

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please refer to EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)


Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council	X	Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Rosie Winyard
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Rosie Winyard	Senior Public Health Practitioner	rwinyard@worcestershire.gov.uk
	Polly Lowe	Associate Practitioner	plowe@worcestershire.gov.uk
Date assessment completed	September 2019		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Redesign and procurement of a Prevention and Early Intervention Service for Children and Young People aged 0-19 years and their Families in Worcestershire			
What is the aim, purpose and/or intended outcomes of this Activity?	<ul style="list-style-type: none"> To procure a prevention service for children and young people aged 0-19 and their families Redesigning prevention services for children and young people aged 0-19s and their families using an evidence based approach to: <ul style="list-style-type: none"> Bring together a variety of provision previously commissioned separately by the Council into an integrated, universal prevention service Deliver a strong development programme to build community capacity utilising community assets and resources Provide comprehensive and effective information and advice Strengthen commitment to a whole family approach. This includes identification, signposting, referral or early intervention that may impact on their health and wellbeing Support and promote access to a range of community activities, building on existing networks of support and also provide opportunities for work with additional groups 			
Who will be affected by the	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Staff Communities	

development & implementation of this activity?	<input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Other - Families <input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	<p>A refreshed Early Help Needs Assessment was carried out in 2018. It presented comprehensive data, analysis, and evidence review about prevention, early intervention and early help in Worcestershire. It covered areas such as 0-19 population and estimates of need, demographic changes and outcomes for children and young people in Worcestershire.</p> <p> EHNA for JSNA Final.pdf</p> <p>Health and Social Care Act 2012 Childcare Act 2006 SEND Code of Practice 2015 Working Together 2018 Early Education and Childcare 2019 Children and Young People's Plan Healthy Child Programme Early Help Strategy is currently being revised and a new Early Help Pathway launched http://www.worcestershire.gov.uk/downloads/download/1146/early_help_in_worcestershire</p>	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged, or why do you believe engagement is not required)	<p>Worcestershire Early Help Needs Assessment (EHNA) was completed in 2015 and a refreshed EHNA began in 2018 and was used to inform the model and commissioning process for the Prevention and Early Intervention Service for Children and Young People and their Families</p> <p>In February 2016 an EIA was completed for the redesign of 0-19 Prevention Service for Children and Young people and their Families in Worcestershire.</p> <p>In 2018 professionals, service users and families contributed to a stakeholder engagement to inform the new service re-design. In January 2019 three online surveys were completed by parents, young people and professionals. A total of 12 focus groups were delivered across the districts including 6 parents' groups and 6 children and young people's groups at child health clinics, youth clubs and children's centres. The surveys and focus groups sought views regarding Health Visiting, Parenting, Children's Centres, School Health services, health/wellbeing information, advice & support needs.</p>	
Summary of relevant findings	<p>2015 Worcestershire Early Help Needs Assessment (EHNA) identified poorer outcomes than expected, persistent inequalities, rising demand, and fragmented services and recommended:</p> <ul style="list-style-type: none"> • A redesign of 0-19 Prevention using a progressive universalism approach • To fully implement the Healthy Child Programme; • Integration of Prevention Services, activities and workforce across agencies • Only deliver programmes and interventions that are proven to work • Focus on early years, maternal mental health, attachment, language and preparation for school readiness • Review support for parenting that promotes resilience and emotional health and wellbeing • Focus the Children's Centre's resource in disadvantaged areas and use a "virtual" Children's Centre in more advantaged areas 	

- Develop effective digital advice and information for parents and families to encourage self-help and resilience

The 2016 EIA described how the policy will contribute to the Public Sector Equality duty by looking to narrow the gaps in equality of outcomes for children, young people aged 0-19 and their families. The EIA also referred to focus group activity held with both parents and with young people. The focus groups were targeted in areas of deprivation and rural localities. An online survey was also carried out which received 481 responses

In 2018 the refreshed EHNA recommended the below priorities:

- Embed pregnancy prevention, pregnancy planning and support for healthy pregnancies
- Enhance support in pregnancy and early infancy to parenting preparation, wider social support and early help
- Implement the full Healthy Child Programme 4-5-6 model including recommended universal reviews to enable screening and identification of CYP and families at risk or in need and development of the 12 high impact areas
- Ensure improving diet and physical activity in all domains of children's lives is a priority
- Integrate or align prevention and early intervention services to deliver seamless provision for families including joined up assessments, pathways and workforce.
- Further develop place-based and community-centred activities building on community assets and strengths, incorporating children's or family centres with variety of co-located provision
- Build community capacity, further develop peer support and volunteering to provide advice, information, support, activities around parenting and health and wellbeing in communities
- Develop a comprehensive menu of evidence-based parenting support across the system at universal, targeted indicated, targeted selected and specialist levels
- Support practitioners to identify parental conflict and relationship problems in addition to provide evidence-based support to reduce harm
- Support and develop health promoting and whole setting approaches to improve emotional health, wellbeing and physical health, including schools and family hubs.
- Incorporate whole family assessments and support as a way of working, including the wider social determinants of need
- Prioritise school readiness by developing prevention and early interventions to improve speech, language and communication. This should be delivered in home learning environments and early education settings
- Review the emotional health/wellbeing pathway and service offer including the development of pathways for conduct disorder.
- Review the Early Help Strategy and ensure early help at Level 2 of need is embedded and scaled up
- Ensure services and educational settings implement trauma informed approaches and resilience building
- Ensure evidence-based practice, interventions and programmes are adopted across the early help system, including monitoring and evaluation

In 2018 the stakeholder engagement identified three main themes regarding access, availability and information and advice. A summary of the responses are below:

- Awareness and access to Health Visiting universal reviews was well known, rated highly and considered to be working well
- Additional or targeted support was less known but rated well by those who had received it

- Health Visiting support for child development and physical health was rated as most helpful
- Preparation for school, parenting and special or complex health needs as least helpful. Concern was expressed by parents that their children were generally not “school ready” and they considered they had not received enough support to help them achieve this outcome
- Both parents and professionals were supportive of children’s centres & community activities, although expressed concern about perceived reductions in provision
- Most parents and professionals indicated they found parenting support important and helpful either on-line, group or face to face
- The School Health Service was rated highly by those that had received support, however concern was expressed regarding poor access and a lack of capacity within the service
- Parents, young people and professionals were positive about the provision of universal reviews for school aged children and young people
- Support provided by the school health service was rated well for physical health
- Support for mental health, special or complex needs and healthy lifestyles was identified as more important
- Mental health was identified as a concern that needed to be addressed
- Most parents, young people and professionals obtained health/wellbeing information from Google, NHS Choices or family and friends’ networks
- Low numbers reported accessing this information through services or local provider websites

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative for the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. who are part of these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons where you have identified any potential positive, neutral or negative impact.
Age	X			Events occurring in early years affect health, wellbeing and outcomes in later life It is a high priority to give every child the best start in life, equip them as they grow through building resilience and supporting good parenting and to intervene when necessary in some adolescent behaviour to prevent poorer long-term outcomes The current and new service is for all children and young people aged 0-19 years and their families who are resident or attending mainstream schools in Worcestershire. This includes children missing education, home schooled children, children with SEND up to age 24 years and all young people aged 16+ (not only those in mainstream school).
Disability				

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons where you have identified any potential positive, neutral or negative impact.
		X		Based on the service data currently collected we believe that there is equality of access and outcomes for all clients. Going forward we will ensure there are robust key performance indicators which will include equality of outcome for Protected Groups.
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity	X			<p>The new service will have a stronger focus on scaling up activity across all levels of need. It is expected to contribute to</p> <ul style="list-style-type: none"> improvements in outcomes for pregnant women so more have better mental health and are also smoke free evidence-based ante-natal education such as Birth & Beyond. <p>It will facilitate access to group-based parenting programmes for parents of children of all ages with and without behaviour problems to improve parents' (particularly mothers) psychological health.</p> <p>Provide opportunities to work more closely with a redesigned maternity service.</p>
Race including Traveling Communities		X		Based on the service data currently collected we believe that there is equality of access and outcomes for all clients. Going forward we will ensure there are robust key performance indicators which will include equality of outcome for Protected Groups.
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		<p>The current and new service both focus on improving health outcomes and reducing inequalities. Contributing to improvements in outcomes for young people so more are</p> <ul style="list-style-type: none"> in employment, education and training supported to reduce substance misuse supported to reduce teenage conceptions and improve sexual health <p>There is also an intensive home visiting for young vulnerable mothers</p>
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		<p>The current and new service both focus on improving health outcomes and reducing inequalities.</p> <p>The new service will contribute to ensuring every child has the best start in life which include some of the below outcomes</p> <ul style="list-style-type: none"> More children and young people who have the greatest need make the

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons where you have identified any potential positive, neutral or negative impact.
				<p>greatest improvement, closing the gap in inequality in health outcomes.</p> <ul style="list-style-type: none"> • More children and young people are a healthy weight, through a reduction in the number children who are overweight and obese <p>More children and young people, particularly the most disadvantaged children, improve academic results to close the attainment gap between the most and least deprived</p>
Social and economic e.g. culture, social support (neighbourliness, social networks / isolation), spiritual participation, employment opportunities.	X			<p>The new service will deliver a model which is supported by effective community capacity building, developing community and family resilience and information and advice.</p> <p>The service will:</p> <ul style="list-style-type: none"> • develop peer mentor roles and volunteer development • form community based collaborations and partnerships • increasing access to community resources within children's centres and community hubs • develop community resources available in each locality so that the workforce can signpost families effectively and enable community participation (community family hubs) • provide a Family Information Service
Physical health e.g. physical activity is expected to increase, influenza vaccination uptake increase.		X		<p>The Healthy Child Programme sets a framework for the delivery of universal and more targeted services and provides a schedule of health & development reviews at key stages. It aims to support parents, promote child development, reduce inequalities, contribute to improved child health outcomes and health and wellbeing.</p> <p>The new service will implement the full evidence based 4-5-6 Healthy Child Programme model including provision of all recommended health and development reviews and effective leadership of the 12 High Impact areas across the system. The universal reviews will be enhanced to proactively implement prevention, identify whole family strengths, opportunities and needs that may impact on the child/family in the future.</p>
Mental health & wellbeing e.g. benefits to children's mental health, benefits to adult carer wellbeing.		X		<p>The current and new service will continue to focus on better mental health outcomes for pregnant women, parents, carers, children and young people</p>

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons where you have identified any potential positive, neutral or negative impact.
				Mental health was identified as a concern in the feedback from the stakeholder engagement for the redesign of the current service. It will look to improve early identification and support for poor mental health and develop peer support in low level mental health
Access to services e.g. access to (location / disabled access / costs) and quality of primary / community / secondary health care, child care, social services, housing / leisure / social security services; public transport, policing, other health relevant public services, non-statutory agencies and services.		X		As previously the new service will be accessible to all children, young people and families who are resident or attending mainstream schools in Worcestershire. The service will analyse and understand where there is inequality of access and where there is inequality of outcomes across the protected characteristics. An annual equality impact assessment will be undertaken which will be to support Needs Assessment and Treatment Planning processes

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Quarterly monitoring following contract award			


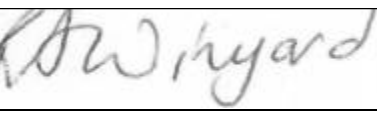
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisation will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	18/09/2019
Comments:	
Signature of person the Leader Person for this activity	
Date signed	18.09.2019
Comments:	The Provider will be required to ensure alignment of provision across the system as it continues to change and reshape into the future. This includes WCF, NHS and other agencies. There will also be opportunities to work closely with a redesigned maternity service, which is itself moving to a community hub model. The PEIS will require continuous transformation to achieve and sustain this ambition.

Herefordshire and Worcestershire CCGs Addendum to the Equality Impact Analysis

Human Rights Consideration:

NHS organisations must ensure that none of their services, policies, strategies or procedures infringes on the human rights of patients or staff. You should analyse your document using the questions provided to determine the impact on human rights. Using human rights principles of fairness, respect, equality, dignity and autonomy as flags or areas to consider is often useful in identifying whether human rights are a concern.

Can you please answer the following Human Rights screening questions:

	Human Rights	Yes/No	Please explain
1	Will the policy/decision or refusal to treat result in the death of a person?		
2	Will the policy/decision lead to degrading or inhuman treatment?		
3	Will the policy/decision limit a person's liberty?		
4	Will the policy/decision interfere with a person's right to respect for private and family life?		
5	Will the policy/decision result in unlawful discrimination?		
6	Will the policy/decision limit a person's right to security?		
7	Will the policy/decision breach the positive obligation to protect human rights?		
8	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?		
9	Will the policy/decision interfere with a person's right to participate in life?		

If any Human Rights issues have been identified in this section please get in touch with your Equality and Inclusion lead who will advise further and a full Human Rights Impact Assessment maybe required to be completed.