

**INITIAL EQUALITY IMPACT ASSESSMENT – SERVICE CHANGE.
HEALTH VISITING- REDUCTION IN COUNCIL FUNDING**

Department	NHS St Georges Healthcare / Children's Services
Service	Early Years
People involved	Rob Nicholson; John Beckles; Ravi Balakarishan; Jenny Giles; Clare Clare O'Connor, Policy Co-ordinator - Equality; Philip O'Neil

1. What are the aims of the service and what changes are being proposed?

Enhanced Health Visiting Services are bought in each of the three localities to ensure families can access health-related groups and programmes in the Children's Centres. These are provided by Community Services Wandsworth which recently transferred to St George's Hospital Healthcare Trust.

It is proposed to withdraw the Council funding of £483,000 per year for the enhanced service and instead ensure that mainstream health visiting services achieve the aims of the enhanced service, as NHS resources increase to allow for national targets for growth in health visiting.

Targets for new and additional Health Visitors for Wandsworth have been set by the Strategic Health Authority and this should ensure that either the overall staffing level currently provided with the enhancement is maintained (but under a mainstream service) or replaced.

Currently Council funding provides the following enhancements: -

Roehampton: 1fte band 7 midwife, 1 fte band 7 specialist HV, 1fte band 6 HV, 1 fte band 4 Nursery nurse.

Tooting: 1 fte band 7 specialist HV, 2 fte band 4 nursery nurses

Battersea: 1 fte band 7 specialist HV, 2 fte band 4 nursery nurses

Overall the Wandsworth NHS service equates to 54fte including the Council-funded posts.

2. What is the rationale behind these changes?

Sure Start Grant funding had enabled enhancements to the basic levels of Health Visiting to provide additional health visitors, community nursery nurses and (in Roehampton only) an additional midwife. Together these have provided additional services and linked arrangements with Children's Centres. The Sure Start grant to local authorities ceased in March 2011. The lower level replacement Early Intervention Grant is not ringfenced.

New national government requirements, laid out in 'Supporting Families in the Foundation Years' (DfE / DoH), and 'The Health Visiting Implementation Plan' (DoH), are clear that the ways of working achieved by the 'Enhanced' service are now seen by the government as the core 'mainstream' way of working for all Health Visitors. This includes working closely with Children's Centres and the overall numbers of mainstream Health Visitors must increase substantially

Targets for new and additional Health Visitors for Wandsworth have been set by the Strategic

Health Authority and this should ensure that either the overall staffing level currently provided with the Council's enhancement is maintained (but under a mainstream service) or replaced should any vacancies arise.

The Wandsworth NHS Joint Commissioning Executive has set up a review of Health Visiting in which the Council has been extensively involved. This group is identifying the need to reshape the mainstream service specification to take into account the new national directives and wherever possible, to retain the staff employed using Council funding to count the targets for additional health visitors.

3. What information do you have on the service and the potential impact of your service change in relation to the following?

List information you have. Do not put what the information shows you

Information includes number of people using the service, customer satisfaction, feedback on service, results of consultation

Race

Data below is drawn from ESTART and is based on the uptake of groups and activities provided by Health Visiting services in Children's Centres. Reach is the number of people who have participated. Volume takes into account the number of individual contacts so takes repeated use of services into account.

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Children					
Asian	56	5%	120	4%	16%
Black	109	10%	259	8%	25%
Chinese	22	2%	59	2%	0%
Mixed	136	13%	414	12%	12%
White	586	54%	1,922	57%	43%
Other	40	4%	128	4%	3%
Unknown	139	13%	457	14%	1%

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Parents/carers					
Asian	79	7%	222	6%	
Black	119	10%	327	8%	
Chinese	27	2%	82	2%	
Mixed	65	6%	216	6%	
White	760	64%	2,618	67%	
Other	43	4%	152	4%	
Unknown	86	7%	284	7%	

Gender

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Children					
Female	526	48%	1,700	51%	50%
Male	555	51%	1,635	49%	50%
Unknown	7	1%	24	1%	

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Parents/carers					
Female	1,135	96%	3,830	98%	
Male	43	4%	67	2%	
Unknown	1	0%	4	0%	

Disability This breakdown groups members seen according to whether they have had any contact with the Contact-a-Family service since January 2010. This may be a useful proxy for the prevalence of service users with disability or special needs (or who care for children with such needs).

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Children					
Seen by Contact-a-Family	5	0%	5	0%	
No recorded CAF contacts	1,083	100%	3,354	100%	

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Parents/carers					
Seen by Contact-a-Family	8	1%	14	0%	
No recorded CAF contacts	1,171	99%	3,887	100%	

Age

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Children					
Ages 0 - 1	466	43%	1,824	54%	10%
Ages 1 - 2	403	37%	1,127	34%	9%
Ages 2 - 3	111	10%	276	8%	8%
Ages 3 - 4	54	5%	70	2%	8%
Ages 4 - 5	38	3%	45	1%	7%
Ages 5 - 6	11	1%	11	0%	6%
Ages 6 - 7	1	0%	1	0%	6%
Ages 7 - 8	1	0%	1	0%	6%
Ages 8 - 9	2	0%	2	0%	5%
Unknown	1	0%	2	0%	

	Reach statistics		Volume statistics		Borough
	Number	%	Number	%	%
Parents/carers					
Teenagers	13	1%	61	2%	
Known to be over 20	712	60%	2,485	64%	
Unknown/not collected	454	39%	1,355	35%	

The Maternity Service Liaison Committee (MSLC) has been consulted on the proposed changes to Health Visiting funding proposed by the LA

The MSLC is an independent advisory committee accountable to NHS Wandsworth .

The committee is concerned with all maternity issues that affect the Borough and therefore parents with very young children.

They were concerned primarily about

- Access to services and the lack of input to vulnerable groups in the Roehampton area
- The reduced level of safeguarding if the level of Health Visitor resource was reduced this was in particular around areas of domestic violence.
- Reduced uptake and support re breastfeeding in deprived areas: -

Ward	Exclusive Breastfed (%)	Mixed breastfed (%)	MMR1 (%)	DV Rate Female victims only
Balham	58.48	67.58	84.40%	2.37
Bedford	47.45	72.73	86.08%	4.30
Earlsfield	47.09	75.76	88.84%	4.87
East Putney	51.52	62.09	81.28%	2.27
Fairfield	54.73	72.33	84.77%	4.14
Furzedown	48.06	74.29	87.06%	6.24
Graveney	46.78	81.47	85.78%	6.49
Latchmere	44.17	78.67	77.27%	11.30
Nightingale	45.63	74.69	81.02%	2.81
Northcote	59.67	78.57	80.90%	1.85
Queenstown	46.07	70.27	76.67%	4.85
Roehampton	31.87	69.47	81.41%	9.40
Shaftesbury	49.52	78.16	85.11%	4.06
Southfields	57.35	73.30	86.19%	4.20
St Mary's Park	45.98	70.77	71.29%	5.35
Thamesfield	53.59	78.57	86.25%	3.22
Tooting	49.32	76.13	79.90%	6.30
Wandsworth Common	52.24	67.50	84.93%	1.32
West Hill	47.35	71.35	80.62%	5.09

Postcode Not Found	45.27*	73.42*	80.40%	
Grand Total	49.47	73.53	82.39%	
Source	PCT	PCT	EMIS/RiO	Wandsworth Council - Community Safety
Period	2011-12(Q1)	2011-12(Q1)	2010-11	2010-11

Faith Specific information on the faith of users is not routinely collected

Sexual Orientation Specific information on sexual orientation of users is not routinely collected

4. Thinking about each group below please list the impact that the service change will have.

	<u>Positive</u> impacts of service change	Possible <u>negative</u> impacts of service change
Race	By integrating mainstream services further with the work of Children's Centres there will be greater opportunities to address health issues with BAME groups as the Health service will benefit from outreach work undertaken by the Centre.	Assuming there is no net loss of health visiting capacity and no loss of current skilled workers there should be no negative impact.
Gender		Assuming there is no net loss of health visiting capacity there should be no negative impact. Again if the same workers already focused on integrated working with Children's Centres are retained then there should be no negative impact.
Disability	There may be opportunities to improve support services where children have special needs or disabilities where Health services can ensure that families they have identified become linked into Children's Centres services	Assuming there is no net loss of health visiting capacity there should be no negative impact. Consideration could be given to establishing a specialist health visitor to develop and support services in Children's Centres for disabled children,
Age	Services will continue to be focused on children from pre-birth to 5	In Roehampton only, the enhanced service is augmented by an additional midwife employed by Kingston Hospital.

Should the reduction result in the loss of this post then support for parents with very young children in the Roehampton area could be reduced down to the statutory levels. However this can be mitigated by promoting the opportunities for midwifery services to also be delivered in Children's Centres across the Borough.

This is in line with Government policy for the Foundation Years.

The concerns expressed by the MSLC (illustrated by the table above) relate to the possibility of an impact on very young children and parents during and following maternity especially around reduced support for domestic violence, reduced breastfeeding rates, reduced immunisation take up and a reduced infrastructure for safeguarding young children should the Council withdraw the funding. The implications would be felt especially in deprived wards.

The effect would be mitigated as the NHS has agreed to give top priority for the use of growth funding in 2012-13 for the increase in funding for Health Visiting from its own resources and if it retains existing staff (including community nursery nurses) to count against Government requirements to increase the number of Health Visitors. The current NHS Wandsworth review has indicated that this will be its key recommendation.

Faith

Sexual orientation

5. Is a full EIA required? Yes/No.

The following questions should help you decide if a full EIA is required. As a guide if you are a frontline service where the impact is unclear or negative you will need to conduct a full EIA. You are unsure call Clear Clare O'Connor, Policy Co-ordinator - Equality on ext 7816.

- Is the service a frontline service? **Yes** - both mainstream and the elements that are Council funded are fully frontline consisting of day to day direct contact with children and parents in the home and in 'clinics' and groups provided in Children's Centres.

- Is it clear what impact the service change will have on all the equality groups? **Yes** - it is clear as long as NHS service growth is planned to dovetail into Council reductions in order to ensure current skilled and experienced staff are not lost
- Overall will the change have a negative impact on any of the equality groups? **No** - steps can be taken to mitigate any risks and to ensure the 'enhanced' elements currently financed by the Council become mainstream ways of working for all Health Visitors and Community Nursery Nurses.

Comments - Please give the rationale here for not undertaking a full EIA

Wandsworth's Clinical Commissioning Executive has undertaken a full review of Health Visiting and has taken Council funding and the possibility of its removal into account. The review is preparing a final report and the Chair has indicated that a key recommendation will be to develop a service specification that takes full account of the successful elements of work developed with Council funding and takes full account of the Health Visiting Implementation Plan. The review report will recommend that the Wandsworth NHS should prioritise the increase in numbers of Health Visitors in line with Strategic Health Authority Targets and achieves this by retaining those Health Visitors and Community Nursery Nurses that have been employed thus far on Council funding. The PCT has indicated that this will be a top priority for its use of growth funding for 2012-13. This would have the effect of at least retaining the current levels of staffing, retaining current expertise and ensuring both mainstream and previously Council-funded staff work in integrated ways with Children's Centres.

6. Through the initial EIA have you identified any actions that needed to be implemented to improve access to the service or monitoring of the service? (please list)

The key actions are

To ensure that reconfiguration and development of mainstream Health Visiting services treats the Council funding as temporary pump-priming and that the PCT offsets its obligations to increase the number of health visitors against the existing staff providing the current 'enhanced' service thus ensuring there is no reduction in health visiting and midwifery support.

Ensure that any tapering of the Council funding is timed by the Council and the NHS to ensure that there is continuation of funding and employment of current Health Visitors and Nursery Nurses who are:

- experienced and skilled in delivering services in Children's Centres
- able to support other health visitors in developing integrated working with Children's Centres
- Able to operate integrated working processes such as the Common Assessment Framework
- Qualified and able to run a range of services such as parenting courses, groupwork, parent and child drop-ins, breast-feeding cafes, well baby clinics, accident prevention schemes etc. in Children's Centres

Maintain the confidence in NHS Health Visiting services to recruit to vacancies as they arise in

order to ensure the level of service does not dip to the detriment of children and families whilst the additional funding is available and before the NHS picks up the funding under the target to increase capacity of services.

Council to work with the NHS in developing the core service specification for mainstream health visiting to ensure the above points are fully reflected in the requirements and reporting arrangements for the service.

Signed

Date: 2nd November 2011

Approved by:

Mary Evans, Deputy Director of Children's Services

Clare Clare O'Connor, Policy Co-ordinator - Equality, Policy Analyst, Administration

