

North Yorkshire County Council

Executive

Tuesday 13 October 2020

The future of the Healthy Child Programme

Corporate Director Health and Adult Services, Corporate Director of Children and Young People's Services and Director of Public Health

1.0 Purpose of report

1.1 The purpose of this report is to present to the Executive the proposed arrangements between North Yorkshire County Council (NYCC) and Harrogate and District NHS Foundation Trust (HDFT), for delivery of a new model of the Healthy Child Programme - Health Visiting 0-5 and School Age 5-19.

The report will seek approval:

- 1.2
- To start a 10-week public consultation commencing in October 2020 on the proposed new service model.

2.0 Background and Issues

2.1 The Healthy Child Programme (HCP) is a universal preventative child and family health promotion programme for children aged 0-19 years and its aim is to:

“Ensure that every child gets the good start they need to lay the foundations of a healthy life”

2.2 The HCP is a local authority mandated programme. In North Yorkshire the programme is currently made up of four separate services:

- Universal or core elements, Healthy Child Service, Health Visiting (0-5) and School Age (5-19) delivered by HDFT.
- Targeted elements – emotional health and substance misuse delivered by COMPASS and Healthy Choices, Child weight Management Service, delivered by NYCC Children and Young People's Services

2.3 This report focuses on the universal elements of the programme and some of the activities are nationally mandated.

2.4 The current provider for the universal elements of the HCP is HDFT. There is a broad consensus on the need to change the focus of the current programme and service specification. The proposal is to develop and implement a new way of working that supports the philosophy of the Childhood Futures Programme, to transform 0-19 services and achieve greater collaborative working across the system.

- 2.5 At the Chief Executive Decision Session Consultation with the Executive on 31 March 2020, the report on re-procurement scheduled for 21 April 2020 Executive was deferred due to the Covid-19 public health emergency. A decision was taken to extend the contract until 31 March 2021 under emergency powers, with the option to extend beyond that date, , subject to a delegated decision by the Corporate Director Strategic Resources and the Corporate Director Health and Adult Services, in consultation with the Deputy Leader and the Executive Member for Public Health.
- 2.6. This report sets out the new timelines to restart the further development of the proposed new service model, and the partnership agreement between NYCC and HDFT to deliver it.

3.0 Proposed Partnership Arrangements

- 3.1 In July 2019, NYCC Management Board approved proposal for the initiation of a Section 75 agreement for the delivery of the universal HCP service between NYCC and HDFT. The proposal is for a longer term partnership of up to 10 years. This was subsequently approved by Executive in August 2019.
- 3.2 National changes in Public Health Grant have led to a reduction across public health programmes of around 15%, and a saving of £750,000 will be applied to the 0-19 services delivered by HDFT from April 2021.
- 3.3 NYCC and HDFT have agreed an outline new service model. The HDFT Board of Directors agreed in principle to the proposed new model at its public meeting on 12 February 2020, subject to a number of issues to be jointly addressed by both organisations.
- 3.4 In order to allow time for the Section 75 agreement to be developed, sufficient consultation to take place, and to respond to COVID-19 challenges it has been necessary to extend current contracts to March 2021 (see section 2.5 above).
- 3.5 Section 75 of the National Health Service Act 2006 gives powers to local authorities to delegate the provision of services to an NHS Foundation Trust. It will allow NYCC and HDFT to enter into a formal partnership agreement to allow the Trust to deliver the 0-19 HCP on the Council's behalf. The Partnership Agreement will provide a mechanism to formalise arrangements in a way which provides more flexibility, improved efficiency, better integration and better services for children, young people and families. It would support ongoing close working between the two agencies to improve the provision of high quality and equitable services for North Yorkshire residents.
- 3.6 The Section 75 Agreement describing the shared governance and management arrangements for the new service will be the subject of a 4-week public consultation in Winter 2020/21 following the service model consultation. The results will be brought to the Executive for approval in Winter 2020/21.

4.0 Outline of Proposed New Service Model

- 4.1 NYCC and HDFT have developed a new service model. HDFT considers the new model to be affordable within the reduced financial envelope.

4.2 The proposal is for an overall reduction in the mandated visits carried out by health visitors in children aged 0-5. There will also be significant changes in the level of support offered to school age children. Whilst this will have some impact on service activities, the model allows for resources to be targeted at those most in need.

4.3 The proposed service models for different age groups are summarised below.

0-5 Health Visiting Service

- Prioritising under 5s because of evidence that best start in life can lead to positive lifelong outcomes
- Health visitors will still carry out the mandated 5 Health Reviews
 - 28 weeks' pregnancy - health promoting visit
 - 10-14 days after birth - new baby review
 - 6-8 weeks old - 6-8-week assessment
 - 9-12 months old - One-year assessment
 - 2-2½ years old review
- Child in Need and Safeguarding support will continue to be provided
- Develop enhance infant feeding and family nutrition and diet programme

5-19 School Aged Service

- Because we are prioritising our focus on under 5s, much of the proposed reduction in service will be in the school aged children
- Safeguarding support will continue to be provided
- Support for emotional wellbeing and resilience and in reducing risk taking in young people will be enhanced
- The proposed programme will not be able to provide the level of service that it currently provides to school aged children. Some services provided in school settings will stop including hearing and vision screening for children aged 4-5 years and sexual health services drop-ins in schools.
- The model may impact on other services and discussions and consultation on the proposed model with local partners, service users and the wider public is important. A number of consultation workshops involving local partners have already taken place in March 2020 which looked at the different aspects of developing the new proposed service model. These have been used to develop the documentation (Appendix 1) for the 10-week public consultation on the new service model starting in October 2020.

4.4 Both organisations recognise that there are potential risks with the proposed new model but consider these risks can be sufficiently mitigated. Detailed work is being carried out to develop the model and a plan to mitigate associated risks. The plan will include:

- Risk stratification of families building on the learning from service delivery during Covid-19 Outbreak
- Regular reviews and audit of services, including feedback from service users

- Engagement with local partners to ensure better joined of services and adequate support for children, young people and families to access the services and support they need.
- Shared partnership governance between both organisations that will allow the early identification and addressing of risks and issues

4.5 However, the evaluation on new ways of working as a response to COVID-19 has shown positive feedback from service users and staff on virtual delivery. This provides some flexibility in expanding the scope of the new service model. For example, virtual contacts (telephone and WhatsApp calls) followed by welfare calls which were found to respond to the needs of some children, young people and families and can also help reduce staff workload.

4.6 The consultation document sets out the proposals to:

- Provide longer term funding and certainty for the Healthy Child Programme in North Yorkshire, within the context of the national reduction in Public Health Grant which is the main source of funding for the service
- Intensify our focus on children under 5, based on the evidence that supporting them has a greater impact throughout life, gives them the best start in life and will in turn support lifelong positive outcomes.
- Extend and develop the partnership between North Yorkshire County Council and Harrogate and District NHS Foundation Trust, to provide the service for a period of up to ten years, taking us to 2031
- Learn from the emergency changes made to the current service during the response to Covid-19
- Implement a new service model as a result of all of the above factors

4.7 The consultation document sets out the following questions that we are be seeking views on:

- In the context of a national reduction in North Yorkshire's Public Health Grant, do you support the proposals to prioritise children under 5, and their families, so that they have the best start in life?
- In the context of a national reduction in North Yorkshire's Public Health Grant, do you support the proposals for 5-19 year olds which are focussed on:
 - supporting vulnerable young people
 - developing a service for emotional resilience and wellbeing.

How would you see that support being provided to children and young people?

- We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to deliver some of the Healthy Child programme online and via the telephone.

How do you think digital and telephone services could help support families in North Yorkshire?

- 4.8 NYCC and HDFT leads will host a series of virtual consultation events targeted at key stakeholder groups throughout the consultation period, concluding shortly before Christmas 2020. Members of the public and interested professionals will also be able to participate in the consultation through the following channels:
- Completing online survey
 - By email
 - Online public meetings
 - Online targeted meetings (e.g. schools, young people, parents, staff and others)
 - Socially distanced face to face meetings towards the end of the consultation, Covid-19 permitting
- 4.9 Feedback from the consultation will be continuously monitored and analysed by dedicated business support capacity. Initial findings will be reported to the Healthy Child Programme Shadow Board in early November, following the first 5 weeks of consultation to highlight any significant emerging issues and allow for initial discussion on responses.

5.0 Performance Implications

- 5.1 Due to reduced service budget, the proposed model will result in a reduced service with reduced staff capacity, in comparison to current delivery. In particular, the proposal would result in significant changes in the delivery to school-aged children and there will be no generic 5-19 service (e.g. work with schools).
- 5.2 However, the proposed model responds to local context and will deliver a service within a reduced budget that is tailored to needs. It will help create the capacity for specialist and more targeted support for families most in need.
- All contacts with families with children under 1 year will be delivered by a qualified Health Visitor to ensure specialist support.
 - Contribute to better integrated support for children to be ready to learn
 - More prevention and early intervention activities to reduce childhood obesity focused on infant feeding and family diet and nutrition including breastfeeding and healthy weaning
 - Contribute to a partnership approach to the prevention and management of risky adolescent behaviour including improving emotional health and resilience
 - Contribute to effective identification and management of the safeguarding of children and vulnerable parents or family members.
- 5.3 The proposed model also goes beyond a narrow focus on contacts with families and seeks to ensure that the right level of support is available based on the particular needs of the child and family. The model will help local partners to be innovative in the way they use other information and teams to co-ordinate the right level of support by the right people for children, young people and families.

We are working closely with PHE, CCGs, Primary Care, NHS Hospitals, Voluntary Organisations and Community Groups to ensure that children and families are supported to access alternative services, for the aspects of the current service that will no longer be delivered with the new service. We will ensure that children, young people and families and the wider public have the information on how to access alternative services and support.

6.0 Policy Implications

6.1 NYCC has a statutory obligation to deliver the mandated elements of the Healthy Child Service. These are:

- 5 Health Reviews in children under 5:
 - 28 weeks' pregnancy: Health Promoting Visit
 - 10-14 days after birth: New Baby Review
 - 6-8 weeks old: 6-8-week assessment
 - 9-12 months old: One-year assessment
 - 2-2½ years old (two to two-and-a-half-year review)
- National Child Measurement Programme (NCMP):

The NCMP was established in 2006 and involves measuring the height and weight of Reception and Year 6 children. The programme identifies children who are overweight or obese for their height. The purpose of the NCMP is to provide robust public health surveillance data on the child weight status in order to understand and monitor obesity prevalence.

6.2 The proposed partnership is an example of integrated working across health, children, and young people services, and supports the philosophy of the Childhood Futures Programme. This will be a different way for the Council and partners to work together to plan and provide collective solutions to local problems and issues.

- Integrated working practices that help to improve access to services and support, which target the most vulnerable and help reduce health inequalities
- Collective action across the system to address key public health priorities
- Working in a flexible way that responds to local priorities and needs across the county and in localities
- Supporting communities in the delivery of self-care and capacity-building
- Supporting group delivery based on the needs of local communities and promotion or peer support
- Delivering a clearer more streamlined service offer that utilises the skill set of the workforce and maximises digital delivery and virtual contacts, based on evidence based guidelines
- Partnership to addressing shared developmental concerns in children and young people
- Prioritising addressing the emotional wellbeing needs of children and young people

7.0 Financial Implications

- 7.1 To address the decrease in the Council's Public Health Grant allocation a reduction of £750,000 has been applied to the universal HCP contract. This reduction retains the overall proportion of the Public Health grant which is allocated to HCP.
- 7.2 In order to minimise the impact, it is proposed that the reduction is phased over the first three years of the contract, with support provided in the first year recovered in year 4 (see table below).
- 7.3 The partnership agreement length is proposed to be five years with two potential extensions of three and two years respectively, totalling a maximum of ten years.
- 7.4 The investment across the proposed 10-year agreement would total £70,352,000.

			Year 1	Year 2	Year 3	Year 4	Year 5	Years 6-10	Total £
Financial Years	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	Years 2026-31	Total
	£	£**	£	£	£	£	£	£	£
Core Healthy Child Service 0-19 Service	7,279,700	7,541,500	7,541,500	7,611,500	7,394,500	7,154,500	6,884,500	34,422,500	71,009,000
Recurrent funding support			270,000			(270,000)			-
Public Health Grant savings*	(95,600)		(200,000)	(217,000)	(240,000)		-	-	(657,000)
Revised service 0 - 19 after savings applied	7,184,100	7,541,500	7,611,500	7,394,500	7,154,500	6,884,500	6,884,500	34,422,500	70,352,000
Revised total cost of service									70,352,000

*Public Health Grant savings - The total savings of £657,000 does not include the 2019/20 saving of £95,600. Including this gives a total saving of £752,600.

**Increase in budget from £7.2m to £7.5m - Agenda for change increase supported by increase in Public Health Grant 2020-21.

In this table the forecast budget does not assume any increase in the Public Health grant allocation to cover agenda for change or pay inflation.

8.0 Section 75 Agreement

- 8.1 In order to deliver the Healthy Child Programme NYCC will enter into a Section 75 agreement with HDFT for the delivery of services under the new service model outlined above.
- 8.2 Legal advice has been, and continues to be taken in relation to the development of the Section 75.
- 8.3 Legal Advice was taken in relation to consultation on both the service model and Section 75:
- After consideration it is recommended that an 10-week public consultation on the new model is carried out to reflect the level of change and potential impact on staff and people accessing the service
 - There is a requirement for NYCC in partnership with HDFT to consult the public and other interested parties prior to entering into a Section 75 Agreement.

- Once the service model consultation has been completed and all responses have been considered, a 30-day consultation will commence on the content of the Section 75 agreement (draft Section 75 agreement).
- All the above consultations will take a mixed method approach (online, face-to-face, group discussion) in line with current COVID guidance in order to make the consultations fair.

9.0 Legal Implications

9.1 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 and Local Authorities (Public Health Functions and Entries to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015 (The Regulations) provide there should be 5 mandated reviews. The Regulations is silent as to whether the reviews have to be in person or virtually.

9.2 It is important to note that The Department of Health issued guidance entitled *“Universal Health Visitor Reviews, Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015”* (the Guidance). Under this Guidance, the Department for Health refer to these reviews taking place as result of physical visits. There are a number of extracts from Annex A: The five mandated reviews of the Guidance below:

- “First visit, Antenatal visit at 28 weeks or above (health promoting visit) - the first time that the health visitor will meet with parents to discuss any concerns or issues that they may have about becoming parents; this is particularly important for first time parents. The antenatal appointment is the first time that the health visitor will meet with parents to explain the health visiting service offer and complete the initial holistic family health needs assessment...
- Second visit: 10 to 14 days following the birth (the new baby review) - the first visit made by a health visitor at home after the baby is born. Health visitors will check on the health and wellbeing of the parents and baby, support with feeding and other issues and give important advice on keeping safe, and to promote sensitive parenting.

The health visitor will ask the parents how they are feeling and how the family is adjusting to the new arrival. They will also enquire if they have any questions, (and listen to any concerns parents may have about baby’s health or their health). This visit forms an important part of the ongoing holistic assessment of family risk and resilience factors started by the health visitor during the antenatal period...They may also weigh the baby during their visit...

- Third visit: When the baby is 6 to 8 weeks old (6 to 8 week assessment) - this visit is crucial for assessing the baby’s growth and wellbeing alongside the health of the parent, particularly looking for signs of postnatal depression. It is a key time for discussing key public health messages, including breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such

as sleep. The health visitor will review their general health. They will also give contact details for the local health clinic or children's centre where the mother can get the baby weighed and access a range of support. This visit, in addition to the 6 to 8 week medical review, is often completed by the GP and forms part of the child health surveillance programme.

- (d) Fourth visit: A review of the child's development at 9 to 12 months (the one year assessment) - this visit may take place in the home, or in a local clinic or children's centre and focuses on the assessment of the baby's development. It provides an opportunity to discuss how to respond to their baby's needs and to look at safety and health promotion messages linked to next stages of development...
- (e) Fifth visit: A review of the child's development at 2 to 2½ years (two to two and a half year review) - this visit can take place at the home, local clinic or children's centre. The universal two-year review provides an opportunity to identify children who are not developing as expected and require additional early intervention to achieve PHE's goal of being "ready to learn at two and ready for school at five."

- 9.3 Clearly from the above, the Guidance states that there should be 5 physical visits, either at the home or through a local clinic or children's centre. Whilst this Guidance is not legislation, it is important to have regard to the Government's Guidance and to specify any deviation from the Guidance and the reasons for that deviation. As can be seen in the report, it is proposed to consult on a new service model which would have a physical meeting for every review for babies 10-14 days old and at 2 – 2.5 years. Therefore for every child, there would be at least two physical meetings at home (see above). However it is proposed that, amongst other things, with the learning from virtual visits during Covid-19, there could be a risk based approach in adopting mixture of virtual and physical meetings for the remaining 3 reviews. It is proposed that there would still be 5 reviews for each family and that the information obtained from these reviews will feed into the ongoing holistic assessment of family risk and resilience factors. However, it is proposed that some of these meetings would be virtual. Clearly a virtual meeting will not provide as much information about as a family's home as a physical meeting. There will be a limited view through a virtual meeting and therefore it is important to ensure that an appropriate risk based approach is made to determine when a virtual meeting would be suitable and when a physical meeting is needed (as identified in paragraph 9.6 below).
- 9.4 It is therefore considered that the proposal complies with the Regulations and, whilst deviating from the Guidance in allowing virtual meetings, there will be appropriate risk assessments to ensure that virtual meetings are only made where appropriate and risk assessed.
- 9.5 Evidence from the interim COVID model locally, and information from around the country where virtual visits are often conducted outside of agreed service models, indicates that this method of delivery can be effective when coupled with robust risk management and strong professional judgment.

- 9.6 For example, based on the initial 10-14 day visit and existing professional knowledge of the child and family, a full risk assessment will be carried out to determine a level of risk. This will be based on a number of factors including:
- First time parents
 - Single parent
 - Unsupported young parent
 - Previous or current safeguarding
 - Previous or current drug/alcohol misuse
 - Parental mental ill health
 - Analysis of cumulative risk including information from partner agencies.
 - Parental special educational needs
 - Previous child with SEND
 - History of domestic abuse
- 9.7 Where concerns are raised as part of virtual consultations, or where additional information is received from partner agencies, this will inform a revision of the risk assessment and revaluation of the delivery of visits to that family.
- 9.8 Based on these factors it is proposed that any child or family designated to be at risk will receive 100% of their visits face to face with only those designated as low risk receiving virtual support.
- 9.9 The draft Section 75 Agreement will be brought to the Executive along with the consultation results for consideration in Winter 2020/21.

10.0 Consultation Undertaken and Responses

- 10.1 Engagement with stakeholders on a new HCP model was carried out between August 2018 and February 2019 and has helped to inform the development of the proposed service model.
- 10.2 Engagement with local partners on the proposed new service model was carried out in March 2020, and has helped to inform the documentation for the public consultation in Autumn 2020.

11.0 Impact on Other Services/Organisations

- 11.1 NYCC and HDFT are working closely on an engagement and communication plan with stakeholders, as some aspects of the current HCP service may not be delivered with the new service model. This work has already started.
- 11.2 A number of workshops on the new model have taken place and the outputs used to draft the documentation for the public consultation.
- 11.3 The new service model presents the opportunity for a closer integration of the HCP with elements of NYCC Children and Young People's Service, primary care and community health services. This would be likely to lead to more joined up services and support that meet the individual needs of children, young people and families.

12.0 Equalities Implications

12.1 An Equality Impact Assessment has been carried out as part of the options appraisal to agree the new arrangement. A Full Equality Impact Assessment on the proposed new service model has also been carried out (as shown at Appendix 2).

13.0 Recommendations

13.1 That the Executive:

- i. Approve a 10-week public consultation on the new service model, commencing in October 2020; and
- ii. Note that, the outcome of the consultation will be brought back to Executive, and subject to the outcome of the consultation, the draft Section 75 Agreement will be brought to Executive for consideration in Winter 2020/21 prior to consultation on the Section 75

Richard Webb, Corporate Director of Health and Adult Services
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Dr Lincoln Sargeant, Director of Public Health

County Hall
Northallerton
1st October 2020

Authors of Report –Victoria Ononeze Public Health Consultant, Mike Rudd – Head of Commissioning & Emma Lonsdale, Commissioning Manager (Health)

Background papers:

Universal Health Visitor Reviews, Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464880/Universal_health_visitor_reviews_toolkit.pdf

Appendices:

Appendix 1 – DRAFT 0-19 Healthy Child New Service Model Service Consultation Document

Appendix 2 – DRAFT Equality Impact Assessment

LOGOS – NYCC AND HDFT

North Yorkshire County Council working in partnership with Harrogate and District NHS Foundation Trust

DRAFT 30.09.20

The Healthy Child Programme in North Yorkshire

Public consultation on the proposed changes to health visiting, school nursing and related services

Consultation open **Date**

DRAFT

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Introduction

North Yorkshire is home to 130,000 children and young people.

Ensuring a good start in life is a shared goal for all parents, families and communities, as well as for the public sector agencies responsible for health, education, childcare and welfare.

There is an African proverb that it takes a village to raise a child and that is as true in North Yorkshire as it is around the world. Many people play a part in enabling babies, children and young people to grow and develop at key milestones in their lives. North Yorkshire is a good place in which to live as a child or young person, with a good range of childcare provision, high performing schools and well-recognised health and care services for those children, young people and parents who need extra support.

North Yorkshire County Council, in partnership with Harrogate and District NHS Foundation Trust, is proposing a new model for the Healthy Child Programme (which currently comprises Health Visiting and School Nursing Services) in the county. We want to hear your views about these proposals and how they can be implemented.

The Healthy Child Programme, which supports children and young people aged 0-19 and their families, is one service amongst many. It offers both universal services for all children, young people and families and targeted help for those most in need.

This consultation document sets out the proposals outlined below.

- We (the council) propose intensifying our focus on children under 5, based on the evidence that supporting them has a greater impact throughout life, gives them the best start in life and prepares them to be ready to learn.
- We want to secure longer term funding and certainty for the Healthy Child Programme in North Yorkshire, within the context of the national reduction in Public Health Grant which is the main source of funding for the service.
- We propose extending and developing the partnership between North Yorkshire County Council and Harrogate and District NHS Foundation Trust, to provide the service for a period of up to ten years, taking us to 2031.
- We want to learn from the emergency changes made to the current service during the response to Covid-19.
- We propose implementing a new service model as a result of all of the above factors.

In putting these proposals forward, we are making clear pledges to you.

Our commitments

- All children and young people will receive universal and targeted services to enable them to have the best start in life, through our work in children's early help and social care, schools and community support for children and young people with additional needs.

- We will prioritise our public health grant-funded Healthy Child Programme towards children under five, to support their early development and to ensure that they are ready to learn.
- All new-born babies and their parent(s) will have a face to face visit(s) from a qualified Health Visitor.
- We will continue to provide targeted support for 5-19 year olds, through a range of different programmes and funding streams.
- Our Healthy Child 0-19 services will combine a mix of face to face, online, individual and group work services, tailored to the personal circumstances of each family.
- We will continue to work with children and families, and public and private agencies and voluntary and community groups across the system to ensure that the right support is provided by the right person and at the right time.

What is the Healthy Child Programme?

The Healthy Child Programme is a national prevention and early intervention and support programme for children, young people and their families. It aims to bring together health, education and other partners to deliver an effective programme of interventions and support. There is a statutory/mandatory requirement to provide some elements of the programme.

The programme currently comprises of the following services.

- An evidence-based approach for the delivery of public health services to families with children aged 0-5, led by Health Visitors.
- Early intervention and prevention public health programmes for children, young people aged 5-19 and their families. These build on the pregnancy to 0-5 service and are led by School Nurses.

Since the transfer of Public Health services to councils in April 2013, the Healthy Child Programme has been commissioned by local government, under the direction of the Director of Public Health. Most councils, but not all, have worked with an NHS partner to provide the service. In North Yorkshire, until now, Harrogate and District NHS Foundation Trust (HDFT) has provided separate services for 0-5 and 5-19.

How is the service provided currently?

The current service can be summarised as follows.

HEALTHY CHILD PROGRAMME	
SAFEGUARDING UNIVERSAL AND TARGETED PROVISION	
0-5 YEARS HEALTH VISITING	5-19 YEARS SCHOOL NURSING
5 MANDATORY HEALTH REVIEWS	5 HEALTH REVIEWS

<ul style="list-style-type: none"> • Antenatal (28 weeks) check: Health promoting visit • 10-14 days after birth: New baby review • 6-8 weeks old: 6-8 week assessment • 9-12 months old: One year assessment • 2-2½ years old (two to two-and a half-year integrated review) <p>A range of prevention and early intervention and support given to families</p>	<ul style="list-style-type: none"> • 4-5 year old health needs assessment • 10-11 year-old health needs assessment • Screening service <ul style="list-style-type: none"> - National Child Measurement Programme which measures the height and weight of children and brief advice given to families if child is overweight or obese (mandatory requirement) - Vision and hearing screening at school entry • Support for emotional wellbeing and resilience and in reducing risk-taking in young people
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As such, the Healthy Child Programme forms part of a comprehensive network of children and young people's services commissioned and provided by North Yorkshire County Council, the NHS and other partners in the county. It means that there is an extensive range of support for all children, young people and their families, as well as extra help for those who need it most. Many of the children's services provided by North Yorkshire County Council and Harrogate and District NHS Foundation Trust are rated by the regulators, Ofsted and the Care Quality Commission, as outstanding or good.

The range and quality of children and young people's services in the county puts North Yorkshire in a relatively good position when public services are faced with significant cuts in the funding they receive from Central Government. In this case, a year on year cut of £3 million in the Public Health Grant for North Yorkshire.

It is within this context that the County Council is proposing changes to the Healthy Child Programme service model, with a view to making savings while ensuring that all children continue to have the best start in life and continue to have access to the right support as they grow into adulthood.

Why are we proposing to change the service?

There are three main reasons why we are proposing to change the current service.

The national Public Health Grant is being reduced.

This means that North Yorkshire will lose £3 million funding and all Public Health programmes will have to make savings as a consequence. Indeed, some will stop altogether. These proposals, alongside investment in children and young people's emotional and mental well-being and substance misuse services, mean that a third of the Public Health Grant available to the County will continue to be spent on children and young people. This translates to 33% of Public Health Grant being spent on children and young people who constitute about 22% of North Yorkshire population.

The savings from the Healthy Child Programme budget is £750,000 over three years.

Our priority is to focus on children aged under fives

The foundations of a healthy life are set in early childhood and in North Yorkshire we wish to prioritise investment in 0-5 years in order to ensure our children receive the best start in life. In the context of the reduction in Public Health Grant, the council seeks to secure this through a long term funding arrangements for the Healthy Child Programme for up to a period of 10 years. There is evidence that indicates a focus on 0-5 years does not only support improving health outcomes but improves wider societal and economic outcomes. National policy related to providing a best start in life provides further evidence that increasing investment in 0-5 years can impact on childhood obesity, emotional wellbeing and school readiness. Improvements in these areas will in turn support lifelong positive outcomes.

The universal elements of the Healthy Child Programme identify children and families who are at risk of poor outcomes and who are in need of additional support. Focussing assessment on 0-5 years means the most vulnerable families can be provided with additional support at the earliest opportunity. Health Visitors and their teams are skilled practitioners who build parental confidence and can ensure families receive early help before problems develop further. This approach not only improves the life chances of the child but will reduce demand for higher cost specialist services as the child grows and, later, in adult life.

We have learned from how we have had to respond to Covid-19.

The pandemic has changed how we deliver the current service for the long-term. The profound impact of the virus on society and on public services means that people have been using services differently and some staff have developed new roles and skills. As national lockdown is easing, the current service is recovering but it will never return to the pre-Covid status. This consultation is proposing to learn on the service that has been provided during the Covid pandemic. For example, many families have given feedback saying that access to advice over the telephone, on face time or online has been really helpful to them.

The service will use evidence based tools to assess family need and risk and ensure that families most in need receive face to face quality contacts.

What will the proposed new service look like?

Most parents and carers can confidently support their children's development, but some experience challenges that can make this task more difficult. Factors such as poor mental health, financial hardship or ongoing conflict in a relationship all influence parents' ability to provide a nurturing environment for their child. There are a range of prevention and early interventions and practices which have good evidence of improving outcomes for children, by working directly with children themselves and helping parents or practitioners to support children's development.

The new service will focus on these prevention approaches and early interventions and practices. It will be an integrated 0-19 service that brings together many aspects of what is

currently provided by the Health Visiting (0-5) and School Nursing (5-19) services. We will continue to provide all of the mandatory elements of the service for all age groups, though for some families, this may be through a virtual or digital offer. There will be high quality universal and targeted provision with a focus on families with children under the age of five, delivered by appropriately trained, skilled teams. This approach will be an important way of providing children and young people with the skills and resilience they need to achieve a variety of important outcomes, including increased physical and mental wellbeing, educational attainment, and reduced youth crime and anti-social behaviour.

The new service will build on the learning from how services were delivered during the Covid-19 pandemic. Families and young people have engaged with services in a way that is relevant and appropriate to their needs and staff have developed new skills to support them in doing so. For example, some people have opted to get extra support online, including peer support from, and group work with, other families.

The proposals prioritise infant feeding and family diet and nutrition in under 5s, and childrens' readiness to learn and emotional health and resilience in those aged 5-19 as areas for improvement in the new service. This will allow greater integration of the NHS-led Healthy Child Programme with the County Council's Children and Young People's Services and other relevant services across health and social care.

The new service will be delivered through a partnership between North Yorkshire County Council and Harrogate and District NHS Foundation Trust, using what's called a Section 75 Agreement (which gives powers to local authorities to delegate the provision of services to an NHS Foundation Trust). There will be a separate 30-day public consultation on the partnership agreement in the late Autumn / early Winter of 2020/2021.

How will the new service be different from the current service?

The proposed new service is significantly different from the current service in a number of ways. It will continue to deliver universal services for all families and will also allow for resources to be targeted to those most in need. Protecting children at risk of harm and those in need remains the top priority.

The main changes are as follows.

- Whilst all new babies will have a face to face visit from a Health Visitor, follow up visits will be either face to face or online, depending on the family's needs.
- A menu of choices will be made available either face to face or virtually dependent on family need.
- All contacts with children under one year will be undertaken by a qualified Health Visitor.
- Contacts in children over one year old will be delivered by a skilled team under the direction of a Health Visitor. This approach will allow for a co-ordinated and integrated approach in responding to needs.
- Some of the services provided to school aged children (5-19) such as vision and hearing screening, and advice and support about daytime and night time wetting for school age children will not be provided.

- Support for emotional wellbeing and resilience and in reducing risk taking in young people will be enhanced.
- We are working closely with local partners (Families, CCGs, Primary Care, NHS Hospitals, Voluntary Organisations and Community Groups) to ensure that children and families are supported to access alternative services, for the aspects of the current service that will no longer be delivered with the new service. We will ensure that children, young people and families and the wider public have the information on how to access alternative services and support.

What does our equality impact assessment say?

We have carried out an equality impact assessment (EIA) which can be found here [insert link](#).

Equality impact assessments ensure that our policies, services and legislation do not discriminate against anyone and that, where possible, we promote equality of opportunity.

We will update this following comments received during the consultation and the North Yorkshire County Council Executive and the Harrogate and District NHS Foundation Trust Board will consider it again before a final decision is made on implementing the new service. The EIA has identified that there will be an impact on children and young people receiving some aspects of the service that will no longer be provided and we will offer support to families to adapt to those changes. The strength of North Yorkshire's full range of children and young people's services will help families to get the support that they need.

We anticipate that, if these proposals are implemented, the new service will have a positive impact for children, young people and their families, particularly as there will be a single, more integrated 0-19 service across the county which will lead to a more responsive service for children and families. However, we recognise that aspects of the current service delivery model will not be delivered and the partnership will carry out a gap analysis to be fully aware of potential risks.

A combination of face to face, online and group based service delivery can increase and improve how children and families can be supported. We anticipate that by making joint decisions with families, health and social care providers and schools, the right care and support will be available in a timely manner and that, by greater joint working, we will increase and improve how children and families are supported.

How can you have your say on these proposals?

We want to hear your views on the proposals set out in this document and, in particular on the following three questions:

1. In the context of a national reduction in North Yorkshire's Public Health Grant, do you support the proposals to prioritise children under 5, and their families, so that they have the best start in life?

2. In the context of a national reduction in North Yorkshire’s Public Health Grant, do you support the proposals for 5-19 year olds which are focussed on

- supporting vulnerable young people
- developing a service for emotional resilience and wellbeing.

How would you see that support being provided to children and young people?

3. We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to deliver some of the Healthy Child programme online and via the telephone.

What (or ‘How do you think’) digital and telephone services could help support you and your family?

You can tell us your views and give us your suggestions in the following ways:

- By reading this document and completing the online survey at www.northyorks.gov.uk/XXXXXXXXXX

If you would like to request any paper copies of the survey, or require information about the consultation in a different language or a more accessible format such as easy read please contact healthychild@northyorks.gov.uk

- By registering for our online events:
<insert times, dates and registration details>

Date	Time	How to register

- By attending a face to face event. We hope to arrange events across North Yorkshire when is it safe to do so. Full details will be on the website www.northyorks.gov.uk/XXXXXXXXXX and on social media, follow @northyorksc
- You can also send your views on the consultation proposals by email to healthychild@northyorks.gov.uk

- In addition, we will be holding specific consultation meetings with schools, health professionals and other key groups who have a particular interest in these services.

How long is the consultation?

This will be a 10-week consultation beginning on **Monday 26 October 2020** and ending on **Sunday 3 January 2021**. It is hoped that the consultation and related feedback will enable formal agreements to be in place by **1 April 2021**.

What happens after the consultation closes?

The responses received during this public consultation will be considered by North Yorkshire County Council's Executive, as well as its Scrutiny of Health Committee, and by the Harrogate and District NHS Foundation Trust Board, before any final decision is made.

Subject to the outcome of this consultation and due consideration, it is proposed that the new service will begin on **1 April 2021**.

Frequently Asked Questions

1. What is the public consultation about?

This consultation is about the proposals for an integrated 0-19 Healthy Child Service, Health Visiting (0-5) and School Aged (5-19) services, and the proposed new model for delivery of the mandated contacts and targeted support for families

2. What is the Healthy Child Programme?

The Healthy Child Programme is a national public health programme for children, young people and their families. It aims to bring together health, education and other partners to deliver an effective programme of early intervention, prevention and support. There is a statutory requirement for the Council to provide some elements of the programme.

Health Visitors lead the delivery of public health services and support to families, from pregnancy to children aged 0-5.

School Nurses lead some of the public health services and support for children, young people (aged 5-19) and their families.

Harrogate and District NHS Foundation Trust currently provides the Healthy Child Programme in North Yorkshire. The proposals include for the council to develop a partnership with the Trust to deliver the proposed new service model.

3. Why a new service model is being proposed?

The national Public Health Grant in North Yorkshire has reduced by £3 million. As a result, North Yorkshire County Council will have to make savings across all Public Health programmes. Some programmes have stopped or will stop.

In the context of the reduction in Public Health Grant, we are prioritising our focus on children aged 0-5. This is based on the evidence that increasing investment in the early years can positively affect many areas of a child's life, which in turn support lifelong positive outcomes.

We have also prioritised support for vulnerable young people and emotional resilience and wellbeing in children and young people.

Protecting children at risk of harm and those in need remains the top priority for the programme.

4. How will vulnerable children and young people be supported?

There will be no significant change to the Health Visitors role in local safeguarding procedures and processes.

The School Aged (5-19) Safeguarding Model includes a team aligned with the North Yorkshire Multi-Agency Screening Team (MAST) to support safeguarding procedures where it is deemed appropriate for the service to be engaged beyond the initial strategy meeting. The new model for 5-19 includes a specialist team of nurses to support children subject to a child protection plan and children who are looked after. The model adheres to the North Yorkshire Safeguarding Policy, Procedures and Practices

5. What difference will the new service model make to children, young people and families?

Every family with a child under 5 years will receive the five mandatory health reviews. The service will aim to deliver on 100% of contacts with a focus on Face to Face delivery for key contacts and families identified as requiring Face to face/ home visits through a robust Family Health Needs Assessment. Some contacts will be carried out using virtual methods based on robust risk assessment.

However, because of the reduction in Public Health grant and the focus on under 5s, the programme will not be able to provide the level of service that the service has provided previously to school aged children (5-19). Some of the services that have stopped or will stop include:

- Hearing and vision screening at school entry
- Perinatal mental health listening visits
- Drop-ins in schools
- Level 1 continence support (advice and support about daytime and night time wetting) for school age children
- Sexual health services
- Sign off school health care plans
- School entry and Year 6 health questionnaires

6. How will I get support for the services that are stopping?

We know that the Healthy Child Programme is only one source of support and information for children and families, and that they are often in contact with many services and agencies. The proposals presents the opportunity for closer working between the programme and other health and social services and community support, to ensure support that meet the individual needs of children, young people and families.

We are therefore working together to develop systems and processes that will enable families and young people to access the support they need. Some of these are explained below.

Families with children under 5 years

7. Will I still have a named health visitor?

Every family with a child under 5 years will have a named Health Visitor.

8. Will all child health clinics close? How will babies be weighed?

Well Baby Clinics will not be offered as part of the proposed model. Babies will be weighed in line with the recommendations in the Healthy Child Programme and when targeted support is required to support with Infant Feeding or where babies need targeted support to monitor development.

The Service will assess community need and use venues to provide group support to meet the needs of the local population. For example, use group activities to support Breast Feeding or Maternal Mental Health/ Perinatal Mental Health and attachment.

9. How will perinatal mental health concerns be identified and supported if Perinatal mental health listening visits no longer take place?

The Health Visitor will identify maternal mental health needs through the Family Health Needs Assessment and assessment of risk factors. Targeted support may be provided through listening visits or group activity or signposting to online/ web based support and activities.

10. How will young parents be supported?

Young parents will continue to be considered a vulnerable group and will receive all five mandated contacts and targeted support when required.

Children and young people (5-19)

11. Will my school have a named school nurse?

No, there will not be capacity in the 5-19 workforce to provide a named school nurse for each school. The service will develop online support available to schools. The emotional health and resilience team will provide targeted support to children and young people at Tier 1 Children and Adolescent Mental Health Service level.

12. What will happen if parents have concerns about their child's hearing?

Hearing will be considered at all 0-5 health reviews. At any point Health Visitors can refer direct to audiology for a hearing test. We are also developing ways that will enable professionals (e.g. teachers and GPs) to refer children with hearing problems to hospital audiology services for a hearing test.

13. What will happen if parents have concerns about their child's vision?

Routine eye checks are offered to newborn babies and young children to identify any problems early. Free NHS sight tests are also available at opticians for children under 16 and for young people under 19 in full-time education.

14. Who will sign off school health care plans for children and young people with managed asthma, epilepsy and diabetes?

There is not a formal requirement for health care plans to be "signed off" by a health professional. However, the health professional overseeing the child's care would be asked to input into the plan. This can be any health professional and would only be a school nurse if overseeing the child's care. If the plan identifies training needs for members of staff, the agency providing the training should be asked to confirm competency.

15. Who will provide level 1 continence support (advice and support about daytime and night time wetting) for school age children?

We are developing ways that families can access the information they need to self-manage these conditions at the level 1 stage.

16. Who will provide sexual health advice and support?

The Council will continue to support the delivery of quality Personal, Social and Health Education (PSHE) and implementation of statutory relationships and sex education (SRE) in schools. The service will provide effective signposting to local sexual health services.

17. Monthly GP liaison will stop and will be delivered differently what does this mean?

The current process for GP liaison will be reviewed and we will discuss how the 0-19 service liaises with practices in partnership with GPs once the new model is agreed.

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

Changes to Universal Healthy Child Service

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Richard Webb Richard.webb@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	Victoria Ononeze, Public Health Consultant Emma Lonsdale, Commissioning Manager Health Outcomes Sarah Morton, Senior Solicitor

How will you pay due regard? e.g. working group, individual officer	To be regularly reviewed as part of the Childhood Futures Programme 0-19 Service Transformation
When did the due regard process start?	Engagement with stakeholders in August 2018 to help inform the development of new service model.

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA relates to the decision to develop a new model for the delivery of the Universal Element (Health Visiting (0-5) and School Age (5-19) services) of the Healthy Child Programme (HCP) in North Yorkshire.

In 2018, North Yorkshire County Council (NYCC) initiated a review of the HCP to determine commissioning options from March 2020. This included seeking the views of local partners, staff and service users. The aim is to develop a more integrated 0-19 service that is more responsive to the needs of children, young people and families.

A paper went to the Executive in August 2019 which set out the different approaches to commissioning the different elements of the programme. For the Universal element of the HCP (Health Visiting and School Age Service), the intention is to pursue a partnership approach between NYCC and Harrogate and District NHS Foundation Trust (HDFT) that will allow HDFT to deliver a new service model on the Council's behalf, using Section 75 Agreement.

The new service model has been agreed within the context of national changes in Public Health Grant which have resulted in a reduction across public health programmes of around 15%. A saving of £750,000 has been applied to the 0-19 services delivered by HDFT.

NYCC and HDFT have developed a new service model which both parties consider to be affordable within the reduced financial envelope.

This EIA will consider the potential impact of the new service model, but also take into account the potential impact should the new service model not be implemented.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The Health Visiting (0-5) and School Age (5-19) services have been commissioned from the HDFT since 2013. The current HDFT contract expired in March 2020 and, in the context of the significant reduction in ring-fenced PH Grant, the Council has proposed developing a single 0-19 core service as part of its savings plan.

The proposal is to develop and implement a new way of working that supports the philosophy of the Childhood Futures Programme, to transform 0-19 services and achieve greater collaborative working across the system.

NYCC have worked closely with service leads at HDFT to develop the proposed model and approach which responds to the local context and will deliver a service within budgetary constraints that is tailored to needs.

Both parties are keen to be innovative in the way they work with local information and partners to co-ordinate the right level of services and support by the right people for children, young people and families.

- Work together to develop a new service model that meet local needs
- Commitment to providing both universal and targeted approaches to services with some enhanced services
- Ensure a phased and orderly transition to a new service model so that the provider can redeploy and re-train staff
- Set out how, over the next three years, they will work more closely to integrate the HCP with NYCC Children and Young People's Services and the wider system

Section 75 Agreement will enable partnering arrangements between NYCC and HDFT to achieve the above objectives. The risk is deemed low as the Public Contract Regulations allows these types of agreements.

The collaborative partnership approach will ensure maximum efficiency in delivery of the healthy child service.

Section 3. What will change? What will be different for customers and/or staff?

The new service model is significantly different from current service model in a number of ways as set out in table below. It will continue to deliver universal services and will allow for resources to be targeted at those most in need, so safeguarding and services for children in need remain a priority.

The key changes are:

- An overall reduction in the mandated visits carried out by health visitors in children aged 0-5, with enhanced contacts for vulnerable families
- All contacts with children under 1 year will be delivered by a qualified Health Visitor, and contacts in children over 1-year-old delivered by a skill mixed team. This will allow for a more coordinated and integrated approach to responding to needs
- There will be no generic service delivered to school aged children 5-19 year olds (e.g. vision and hearing screening and bet wetting at night will not be directly provided, but families will be signposted and supported to alternative services)

There will also be a significant reduction in the workforce to deliver the new service model as a result of the reduced service budget. The national shortage of Health Visiting and School Nursing staff creates ongoing risk to recruitment and retention, more so in some parts of the county. The new service model with specialist and skilled mix teams will contribute to a more stable workforce.

Both organisations recognise that there are potential risks with the new model but consider these risks can be sufficiently mitigated. Detailed work is being carried out to further develop the model and a plan to mitigate associated risks.

However, the evaluation on new ways of working as a response to COVID-19 has shown positive feedback from service users and staff on virtual delivery. This provides some flexibility in expanding the scope of the new service model. For example, virtual contacts (telephone and WhatsApp calls) followed by welfare calls which were found to respond to the needs of some children, young people and families and can also help reduce staff workload. Access to digital consultation and service delivery will be considered as part of the development of the new service and wider services in the county.

The model may also impact on other services and discussions with local partners, service users and the wider public will be important to manage the transition. A number of consultation workshops involving local partners took place in March 2020 which looked at the different aspects of developing the new service model. These have been used to develop the documentation (Appendix 1) for the public consultation on the new service model commencing in Autumn 2020.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

North Yorkshire County Council initiated an engagement activity during August 2018 to inform the re-commissioning of the HCP in April 2020. The aim of engagement was to obtain the views of a variety of stakeholders in order to review the services currently offered and inform development of a new service model. The key findings are:

- Support for a 0-19 approach to service planning and delivery and regular health and wellbeing reviews as touchpoints of early identification of needs
- Vulnerable families are a priority
- School readiness, Emotional wellbeing and Adolescent risk taking as priority areas
- Autism Spectrum Disorder (ASD)/ Attention Deficit Hyperactivity Disorder (ADHD) Concern – service offer and workforce skills to respond
- Diverting activity from GP's to Early Help interventions would support 'right place right time' approach to care and support
- Information sharing systems should be improved and interoperability prioritised
- A clear offer required for children with complex health needs
- Healthy Child Safeguarding role a valued element of the service

In March 2020, NYCC and HDFT held a number of consultation workshops involving local partners which looked at the different aspects of developing the new service model. The workshops focused on identifying the impact the new model may have on other services. The feedback has been used to develop the documentation (Appendix 1) for the public consultation on the new service model.

All partners acknowledged that the changes will result in a reduced service with reduced staffing capacity in comparison with what is delivered now and will be significantly different to the current model. In particular, significant changes in the services delivered to school aged children.

However, all recognised that the model presents a different way of working together:

- Help plan and provide collective actions across the system to address key public health priorities
- Facilitate integrated working practices that can help reduce the burden on families repeating their story and being subject to unnecessary assessment
- An opportunity to work flexibly and to respond to local needs
- Can support communities in the delivery of self-care and capacity building
- A clearer more streamlined service offer that utilises the skill set of the workforce
- A safe service that will target the most vulnerable in society
- Partnership working with Early Years settings where there are shared child developmental concerns

The public consultation this Autumn with local partners, service users and the wider public will be important in the further development of the model and to manage the transition into the new service.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

The cuts to the public health grant nationally from PHE is about 15% and this means a reduction in council funding for public health services.

The funding for the HCP has been relatively protected, but investment in this area is subject to a reduction in the face of significant budget cuts. However, greater efficiency will be achieved through the proposed partnership and more collaborative working across the system that will help reduce duplication and provide a streamlined service that provides the right support for children, young people and families.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		A single 0-19 offer and more integrated working practices across the system will lead to a more responsive service for children and families. Some service performance data are broken down by age and uptake will be monitored.
Disability	x			Service monitoring does not capture disability. However, the service delivers interventions at home, and Children and Families Hubs which benefited those who

				with children and young people with disabilities.
Sex	x			
Race	x			<p>There is evidence to show poorer outcomes in some black and minority ethnic groups (e.g. low birth weight and lower level of readiness for school).</p> <p>In 2011 4.6% of the North Yorkshire population were from a non-white British ethnic groups which is significantly below the national average.</p> <p>The ethnic diversity varies between districts with Harrogate having the biggest number of people identifying as non-white; Asian British and mixed /multiple ethnic group make up the major part of this diversity in Harrogate. Asian British is the largest group of non-white people in Craven and Richmondshire.</p>
Gender reassignment	x			It is not anticipated that there will be any adverse impact on this protected characteristic.
Sexual orientation	x			It is not anticipated that there will be any adverse impact on this protected characteristic.
Religion or belief	x			<p>The 2011 census shows the majority of the population within North Yorkshire state they identify with Christianity as their religion.</p> <p>However, some parts of the county have a higher percentage of the population stating another religion or belief as follows:</p> <p>Richmondshire: 0.7% Buddhist, 1 % Hindu</p> <p>Craven: 0.9% Muslim</p> <p>Scarborough: 0.5 % Muslim</p> <p>Harrogate: 0.4% Muslim¹⁴</p> <p>it is not anticipated that there will be any adverse impact on this protected characteristic than the entire population.</p>

Pregnancy or maternity		x		Better joined up working between the HCP and midwives in identifying and responding to the needs of vulnerable parents and families
Marriage or civil partnership	x			It is not anticipated that there will be any adverse impact on this protected characteristic.

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
...live in a rural area?		x		Digital and community led solutions to service delivery with regard to access in rural areas in response to engagement and consultation feedback. These will building on exiting initiatives and the learning from COVID-19 responses.
...have a low income?		x		Prevalence of poor health outcomes is higher in low income families. All risk factors and inequalities associated with poor outcomes will be paid regard to in the service specification's and performance framework, in response to consultation feedback for more support for vulnerable children and families.
...are carers (unpaid family or friend)?		x		As above

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)

North Yorkshire wide	x
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	

If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.

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Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.

No

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	x
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>Ongoing engagement with service users will support continuous points of review to ensure that no adverse impact.</p> <p>The service model will be under regular review through the NYCC and HDFT partnership, and will underpin service transformation and the development of coordinated and integrated practices in 0-19 services across system.</p>	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

Ensure effective communication to be carried out with all stakeholders; staff, service users and the wider public, to enable change management and service mobilisation.

Regular review of how the new model is being delivered will be a carried out in partnership with HDFT.

Complaints and commendations.

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
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Consider data and feedback on protected characteristics when reviewing / monitoring the changes	Commissioning Manager and Public Health Consultant And reported to Healthy Child Programme Board	Fortnightly		Ongoing
Continue to work in partnership with local partners and community organisations to mitigate against reduction in services	NYCC and HDFT through the Healthy Child Programme Board	Ongoing		

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

No adverse impacts have been identified at this stage.

The programme will support the council's equality objective to reduce differences in life expectancy between communities as it will to ensure every child gets the good start they need to lay the foundations of a healthy life.

The universal reach of the Healthy Child Service provides an invaluable opportunity from early in a child's life to identify families that are in need to additional support and children who are at risk of poor outcomes. A healthy start in life gives each child an equal chance to thrive and grow into an adult who makes a positive contribution to the community. To facilitate this change, NYCC will have to work with its partners and the proposed partnership with HDFT to deliver a new Healthy Child Service model is part of the process.

All equalities priorities (Age, Disability, Gender, Gender Reassignment, Marriage or Civil Partnership, Religion or belief, Race, Sexual Orientation, Pregnancy or Maternity) have been addressed in this process.

This EIA will be regularly reviewed during the mobilisation of new service model and throughout the duration of the partnership.

Section 14. Sign off section

This full EIA was completed by:

Name: Emma Lonsdale

Job title: Children's Commissioning Manager Health

Directorate: CYPS

Signature: *Emma Lonsdale*

Completion date: 28.07.2020

Authorised by relevant Assistant Director (signature): Victoria Ononeze
Consultant in Public Health

Date: 28.07.2020