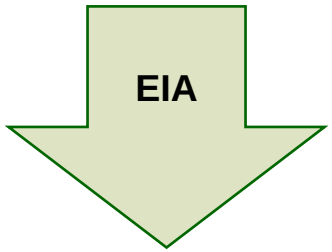
Warwickshire County Council (WCC) Equality Impact Assessment (EIA) Form

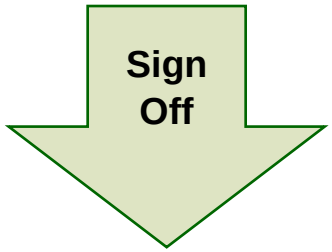
The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available here.

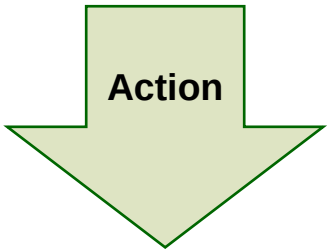
Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team via equalities@warwickshire.gov.uk, or if it's relating to health inequalities, please contact Public Health via phadmin@warwickshire.gov.uk.



- Having identified an EIA is required, ensure that the EIA form is completed before any work is started. This includes gathering evidence and / or engaging the relevant stakeholders to inform your assessment.



- Brief the relevant Assistant Director for sign off and upload the completed form here: **Upload Completed Equality Impact AssessIIIII'.ments.** Please name it "EIA [project] [service area] [year]"
- Undertake further research / engagement to further understand impacts (if identified).
- Undertake engagement and / or consultation to understand if EIA has identified and considered impacts.
- Amend accordingly to engagement / consultation feedback and brief decision makers of any changes.



- Implement proposed activity.
- Monitor impacts and mitigations as evidence of duty of care.

Working for Warwickshire

Section One: Essential Information

Service / policy / strategy / practice / plan being assessed	0-5 Public Health Nursing (Health Visiting)
Business Unit / Service Area	People Directorate, Strategy and Commissioning, Family Wellbeing
Is this a new or existing service / policy / strategy / practice / plan? If existing, please state date of last assessment.	Existing service. This EIA relates to the decision to develop a new model for the delivery of the 0-5 Public Health Nursing Service namely the proposed option to enter into a Section 75 agreement with the incumbent provider.
EIA Authors **N.B.** It is best practice to have more than one person complete the EIA to bring different perspectives to the table.	Dominic Shepherd: 0-5 Health Visiting Commissioner Kelly Hayward: Public Health Manager – Child Health and Long-Term Conditions
Do any other Business Units / Service Areas need to be included?	No
Does this EIA contain personal and / or sensitive information?	No

Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?	No

1. Please explain the background to your proposed activity and the reasons for it.

The 0-5 Public Health Nursing contract is currently commissioned by Warwickshire County Council and delivered by South Warwickshire University Foundation Trust (SWFT). The service delivers the nationally mandated health checks for babies and families, a Family Nurse Partnership and Stop Smoking in Pregnancy Service. The Health Visiting Service aims to promote the health and wellbeing of children aged 0-5 years and their families, offering practical advice and support on a range of topics related to parenting. The service delivers the **Healthy Child Programme** which aims to protect and improve infant and parent health. This offers every family an evidence-based intervention programme consisting of screening tests, immunizations, developmental reviews and information and guidance to supporting parents in making healthy choices. The programme aims to deliver important health checks and information that children and families need to receive if they are to achieve their optimum health and wellbeing.

Central to the service is the **Early Years High Impact Areas** which are:

- Supporting the transition to parenthood and the early weeks
- Supporting maternal and infant mental health
- Supporting breastfeeding (initiation and duration)
- Supporting healthy weight and healthy nutrition
- Improving health literacy, managing minor illnesses, and reducing accidents
- Ready to learn and narrowing the word gap

The service operates under the principles of universal proportionalism – increased support provided as the level of need rises.

The current contract ends on March 31st 2024. Arrangements beyond this have been explored and reviewed over the last 18months-2 years. The Council considered several proposed options including re-procurement (going out to tender), bringing the service in-house or developing a section 75 agreement. Each option was considered as to what may best meet the needs of residents and deliver on the aim of providing children with the best start in life. A Section 75 was approved as the option of choice by the Directorate Leadership Team in October 2021 and has since been discussed as to the legal and practical possibilities of implementing this. A market testing exercise was undertaken in March 2023 to further explore options, present the principles and a vision for the future service model.

Engagement exercises with residents of Warwickshire have been completed. The last engagement was completed in 2021 with both service users, and health care professionals. This strongly indicated the need for an integrated 0-5 service that is more responsive to the needs of children and families, enabling a joined-up and cross sector approach to the service (see qualitative section). A Section 75 agreement provides a mechanism by which this could be achieved.

A Section 75 and the decision to move towards this new arrangement requires a duty to consult as the NHS and local authorities' partnership arrangements regulations 2000 stipulate that the partners may not enter into any partnership agreements unless they have consulted jointly *"such persons as appear to them to be affect by such arrangements".* We are therefore undertaking a public consultation from August 14th to September 30th 2023 to hear from Warwickshire residents on the proposal and benefits of this new model.

The current service was initially commissioned in 2017. The service no longer has provisions to extend the current contract and therefore it is time to recommission.

This EIA will consider the potential impact of the proposed service model and guide our consultation process.

2. Please outline your proposed activity including a summary of the main actions.

Warwickshire County Council has worked closely with service leads at South Warwickshire University Foundation Trust to understand the best model to continue to deliver the service and meet our strategic ambitions. The proposed model can more readily respond to local context. 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, ensuring support by the right people for children and families.

The proposed activity is to transition to a new contractual arrangement with the current provider namely a 'Section 75 agreement'. A Section 75 is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body.

The intention of Section 75 agreements is to improve services for users through either 'pooled budgets' (where two organizations bring together resources) and/or 'delegated functions' (where one organization exercises an agreed function on behalf of another) if it could be reasonably expected that this would lead to an improvement in health because of the way those functions are exercised.

This is a contractual partnership; it is legally binding for a specific length of time with clear outcomes that partners are accountable for achieving through collaboration and co-design.

A Section 75 agreement provides the legal basis and flexibility for the pooling of resources in support of our overall integration plans. This will enable more efficient commissioning of locally-tailored health and social care services, leading to improvements in the way care and support is provided. The Section 75 agreement provides clarity about the responsibilities of both parties, prevents ambiguity, and provides a reference point for problem solving in the event of potential disputes arising.

To deliver on the proposed arrangement, a period of consultation is being undertaken from 14th August – 30th September 2023 with anyone in Warwickshire who wishes to comment on the proposed arrangements, including people who live and work in Warwickshire, people who use our services, carers and family members, professionals, our partners, providers and other stakeholders.

The arrangement will not change what residents currently receive as part of the service, but the service will be more integrated in how it delivers these arrangements.

Following the consultation period and approval by Cabinet in January 2024, the new service will be in place from April 1st 2024. Whilst the full outputs of this are currently being refined and depend on approval by various governing bodies, we are conducting this EIA to ensure we have considered the impacts fully **and will complete a follow up equality impact assessment after the consultation to consider any unforeseen impacts that residents inform us of.**

This Equality Impact Assessment will also inform our consultation methods to ensure we have considered different individual needs.

This Equality Impact Assessment considers and further develops on a Health Equity Assessment undertaken and completed in May 2023 which provides a systematic overview of inequalities in relation to the service area.

3. Who is this going to impact and how?

Customers	Members of the Public	Employees	Job Applicants
x	x	x	
Other, please specify:	The arrangement will not change what residents currently receive as part of the service, but the service will be more integrated in how it delivers the arrangements leading to improvements in service provision.		

Section Two: Evidence
Please include any evidence or relevant information that has influenced the decisions contained in this EIA. This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups and additional groups outlined in Section Four.

A – Quantitative Evidence
This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

Population
The 0-5 Public Health Nursing service serves parents/carers and infants aged 0-5. It is estimated there are around 38,446 children aged 0-5. This means children under 5 account for 6.6% of the total Warwickshire population. With variation across boroughs and districts shown below.

District/Borough	Total Population	0-5 Population	% 0-5 of Total Population
North Warwickshire	65,452	3,980	6.1%
Nuneaton and Bedworth	130,373	9,683	7.4%
Rugby	110,650	7,988	7.2%
Stratford-on-Avon	132,402	7,749	5.9%
Warwick	144,909	9,046	6.2%
Warwickshire	**583,786**	**38,446**	**6.6%**

(0-5 Population in Warwickshire)

The Office for National Statistics (ONS) produces estimates of the size of the population in the future. The estimates show that the total Warwickshire 0-5 population is expected to increase to 44,749 by 2043, which is an increase of 17.7% from the estimated figure in 2021. Of this Nuneaton and Bedworth Borough accounts for the highest percentage of the total 0-5 Warwickshire population (25.2%) and North Warwickshire Borough the lowest (10.4%).

Ethnicity
The number of people accessing the service by ethnicity is not currently collected, however other maternal and child health data sets allow us to provide an overview of the number of people. The 0-5 population within Warwickshire is similar to the breakdown of the Adult Warwickshire population as the majority of children 0-5 are White British (76.8%), but there are substantial populations of other ethnicities.

4.7% Asian, Asian British or Asian Welsh: Indian (1778, 0-5s)
6% White: Other White (2297, 0-5s)
2.36% Mixed or Multiple Ethnic Groups: White and Asian (890, 0-5s)
1.23% Black, Black British, Black Welsh, Caribbean or African: African. (467, 0-5s)

There is significant variation of ethnicity representation across the different districts and boroughs in Warwickshire.

Age

The predominant age of mothers is between 25-34 (ONS Live Births Data for Warwickshire). However, there is variation amongst districts. Nuneaton and Bedworth have the highest births by mothers under 20. Warwick has the highest number of mothers of an older range 35-44. The table below shows this data across the ages and across boroughs/districts.

Age of mother	Warwickshire	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick
Total	5,998	660	1,531	1,204	1,212	1,391
Mother aged under 20	118 **(2%)**	8	53	12	21	24
Mother aged 20-24	711 **(11.85%)**	95	239	152	115	110
Mother aged 25-29	1,544 **(25.7%)**	200	497	330	285	232
Mother aged 30-34	2,213 **(37%)**	232	494	439	460	588
Mother aged 35-39	1,151 **(19.2%)**	104	206	231	260	350
Mother aged 40-44	250 **(4.1%)**	20	41	37	68	84
Mother aged 45 and over	11 **(0.18%)**	1	1	3	3	3

Table 4: Office for National Statistics Live Births Data 2021

As part of the Health Visiting service offer, mothers and fathers aged under 19 are eligible for support from the Family Nurse Partnership. Data for clients active during the period 1/01/2022-31/12/2022 showed in Warwickshire North FNP worked with 64 clients with 55 clients in the South and Rugby.

Gender
In Warwickshire 48.57% of 0-5s are female and 51.43% are male. The adult population gender is: 49% Males and 51% Females.

Religion/Faith
50% of the Warwickshire population are Christian in the last census (2021), 2.1% are Sikh, 1.8% Hindu, 1.5% Muslim, 0.4% Buddhist and 0.1% Jewish. Data by religion/faith is not currently obtained through the health visiting service and sub services.

Marriage/Single Parents
In the UK 15% of all families are headed up by a single parent. Lone parent status with dependent children in Warwickshire differs by district/borough. Lone parent status with dependent children is 5.1% in Warwick, 6.3% North Warwickshire, 7.8% Nuneaton and Bedworth, 6.3% Rugby and 4.9% Stratford-on-Avon. Data on couples who are married/ in a civil partnership with children under 5 in Warwickshire is not currently recorded/available.

Same Sex Parents
Information on same sex parents is limited for Warwickshire. This data is not currently routinely collected as part of the service.

Disability: Mental and Physical Health Disabilities

Learning disability
The number of parents with a learning disability in England is not known. This information is not currently routinely collected as part of the service. A Joint Strategic Needs Assessment undertaken in Warwickshire indicates there are around 10,930 people living with a learning disability in the county. For the child 0-5 detection of a learning disability can sometimes be diagnosed in the infant years. A GP usually makes a diagnosis of a learning disability, but it is often parents or teachers who may first become aware. Health visitors can play an important role in detecting and identifying any health problems through the developmental checks. Global development delay is where a child takes longer to reach certain development milestones than other children their age.

From the SEND data currently available to the local authority, we know there are gaps in our knowledge relating to the 0-5 years population as well as a lack of understanding about what disability data is held by our Health colleagues.

Physical Disability
Currently there is not enough data to comment on parents with a physical disability in Warwickshire.

Mental Health
Whilst exact figures for parents with a diagnosed mental health condition in Warwickshire is not known, it is known that one in four people nationally experience mental health problems during pregnancy and in the first year following the birth of a child. A range of support services support parents in the early years including; Perinatal Infant Mental Health Workers, IAPT and other services. Recent findings in the Infant, Children and Young people JSNA identified an increase in children 0-4 accessing mental health services.

There are also **health inclusion groups** that are known to have poorer health outcomes and face inequalities in access, experience and outcomes of healthcare services these are:

Transient communities May face language barriers and difficulties in asking for help with navigating the health system and having the confidence to request support.

Newly Arrived Families including immigrants and refugees
Refugee and migrant children are at a high risk of developing mental health conditions (WHO, 2022). Over the past year a substantial number of families and individuals have arrived via different migration schemes to live in Warwickshire. Such as:

- UK Resettlement Scheme and Afghan Resettlement Schemes: In 2021-2022 there were 78 children aged under 18 who had been resettled into the community and 34 in hotel accommodation.
- Homes for Ukraine: 70 children aged under 4 years old in Warwickshire.
- Hong Kong British National Overseas (BNO) Scheme: 234 Hong Kong Pupils in Warwickshire with 147 in Primary School.
- Asylum dispersal scheme and hotels: 132 children in Asylum hotels in Warwickshire and 106 under 18s looked after by WCC.

Armed Forces Families:
There are two serving AF population in Warwickshire. There are approximately 350 children under 18 across these two sites. In the context of the covenant duty there would be an expectation that Health Visiting services pay 'due regard' to the guidance from NHS England and OHID. There is also a statutory duty to ensure Armed Forces community receive same level of service as all others.

Gypsy, Traveller and Boating communities:
There is a lack of data nationally and locally on parents and 0-5s from gypsy, traveler and boating communities to be able to comment with sufficient accuracy of numbers. However, evidence on broader healthcare access, outcomes and experience indicates that gypsy, traveler, and boating communities have the poorest self-reported measures of health outcomes across all ethnic groups.

Homelessness/living in temporary accommodation:
The number of households with dependent children (0-15) owed a duty under the homelessness reduction act in Warwickshire is 648 (Fingertips, 2022). The number specifically for 0-5s is not available.

One of the largest determinants of health inequality amongst parents and infants is socio-economic status and poverty. This incorporates income, education and occupation levels of the parent. Children living in disadvantaged socioeconomic circumstance suffer worse health than their more advantaged peers.
Digital poverty – previous engagement work conducted in 2015-2016 and 2021 with families noted isolation arising from poor access to information and digital poverty limiting access to HV services and awareness of information and support.

B – Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

An online consultation took place in summer 2021 with parents and carers on the 0-5 Public Health Nursing provision in Warwickshire. Alongside other engagement activity from January 2021 a total of 34 virtual focus groups with 193+ health care partners, 2 online surveys for GP's and early years staff. Additionally, 314 parent/carers voices were captured through face-face interviews and online survey. (218 online surveys and 96 face to face interviews in areas of greater need).

Many of the consultees in the consultation of summer 2021, (post pandemic and lockdown) had a very different experience of the service owing to the impact of the pandemic on NHS services and an increase in newborn babies during the pandemic. There were 218 responses to the survey, of which 56% were from central and South Warwickshire.

Almost 80% of respondents stated they knew how to contact their Health Visiting Service, however only 46% said they do not know who their family's health visitor is, 22% did not understand what the Health Visiting Service does and 16% did not know how to contact the health visiting service. Key priorities for families regarding support needs included: support with health and wellbeing, accessible support and advice services, advice on weaning, feeding, medical issues, weighing and regular visits. In addition to the standard five mandated contacts, when asked what additional support families would like to receive, the most common responses were; additional support with mental health and increased virtual communication.

There was an increase pre and post COVID in terms of whether respondents were very satisfied or satisfied with the Health Visiting Service. 16% prior were not satisfied and 51% after COVID-19. COVID-19 restricted the use of appointments at local venues, drop-in sessions and face to face at home which is most likely to have impacted families experience of the service. When asked how respondents felt the health visiting service could be improved the most common theme was to have more clinics, direct contact and visits.

Key areas identified included mental health support. Mothers experiencing mental health difficulties such as post-natal depression was a frequent theme. During a time when some families may feel unprepared, uncertain and overwhelmed, having a health visitor as a key point of contact was noted to be extremely helpful to navigating the early stages of birth.

From a healthcare professional perspective, the following was noted:

- Need for a greater focus on preventing ill health occurring in the first place.
- There is a need to integrate systems and services across Warwickshire's early help services, better understanding each other's roles, improving communication and transitions of care. Closer alignment, working practices and communication sharing was seen as the biggest priority for frontline workers.
- Stronger relationships needed between different services across the 0-5 age range, to deliver a truly 'whole-family' approach.

Section Three: Engagement

Engagement with individuals or organisations affected by the proposed activity must take place. For further advice and support with engagement and consultations, click here.

Has the proposed activity been subject to engagement or consultation with those it's going to impact, taking into account their protected characteristics and socio-economic status?	Previous engagement work was conducted with families and healthcare professionals in 2021. A joint consultation will take place from August 14th to 30th September 2023 and this equality impact assessment will inform the groups to specifically hear from to ensure their voice is heard.
If YES, please state who with.	YES, engagement with current service users and healthcare professionals.

If NO engagement has been conducted, please state why.		
How was the engagement carried out?	**Yes / No**	**What were the results from the engagement? Please list…**
Focus Groups	Yes	See section B
Surveys	Yes	See section B
Public Event		
Displays / Exhibitions		
Other (please specify)		
Has the proposed activity changed as a result of the engagement?	Yes	The engagement supported in the development of options and proposal of a Section 75 Agreement.
Have the results of the engagement been fed back to the consultees?	Yes	Information gathered was used in the 0-5 Joint Strategic Needs Assessment (2022) and is informing the future delivery of the service.
Is further engagement or consultation recommended or planned?	Yes	Public Consultation August 14th – September 30th 2023
What process have you got in place to review and evaluate?	Support from WCC's Strategic Consultation and Business Intelligence teams for each stage of the consultation. A mid-way review point has been scheduled during the consultation to evaluate progress halfway through the consultation. Following	

	the closing date of the consultation a thorough and comprehensive analysis of results will happen through Warwickshire County Council's Strategic Consultation and Engagement and Business Intelligence team.

Section Four: Assessing the Impact

Protected Characteristics and other groups that experience greater inequalities

What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposed activity? This section also allows you to consider other impacts, e.g. health inequalities such as deprivation, socio-economic status, vulnerable groups such as individuals who suffer socio-economic disadvantage, armed forces, carers, homelessness, people leaving prison, young people leaving care etc.

On the basis of evidence, has the potential impact of the proposed activity been judged to be positive (+), neutral (=), negative (-), or positive and negative (+&-), for each of the protected characteristic groups below and in what way?

N.B In our Guidance to EIAs we have provided you with potential questions to ask yourself when considering the impact of your proposed activity. Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at Section Six.

	Impact type (+) (=) (-) or (+&-)	**Nature of impact including health inequalities** Will your proposal have negative or positive implications for each group, including on health inequalities?	**Mitigating Actions for Negative Impacts** What can you do to mitigate any identified negative impacts or health inequalities?
Age	= & +	It is known that younger mothers 19 and under have poorer health outcomes compared to those older. This includes, low birth weight, increased risk of infant mortality and greater risk of mental ill-health. Service data from the Family Nurse Partnership also	The consultation taking place on the proposal will actively reach out to service users of the Family

		indicates that younger mums under 19 are more prevalent in the North of the county and in areas of greater deprivation. **There are no anticipated negative effects on age.** Continuing the service under a partnership arrangement will ensure that younger moms who experience largest inequalities (under 19) in terms of health outcomes for the infant and parent can continue to be supported in a seamless manner. The service will be open to parents of all ages as previously and infants and children aged 0-5. An integrated service with early help services will enable a strengthened coordinated response to children's needs and potentially greater transition between services at different ages i.e. midwifery to health visiting to early help/school nursing.	Nurse Partnership to hear their views.
Disability Consider: • Physical disabilities • Sensory impairments • Neurodiverse conditions (e.g. dyslexia) • Mental health conditions (e.g. depression) • Medical conditions (e.g. diabetes)	= & +	The proposed option is likely to lead to a greater focus on identifying and addressing inequalities within the service and in particular address the inequality faced by parents and infants with a mental health condition who may have poorer outcomes related too access and experience of services post-natal. Research undertaken in Warwickshire in 2017, engaged 1,100 families of 0–5-year-old children and highlighted unmet perinatal and infant mental health needs. The most recent engagement (2021), shows similar themes with mothers not feeling able to share their concerns, feel understood and obtain adequate support in a timely manner (or referred to the most appropriate service). The Best Start in Life Report: A Vision for the 1,001 Critical Days (2021) notes that it is vital every new parent has access to compassionate and timely mental health support if they need it. This proposal will enable a renewed focus on the pathways in the system, maximizing their reach for families who most need the services. This can support in reducing inequalities and ensure support at the right time -tailored to individual need.	

		The proposal has the potential for improved service delivery by increasing the ability of the service to identify possible early indicators of or risk factors for disability, resulting in timelier referrals to specialist help. The service will place a greater emphasis on inequalities (the disparity in health outcomes between different population groups), addressing the NHS 'Core20PLUS5' agenda and provide an opportunity to embed key NHS priorities within the service specification. The Core20PLUS5 stands for: **Core20**: Most deprived 20% of the national population as identified by the national Index of Multiple Deprivation **PLUS**: Includes ethnic minority communities, inclusion health groups, people with a learning disability and autistic people, people with multi-morbidities and protected characteristic groups; amongst others. **5**: This sets out five clinical areas to improve care for children and young people. The children and young people these are: 1) Asthma, 2) Diabetes 3) Epilepsy 4) Oral Health 5) Mental Health For adults' relevant clinical areas for this service are: 1) Maternity: ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups 2) Severe Mental Illness The proposed arrangements will have a positive impact on children with a disability as it would strengthen partnerships with organisations supporting individuals' children who have complex or special needs (SEND).	

		The service operates at three tiers, universal, targeted and specialist as outlined within the Healthy Child Programme meaning support provided is proportionate to need presented.	
Gender Reassignment	=	**No negative impacts identified**.	
Marriage and Civil Partnership	=	**No negative impacts identified**.	
Pregnancy and Maternity	+	Better joined up working between 0-5 services and partners in identifying and responding to the needs of vulnerable parents and families from antenatal care through to post-natal. Closer working across the system, facilitated by a Section 75 approach will allow for more joined up working and shared interventions where needed. A Section 75 allows more flexibility and co-ordination of services between maternity services including midwifery through to health visiting. **No negative impacts identified.**	
Race Including: • Colour • Nationality • Citizenship • Ethnic or national origins	=	There is evidence to show poorer outcomes in some black and minority ethnic groups such as low birth weight and lower level of readiness for school). Black women are 3.7x more likely to die from childbirth related complications than their White counterparts. Asian women are 1.8x more likely to die from childbirth related complications.	Working in alignment with the Local Maternity and Neonatal System's (LMNS) Equity and Equality Plan to ensure targeted work antenatally and postnatally for women from Black, Asian and other ethnically diverse backgrounds are supported by the Health Visiting Service.

		Women of mixed ethnicity in Coventry and Warwickshire are more significantly likely to deliver prematurely and deliver low birth weight babies at term. Neonatal mortality is much higher amongst ethnic minority groups. BAME women are significantly more likely than White British women to be suffering from a common mental health disorder and less likely to access treatment. There is an overlap between high socio-economic deprivation and ethnic minority background. ONS – higher proportion of babies from Black, Asian and 'Any Other' ethnic groups were born in the most deprived areas compared to White Ethnic group. **No negative impact identified** – the service is universal and will meet with all families. There is the opportunity through developing a new specification to further explore provision for people of ethnic minority and identify further targeted support.	
Religion or Belief	=	**No negative impact identified.**	
Sex	=	There are known inequalities nationally for fathers in terms of support available to accessing and experience of services. An enhanced partnership model would enable greater flexibility to ensure fathers feel they can access the service. Whilst this is already underway for example through the 'DadPad' programme, further findings from a Health Equity Assessment have been identified to ensure fathers can access support in an inclusive manner. To date there has been a low level of engagement by fathers in surveys conducted about or by the service. **No negative impacts identified on this protected characteristic by the proposal**.	Reach out to father-based groups and existing networks during the consultation period and incorporate feedback into future models. Ensure language and communications are inclusive for both mother and father.

Sexual Orientation	=	**It is not anticipated that there will be any adverse impact on this protected characteristic**.	
Groups who may require support: • Individuals who suffer socio-economic disadvantage • Armed Forces (WCC signed the Armed Forces Covenant in June 2012) • Carers • Homelessness • People leaving Prison • People leaving Care	=	Transient communities are at a particular risk of barriers to accessing health services and associated poor health outcomes. There are a number a different migration schemes operating within the county and some living with children in the age range of the service. There may be language barriers and difficulties in asking for help and support in navigating the health system. There are two serving Armed Forces populations in Warwickshire. Approximately there are 350 children under 18 living across the two camps. Families in these circumstances may be susceptible to the associated risks and negative health outcomes for transient communities such as frequent geographical moves. There is a lack of data nationally and locally on parents and 0-5s from gypsy, traveler, and boating communities to be able to comment sufficiently. However, this community may face barriers in accessing health services, difficulties registering and low levels of health literacy. Individuals who suffer socio-economic disadvantage are likely to benefit from the proposal as further integration of services and a focus on reducing inequalities in infant health will be a priority. The service will continue to retain the principles of universal proportionalism and provide support in alignment with the national mandated contacts and offering support at universal, targeted and specialist levels. With a potentially broader range of services integrated closer, families from disadvantaged groups may be able to be provided the right level of support in a timelier way.	Taking a universal yet proportional approach to ensure those with the most need have least barriers to access. Utilising data and intelligence to ensure these populations are identified.

Other Identified Health Inequalities (HI) Many issues can have an impact on health: is it an area of deprivation, does every population group have equal access, unemployment, work conditions, education, skills, our living situation, rural, urban, rates of crime etc.	+	There are known inequalities in access, experience and outcomes to health services. These are largely driven by the wider determinants of health. Poverty, socioeconomic status, housing, transport, community and geography amongst other social determinants have a profound impact on health. For example: ○ Families in the North of the County have higher levels of deprivation and poorer health outcomes than the South. ○ Highest levels of child poverty exist in lone parent families. ○ Digital poverty - previous engagement work conducted in 2015-2016 and 2021 noted isolation arising from poor access to information and digital poverty limiting access to health visiting services plus awareness of information and support. ○ Unhealthy behaviors such as smoking, poor diet, alcohol and drug use 'cluster' in areas of greater deprivation. ○ Housing and living conditions can have a significant impact of infant health particularly if living homeless, in overcrowded environments or in poor living conditions. For example, respiratory health and mental health can be impacted. There is an opportunity for enhanced health visiting provision to have a greater benefit in the lower socio-economic groups. Health visitors initiate and support on a wide range of interventions with parents, for example increasing breast-feeding rates, which are known to be lowest in the lower socioeconomic groups. Socio-economic status has a significant impact on health inequalities amongst children. There is evidence that children born to lower socio-economic groups are more likely to be of low birth weight, die in the first year of life and to suffer significant episodes of mortality.	The Service specification that would be developed because of the proposed option provides the opportunity to embed findings locally and nationally on inequalities at birth for different population groups. The Health Visiting service seeks to reduce inequalities and improve the health and wellbeing at the start of life. This is achieved through the six 'high impact areas' which will remain central to the proposed model. 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.

		The proposal is likely to have positive implications on health inequalities as it will allow us to be more specific and targeted in our prevention and early intervention work. The health visiting service will continue to be a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics, needs and reducing inequalities in health. The service operates across Warwickshire. Dependent upon capacity in each geographical location some areas may be better served then others in terms of staffing. An integrated workforce is likely to be beneficial and call upon a wider range of resources and support to ensure family's needs continue to be met. The proposed service would also aim to deliver earlier intervention and prevention work, preventing family's needs and health outcomes escalating or getting poorer, sooner. Improved navigation and signposting can support with the wider determinants of health that may impact families health and wellbeing. What can you do to mitigate any identified health inequalities? o Hear the voices of Warwickshire residents and embed a co-production approach in the future specification. o Identify areas and communities that are 'seldom heard' through engagement and consultation work with the service. Develop a tailored communication plan to ensure equitable uptake in the consultation process. o Continue to develop local level data and insights to inform who and where the largest inequalities are.	To continue to monitor workforce capacity and challenges and identify if any areas/geographical locations are particularly impacted.

		○ Collaboration across early help teams including services provided within the voluntary and community sector. ○ Commissioners and services continue to review and analyze inequality information through the inequality's dashboard, Joint Strategic Needs Assessment(s), and the health equity assessment.	
Other Groups If there are any other groups			

Public Sector Equality Duty (PSED)

Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Please evidence how your proposed activity meets our obligations under the PSED.

	Evidence of Due Regard
Eliminate unlawful discrimination (harrassment, victimisation and other prohibited conduct):	A requirement in the service specification: The Provider will ensure service users are not directly or indirectly discriminated against, victimised, harassed or put at a disadvantage on any grounds, including the Protected Characteristics in the Equality Act 2010.
Advance equality of opportunity: This involves • removing or minimizing disadvantages suffered by people due to their protected characteristics; • taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of	These services are universal and will take into account of accessibility in terms of where it is delivered, times of delivery and appropriate venues to meet customer need. The universal mandated elements of the service can be delivered in the home (although it is unlikely this will be delivered for all families for all contacts), so where there are difficulties in accessing services (for example mobility issues for a disabled person to attend a clinic),

other people, for example, taking steps to take account of people with disabilities; • encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.	visits can take place in the home. The provider must also ensure there is access to an interpreter if English isn't their first language. Targeted and specialist support pathways ensure those with higher needs than others are adequately and suitably supported. A more integrated service provision is likely to lead to a more holistic view of the family and create a much broader range of services that are better connected and accessible. During the consultation period specific consideration will be given to reaching out to those who have traditionally not taken part in engagement activities. This will be facilitated by proactive outreach to venues, stakeholders and community groups who are best placed to connect with those identified.
Foster good relations: This means tackling prejudice and promoting understanding between people from different groups and communities.	Within the service specifications we require service providers to evidence their commitment to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Including aiming to employ diverse staff who reflect the communities we serve so that everyone can be understood and respected. Training and support being available for staff on working with customers and communities from diverse backgrounds and identities so that everyone in Warwickshire can feel safe, valued, supported and respected.

Section Five: Partners / Stakeholders

Which sectors are likely to have an interest in or be affected by the proposed activity?	Yes / No	Describe the interest / affect
Businesses		
Councils	x	Integration of services. Delegation of authority to deliver the service to provider. Positive affect.
Education Sector	x	Transition from 0-5 service into Early Year Settings/School Nursing. Positive affect.
Fire and Rescue		
Governance Structures		
NHS	x	Integration with a wider set of services. Health Visiting is provided through the local NHS Trust. Positive affect.
Police		
Voluntary and Community Sector	x	There is an opportunity through the partnership agreement to work closer with VCS organisations in understanding the needs of children and families. Positive affect.
Other(s): please list and describe the nature of the relationship / impact		

Section Six: Action Planning
If you have identified impacts on protected characteristic groups in Section Four, please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. It is also important to consider how often this E.I.A. will be reviewed, and who is responsible for doing this. If you are not taking any action to support or mitigate the impact, you should complete the No Mitigating Actions section below instead.

Mitigating Actions

Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts or build on positive impacts for protected groups or health inequalities
- Whether you could do more to fulfil the aims of the PSED
- How you will monitor and evaluate the effect of this work
- Anything else you can think of!

Identified Impact	Action(s)	Timescale incl. evaluation and review date	Name of person responsible
Ensuring we hear from a broad representation of the Wawickshire population during consultation.	Review and monitor EIA in line with developments, including engagement and consultation Review responders' mid-way through and identify any gaps or population groups underrepresented.	14th August 2023- September 29th 2023	Commissioner and consultation team
	Continue to work in partnership with local partners and community	Now onwards (throughout consultation and during new contract)	Commissioning team.

	organisations to mitigate against challenges in meeting service demand.		
	Proactively reach out and identify stakeholders/partners for the identified groups with poorer access or outcomes i.e fathers, black and minority ethnic families and low-income families.	July-September 2023	Commissioning team.
Communicating information in variety of formats, in ways that are accessible and inclusive.	Develop a stakeholder communications plan identifying different channels, mediums, and influencers to reach as broad a representation of the population as possible	May 2023-September 2023	Commissioning team and wider WCC colleagues.

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposed activity.
The proposal does not lead to any material changes for families and those involved in delivery of the service, rather the proposal aims to change the strategic nature of how the service is delivered. It is envisaged that the proposed option will lead to positive impacts across several protected characteristic groups. For the consultation process we will need to consider those who are seldom heard in engagement and consultation activities and proactively reach out to those identified. A further equality impact assessment will be undertaken following the consultation to take into account any impacts identified by respondents to the consultation of the proposed option.

Section Seven: Assessment Outcome

Only one of following statements best matches your assessment of this proposed activity. Please select one and provide your reasons.		
No major change required	x	We do not envisage any negative impact at this stage as there are no significant changes to service delivery. If the way these services are delivered as a result of transferring both services into a Section 75 then an EIA will be undertaken before any proposed changes to service delivery.
The proposal has to be adjusted to reduce impact on protected characteristic groups and/or health inequalities		
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups and/or health inequalities		
Stop the proposal as it is potentially in breach of equality legislation		

Section Eight: Sign Off
N.B To be completed after the EIA is completed but before the area of work commences.

Name of person/s completing EIA	Dominic Shepherd (0-5 Health Visiting Commissioner)
Name and signature of Assistant Director [DPH to sign due to Conflict of Interest]	Dr Shade Agboola, DPH Warwickshire

Date	31.07.23
Date of next review and name of person/s responsible	To be reviewed and updated following the consultation period by the Health Visiting Commissioner.

It is the responsibility of the individuals and teams who completed the EIA to review it regularly and to carry out any required activities in line with the action plan made.

For advice or support, please contact equalities@warwickshire.gov.uk.