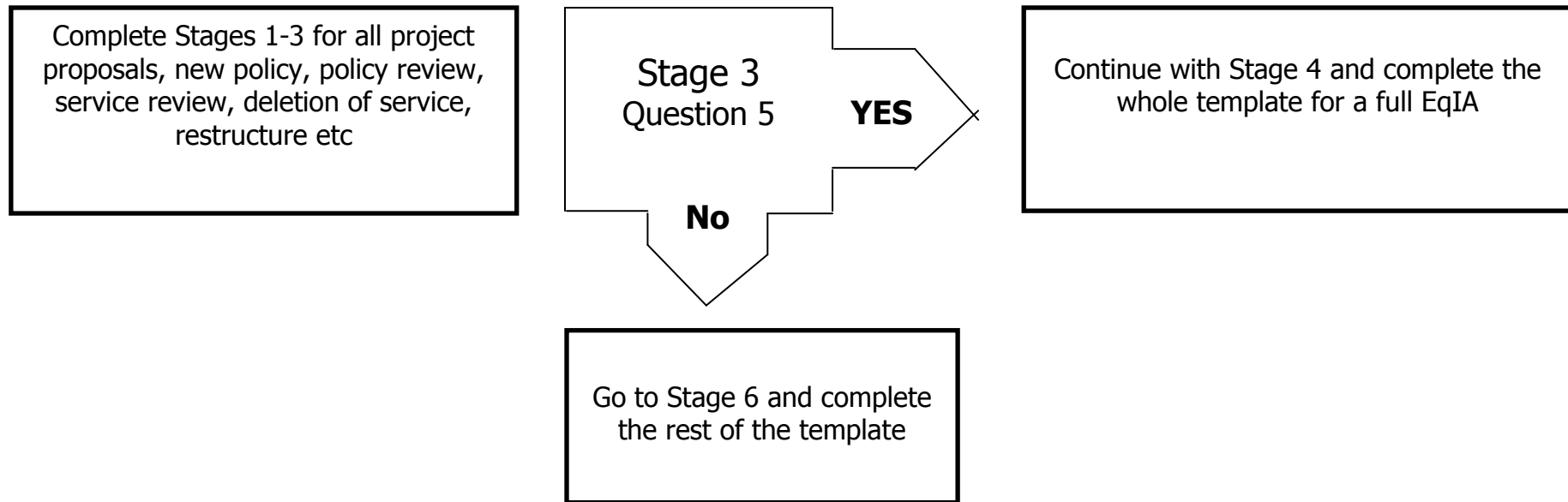


Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process (EqIA). There is now just one Template. Lead Officers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



- In order to complete this assessment, it is important that you have read the Corporate Guidelines on EqIAs and preferably completed the EqIA E-learning Module.
- You are also encouraged to refer to the EqIA Template with Guidance Notes to assist you in completing this template.
- SIGN OFF: All EqIAs need to be signed off by your Directorate Equality Task Groups.
- Legal will NOT accept any report without a fully completed, Quality Assured and signed off EqIA.
- The EqIA Guidance, Template and sign off process is available on the Hub under Equality and Diversity

Equality Impact Assessment (EqIA) Template

Type of Decision: Tick ✓	<input type="checkbox"/>	Cabinet ✓	<input type="checkbox"/>	Portfolio Holder	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>
Date decision to be taken:	14 September 2017						
Value of savings to be made (if applicable):	N/A						
Title of Project:	Variation and extension of the current Health Visiting contract + Retendering of 0-19 (Health Visiting and School Nursing) Service						
Directorate / Service responsible:	People Directorate / Public Health						
Name and job title of Lead Officer:	Audrey Salmon, Head of Public Health Commissioning						
Name & contact details of the other persons involved in the assessment:	Jonathan Hill-Brown, Public Health Commissioning Manager, jonathan.hill-brown@harrow.gov.uk						
Date of assessment (including review dates):	16 September 2016 (initial), 2 August 2017 (updated)						

Stage 1: Overview

<p>1. What are you trying to do?</p> <p>(Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>It is intended to go out to tender for a new combined 0-19 (Health Visiting and School Nursing) Service in September 2017.</p> <p>It is necessary to vary and extend the current contract for health visiting so that the new service can start on 1 July 2018.</p> <p>It is hoped to achieve greater efficiencies and better service for children and families through a combined service and increase e.g. the number of checks carried out for under fives and improve the preventative, public health nursing input to schools.</p> <p>This EqIA covers both services: health visiting and school nursing.</p>					
<p>2. Who are the main groups / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	✓
	Race	✓	Religion or Belief		Sex	✓
	Sexual Orientation		Other			

<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> • Who are the partners? • Who has the overall responsibility? • How have they been involved in the assessment? 	<p>The Health Visiting contract is managed by the Public Health team. The key partners are the CCG and LB Harrow’s Early Intervention Service/Children’s Centres. They have been made fully aware of this proposal and have been part of the core group that has met fortnightly over the last 9 months.</p> <p>There has been wide consultation with service users and stakeholders over the six months between January – July 2017. This included a variety of methods: online questionnaires, face-to-face meetings with individuals and focus groups, existing groups, larger stakeholder meetings as well as market engagement events. The full list of consultees is set out at the end of the 0-19 consultation report. Face to face contact was held with about 370 professionals, 70 young people and 70 parents. Questionnaires (online and hard copy) were received from 79 professionals and 15 service users.</p>
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Stage 2: Evidence & Data Analysis

4. What evidence is available to assess the potential impact of your proposals? This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated for any Protected Characteristic), you should include this as an action to address in your Improvement Action Plan at Stage 6)

Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	The service is responsible for about 20,000 children under the age of 5 and 44,000 5-19 y.o.	It is a universal service that covers all children in Harrow under 5. It achieves a coverage of 99% of new birth visits. For KPIs where performance is poor we seek assurances that all children classed as ‘vulnerable’ (there are nationally defined categories for the health visiting service) are seen as part of the 12month and 24 month checks. (These are the KPIs where the service is currently

		underperforming.)
Disability (including carers of disabled people)	<p>The JSNA states that there were 418 pupils with a statement of special educational needs/EHCP of which the majority are in special schools.</p> <p>In 2011, 1.15% of children under the age of 15 provided unpaid care in Harrow compared to 1.07% in London and 1.11% in England.</p>	<p>It is proposed to make changes to the delivery model for school nursing in special schools to bring it in line with the statutory guidance on 'Supporting pupils at school with medical conditions'. There will be further consultation with affected schools about this before any changes are implemented.</p> <p>There are already strong links between the service and local paediatric services. This will be written in to the new specification. It is proposed to add in more checks for under 5s so that there is a better chance of young people with undiagnosed special educational needs being identified earlier.</p> <p>We are writing in to the new specification that the new service will need to have excellent working relationships with the young carers support service in Harrow.</p>
Gender Reassignment	No impact	
Marriage / Civil Partnership	No impact	
Pregnancy and Maternity	There are currently about 3,500 new live births in Harrow every year.	The feedback from the consultation was that mums often struggle to attend the antenatal visit with the health visitor and numbers have historically been low. Under the new service we are requiring providers to carry out slightly more antenatal checks and that these are focussed on those deemed 'vulnerable'. (The definition of 'vulnerable' is determined by maternity services and will be set out in the specification.)
Race	Seven out of ten births in Harrow were to non-UK born mothers.	The issue of language and cultural differences in respect of how health services are understood was looked at in-depth by the scrutiny review. As many as possible of the

		<p>recommendations made by the scrutiny review are being integrated into the service specification for the new 0-19 health visiting and school nursing service.</p> <p>For example one of the pieces of feedback from the consultation with some community groups was that health professionals sometimes made assumptions about the level of support that newly arrived mothers had when this wasn't the case.</p> <p>For these KPIs where universal coverage is not being achieved we are seeking the additional data to see if particular groups are not receiving a service. At the moment it is not possible to tell if a particular group is being disadvantaged as data is not collated by the current system.</p>
Religion and Belief	As stated above seven out of ten births in Harrow were to non-UK born mothers.	The scrutiny review raised a number of language and cultural issues. We will be requiring the new provider to be much more aware of these issues e.g. work much more closely with community groups to review letter invitation templates and give on-going feedback on changes that are needed. The scrutiny review also picked up e.g. problems if family members act as interpreters. We are also asking the new service to do whatever it could to be more aware of cultural issues such as these.
Sex / Gender	The 0-5 health visiting part of the service is mainly focussed on mothers.	It is mainly about mothers but we are asking the new service to engage with fathers as much as possible.
Sexual Orientation	No impact	

Stage 3: Assessing Potential Disproportionate Impact

5. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, complete a FULL EqIA.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.
- **NO** - If you have ticked 'No' to all of the above, then go to **Stage 6**
- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 6

Stage 4: Further Consultation / Additional Evidence

6. What further consultation have you undertaken on your proposals as a result of your analysis at **Stage 3**?

Who was consulted? What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? E.g. revising your proposals
A mix of face-to-face meetings (two large stakeholder events, existing fora and special focus groups, individual meetings with schools and other professionals and other local authorities) and online questionnaires. We tried to engage with as wide a group of service users – parents and young people – as	The key finding is how much both services are valued. As health visiting is a larger service, service users and professionals alike are more aware of what it does. There is less awareness of school nursing as they tend to work more intensively with a smaller number of young people (those on Child Protection plans).	We have made a number of changes to the proposed new model in the specification: more checks throughout the child's journey from birth to 19, more focus on issues of language and culture, better access through online contact methods, more flexibility in the model in schools for schools themselves to decide,

<p>possible. In addition the scrutiny review members accompanied health visitors on new birth reviews and attended clinic appointments (with service users' permissions). The full consultation outcomes document is appended to the Cabinet report.</p>		<p>greater focus on certain health promotion themes (weight management and oral health) to name some of the changes made as a consequence of the consultation.</p> <p>We have made data and data-sharing a major focus of the new specification.</p> <p>Importantly we are going to require the new provider to collate much richer data on equalities groups so that it will be possible to see if particular groups are not accessing services.</p> <p>At the final large consultation event in July 2017 we went through all the key feedback points in detail in a "you said, we did" format.</p>
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Stage 5: Assessing Impact

7. What does your evidence tell you about the impact on the different Protected Characteristics? Consider whether the evidence shows potential for differential impact, if so state whether this is a positive or an adverse impact? If adverse, is it a minor or major impact?

Protected Characteristic	Positive Impact ✓	Adverse Impact		Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 6)
		Minor ✓	Major ✓		
Age (including carers of young/older people)	✓			We are introducing more checks by seeking efficiencies elsewhere in the contracts by working more closely with partners, and avoiding duplications by bringing the health visiting and school nursing services together.	

Disability (including carers of disabled people)		✓		Changes are proposed to the way the service operates in special schools to be more in line with statutory guidance. There should not be any impact on service users themselves.	There will be consultation with any special schools affected. It is expected that any changes will be managed through the schools themselves in line with their responsibilities set out in the statutory guidance.
Gender Reassignment				No impact	
Marriage and Civil Partnership				No impact	
Pregnancy and Maternity	✓			<p>Only mums who are identified as 'vulnerable' by midwifery services, or are first-time mums or late bookers will be offered antenatal appointments with health visitors.</p> <p>This will enable the service to focus greater efforts on the vulnerable mums.</p> <p>At the moment around 250 mums are seen each quarter at the antenatal check. It is not clear what percentage of them fall into the three different categories above as the service does not record this data. It is therefore difficult to say how many mums will be affected.</p>	The impact on those not deemed vulnerable will be minimal. They will still be given the contact details for health visiting in case they have any issues. They will also still be under the care of midwifery/maternity services in the antenatal period and therefore have established relationships with services in case of any issues that arise.
Race	✓			<p>As set out above, the issue of language and cultural differences has come out in both the consultation with service users, feedback from professionals and was looked at in-depth by the scrutiny review.</p> <p>For example one of the pieces of feedback from the consultation with some community groups was that health</p>	

				<p>professionals sometimes made assumptions about the level of support that newly arrived mothers had when this wasn't the case.</p> <p>For these KPIs where universal coverage is not being achieved we are seeking the additional data to see if particular groups are not receiving a service. At the moment it is not possible to tell if a particular group is being disadvantaged as data is not collated by the current system.</p>			
Religion or Belief	✓			As set out above, we are seeking a service that demonstrates builds on and improves the cultural awareness of the current provision.			
Sex	✓			<p>This service mainly affects mothers. We are increasing the number of touchpoints in a child's journey from birth to 19, and increasing the ways in which a mother can get in touch with the service.</p> <p>We are also asking the provider to demonstrate how they are going to increase the involvement with fathers.</p>			
Sexual orientation				No impact			
8. Cumulative Impact – Considering what else is happening within the					Yes	No	No

<p>Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>	<p>As a) no significant changes are proposed to reduce this service and b) this is a universal service and thus not have any impact on any particular Protected Characteristic. In fact, the reverse is the case. We are seeking to find efficiencies and avoid duplication in order to increase the service offer to all children and young people in Harrow.</p> <p>We are also putting requirements into the new specification to ensure that we have better equalities data that will inform equalities impact monitoring over the life of the contract.</p> <p>We will also look at the profile of staff to review whether it reflects the profile of the local population.</p>
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<p>9. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p> <p>If yes, what is the potential impact and how likely is it to happen?</p>	<table border="1"> <tr> <td data-bbox="1146 544 1397 592">Yes</td> <td data-bbox="1397 544 1635 592"></td> <td data-bbox="1635 544 1895 592">No</td> <td data-bbox="1895 544 2141 592">No</td> </tr> <tr> <td colspan="4" data-bbox="1146 592 2141 1062"> <p>There is no proposal to reduce the funding levels for this service. There are undeniably pressures across the rest of the wider system of which health visiting and school nursing are a part: reductions in funding for early intervention services, early education services, pressures on nursery and school funding, pressures on wider health budgets both for community and acute services. The JSNA shows that the 0-19 population is increasing. It will be challenging to maintain service levels but the changes proposed are about putting the new service in the best possible position to continue to provide good levels of service delivery despite the wider picture of reduced public sector funding.</p> </td> </tr> </table>	Yes		No	No	<p>There is no proposal to reduce the funding levels for this service. There are undeniably pressures across the rest of the wider system of which health visiting and school nursing are a part: reductions in funding for early intervention services, early education services, pressures on nursery and school funding, pressures on wider health budgets both for community and acute services. The JSNA shows that the 0-19 population is increasing. It will be challenging to maintain service levels but the changes proposed are about putting the new service in the best possible position to continue to provide good levels of service delivery despite the wider picture of reduced public sector funding.</p>			
Yes		No	No						
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Stage 6 – Improvement Action Plan

List below any actions you plan to take as a result of this Impact Assessment. These should include:

- Proposals to mitigate any adverse impact identified
- Positive action to advance equality of opportunity
- Monitoring the impact of the proposals/changes once they have been implemented
- Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this?

Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact	How will you know this has been achieved? E.g. Performance Measure / Target	Lead Officer/Team	Target Date
All areas	The steps that are being taken to integrate consultation feedback into the new specification are set out above. The tender documents will be sent out in September. There will be further opportunities throughout the negotiated procedure to make sure the proposal is as strong as possible when it comes to improving the outcomes for protected characteristic groups.	<p>Final specification will set out how the Public Sector Equalities Duty will be expected to be met.</p> <p>Assessment of tender submissions will include a scored question on Equalities.</p> <p>Equalities performance by the provider will be monitored through contract performance management.</p>	Public Health Commissioning	<p>Autumn /Spring 2017/2018</p> <p>From July 2018</p>

Stage 7: Public Sector Equality Duty

<p>10. How do your proposals meet the Public Sector Equality Duty (PSED) to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 2. Advance equality of opportunity between people from different groups 3. Foster good relations between people from different groups 	<p>As part of the procurement process, bidders will be asked to set out how they will meet the Public Sector Equality Duty.</p>
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Stage 8: Recommendation

11. Which of the following statements best describes the outcome of your EqIA (✓ tick one box only)

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed.	✓
Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are included in the Action Plan to be addressed.	
Outcome 3 – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in Q12 below)	
12. If your EqIA is assessed as outcome 3 explain your justification with full reasoning to continue with your proposals.	

Stage 9 - Organisational sign Off

13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	0-19 Specification Development Group		
Signed: (Lead officer completing EqIA)	Jonathan Hill-Brown	Signed: (Chair of DETG)	JMorgan
Date:	21.8.17	Date:	5.9.17
Date EqIA presented at Cabinet Briefing (if required)	30.8.17	Signature of DETG Chair (following Cabinet Briefing if relevant)	