

Equality Impact Assessment Report	Please enter responses below in the right hand columns
Date	21 June 2016
Title of Project, business area, policy/strategy	Commissioning intentions for Health Visiting Service
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London Borough of Lambeth Full Equality Impact Assessment Report

Please enter responses below in the right hand columns.

1.0 Introduction

1.1 Business activity aims and intentions

In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the political vision, and outcomes?

The Health Visiting Service workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. It is a universal service for the 21,892 under 5 year olds in Lambeth, 60% of whom are BME (higher than the population as a whole). Child poverty is at 32%.

Health visitors (HVs) help to empower parents to make decisions that affect their family's health and wellbeing and their role is central to improving the health outcomes of populations and reducing inequalities.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP), a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.

There are four tiers (community, Universal, Universal Plus and U/Partnership Plus) and the planned change is a 13% reduction against the HVS budget with the greatest impact of the cuts likely to be on Universal Plus, with reduced capacity for early intervention and the service becoming more reactive than proactive.

However, the service will continue to provide the 4,5,6 model:

- 4 levels of service: Community, Universal, Universal Plus, Universal Plus Partnership

	<ul style="list-style-type: none"> • 5 Mandated elements: Antenatal visits; New birth visits, 6-8 wk check, 1 yr assessment and 2-2 ½ yr assessment • 6 High Impact Areas: Transition to parenthood and early week; Maternal perinatal MH; Breastfeeding; Healthy Weight; Managing minor illness and reducing accidents; Wellbeing and development at 2 yrs and support to be ready for school <p>Universal plus offers rapid response from the local health visiting team when specific expert help is needed for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.</p> <p>Please note that activity data on the use of UP services is not available at the time of this EIA. Generating such data is needed to better ascertain the impact. Providers should be tasked with producing the data including by the equality characteristics.</p>
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2.0 Analysing your equalities evidence

2.1 Evidence

Protected characteristics and local equality characteristics	Impact analysis For each characteristic please indicate the type of impact (i.e. positive, negative, positive and negative, none, or unknown)
Race/ethnicity	Eligibility criteria will remain the same, however the reduction in capacity may generate a waiting list that may impact some groups more than others. Possibility of some BME groups being disadvantaged if access is more constrained due to health literacy, deprivation. Groups may include Black British/Caribbean/African, Portuguese, East European etc.
Gender	Eligibility criteria will remain the same, however the reduction in capacity may generate a waiting list/increase barriers to access that may impact some groups more than others. Young mothers may be affected as per above.
Gender re-assignment	No impact anticipated
Household type	Single parent households

Disability	Possibility of impact as CWD (and their parents) more likely to need greater health care given needs.
Age	As above for gender.
Sexual orientation	No impact anticipated
Religion and belief	No impact anticipated
Pregnancy and maternity	No impact anticipated
Marriage and civil partnership	No impact anticipated
Socio-economic factors	Potential impact due to access issues related to deprivation.
Language	Potential impact due to access issues e.g. health literacy.
Health	Impact on timely access to UP service given the possibility of delays due to a reduced/stretched service. May affect health outcomes that UP addresses – e.g. weaning and mental health and parenting practice. Therefore is important for early intervention for future CYP outcomes.
2.2 Gaps in evidence base <i>What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.</i>	Please note that activity data on the use of UP services is not available at the time of this EIA. Generating such data is needed to better ascertain the impact. Providers should be tasked with producing the data including by the equality characteristics. Activity data is currently aggregate.
3.0 Consultation, Involvement and Coproduction	
3.1 Coproduction, involvement and consultation	Discussions already had with: - Gstt - Public Health

<p><i>Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?</i></p>	<p>- Commissioners</p>
<p>3.2 Gaps in coproduction, consultation and involvement <i>What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you do not intend to undertake it, please set out your justification.</i></p>	<p>Public and users of the service.</p>
<p>4.0 Conclusions, justification and action</p>	
<p>4.1 Conclusions and justification <i>What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?</i></p>	<p>Some impact is likely however may be modest and mitigatable against by better use of other current services e.g. early years workforce, other primary care.</p> <p>Through discussions with GSTT, a number of actions are being progressed to mitigate the risk and maximise efficiency and productivity:</p> <ul style="list-style-type: none"> • Review the Child development workers role and competencies to increase the follow up with families where parenting issues such as attachment, sleep, toileting, behaviour are presenting or identified as an issue at the developmental reviews, this will free up HV time to focus on the high impact areas. • Review the child health clinics to reduce frequency and consolidate where appropriate

	<ul style="list-style-type: none"> • Review criteria for referral to the Early intervention health visitors with a view to increasing caseloads and flexing the criteria • Review clinical leadership and support roles the service requires • Introduce more antenatal groups to achieve the mandated antenatal visit • Monitor provider activity data to identify any changes in the equality profile of users and ensure pick up by the mitigating services
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4.2 Equality Action plan
Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.

Equality Issue	Mitigating actions
Unintended consequences	As above in 4.1
Gaps in service provision	Potential increase in waiting times/worse access due to capacity reduction

5.0 Publishing your results

The results of your EIA must be published. Once the business activity has been implemented the EIA must be periodically reviewed to ensure your decision/change had the anticipated impact and the actions set out at 4.2 are still appropriate.

EIA publishing date	
EIA review date	
Assessment sign off (name/job title):	

All completed and signed-off EIAs must be submitted to equalities@lambeth.gov.uk for publication on Lambeth’s website. Where possible, please anonymise your EIAs prior to submission (i.e. please remove any references to an officers’ name, email and phone number).