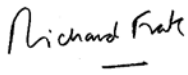


Equality and health analysis

Health Visiting Service
June 2016

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates		Health Visiting Service			
Equality analysis author		Peta Smith and Layla Davidson			
Strategic Director:		David Quirke-Thornton			
Department		Children's and Adults' Services	Division	Commissioning	
Period analysis undertaken		May-June 2016			
Date of review (if applicable)		January 2017			
Sign-off		Position	Interim Director of Commissioning Southwark Council	Date	5 July 2016.

Section 2: Brief description of policy/decision/business plan

1.1 Brief description of policy/decision/business plan

Service Description

Good child health produces wide societal benefits and there is good quality evidence of effective health visiting and school nursing interventions producing better outcomes for children and young people.

The Health Visiting Service consists of specialist community public health nurses 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 Southwark, 60% of whom are from black and other minority ethnic communities (BME).

Health Visitors (HVs) help to empower parents make decisions that affect their family's health and well being and their role is central to improving the health outcomes of the 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 for 0-5 years - a prevention and early intervention public health programme at the heart of the universal service for children and families, which aims to support parents at this crucial stage of life, promoting good child development, improving child health outcomes and ensuring families at risk are identified early.

There are four tiers of service delivered according to need:

1. **Community** which offers a range of services, including some Sure Start Children's Centre services and support families and communities provide for themselves. Health Visitors work to develop these and make sure local families know about them.
2. **Universal services** from the health visitor team working with general practice to ensure that families can access the Healthy Child Programme, and that parents are supported at key times and have access to a range of community services.
3. **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.
4. **Universal partnership plus** provides on-going support from the health visiting team and a range of local services to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.

Funding for the service

The planned change is a 7.4% reduction in budget, amounting to £522,232 on a total 2016-17 budget of £6,509,768. This will result in an increased caseload for HV's with the possibility of reduced capacity within the Universal Plus for early intervention around perinatal mental health, support around breastfeeding and weaning, parenting support, and health visitor follow up with children who are not meeting milestones.

The service will continue to provide:

- The four levels of services described above;
- The five mandated elements: Antenatal visits; New birth visits; 6-8 week check, 1 year assessment and 2-2.5 years assessment;
- Work around the six high impact areas: transition to parenthood and the early weeks; maternal perinatal mental health, breastfeeding; healthy weight; managing minor illness and reducing accidents; Well being and development at 2 years and support to be ready for school (although reduced capacity as outlined above.)

It is envisaged that the greatest impact of the funding reduction will be within the Universal Partnership Plus tier.

It is believed that the mitigating actions identified in this document will address the workforce reduction. There will be monthly monitoring of the service throughout the year to ensure the risks identified are fully managed, including implementing further actions that may need to be taken.

Section 3: Overview of service users and key stakeholders consulted

2. Service users and stakeholders	
Key users of the department or service	<p>Mothers and fathers, babies and children, families with complex needs are the key service users.</p> <p>Number of live births per year in Southwark is between 4,400 and 4,800.</p> <p>In 2014 there were 4,647 births. This is projected to increase by 11% by 2025.</p> <p>Please note that activity data on the use of the Health Visiting service and the Universal Plus service is limited. Producing better data on activities undertaken by the service will help better assess the impact of reductions in the Public Health Grant. . Providers will be tasked with producing the data including the equality characteristics.</p>
Key stakeholders involved in this assessment	<p>Southwark Council and Southwark CCG Commissioners; Guy's and St Thomas' NHS Trust (GSTT) and Public Health.</p>

Section 4: Pre-implementation equality analysis

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Number of live births per year in Southwark is between 4,400 and 4,800. There are 21,892 under 5 years in the borough. The greatest need is from birth to 2 years.</p> <p>The eligibility criteria for this service will remain the same. The reduction in capacity may impact on some groups more than others. For example on:</p> <ul style="list-style-type: none"> • Young mothers/parents • Parents who do not speak English or have poor literacy skills • Parents and children with complex needs <p>This could lead to:</p> <ul style="list-style-type: none"> • Delayed identification of risk, neglect and problems with parenting; • Children not meeting milestones, potential of a decrease in schools readiness due to reduced follow up by health visitors. • 	<p>Health Impacts may include:</p> <ul style="list-style-type: none"> - unidentified perinatal mental health; - decrease in breastfeeding; - increased childhood obesity; - poor social and emotional development; - increase in accidental injury; - nutritional deficiency and in particular vitamin D deficiency. <p>Opportunities to better clarify the division of tasks and responsibilities undertaken by different professionals and teams across health, education and children's social care through the Early Years Pathway, including best use of Health Visitor skills.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
<p>At this stage there is no service level activity data available.</p>	<p>Southwark Children's Joint Strategic Needs Assessment (JSNA).</p>
Mitigating actions to be taken	
<p>GSTT have identified a number of actions to maintain the health objective targets set out later in this document (section 5.2). This includes consolidating a number of aspects of the service to mitigate against possible risks identified in this document.</p> <p>Additionally, the CCG and Council have agreed plans to develop an Integrated Early Years Pathway for implementation in 2017-18 to further mitigate against any impacts from this and future funding reductions. This will include close working with GSTT.</p> <p>Details of all of the mitigating actions can be found in Section 5.</p>	

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)

<p>Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families.</p> <p>1,200-3,599 children in Southwark have some form of disability arising from a congenital abnormality and 51 are severely disabled. Around 1,333 children have learning disabilities.</p>	<p>Children with disabilities are more likely to need greater health care, support and care co-ordination. This may be more difficult to access at an early stage.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark Children's JSNA	Public Health.
Mitigating actions to be taken	
<p>GSTT intend to review attendance at current Clinic sessions, with a view to consolidate sessions where there is low attendance, to release Health Visitor capacity to other areas of the service. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Gender reassignment - The process of transitioning from one gender to another.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact identified.	No impact anticipated.
Equality information on which above analysis is based.	Health data on which above analysis is based
Mitigating actions to be taken	

Marriage and civil partnership – In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favorably than married couples and must be treated the same as married couples on a wide range of legal matters. (Only to be considered in respect to the need to eliminate discrimination.)	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)

No Impact anticipated.	No Impact anticipated.
Equality information on which above analysis is based	Health data on which above analysis is based
Mitigating actions to be taken	

Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>The main service users are women who have recently (within past 24 months) given birth. Within this cohort vulnerable women may receive less support:</p> <ul style="list-style-type: none"> - Women who misuse substances (alcohol and/or drugs). - Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English. - Young women aged under 20. - Women who experience domestic abuse. <p>There may be increased referrals to other services for post natal health issues including:</p> <ul style="list-style-type: none"> - Primary Care - Urology and gynaecology - Perinatal mental health services. 	<ul style="list-style-type: none"> - Poor postnatal physical health, for example maternal anaemia, uro-gynaecological issues, post partum infection. - Poor postnatal mental health. - Unidentified domestic abuse and safeguarding issues.
Equality information on which above analysis is based	Health data on which above analysis is based
Public Health	Public Health
Mitigating actions to be taken	
GSTT are increasing the number of ante-natal groups in Southwark. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.	

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. N.B. Gypsy, Roma and Traveller are recognised racial groups and their needs should be considered alongside all others

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>66% of children in Southwark are from black and minority ethnic backgrounds (22% Black African; 18% Black Other; 6% Black Caribbean etc.).</p> <p>Some ethnic groups have poor access to health and care services and may need additional support. This includes families without recourse to public funds, refugees and asylum seekers. Mothers with no recourse to public funds are not eligible for healthy start, sure start or any other maternity grants.</p> <p>Reductions in capacity may result in:</p> <ul style="list-style-type: none"> - Health and care needs are not identified early; - Delayed assessment and identification of risk and neglect and problems with parenting; - Children not meeting their milestones potential of a decrease in schools readiness due to reduced follow up by health visitors. 	<p>Some ethnic groups have greater health needs, for example due to female genital mutilation, or an increased prevalence of obesity, low birth weight, sickle cell, diabetes and HIV and other blood borne viruses.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA	Southwark JSNA
Mitigating actions to be taken	
<p>GSTT are reviewing the criteria for referral to the early intervention health visitors with a view to increasing their caseloads. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact anticipated	No impact anticipated.
Equality information on which above analysis is based	Health data on which above analysis is based
As above	
Mitigating actions to be taken	

Sex - A man or a woman.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>While health visiting is a family based service, the majority of the service users are women and are more likely to be impacted by reduction in health visiting capacity.</p>	<p>Women have additional and unique health and care needs during the perinatal period and a reduction in capacity may result in:</p> <ul style="list-style-type: none"> - Unidentified and unsupported perinatal mental health;

	<ul style="list-style-type: none"> - Unidentified domestic abuse and safeguarding needs; <p>Unidentified physical health needs which may result in an increase in:</p> <ul style="list-style-type: none"> - maternal anaemia - post partum uro-gynaecological issues - post partum infection.
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA	Southwark JSNA
Mitigating actions to be taken	
<p>GSTT have reviewed their processes. If a safeguarding case has both health visitor and school nursing involvement, only one practitioner will attend case meetings and conferences, thereby releasing capacity in either service. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact anticipated	No impact anticipated
Equality information on which above analysis is based	Health data on which above analysis is based
Mitigating actions to be taken	

Socio-economic disadvantage – although the Equality Act 2010 does not include socio-economic status as one of the protected characteristics, Southwark Council recognises that this continues to be a major cause of inequality in the borough. Socio economic status is the measure of an area's, an individual's or family's economic and social position in relation to others, based on income, education, health, living conditions and occupation.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Southwark is the 12th most deprived borough in London and 28.6% of Children in Southwark live in poverty.</p> <p>Deprivation is associated with low birth weight, maternal obesity and smoking and still birth. Children who are deprived are more likely to suffer from accidental injury, be less ready for school and have greater health and care needs.</p> <p>High quality early years services are the most effective</p>	<p>Health Impacts may include:</p> <ul style="list-style-type: none"> - Perinatal mental health needs not identified early; - decrease in breastfeeding; - increased childhood obesity; - - poor social and emotional

<p>way to reduce health inequities.</p> <p>A reduction in health visitor capacity may result in less access to services and poorer health and education outcomes for deprived children and a widening of health inequalities.</p>	<p>development;</p> <ul style="list-style-type: none"> - increase in accidental injury; - nutritional deficiency and in particular vitamin D deficiency.
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA .	Southwark JSNA.
Mitigating actions to be taken	
<p>From August 2016, Immunisation services will be commissioned centrally by NHS England. This will release some capacity in the service, and help address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

<p>Human Rights</p> <p>There are 16 rights in the Human Rights Act. Each one is called an Article. They are all taken from the European Convention on Human Rights. The Articles are The right to life, Freedom from torture, inhuman and degrading treatment, Freedom from forced labour , Right to Liberty, Fair trial, Retrospective penalties, Privacy, Freedom of conscience, Freedom of expression, Freedom of assembly, Marriage and family, Freedom from discrimination and the First Protocol</p>
Potential impacts (positive and negative) of proposed policy/decision/business plan
None identified
Information on which above analysis is based
Mitigating actions to be taken

Section 5: Further actions and objectives

5. Further actions			
Based on the initial analysis above, please detail the key mitigating actions or the areas identified as requiring more detailed analysis.			
Number	Description of issue	Action	Timeframe
1	Risk that increased caseloads will impact on capacity for early intervention around issues such as perinatal mental health; breastfeeding and weaning; parenting support; follow up of children not meeting their milestones	GSTT will review attendance at existing clinics with a view to consolidate clinics with low take up to release health visitor capacity in other areas of the service	July 2016
		GSTT will review the child development workers role and competencies to increase the follow up with families where parenting issues such as attachment, sleep, behaviour are presenting or identified as an issue at the developmental reviews	July 2016
		GSTT will review criteria for referral to the early intervention health visitors with a view to increasing caseloads and flexing the criteria	July 2016
		GSTT will introduce more antenatal groups to achieve the mandated antenatal contact	July 2016
		GSTT have reviewed their processes and if a safeguarding case has both health visitor and school nursing involvement, only one practitioner will attend case meetings and conferences, thereby releasing capacity in either service	June 2016
		NHS England will commission the national immunisation service centrally, releasing capacity in the service for other activities	August 2016
2	Risk of further reductions to the Public Health Grant from central government and subsequent further	Southwark Council and Southwark CCG to implement a new integrated early years	September 2017

	reductions in funding available for the service	pathway to deliver the Health Child Programme from 2017-18	
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5. Equality objectives (for service specification)

Based on the initial analysis above, please detail any equality objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the specification.

Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2
Existing – safeguarding caseload per quarter	GSTT	Average 564 per quarter	TBC	TBC

5. Health objectives (for service specification)

Based on the initial analysis above, please detail any health objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the specification.

Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2
Existing – carry out 5 mandatory checks	GSTT	Antenatal: Average 93 per quarter	TBC	TBC
		New Born Visit: 78% within 14 days 11% 14+ days	TBC	TBC
		12 month review: 63% on time	TBC	TBC
		15 month review: 77% on time	TBC	TBC
		2.5 year review: 66% on time	TBC	TBC
Existing – number of mothers having a maternal mood exam within 12 weeks of birth	GSTT	0 per quarter	TBC	TBC
Percentage of mothers totally or partially breastfeeding as at 6-8 week check	GSTT	4%		

All current performance data taken from 3 quarters (Q3 2015-16; Q4 2015-16; Q1 2016-17). Early Years Minimum Data Set returns made by GSTT and will be verified with them prior to any amendments to the service specification.