

## APPENDIX 1

WANDSWORTH BOROUGH COUNCIL

EDUCATION AND CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE 9TH FEBRUARY 2017

EXECUTIVE 13TH FEBRUARY 2017

Report by the Directors of Children's Services and Public Health, concerning the arrangements for the tendering the Council's Health Visiting Service.

# SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	<b>Chief Executive</b>
<b>Service Area</b>	<b>Public Health/Children Services</b>
<b>Service/policy/function being assessed</b>	<b>Health Visiting Service</b>
<b>Which borough (s) does the service/policy apply to</b>	Wandsworth
<b>Staff involved</b>	<b>Andrew Kimber, Hannah Gill, Jennifer Reynolds, Sarah Forester, Anna Bryden</b>
<b>Date approved by Policy and Review Manager</b>	27.01.17 C O'Connor

## SUMMARY

### Please summarise the key findings of the EINA.

- The Health Visiting Service is currently commissioned by Wandsworth Children Services but it funded by Public Health and is a result of the transition of commissioning responsibilities from NHS England to local authorities since 1<sup>st</sup> October 2015
- The service is currently provided by St George's University Hospitals NHS FoundationTrust
- The service provider (St Georges) was awarded a direct award on 1<sup>st</sup> April 2016 for 18 months to 30<sup>th</sup> September 2016. A further direct award for 3 months to 31st December 2017 will be recommended to the Education and Children's Services Overview and Scrutiny Committee on 9th february 2017.
- There will be a 8.7% reduction in the annual cost of the contract which is a £500,000 reduction per annum. This takes the annual cost of the contract for Wandsworth to be £5,241,000, with a total contract value of £36,687,000 (Five years, with the option to extend for a further two years)
- The recommended procurement approach is a collaboration between Richmond and Wandsworth. The contract will be let as a single combined contract and specification detailing service delivery requirements of each Council
- The benefits will be reduced management costs (particularly important in the context of national cuts to the Public Health grant) and a more consistent

approach for both the Contractor and the Councils

- There are approximately 27,000 children aged 0–5 in Wandsworth in 2016
- Child deprivation is geographically concentrated in Roehampton and Putney Heath (West Wandsworth), Queenstown, St Mary’s Park, Latchmere (North East), Southfields (Central), Tooting, Graveney and Furzedown (South).
- Key early years health issues for children in Wandsworth include: immunisation uptake (particularly MMR); breastfeeding prevalence; childhood obesity; oral health and hospital admissions caused by unintentional injuries. Female Genital Mutilation (FGM) is an issue in some communities, child sexual exploitation should be considered a risk in younger mothers and there can be issues with gangs and the support of teenage parents remains a local need. In 2017 there were 210 Looked After Children in Wandsworth and 1176 Children in Need of whom 305 are under 5 years
- The service specification has been carefully written to ensure that the required outcomes of the services across Wandsworth will continue to be provided despite financial cuts.
- The level of services currently provided (universal services to every new mother and child; additional targeted support to families at the UP/UPP level; 4-5-6 model requiring contacts at the five touch points and across the six high impact areas) will continue to be required and is non negotiable. The recommissioning of this service is therefore not expected to have a negative impact on any of the protected groups or vulnerable sections of the population of Wandsworth
- In recognition that there may be a need for the new provider to change the way they operate to realise the full savings required, the service specification whilst prescriptive of what is the minimum standard is flexible and non-prescriptive in the method of achieving these outcomes
- This EINA is for the borough of Wandsworth and a separate EINA has been completed for Richmond
- **Actions identified as a result of the EINA:** There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery. This will need to be appropriately assessed as part of the tender evaluation to ensure that there are appropriate systems for equal opportunities in place. **To include in the specification that the provider will be required to collect and report on this data going forward**
- **Actions identified as a result of the EINA:** Evaluate tenders to ensure that the provider can meet all requirements as set out in the specification

## 1. Background

### **Briefly describe the service/policy or function:**

The health visiting service is responsible for children aged 0-5. The service ensures that every new mother and child have access to a Health Visitor, receive development checks and receive good information and support on healthy start issues such as parenting and immunisation.

The Health Visiting Service provides expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. The service supports, educates and empowers parents to make

decisions that positively affect their family’s health and wellbeing. As such the role of health visiting is central to improving the overall health outcomes of local populations and reducing inequalities.

Commissioning responsibility for the Health Visiting Service (HVS) transferred from NHS England to local authorities on 1st October 2015. Following the transfer of commissioning responsibilities approval was given by the Education and Children’s Services Overview and Scrutiny Committee to direct award the Health Visiting contract to the current provider (St Georges University Hospitals NHS FoundationTrust) for a period of 18 months to ensure continuity and to enable a strategic approach to the development of the service. A direct award was also agreed by Richmond and a Voluntary Ex-Ante Transparency (VEAT) Notice was issued accordingly. It was agreed as part of the SSA to commission the two Health Visiting Services jointly.

The service will be commissioned as a single contract to cover both Richmond and Wandsworth. This is a change from the previous independently commissioned services that are currently in operation. As such a single service specification has been produced and a single procurement process will be undertaken.

The two services are being recommissioned for the following reasons:

- End of the current contracts;
- Financial savings which need to be made in both boroughs; and
- Provide a consistent approach for both the Contractor and the Councils

It has been agreed to let the contract as a single lot to:

- Encourage a more equitable service across the two borough; and
- To allow for reduced management and overhead costs of the service thus providing more opportunity to meet the financial savings required.

## 2. Analysis of need and impact

Protected group	Findings
Age	<p>Data on protected characteristics is not currently collected or reported by the current provider. This is due to the service previously being commissioned nationally.</p> <p>There are approximately 27,000 children aged 0–5 in Wandsworth in 2016, projected to increase to 28,000 by 2020. This is approximately 10,000 more than the number of 0-5 year olds in Richmond which is 17,330 for the same period.</p> <p>Wandsworth has a relatively wealthy and highly skilled population but there are pockets of deprivation in Roehampton and parts of Battersea and Tooting. Child deprivation is geographically concentrated in Roehampton and Putney Heath (West Wandsworth), Queenstown, St Mary’s Park, Latchmere (North East),</p>

	<p>Southfields (Central), Tooting, Graveney and Furzedown (South).</p> <p>Of children under five, 3,180 (13.8%) live in the lowest 10% of Lower Super Output Areas nationally for deprivation affecting children (using the Income Deprivation Affecting Children Index – IDACI 2015) and a further 1,872 (8.1%) live in the lowest 10–20%. There are no LSOAs in Richmond which are in the in the lowest 10–20%. There is just one LSOA in the lowest 10% and no LSOAs in the lowest 10-20% in Richmond.</p> <p>Key early years health issues for children in Wandsworth include: immunisation uptake (particularly MMR); breastfeeding prevalence; childhood obesity; oral health and hospital admissions caused by unintentional injuries. Female Genital Mutilation (FGM) is an issue in some communities, child sexual exploitation should be considered a risk in younger mothers and there can be issues with gangs and the support of teenage parents remains a local need. In 2017 there were 210 Looked After Children in Wandsworth and 1176 Children in Need of whom 305 are under 5 years.</p>
<b>Disability</b>	<p>There are currently 32 children aged 0-5 in Wandsworth who have an Education Health and Care Plan in place. The primary reason for the plan being in place for these children is as follows: Autistic spectrum Disorder (11 children); Behavioural, Emotional and Social Difficulties (1 child); Complex Learning Difficulties (9 children); Medical (1 child); Moderate Learning Difficulties (6 children); Physical Disability (3 children); and Visual Impairment (1 child).</p>
<b>Gender (sex)</b>	<p>There have been significant reductions in teenage conceptions during the last decade and the teenage conceptions are in line with regional and national averages</p> <p>The number of teenage conceptions is lower than the national and regional averages. The rate for conceptions in women ages under 16 per 1,000 females aged 13-15 years is 3.9, for those aged 15-17 is 19.3 for 2014 (PHOF). Both of these rates are higher than Richmond</p>
<b>Gender reassignment</b>	<b>N/A</b>
<b>Marriage and civil partnership</b>	<b>N/A</b>
<b>Pregnancy and maternity</b>	<p>There are just over 6,000 births per year which is double the number of births in Richmond.</p>

	<p>Both the infant mortality rate (children under 1 year) and the child mortality rate (age 1-17 years) are similar to the England average. (CHIMAT)</p> <p>Breastfeeding initiation is significantly higher than the England average at 92.9% compared to 74.3% and is just higher than the rate in Richmond (PHOF)</p>
<b>Race/ethnicity</b>	In 2016, 9,000 children under 5 were from families identifying as Black, Asian or Minority Ethnic Groups (GLA 2015 round population projections- long term migration scenario).
<b>Religion and belief, including non belief</b>	<b>Data is not collected or reported</b>
<b>Sexual orientation</b>	<b>Data is not collected or reported</b>
<b>Across groups i.e older LGBT service users or bme young men</b>	<b>No cross strand issues identified</b>

**Data gaps.**

<b>Data gap(s)</b>	<b>How will this be addressed?</b>
<b>Data on religion and beliefs is currently not collected or reported</b>	<b>The specification will require the provider to collect and report on this data going forward</b>
<b>Data on sexual orientation is currently not collected or reported</b>	<b>The specification will require the provider to comply with the Equality Act 2010 and will require the provider to demonstrate how it will support all children and families</b>
<b>Data on disability for under 0-5 years is currently not collected or reported.</b>	<b>As above</b>

### 3. Impact

Protected group	Positive	Negative
Age	<p>The service will continue to provide a universal service so that every new mother and child receives checks, information and support as part of the universal support offer.</p> <p>Support around immunisation and healthy weight for families is part of the universal offer and will continue to be provided to all families in Wandsworth.</p> <p>Families who need additional support will receive this through the two higher tiers of service. In Wandsworth, this might include: children who are living in deprivation or in low income families; children who need support to achieve their developmental goals and ensure school readiness and vulnerable groups such as Children in Need (CiN) and Looked after Children (LAC).</p> <p>The Health Visiting Service will continue to proactively and systematically identify and support families who are at risk of poor health and social outcomes. This is termed a Universal Plus offer. Specific issues placing families at risk include, but are not limited to, mental health and postnatal depression, domestic violence, child poverty, social isolation or disadvantage and poor educational attainment. Universal Plus families are likely to need a range of services and will be supported by Health Visiting Service who will play a key role in undertaking Early Help Assessments and leading the coordination of support to these families through Early help information sharing processes.</p>	<p>There is a reduction of funding in Wandsworth which equates to £500,000 per annum. This reduction is approximately 8.9% of the annual contract value for Wandsworth.</p> <p>The negative impact of this has been mitigated by commissioning the service as a single contract to cover both Richmond and Wandsworth. Following a ‘meet the buyer’ event this was indicated as an option to enable providers to reduce their management and overhead costs and thereby mitigate some of the required savings.</p> <p>The service specification has been clear that the level of services currently provided (universal services to every new mother and child; additional targeted support to families at the UP/UPP level; 4-5-6 model requiring contacts at the five touch points and across the six high impact areas) will continue to be required and is non negotiable.</p> <p>However, in recognition that there may be a</p>

	<p>A further level of service is offered for families who have been identified as having continuing complex needs such as long-term conditions, disability, Child Protection (CP), Children in Need (CiN), LAC and parents with long term mental health problems and substance misuse which is Universal Partnership Plus. Families will be appropriately supported, with close partnership working with relevant local services. Health Visitors will continue to provide on-going support, playing a key role in bringing together relevant local specialist services. Universal Partnership Plus families will also be offered an agreed additional programme of visiting and contacts based on their complex needs.</p> <p>We have continued the requirement for all children to receive contact with a Health Visitor at the Five Touch Points, ensuring that children and parents receive a minimum of five essential contacts and checks with the service.</p> <p>We have continued the minimum standard that every family with a child up to the age of 1 year must have a named Health Visitor that delivers all Health Visitor contacts and at each key touch point for all children aged 0-5 identified as having needs at the Universal Plus/ Partnership Plus levels. The service will continue to be required to address minor illness management and accident prevention as part of every contact at the five touch points which will continue to address the issue of A&amp;E attendances.</p>	<p>need for the new provider to change the way they operate to realise the full savings required, the service specification whilst prescriptive of what is the minimum standard is flexible and non-prescriptive in the method of achieving these outcomes. This was in direct response to the 'meet the buyer' event where providers asked for the space and flexibility to allow them to provide innovative solutions to delivering the contract and realising the savings.</p>
<p><b>Disability</b></p>	<p>Children or parents with a disability or long term condition will be appropriately identified and supported as part of the universal offer as well as the Universal Partnership Plus offer as appropriate. This continues our current offer to support families with disabilities.</p> <p>There is a continued specific requirement placed on Health Visitors to work in partnership with other services to support the assessment of the education, health and care (EHC) plans for all children with SEND between ages of 0-5</p>	<p>There has been no changes to the requirement of the Health Visitors Service to support the needs of people or families with SEND.</p> <p>Please see Age section for further details about mitigating actions taken.</p>

	<p>years.</p> <p>The specification continues to require Health Visitors to respond to the specific needs of vulnerable families which includes (but is not limited to): families with physical disabilities or speech, language and communication difficulties.</p>	
<b>Gender (sex)</b>	<p>Although the number of teenage mothers continues to reduce in Wandsworth this population is particularly vulnerable and should be afforded particular care for their particular needs.</p> <p>The Family Nurse Partnership (FNP) is currently running in Wandsworth and will need to be managed and integrated in the planning and delivery of the new Health Visiting Service. Further the specification requires for parallel evaluated programmes to the Family Nurse Partnership to be undertaken for the cohorts of teenage parents in Wandsworth.</p> <p>Children born to parents under the age of 18 have been identified as a vulnerable group within the specification and the service is required to meet the needs of all vulnerable groups.</p> <p>Mental health, which may disproportionately affect these this cohort, is also addressed at each of the five touch points and is included in both the UP/UPP levels of targeted support.</p>	<p>There has been no changes to the requirement of the Health Visitors Service to support the needs of teenage mothers. The requirement of the Health Visitor Service to systematically identify and address the need of this population continues to be clearly articulated and required in the service specification.</p> <p>Please see Age section for further details about mitigating actions taken.</p>
<b>Gender reassignment</b>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>
<b>Marriage and civil partnership</b>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>



<p><b>Pregnancy and maternity</b></p>	<p>The Health Visitor Service continues to be required to visit mothers from 28 weeks of pregnancy which is their first contact with the service as part of the required five touch points.</p> <p>The service will continue to be required to address minor illness management and accident prevention as part of every contact at the five touch points which will continue to address the issue of infant mortality rate.</p> <p>Breastfeeding is still one of the six high impact areas in the specification and is required and infant feeding is required to be addressed at the first three of the five touch points.</p>	<p>There has been no changes to the requirement of the Health Visitors Service to support the needs of pregnant mothers.</p> <p>Please see Age section for further details about mitigating actions taken.</p>
<p><b>Race/ethnicity</b></p>	<p>Although ethnicity is not specifically stated in the specification any health or support need of the family will be addressed appropriately as part of the tiers of service or at the five touch points.</p> <p>Lower rates of immunisation or the presence of FGM (female genital mutilation) in some communities is covered as part of the five touch points as part of their safeguarding obligation respectively.</p> <p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>
<p><b>Religion and belief, including non belief</b></p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>
<p><b>Sexual orientation</b></p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>	<p>There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery.</p>

#### 4. Actions

Put in this table actions you have identified that will be included in your strategy/policy and supporting action plan or mitigating actions you have identified that need to be undertaken.

Include how the impact of actions will be measured for example if you resolve to make a service more accessible for older residents say what your current baseline is and what target you want to achieve.

These actions will be tracked by the Policy and Review Team.

Action	Lead Officer	Deadline
There is a requirement for the Health Visitor Service to develop and use systems to monitor equal opportunities within the service and in service delivery. This will need to be appropriately assessed as part of the tender evaluation to ensure that there are appropriate systems for equal opportunities in place. <b>To include in the specification that the provider will be required to collect and report on this data going forward.</b>	Jennifer Reynolds (Wandsworth Commissioner)	Part of tender evaluation
Evaluate tenders to ensure that the provider can meet all requirements as set out in the specification	Jennifer Reynolds (Wandsworth Commissioner)	Part of tender evaluation

#### 5. Consultation. (optional section– as appropriate)

Where a significant change is proposed to a service or where a new policy/service/service specification is being developed it is best practice to consult on the draft findings of an ENIA in order to identify if any impact or need has been missed.

**Meet the Buyer Event held on 8<sup>th</sup> September 2016-** following feedback worked to ensure level of flexibility in the specification to allow providers the option to provide innovative solutions to service delivery.