisations.

The proposals have been formally consulted on to inform the development of the final model. As the Healthy Child Programme is a nationally driven statutory programme, the consultation largely focussed on the 'how' of service delivery rather than on 'what' is to be delivered. The only changes families should see will be positive.

2 Protected Characteristics: Is there a potential positive or negative impact based on:

| | | | |
|---|--|-----------------------------------|--|
| Age | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Neutral Impact |
| Disability | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Gender reassignment | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Pregnancy & maternity | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Race <small>including origin, colour or nationality</small> | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Religion | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Gender | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Sexual orientation <small>including gay, lesbian or bisexual</small> | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

| How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i> | How might negative impact be mitigated or explain why it is not possible | How will we consult |
|--|--|---------------------|
| | | |

Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

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| <p>The vast majority of respondents supported the proposed service model.</p> <p>The consultation responses clearly supported:</p> <ul style="list-style-type: none"> • The key principles and advantages of an integrated model • A targeted checkpoint review between 2.5 and 5 years • A targeted checkpoint review at 3 to 4 months • The use of drop-in clinics for advice and support at all ages • The focus on partnership working • Ongoing co-location in children’s centres • Early evening access to services • Named links with key settings <p>Many respondents shared comments in relation to a specific aspect of the proposed service, however due to the breadth of this universal service the comments received were broad and key themes were at times difficult to extract.</p> <p>The consultation included some proposals in relation to routine screening. Currently all children at school entry have a vision and hearing screen however there is no evidence base to support the effectiveness of these. For vision a much better test is available free of charge from high street opticians, and for hearing screening the new-born hearing screen now negates the requirements for a universal screen at school entry.</p> <p>On the whole ceasing universal screening for vision was supported, however there were a number of comments that related to more vulnerable children and how they could be disadvantaged by this proposal. The proposal included the expectation that vulnerable families would be supported by the integrated service to access high street opticians and this expectation has been further clarified as a result. Ceasing universal screening for hearing was supported.</p> |
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