North Yorkshire County Council

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 Mike Rudd – Head of Commissioning

	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. Full public consultation completed between October 2020 and January 2021

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 was considered by the Executive in August 2019 which set out the 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.

Following public consultation on both the new Service Model and the use and content of the Section 75 Agreement a range of additional service measures are proposed which will address potential short term issues resulting from the changes.

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 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.

The learning from the operational response to COVID-19 throughout 2020 has illustrated ways in which services such as this can be safely and effectively delivered through a blended approach of physical and virtual support, the proposal looks to build on this experience and embed it within the future model.

The Council 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

A Section 75 Agreement will enable partnering arrangements between NYCC and HDFT to achieve the above objectives. The risk around this approach has been understood and accepted, and based on the partnership framework is compliant.

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:

- All children and families will continue to receive the 5 mandated contacts from Health Visitors between the ages of 0 and 5. Under the new proposal these will be via a blended model of physical and virtual visits based on a risk assessment which will be continually reviewed through both HCP and interactions with other partners.
- 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). Considerable work has been undertaken to mitigate the impacts of these changes, including signposting to partner agencies and other services.

There will also be a 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. In addition, the move to a blended approach of physical and virtual visits will allow staff time spent supporting people rather than travelling to be maximised.

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.

Engagement with local partners, service users and the wider public has been undertaken to understand the concerns and issues generated by this proposal. 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. The public consultation held between October 2020 and January 2021 has engaged with a wide range of education and health professionals to understand their concerns and develop mitigations.

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

Between October 2020 and January 2021 a wide ranging public consultation was held as set out in the report to Executive on 26/01/21. This consultation sought people's views on the proposed changes to the service.
245 people responded to the online survey, well above the benchmark of 120 responses. In addition the HCP project team spoke to 98 people by attending pre-existing meetings and events, whilst an additional 32 people attended bespoke events hosted by the Council. The summarised feedback from the consultation along with a full response can be found in the paper submitted to Executive for 26/01/2021.

In response to the issues raised within the two public consultations, it is proposed that the following measures be implemented to support the Healthy Child Programme and the delivery of effective integrated services to children and families:

Additional Safeguarding Capacity – to ensure a smooth transition to the new service model, , 1 FTE Safeguarding Practitioner will be added to the existing Multi-Agency Safeguarding Team (MAST) arrangements for an initial 12month period and will be reviewed at that point . The post will support NHS participation in Child Protection Conferences as a priority, provide advice to those NHS professionals attending and promote quality information sharing and communication.

Nursing advice to schools – Additional resources will be deployed within the NYCC Customer Centre to provide an advice service to schools and education settings. The service will be accessible to schools via telephone, MS Teams and email to provide advice and support as well as signposting and referrals to local services.

Hearing and Visual Screening - Health Visitors will continue to assess children's sight and hearing as part of the mandated health and wellbeing reviews in children aged 0-5 and will refer families where issues are identified to their GP. In instances where education staff are concerned about a child's hearing or vision they will have information on how to enable them to advise parents / guardians on how to access high street audiology and opticians, which are available free of charge to the person through the NHS. Consideration was given to the option of either reinstating this provision through the 0-19 service or via other routes. Given the ready availability of such services free at the point of use, this is felt to be inappropriate at a time when the Public Health Grant is being reduced nationally, with a consequence for services in North Yorkshire.

Sexual Health – Work is ongoing with the NYCC commissioned Sexual Health Service Provider (York NHS Foundation Trust - YFT), HDFT and other partners to ensure that services are delivered from young people-friendly settings.

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

The Healthy Child Programme is funded through the North Yorkshire Public Health Grant which is a funding allocation from Public Health England to the Council. This is a defined pot of funding from central government for the delivery of Public Health services.

The Public Health Grant was subject to 8% national reductions between the financial years 2017/18 and 2019/20, with an inflationary increase only for the financial year 2020-21. The level of future Public Health Grants is announced annually and cannot be predicted. As a result the Council is required to make spending reductions across a range of Public Health services.

Healthy Child services account for approximately a third of North Yorkshire's Public Health spending and they will continue to be at a similar share, despite the reductions in national Grant.

This proposal will reduce the direct cost of the Healthy Child Programme by £657,000 by year three of the 2 years 9months +3+2+2 year contract.

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. The move to a blended model based on risk assessment will allow families to access services remotely where this is appropriate. For some families this will facilitate greater interaction and support. All families who require face to face contact either through additional need or levels of risk will continue to do so.
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			Any change in the service is more likely to impact on women due to the demographics of those accessing the service.
Race	x			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). In 2011 4.6% of the North Yorkshire population were from a non-white British ethnic groups which is significantly below the national average. The ethnic diversity varies between districts with Harrogate having the biggest number of people identifying as non-white; Asian British and mixed

				/multiple ethic 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.
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			The 2011 census shows the majority of the population within North Yorkshire state they identify with Christianity as their religion. However, some parts of the county have a higher percentage of the population stating another religion or belief as follows: Richmondshire: 0.7% Buddhist, 1 % Hindu Craven: 0.9% Muslim Scarborough: 0.5 % Muslim Harrogate: 0.4% Muslim14 it is not anticipated that there will be any adverse impact on this protected characteristic than the entire population.
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. Closer working across the system, facilitated by the Section 75 approach will allow for more joined up working and shared interventions where needed.
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	**No impact**	**Make things better**	**Make things worse**	**Why will it have this effect? Provide evidence from engagement, consultation**

proposal affect people who…				**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 and performance framework, in response to consultation feedback for more support for vulnerable children and families. Risks around digital exclusion linked to low income will be mitigated through risk assessments and utilisation of face to face visits.
…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.	

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.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.) Ongoing engagement with service users will support continuous points of review to ensure that no adverse impact is felt due to protected characteristics. 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. The	

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**
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 / Mike Rudd
Job title: Lead Commissioner
Directorate: CYPS / HAS
Signature: M. Rudd

Completion date: 27/05/21

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

Date: 27.05.2021