

# SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	<b>Chief Executive</b>
<b>Service Area</b>	<b>Public Health</b>
<b>Service/policy/function being assessed</b>	<b>Health Visiting Service</b>
<b>Which borough (s) does the service/policy apply to</b>	Richmond
<b>Staff involved</b>	<b>Andrew Kimber, Hannah Gill, Jennifer Reynolds, Sarah Forester, Anna Bryden</b>
<b>Date approved by Policy and Review Manager</b>	27.01.17 C O'Connor

## SUMMARY

### **Please summarise the key findings of the EINA.**

- The Health Visiting Service is currently commissioned by Richmond Public Health and is a result of the transition of commissioning responsibilities from NHS England to local authorities since 1<sup>st</sup> October 2015
- The service is currently provided by Hounslow and Richmond Community Healthcare (HRCH) NHS Trust
- The service provider (HRCH) was awarded a direct award in February 2016 for 18 months
- There will be a 7.5% reduction in the annual cost of the contract which is a £160,000 reduction per year. This takes the annual cost of the contract for Richmond to be £2,140,000, with a total contract value of £14,980,000 (Five years, with the option to extend for a further two years)
- The recommended procurement approach is a collaboration between Richmond and Wandsworth. The contract will be let as a single combined contract and specification detailing service delivery requirements of each Council. The benefits will be reduced management costs (particularly important in the context of national cuts to the Public Health grant) and a more consistent approach for both the Contractor and the Councils
- There are approximately 17,330 children aged 0–5 years in Richmond in 2016
- The key early years health issues for children in Richmond include: immunisation uptake (particularly MMR); differences in school readiness between children from affluent backgrounds and those receiving free school meals; childhood obesity; and vulnerable groups such as Children in Need (CiN) and Looked after Children (LAC) of which there are 95
- The service specification has been carefully written to ensure that the required outcomes of the services across Richmond will continue to be provided despite financial cuts.
- The level of services currently provided (universal services to every new mother and child; additional targeted support to families -with significant identified needs; '4-5-6' model requiring contacts on five occasions during the 0-5 age period, and

across the six high impact areas including breastfeeding and Mental Health) will continue to be required and is mandated. The recommissioning of this service is therefore not expected to have a negative impact on any of the protected groups or vulnerable sections of the population of Richmond

- In recognition that there may be a need for the new provider to change the way they operate to realise the full savings required, the service specification whilst prescriptive of what is the minimum standard is flexible and non-prescriptive in the method of achieving these outcomes
- This EINA is for the borough of Richmond and a separate EINA has been completed for Wandsworth
- **Actions identified as a result of the EINA:** There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery. This will need to be appropriately assessed as part of the tender evaluation to ensure that there are appropriate systems for equal opportunities in place. **To include in the specification that the provider will be required to collect and report on this data going forward**
- **Actions identified as a result of the EINA:** Evaluate tenders to ensure that the provider can meet all requirements as set out in the specification

## 1. Background

### **Briefly describe the service/policy or function:**

The health visiting service is responsible for children aged 0-5. The service ensures that every new mother and child have access to a Health Visitor, receive development checks and receive good information and support on healthy start issues such as parenting and immunisation.

The Health Visiting Service provides expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. The service supports, educates and empowers parents to make decisions that positively affect their family's health and wellbeing. As such the role of health visiting is central to improving the overall health outcomes of local populations and reducing inequalities.

Commissioning responsibility for the Health Visiting Service (HVS) transferred from NHS England to local authorities on 1st October 2015. Following the transfer of commissioning responsibilities it was approved by Cabinet in February 2016 to direct award the Health Visiting contract to the current provider (Hounslow and Richmond Community Healthcare NHS Trust) for a period of 18 months to ensure continuity and to enable a strategic approach to the development of the service. A direct award was also agreed by Wandsworth and it was agreed as part of the SSA to commission the two Health Visiting Services jointly.

The service will be commissioned as a single contract to cover both Richmond and Wandsworth. This is a change from the previous independently commissioned services that are currently in operation. As such a single service specification has been produced and a single procurement process will be undertaken.

The two services are being recommissioned for the following reasons:

- End of the current contracts;
- Financial savings which need to be made in both boroughs; and
- Provide a consistent approach for both the Contractor and the Councils

It has been agreed to let the contract as a single lot to:

- Encourage a more equitable service across the two borough; and
- To allow for reduced management and overhead costs of the service thus providing more opportunity to meet the financial savings required.

## 2. Analysis of need and impact

Protected group	Findings
Age	<p>Data on protected characteristics is not currently collected or reported by the current provider. This is due to the service previously being commissioned nationally.</p> <p>There are approximately 17,330 children aged 0–5 years in Richmond in 2016 (ONS 2014- based sub national population projections). This is approximately 10,000 less than the number of 0-5 year olds in Wandsworth which is 27,000 for the same period.</p> <p>Overall Richmond is an affluent borough however there are small pockets of child deprivation which are geographically concentrated in a number of wards, including Barnes, Ham, Hampton North, Heathfield, Kew and Whitton.</p> <p>There are 557 children (under 15 years) who live in the lowest 10% of Lower Super Output Areas (LSOA) nationally for deprivation affecting children (using the Income Deprivation Affecting Children Index – IDACI 2015) there are no LSOAs in Richmond which are in the in the lowest 10–20%. There are just over 20% of children under 5 who live in the lowest 20% of LSOAs in Wandsworth.</p> <p>There are approximately 3,000 (8.3%) of Borough’s children under 16 years are living in low income families.</p> <p>The key early years health issues for children in Richmond include: immunisation uptake (particularly MMR); differences in school readiness between children from affluent backgrounds and those receiving free school meals; childhood obesity; and vulnerable groups such as Children in Need (CiN) and Looked after Children (LAC) of which there are 95.</p>

	<p>In addition the rate of A&amp;E attendances (0-4years) has increased from 518 per 1000 in 2013/14 to 690 per 1000 in 2014/15. This is now significantly higher than the England average (540 per 1000) although it is now similar to the London average (Richmond JSNA)</p>
<b>Disability</b>	<p>Figures for children aged 0-5 for SEND is not currently available, however below are figures for all children and children of primary school age. As of January 2015, in all Richmond schools (all ages) there were 844 (2.4%) pupils with SEN statements and 3,372 (9.7%) receiving SEN support, a total of 4,216 (12.1%).</p> <p>For children of primary school age as of January 2015, in Richmond state primary schools there were 342 (2.1%) pupils with SEN statements and 1,343 (8.1%) receiving SEN support, a total of 1,685 (10.1%). The overall SEN service provision (i.e. statements+support) are lower than other areas.</p> <p>Percentage of children who are primary school aged receiving SEN services is 10.10% compared to 14.9% for London or 14.4% nationally.</p>
<b>Gender (sex)</b>	<p>The number of teenage conceptions is lower than the national and regional averages. The rate for conceptions in women ages under 16 per 1,000 females aged 13-15 years is 2.6 for 2014, for those aged 15-17 is 12.6 which is significantly less than the London or national averages.</p> <p>The needs of older mothers is a demographic issue in Richmond as they account for 43% of live births.</p>
<b>Gender reassignment</b>	<b>N/A</b>
<b>Marriage and civil partnership</b>	<b>N/A</b>
<b>Pregnancy and maternity</b>	<p>There are around 3,000 births a year and this is predicted to be stable up to 2039.</p> <p>Both the infant mortality rate (children under 1 year) and the child mortality rate (age 1-17 years) are similar to the England average. (JSNA)</p> <p>Breastfeeding initiation is significantly higher than the England average at 91.1% compared to 74.3%</p>
<b>Race/ethnicity</b>	<p>The majority of the 0-5 year age group are from white British backgrounds. Just over 10% are from families from a mixed/multiple ethnic background, 7% from an Asian/Asian British ethnic group and nearly 2% from a Black/African/Caribbean/Black British background (2016)</p>

	estimate, GLA 2015 round population projections- long term migration scenario).
<b>Religion and belief, including non belief</b>	<b>Data is not collected or reported</b>
<b>Sexual orientation</b>	<b>Data is not collected or reported</b>
<b>Across groups i.e older LGBT service users or bme young men</b>	<b>No cross strand issues identified</b>

**Data gaps.**

<b>Data gap(s)</b>	<b>How will this be addressed?</b>
<b>Ethnicity, gender , disability and age data is not currently collected or reported on by the provider</b>	<b>The specification will require the provider to collect and report on this data going forward</b>
<b>Data on religion and beliefs is currently not collected or reported</b>	<b>The specification will require the provider to comply with the Equality Act 2010 and will require the provider to demonstrate how it will support all children and families</b>
<b>Data on sexual orientation is currently not collected or reported</b>	<b>As above</b>

### 3. Impact

Protected group	Positive	Negative
<p><b>Age</b></p>	<p>The service will continue to provide a universal service so that every new mother and child receives checks, information and support as part of the universal support offer.</p> <p>Support around immunisation and healthy weight for families is part of the universal offer and will continue to be provided to all families in Richmond.</p> <p>Families who need additional support will receive this through the two higher tiers of service. In Richmond, this might include: children who are living in deprivation or in low income families; children who need support to achieve their developmental goals and ensure school readiness and vulnerable groups such as Children in Need (CiN) and Looked after Children (LAC).</p> <p>The Health Visiting Service will continue to proactively and systematically identify and support families who are at risk of poor health and social outcomes. This is termed a Universal Plus offer. Specific issues placing families at risk include, but are not limited to, mental health and postnatal depression, domestic violence, child poverty, social isolation or disadvantage and poor educational attainment. Universal Plus families are likely to need a range of services and will be supported by Health Visiting Service who will play a key role in undertaking Early Help Assessments and</p>	<p>There is a reduction of funding in Richmond which equates to £160,000 per annum. This reduction is approximately 7.5% of the annual contract value for Richmond.</p> <p>The potential negative impact of this has been mitigated by commissioning the service as a single contract to cover both Richmond and Wandsworth. Following a 'meet the buyer' event this was indicated as an option to enable providers to reduce their management and overhead costs and thereby mitigate some of the required savings.</p> <p>The service specification has been clear that the level of services currently provided (universal services to every new mother and child; additional targeted support to families at the UP/UPP level; 4-5-6 model requiring contacts at the five touch points and across the six high impact areas) will continue to be required and is non negotiable.</p> <p>However, in recognition that there may be a need for the new provider to change the way they operate to realise the full savings required, the service specification whilst prescriptive of what is the minimum standard is flexible and non-prescriptive in the method of achieving these outcomes.</p> <p>This was in direct response to the 'meet the buyer' event where providers asked for the space and flexibility to allow them to</p>

	<p>leading the coordination of support to these families through Early help information sharing processes.</p> <p>A further level of service is offered for families who have been identified as having continuing complex needs such as long-term conditions, disability, Child Protection (CP), Children in Need (CiN), LAC and parents with long term mental health problems and substance misuse which is Universal Partnership Plus. Families will be appropriately supported, with close partnership working with relevant local services. Health Visitors will continue to provide on-going support, playing a key role in bringing together relevant local specialist services. Universal Partnership Plus families will also be offered an agreed additional programme of visiting and contacts based on their complex needs.</p> <p>We have continued the requirement for all children to receive contact with a Health Visitor at the Five Touch Points, ensuring that children and parents receive a minimum of five essential contacts and checks with the service.</p> <p>We have continued the minimum standard that every family with a child up to the age of 1 year must have a named Health Visitor that delivers all Health Visitor contacts and at each key touch point for all children aged 0-5 identified as having needs at the Universal Plus/ Partnership Plus levels.</p> <p>The service will continue to be required to address minor illness management and accident prevention as part of every contact at the five touch points which will continue to address the issue of A&amp;E attendances.</p>	<p>provide innovative solutions to delivering the contract and realising the savings.</p>
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<p><b>Disability</b></p>	<p>Children or parents with a disability or long term condition will be appropriately identified and supported as part of the universal offer as well as the Universal Partnership Plus offer as appropriate. This continues our current offer to support families with disabilities.</p> <p>There is a continued specific requirement placed on Health Visitors to work in partnership with other services to support the assessment of the education, health and care (EHC) plans for all children with SEND between ages of 0-5 years.</p> <p>The specification continues to require Health Visitors to respond to the specific needs of vulnerable families which includes (but is not limited to): families with physical disabilities or speech, language and communication difficulties.</p>	<p>There has been no changes to the requirement of the Health Visitors Service to support the needs of people or families with SEND.</p> <p>Please see Age section for further details about mitigating actions taken.</p>
<p><b>Gender (sex)</b></p>	<p>Although the number of teenage mothers is relatively low in Richmond this population is particularly vulnerable and should be afforded particular care for their particular needs. The specification requires for parallel evaluated programmes to the Family Nurse Partnership to be undertaken for the cohorts of teenage parents in Richmond.</p> <p>Children born to parents under the age of 18 have been identified as a vulnerable group within the specification and the service is required to meet the needs of all vulnerable groups.</p> <p>Older mothers are not identified as a specific vulnerable group within the specification however, any additional need arising as a result of being an older mother, such as low birthweight, preterm delivery, developmental issues or SEND is required to be</p>	<p>There has been no changes to the requirement of the Health Visitors Service to support the needs of teenage mothers or older mothers.</p> <p>The requirement of the Health Visitor Service to systematically identify and address the need of this population continues to be clearly articulated and required in the service specification.</p> <p>Please see Age section for further details about mitigating actions taken.</p>



	<p>addressed and adequately supported through the different levels of service such as UP/UPP as well as the five touch points which at every contacts will assess and address growth and development of child.</p> <p>Mental health, which may disproportionately affect these two cohorts, is also addressed at each of the five touch points and is included in both the UP/UPP levels of targeted support.</p>	
<b>Gender reassignment</b>	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.
<b>Marriage and civil partnership</b>	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.
<b>Pregnancy and maternity</b>	<p>The Health Visitor Service continues to be required to visit mothers from 28 weeks of pregnancy which is their first contact with the service as part of the required five touch points.</p> <p>The service will continue to be required to address minor illness management and accident prevention as part of every contact at the five touch points which will continue to address the issue of infant mortality rate.</p> <p>Breastfeeding is still one of the six high impact areas in the specification and is required and infant feeding is required to be addressed at the first three of the five touch points.</p>	<p>There has been no changes to the requirement of the Health Visitors Service to support the needs of pregnant mothers.</p> <p>Please see Age section for further details about mitigating actions taken.</p>
<b>Race/ethnicity</b>	Although ethnicity is not specifically stated in the specification any health or support need of the family will be addressed appropriately as part of the tiers of service or at the five touch points.	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.

	<p>Lower rates of immunisation or the presence of FGM (female genital mutilation) in some communities is covered as part of the five touch points as part of their safeguarding obligation respectively.</p> <p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>	
<b>Religion and belief, including non belief</b>	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.
<b>Sexual orientation</b>	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.	There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.

#### 4. Actions

Put in this table actions you have identified that will be included in your strategy/policy and supporting action plan or mitigating actions you have identified that need to be undertaken.

Include how the impact of actions will be measured for example if you resolve to make a service more accessible for older residents say what your current baseline is and what target you want to achieve.

These actions will be tracked by the Policy and Review Team.

<b>Action</b>	<b>Lead Officer</b>	<b>Deadline</b>
There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery. This will need to be appropriately assessed as part of the tender evaluation to ensure that there are appropriate systems for equal opportunities in place. <b>To include in the specification that the provider will be required to collect and report on this data going forward</b>	Andrew Kimber (Richmond PH Commissioner)	Part of tender evaluation

Evaluate tenders to ensure that the provider can meet all requirements as set out in the specification	Andrew Kimber (Richmond PH Commissioner)	Part of tender evaluation

**5. Consultation. (optional section– as appropriate)**

Where a significant change is proposed to a service or where a new policy/service/service specification is being developed it is best practice to consult on the draft findings of an ENIA in order to identify if any impact or need has been missed.

**Meet the Buyer Event held on 8<sup>th</sup> September 2016-** following feedback worked to ensure level of flexibility in the specification to allow providers the option to provide innovative solutions to service delivery.

**Health and Wellbeing Board, Children and Young People Listening Event held on 14<sup>th</sup> September 2016.** Issues raised for under fives was to ensure a whole family approach, ensure coordinated services, links in with wider community services were some of the key themes. These are all included as part of the service specification which focuses on the whole family, not just mother or child and looks to have a named health visitor for each family under 1 to ensure one key worker who can provide consistency and a joined up approach and can help link the family into other appropriate community services.