INITIAL EQUALITY IMPACT ASSESSMENT

Name of the activity being assessed	The Healthy Child Programme Transformation Project				
Directorate / Department	Public Health	**Service**	Strategic Commissioning	**Assessment lead**	Shirley Goodhew
Is this a new or existing activity?	☒ New ☒ Existing	**Responsible manager/director for the assessment**		Shirley Goodhew	
Date EIA started	17/03/2016	**Implementation date of the activity**		01/04/2017	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified?	The foundations for virtually every aspect of human development – physical, intellectual and emotional – are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. In Blackburn with Darwen (BwD) we are keen to extend our efforts however beyond the scope of this programme and to recognise the value of promoting resilience, prevention and early intervention for young people up to the age of 25. The economic case for investment is strong. For example, 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. The Healthy Child Programme is an early intervention and prevention programme through the school years to the age of 19, consolidating the good practice programmes and interventions for this age range. It is an evidence-based programme outlining a universal service to promote optimal health and well-being for children and young people. The importance of prevention, taking a holistic approach to reducing inequalities and improving outcomes, was clearly and comprehensively set out within the Chief Medical Officers (CMO) annual report (2012) and builds upon the Marmot Report. Poor health and well-being outcomes are more common among the poorest young people and inequalities persist. The consequences of poor health in adolescence lasts a lifetime and costs us all in the long run, with only 14% of boys and 8% of girls aged 13-15 meeting recommended physical activity levels. In addition, almost two-thirds of adult smokers begin before they are 18. Social and medical costs of smoking combined are estimated to be £13.7bn a year. Overall, one in seven young people have chronic long-term health conditions including asthma and diabetes and 10% of school pupils (5-16 years) suffer from a diagnosable mental health disorder; approximately three children in every class. Further, half of all mental illness (excluding dementia) start by the age of 14 years; three quarters by age 24. Many of these young people will go on to become parents and breaking the cycle of adverse childhood experiences is an important opportunity for public health.

	In Blackburn with Darwen the transformation of service provision associated with the Healthy Child Programme is part of a wider initiative across the Borough to ensure equity of access for all age groups from 0 -19 and a common understanding of the aims of the programme across all the stakeholder agencies and services. In addition we wish to develop services across the borough in a way that ensures best value and maximises existing resources. Public Health England supports local authorities and the NHS in securing the greatest gains in health and wellbeing and reductions in health inequalities through evidence based interventions. In October 2014, PHE published 'From Evidence into Action: Opportunities to protect and improve the nation's health'. This is intrinsically linked to the 'NHS Five Year Forward View'. Both documents put prevention at the heart of the NHS and public health systems. Ensuring every child has the best start in life is one of PHE's seven key priorities, getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life.
What is the activity looking to achieve? **What are the aims and objectives?**	HCP is an evidence based prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity, ensuring that children have the best start in life, underpinned by public health nurses (namely health visitors and school nurses), drawing on the wider HCP team. Improving the lives of all with proportionate universalism identifies a combination of approaches. For HCP this is through universal which is most upstream as this means every child from birth through 19 years, to can access a basic offer for all which provides opportunities for prevention and early intervention, i.e. primary prevention by encouraging adoption of healthy lifestyles and reducing risks through vaccination programmes as well as through targeted approaches, which can be preventative. The model will enable all stakeholders to identify health issues early, so support and early help can be provided in a timely manner. The focus on prevention is critical. Much of the mortality and morbidity in young people remains preventable, for example, mortality among 10-19 year olds is the highest in childhood excluding the new-born period. Yet the majority of young people's deaths are from external causes that may be preventable, such as road traffic accidents. Anxiety disorders are among the most prevalent mental ill health problems affecting adolescents. The HCP also contributes towards Marmot 6 principles, to address health equalities and the wider social determinants of health, and service delivery will be monitored against the Marmot Indicators 2015, a new set of indicators of the social determinants of health, health outcomes and social inequality*:* 1. Give every child the best start in life 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives 3. Create fair employment and good work for all 4. Ensure healthy standard of living for all 5. Create and develop healthy and sustainable places and communities 6. Strengthen the role and impact of ill health prevention The HCP also contributes towards to the Public Health Outcomes and NHS Outcomes Frameworks and is the overarching programme to have the greatest impact on the Child Health Profile, with reporting accountability to the Children's Partnership or

	‘Start Well’ Board, which is a sub group of Health and Wellbeing Board. The **overall aim** of the transformation project is to; Develop a fully integrated and efficient model for service delivery, co-produced with children and young people and based on the Progressive Universalism Model, enabling the delivery of a prevention focused approach. The transformed delivery model aims to ensure a holistic service that focuses on improving health outcomes, preventing problems in child health and development and, contributing to a reduction in inequalities. The **objectives** of the Transformation Project are to; • Develop an asset-based approach which focuses on well-being and resilience and promotes a more effective, integrated response to need. • Develop, implement and embed an integrated workforce strategy that brings about a universal prevention approach • Ensure that staff (both employed and voluntary) are competent, trained, and have prevention at their forefront • Embed a healthy settings approach and make every contact count across the four HCP levels • Provide an integrated Public Health service linked to children’s centres, general practice and education settings; having locality teams and nominated leads known to the stakeholders. • Deliver the universal HCP based on local need including health promotion advice, screening and surveillance, engagement in health education programmes, involvement in key public health priority interventions and, interventions as specified within the HCP. • Ensure that a school health profile together with a multi-agency action plan is in place for every school in BwD • Support interventions to school-aged children and young people and to keep children safe. • Identify population health needs with school leaders and school improvement services. • Work together with other agencies and interdependent organisations to undertake joint visits in response to contact from families, where appropriate. • Ensure there is a clear protocol of addressing the health needs of priority groups to enable the services to be maintained and to help prevent inconsistency. • Champion and advocate culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect. • Build on resilience, strengths and protective factors to improve autonomy and self- efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children. • Build personal and family responsibility, laying the foundation for an independent life. • Ensure evidence is available to demonstrate improved outcomes. • Co-produce the delivery of the HCP with families, carers and children. • Work with families to build on strengths and improve parenting confidence • Maximise the contribution of specialist community Public Health Nurses at community, family and individual level. • Build and strengthen partnerships, including with general practice and Sure Start Children’s Centres.

Services currently provided (if applicable)

Commissioner	Provider	Service Provided
Public Health (Department of Health) & external	Homestart(Community, Voluntary & Faith sector)	Family support service- in scope for Phase 1 PH Tender
Public Health (Department of Health)	Families Health & Wellbeing Consortia (Community, Voluntary & Faith sector)	Facilitating Young Peoples Access to universal services - in scope for Phase 1 PH Tender
Public Health (Department of Health)	LCFT	School Nursing (PH Nurses)- in scope for Phase 1 PH Tender
Public Health (Department of Health)	LCFT	Health Visiting (PH Nurses)- in scope for Phase 1 PH Tender
Public Health (Department of Health)	ELHT	Breast Feeding Specialist- in scope for Phase 1 PH Tender
CCG	LCFT	LAC Health Reviews (within BwD BC Public Health services)- in scope for Phase 1 PH Tender
CCG	ELHT	Community Maternity Provision (Birth Tank 1/2)
CCG	LCFT	Specialist School Nursing Service
Public Health (Department of Health)	BwD BC Children's Services	Vitamin D
Public Health (Department of Health)	BwD BC Children's Services	HENRY (Health, Exercise & Nutrition for the Really Young)
Public Health (Department of Health)	BwD BC Children's Services	Breastfeeding peer support co-ordination
Public Health (Department of Health)	BwD BC Children's Services & Schools & Education	Social Determinants Of Health agreements - Safety Programme - Chatter Chums - Smokefree Homes - Dental Health - Healthy Start

			- School Readiness
	Children's Services & external Education Services & external	BwD BC Children's Services	Early Help Offer - Geographical Outreach (Geo)(CS)
	Children's Services	BwD BC Children's Services	Family Support (Level 1&2 CON)
	Children's Services	BwD BC Children's Services	School Readiness
	Neighbourhoods & external	BwD BC Housing, Localities and Prevention department	Troubled Families
	Culture Leisure and Sport / Neighbourhoods	BwD BC Culture, Leisure, Sport & Young People	Youth Services (incl Youth Zone)
	Education and External	BwD BC Children's Services	Early Years SEND Services
	Public Health (Department of Health)& CLSYP	BwD BC Culture, Leisure, Sport & Young People	Young People's Leisure Inclusion service
	Public Health (Department of Health)& CLSYP	BwD BC Culture, Leisure, Sport & Young People	Culture Leisure and Sport for Young People
	Public Health (Department of Health)	BwD BC Schools & Education	PSHE (Personal & Social Health Education)

Please outline recommendations that have been identified for implementation following a review of the activity.	Understand the importance of the first five years of life and their impact on life chances and the need for prevention and early intervention to tackle potential health inequalities at the earliest life stages. Work together to develop a local holistic vision and strategy for the health and wellbeing of babies, children and young people in your area.

	Understand the opportunities to improve integration between children, education and public health services. The need to strengthen joint commissioning arrangements with the CCG and other commissioners in line with the HCP model. Public Health to lead on a tender exercise to re-procure Public Health 0-19 Nursing services, with Community Voluntary & Faith sector element in summer 2016 as a Prime Provider Model, which will fit within and be interdependent on council services and infrastructures, as phase 1 (2017-18). Phase 2 (2018-19) of the HCP provides the opportunity for CCG to include other commissioned services, such as Specialist School Nursing and Community Maternity services. Ensure effective communication with all stakeholders (clinical and non-clinical) to enable the change management and mobilisation of the 0-19 HCP from 1st April 2017. There are significant financial challenges for the council due to planned year on year cuts to the Department of Health Prevention Grant, whereby changes to existing provision are required. Due to reducing resources, it will be necessary to decommission some service elements or whole services in some cases, and a separate specific EIA and HIA will be developed as necessary.
Type of activity	☒ Budget changes ☒ Decommissioning ☒New activity ☒ Change to existing activity ☒ Commissioning ☐Other [**please state here**]

SECTION 2 - UNDERSTANDING YOUR CUSTOMER

Who else will **be involved in undertaking the equality analysis and impact assessment?**
Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

The Healthy Child Programme steering group meets monthly and offers leadership and co-ordination of the HCP transformation project plan. There are a number of task and finish groups supporting the HCP which include: PH Tender Project Group; Expert Reference Group; and council HCP workforce review. Three HCP stakeholder workshops have been undertaken in February, March and May, which successfully engaged with a wide range of clinical and non-clinical health and social care children and young people workforce.

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Who are you consulting with? How are you consulting with them?(*Please insert any information around surveys and consultations undertaken)*

Professionals
A number of open invite **Stakeholder Events** have been held to ensure that the future **vision and principles** for progressive universal children and young people's services in Blackburn with Darwen are shaped by local experts and service users. To summarise the work so far:

1. 29th February 2016. **Initial scoping workshop** held and attended by over 50 professionals with the aims:
    - Understanding all partners' **current and potential contribution** to the Healthy Child Programme in Blackburn with Darwen
    - Identifying **priorities, gaps and opportunities and workforce assets**
    - Exploring the **vision and principles** for the future 0-19 years Healthy Child Programme in Blackburn with Darwen
2. 29th March 2016. Second workshop held and attended by around 30 professionals with the aims:
    - To **clarify and refine the vision** for the Healthy Child Programme offer to children, young People, families and communities in Blackburn with Darwen
    - Scope potential **multi-agency integrated operational delivery models** for implementation in April 2017 including
        i. Who?
        ii. Where?
        iii. How?
        iv. What and why?
        v. Accountability
3. 4th May 2016. Final workshop held and attended by over 50 professionals. **Logic modelling** undertaken at this event in partnership with Liverpool John Moores' University to scope: **activities, outputs and outcomes** (short, medium and long term) of the potential new locality Start Well offer.

The HCP workshops successfully engaged a wide range of multidisciplinary stakeholders, with an average of 60 individuals at each event. The purpose of this event was to scope out the vision and principles for new transformed delivery model. Those attending included;

Health Visitors, Family Support, Early Years Providers, Education Services, SEND Special Educational Needs and Disability) Professionals, Sexual Health Services, FNP (Family Nurse Partnership), Breastfeeding Services, School Nurses, Youth Workers, Early Years Services, Carers Services, GPs (General practitioners), Pharmacies, Domestic Abuse Services, CYP (Children and Young People) Engagement Leads, CCG (Clinical Commissioning Group), Elected Members, NHS (National Health Service) England, Public Health England, CHIS (Child Health Information Service), Substance Misuse Services, Children's Social Care, Specialist School Nurses, Safeguarding Specialist Nurses, Tobacco Control, CAMHS (Child and Adolescent Mental Health Services), Troubled Families, CYP Weight Management, Children's Therapy Services, Midwifery, Portage, School Leaders, Youth Justice Teams, Early Help Services, VCFS (Voluntary Community and Faith Sector).

Public
Public engagement commenced in May with target audiences: such as parents, participation groups, children and young people, vulnerable/protected groups. Current service providers have co-ordinated a range of service user via focus groups, audits and satisfaction surveys as this embedded within all prevention services for children and families, which have been reported to the commissioning, leads via quarterly contract review meetings. In addition, a range of local insight and needs assessments reports involving the views of residents, including children, young people and families, have been used to inform the principles and delivery model. Key reports used, which involves the views of residents, include:

- BwD Emotional Health and Well-being Integrated Strategic Needs Assessment (2013)
- BwD School Nursing Review (2014)
- BwD Story of Place Integrated Strategic Needs Assessment (2015)
- BwD Health Watch Annual Report (2014-15)

Clinical engagement (GPs)
A targeted online survey will be undertaken during June to seek the views of GPs as key clinical stakeholders of health and social care for children, young people and their families in Blackburn with Darwen.

Governance
Key boards and decision makers who have been briefed include:

- Lead elected members and Directors across 5 council portfolios (Public Health; Children's Services; Schools & Education; Culture Leisure Sport & Young People; Localities & Housing
- Children's Partnership (Start Well) Board
- BwD CCG Clinical Management Executive Board
- BwD Joint Commissioning Recommendations Group
- Executive Joint Commissioning Board (planned for June)
- BwD Health & Well-Being Board (planned for end of June)

Who does the activity impact upon?	Service users	☒ Yes	☐ No	☐ Indirectly		
	Members of staff	☒ Yes	☐ No	☐ Indirectly		
	General public	☒ Yes	☐ No	☐ Indirectly		
	Carers or families	☒ Yes	☐ No	☐ Indirectly		
	Partner organisations	☒ Yes	☐ No	☐ Indirectly		
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?	Positive impact	☒ Age	☒ Disability	☐Gender reassignment	☐ Marriage & Civil Partnership	☒Pregnancy & maternity
		☒ Race	☒ Religion or belief	☒ Sex	☐Sexual orientation	
	Negative impact	☐ Age	☐ Disability	☐ Gender reassignment	☐ Marriage &Civil Partnership	☐Pregnancy & maternity

		☐ Race	☐ Religion or belief	☐ Sex	☐ Sexual orientation		
	Don't know	☐ Age	☐ Disability	☐ Gender reassignment	☐ Marriage & Civil Partnership	☐ Pregnancy & maternity	
		☐ Race	☐ Religion or belief	☐ Sex	☐ Sexual orientation		

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.2 of the guidance*		
DUTY	**DOES IT CONTRIBUTE?**	**EXPLAIN HOW**
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act (*i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)*	☒ Yes☐ No	The boroughs Joint Strategic Needs Assessment has highlighted some of the inequalities faced by certain protected groups which have in turn informed the debate around the development of the new service delivery model that will transform the Healthy Child Programme offer. Services will subsequently be commissioned to provide a progressive universalism model that will mitigate and address inequalities faced by residents.
Advance equality of opportunity between those who share a protected characteristic and those who do not*(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)*	☒ Yes☐ No	There will be strong links, embedding priorities, with children and young people with complex, special needs and disabilities. Also, impacts of wider determinants will be considered, such as living conditions (housing and neighbourhoods); access to services, such as healthcare; availability of good food and green spaces; financial services, benefits and welfare advice, parenting and childcare services; quality education, training and employment opportunities; and access to travel and transport links. All of which will contribute to the delivery of the HCP.
Foster good relations between people who share a protected characteristic and those who do not*(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)*	☒ Yes☐ No	The Progressive Universalism model offers opportunities for range of groups to meet together in a co-production approach, sharing views and concerns within their locality. Services will subsequently be commissioned to provide a progressive universalism model that will mitigate and address inequalities faced by residents.

ASSESSMENT	**Is a full EIA required?**	☒ Yes ☐ No
Please explain how you have reached your conclusion*(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)*		
Integration and progressive universalism model will mitigate and address inequalities faced by residents of the borough. The transformation of the HCP offer will ensure that early intervention and prevention allows for equal outcomes in young children and gives them a fair start heading in to adulthood. However, because this activity impacts so broadly across a large age category, according to the 2011 census date 28.7% of the BwD population is aged 0-19, it is advisable that a full EIA be completed to fully understand any potential equality issues across the group.		

***If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

FULL EQUALITY IMPACT ASSESSMENT

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:
- Have a **positive** impact (benefit) on any of the groups?
- Have a **negative**impact exclude/discriminate against any group?
- Have a **disproportionate** impact on any of the groups?

Explain how this was identified – through evidence/consultation.
Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 2**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	☒	☐	☐	The start of life is especially important in laying the foundations of good health and wellbeing in later years. The period from prenatal development to age 3 is associated with rapid cognitive language, social, emotional and motor development. A child's early experience and environment influence their brain development during these early years, when warm positive parenting helps create a strong foundation for the future. New evidence about neurological development and child development highlights just how important prenatal development and the first months and years of life are for every child's future. In the Marmot Review, 'Fair Society Healthy Lives', the author shows that children who have low cognitive scores at 22 months of age but who grow up in families of high socioeconomic position improve their relative scores as they approach the age of 10. The relative position of children with high scores at 22 months, but who grow up in families of low socioeconomic position, worsens as they approach age 10. **Adverse Childhood Experiences** In a major research project in Blackburn with Darwen in 2012, 1500 people were asked about any adverse experiences they had encountered in their childhood, and their subsequent health and wellbeing as adults. The research showed that those with 4 or more Adverse Childhood Experiences (ACEs) were at significantly higher risk of a range of poor outcomes in adulthood, including substance abuse, violence and crime. For example, they were nearly nine times more likely to have been in prison than somebody who suffered no ACEs as a child. Some of the ways in which adults are affected by their adverse childhood experiences are likely to impinge upon their own children. The study recommends that efforts should be concentrated on breaking this cycle by intervening to prevent ACEs in the first place, rather than merely trying to deal with their consequences.	**2**

				In 2013, this research was rolled out nationally, using the methodology developed in Blackburn with Darwen. This work has confirmed that Adverse Childhood Experiences increase the risk of developing a range of diseases in adulthood, and also the risk of premature death. **The Munro Review**[1] acknowledged the growing body of evidence of the effectiveness of early intervention with children and families noting that preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions. As young people move through their teenage years and make the transition into adulthood it is important to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol. Young people should also have easy access to health services they trust, for example accredited 'You're Welcome' young-people-friendly services. In Blackburn with Darwen the overall aim is to develop a tailored approach that responds to the needs, age and vulnerability of the young person, and particularly targets at-risk groups. **Education -Early Years Foundation Stage** The Early Years Foundation Stage profile measures children's development at the end of the school year in which they turn 5. In 2014, only 47% of Blackburn with Darwen children were deemed to have a 'good' level of development. This was the fourth lowest proportion in England, after Leicester, Halton and Nottingham. Results were particularly low for children whose first language was not English, and/or who were eligible for Free School Meals. **Positive impact potential** The delivery model proposed is based on four levels of intervention: Community, Universal, Universal Plus (short-term early/additional help), and Universal Partnership Plus (long-term multidisciplinary support, for example with social disadvantage, illness/disability, safeguarding). An integrated services Hub will be the base for a wide range of providers thus better enabling communication, seamless pathways and information sharing. The Progressive Universalism model offers opportunities for range of groups to meet together in a co-production approach, sharing views and concerns within their locality.	

[1] The Munro Review of Child Protection: Final Report – A child-centred system May 2011

				The HCP also contributes towards Marmot 6 principles, to address health equalities and the wider social determinants of health, and service delivery will be monitored against the Marmot Indicators 2015, a new set of indicators of the social determinants of health, health outcomes and social inequality*:* 1. Give every child the best start in life 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives 3. Create fair employment and good work for all 4. Ensure healthy standard of living for all 5. Create and develop healthy and sustainable places and communities 6. Strengthen the role and impact of ill health prevention	
Gender reassignment	☐	☐	☐	Any individual who falls within the Gender Reassignment group is not anticipated to be impacted any more than another individual. The HCP transformation programme will offer support and can be accessed equally by all young people.	**2**
Marriage & Civil Partnership	☐	☐	☐	No impact is expected based on Marriage and Civil Partnership	**2**
Pregnancy & Maternity	☒	☐	☐	The teenage pregnancy rate in Blackburn with Darwen has increased slightly from its 2011 low, to stand at 33.2 per 1000 in 2012, but the prevailing trend is still downwards. In terms of percentage reduction since the start of the Teenage Pregnancy Strategy in 1998, the borough is in the second most improved quintile of upper-tier local authorities. **Positive impact potential** A holistic approach to services linked to the integrated locality teams will ensure that both health and social care needs are supported in an integrated way, in the local community for ease of access. The model provides the potential for every woman and to access support that is centred around individual needs and circumstances by helping to break down organisational and professional boundaries in the multi-agency Hub and working environment. Working across boundaries assists the delivery of safer care and enables 'joined up' care planning with all those involved The model also offers an opportunity for Specialist Public Health Nurses to reclaim the role which brought many of them into the profession, and to refresh and develop their public health skills in working with children, families and communities.	**2**

				The model supports the principle of working across boundaries to commission and provide maternity services to support personalisation, safety and choice, with access to specialist care whenever needed	
Race	☒	☐	☐	The Borough's population is diverse, with the proportion of non-white residents, predominately from Indian and Pakistani backgrounds, amongst the highest in the region. The 2011 census tells us that white residents make up 69.2% of the borough's population and the Indian population has risen to 19,791 (or 13.4%), which is the 11th highest proportion of any local authority in England. The Pakistani population is at 17,801 (12.1%), which is 6th highest. **Refugees** Since 1999 United Kingdom Borders Agency (UKBA) have dispersed asylum seekers throughout the UK. This is achieved by contracting with local authorities and private companies to provide housing and support. Blackburn with Darwen Council is part of the North West Consortium that provides accommodation for destitute asylum seekers. The full cost of housing and support is provided by UKBA and is not subsidised by local Council tax. **Travellers** The lack of suitable, secure accommodation underpins many of the inequalities that Gypsy,Roma and Traveller communities experience. Racism towards most ethnic minority groups is now hidden, less frequently expressed in public, and widely seen as unacceptable. However, that towards Gypsies and Travellers is still common, frequently overt and seen as justified. Gypsies and Travellers die earlier than the rest of the population and they experience worse health, yet are less likely to receive effective, continuous healthcare. Policy initiatives and political systems that are designed to promote inclusion and equality frequently exclude Gypsies and Travellers. This includes political structures and community development and community cohesion programmes. **Positive impact potential** We know that ethnic origin can have an impact on the prevalence of certain health conditions. The services will be designed to meet the needs of the local population, and to ensure a service for all irrespective of race. The Council provides a drop-in service for asylum seekers living in Blackburn with Darwen held every Monday, Wednesday and Friday to help them with payments, accommodation and other general	**2**

<table>
<tr><td></td><td></td><td></td><td></td><td>issues. This service will be one of the many interdependencies described within the model and with whom the service will liaise and work alongside to the greater benefit of service users.

This vulnerable group will have access to translation services to enable maximum use of the HCP offer</td><td></td></tr>
<tr><td>Religion or Belief</td><td>☒</td><td>☐</td><td>☐</td><td>Data from the census shows that the percentage of Blackburn with Darwen residents who identify themselves as Muslim has risen from 19.4% in 2001 to 27.0% in 2011. Meanwhile the percentage of Christians in Blackburn with Darwen has declined from 63.3% to 52.6%.There is similarity in the relationship between religion and ethnicity in Blackburn with Darwen. For instance, 91.5% of Indian and 95.2% of Pakistani residents gave their religion as Muslim, compared with only 0.5% of white residents (not visible). The vast majority of the Christian population (97.2%) is white, as are most of those with no religion (95.5%), whereas virtually all the Muslim population (98.8%) is non-white (Census 2011).
<table>
<tr><th>Ethnicity</th><th>Quarter 1</th><th>Quarter 2</th></tr>
<tr><td>British White</td><td>1570</td><td>1909</td></tr>
<tr><td>Irish</td><td>9</td><td>10</td></tr>
<tr><td>Other white background</td><td>3</td><td>14</td></tr>
<tr><td>British Asian</td><td>51</td><td>181</td></tr>
<tr><td>Indian</td><td>47</td><td>37</td></tr>
<tr><td>Pakistani</td><td>141</td><td>108</td></tr>
<tr><td>Bangladeshi</td><td>1</td><td>6</td></tr>
<tr><td>Chinese</td><td>2</td><td>1</td></tr>
<tr><td>Any other Asian background</td><td>9</td><td>5</td></tr>
<tr><td>Mixed/multiple ethnic background</td><td>1</td><td>1</td></tr>
<tr><td>African</td><td>8</td><td>9</td></tr>
<tr><td>Caribbean</td><td>1</td><td>3</td></tr>
</table>
</td><td>2</td></tr>
</table>

Arab	0	0
Any other ethnic group	13	12
Unknown	44	630
Not disclosed	61	28

Positive impact potential
Services will be delivered as part of the proposed model in such a way to ensure a service is available irrespective of the religious belief of the individual.

Sex	☒	☐	☐	All boys and girls born and resident in Blackburn with Darwen, along with their parents/ carers (mothers and fathers) will have access to the universal HCP offer regardless of their gender.	**2**
Sexual orientation	☒	☐	☐	The Progressive Universalism model offers opportunities for range of groups to meet together in a co-production approach, sharing views and concerns within their locality. Services will subsequently be commissioned to provide a progressive universalism model that will mitigate and address inequalities faced by residents, regardless of sexual orientation or preferences.	**2**
Vulnerable Groups	☒	☐	☐	**Troubled Families** The 'Troubled Families' programme is a UK Government scheme under the Department for Communities and Local Government with the stated aim of helping **troubled families** turn their lives around. The government estimated in 2011 that there were approximately 120,000 'troubled families' in the country, each costing local and central government an estimated £75,000 per year, only a ninth of which went on targeted interventions which could help to solve their problems.42 In addition to their other difficulties, an estimated 71% of these families has poor health, with 46% having an adult who suffers from a mental health problem. Blackburn with Darwen is working to support 465 troubled families. Poor health makes it harder for these families to secure and remain in work, play a full part in their communities and realise their potential. **Positive impact potential** The model will ensure that ensure services for troubled families are tailored on the basis of a full understanding of their health issues.	

				The integrated Hub system of delivery will better enable the combining data and intelligence from across the health system and working with the Troubled Families Team and – with families' agreement – referring families directly to local troubled families' team. Providers will be able to track improvements in health outcomes and evidence the overall impact of their services thus informing the continual improvement of delivery and commissioning decisions. **Looked After Children** As at 31st March 2014, 345 children in Blackburn with Darwen were being looked after by the local authority. This gives a rate of 89 per 10,000 children under the age of 18, which is the same as a year ago, though slightly down on the three years before that. However it is still higher than the England average of 60 per 10,000. **Positive impact potential** The co-production and Asset Based Community Development (ABCD) aspects of the service delivery model, both of which will be embedded across all pathways, partners and interdependencies, will encourage and enable the inclusive approach that will help to combat these problems. The Children's Partnership Board is committed to ensuring improved stability and outcomes for looked after children. The delivery model will ensure that providers work interdependently with the Partnership Board to enable this overall aim. Service specifications will require providers to ensure that Gypsies and Travellers have access to the same services and can exercise the same rights as the rest of the population. The new commissioning arrangements will clarify the responsibilities for health visiting providers to allow them to exercise discretion and have more frequent contact with Gypsy and Traveller families, where this is justified by an assessment of need and risk, and in line with a personalised care and support plan. Public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with their population (children, young people and families) to support behaviour change, promote health protection and to keep children safe.	

Deprived Communities	☒	☐	☐	Blackburn with Darwen has some of the most deprived communities both in the North West and nationally. The Borough experiences high levels of material deprivation, being the 17th most deprived borough based on the 2010 Index of Multiple Deprivation, with eight small neighbourhoods amongst the most deprived 1% nationally. Some of our most deprived neighbourhoods appear to be becoming relatively more deprived through comparison between the 2007 and 2010 Indices of Multiple Deprivation. Marmot emphasises that long-term solutions will depend on tackling the underlying social determinants (the 'causes of the causes'), such as worklessness, low income and poor housing. There are increasing inequalities between socioeconomic groups, with areas of higher deprivation having a higher incidence of accidental injury (Local Government Improvement and Development, 2011). This social class gradient is greater in accidental injury than for any other cause of childhood death or long term disability (Marmot, 2010). In the Northwest in 2011/12, children and young people aged 0-19 years living in the most deprived areas were 1.6 times more likely to be admitted to hospital because of an accident than those living in the least deprived areas. Local data and intelligence relating to the place of residence of a person who sustains an accidental injury is now relatively old (2010) but does allow us to draw some correlation between the level of deprivation in the Lower Super Output Area (LSOA) of residence and accidental injury. **Child poverty** On the local measure, 9040 children in Blackburn with Darwen, or 22.5% of the total, were 'in poverty' in 2012 (the latest year available), down from 26.0% in 2011 and 26.8% in 2010.There was wide variation around the borough. A relatively high 39% of Blackburn with Darwen's children in poverty is in couple families rather than single parent–this is the ninth highest proportion in England. This is particularly evident in wards with a high Asian population. The borough has a substantial problem of child poverty even among working families (i.e. those not receiving IS (Income Support) or JSA (Job Seekers Allowance)). **Positive impact potential** Poor health makes it harder for families in deprived areas/circumstances to secure and remain in work, play a full part in their communities and realise their potential. The proposed model of service delivery will aim to provide earlier intervention and thus prevent families' problems from escalating. Earlier interventions will help to ensure that children who need help receive effective interventions at the right time and therefore have the chance of a better life, whilst ultimately bringing down costs to the taxpayer at the same time. That means addressing the wider factors that shape health by working with local partners, and improving access to mental, physical and other health services. Residents should receive the support	**1 & 2**

				they need when and where they need it. They should not experience the artificial barriers that result from organisational boundaries The integrated services described in this document will be provided where and when service users need them via community settings and through integrated locality teams. Local services will be designed to meet the needs of the local population, to ensure a service for all. Harder to reach groups will be supported robustly via a number of elements within the expected service provision and a 'no gaps' approach is being taken. The potential risk of the tender exercise destabilising local safeguarding arrangements which protect children and young people has been raised by the Expert Tender Reference group and a mitigating action plan has been put in place.	
Carers	☒	☐	☐	Information and advice is fundamental to enabling people, carers and families to take control of, and make well informed choices about, their care and support and how they fund it. Information and advice helps to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support. Integrated services will link directly with Carers support services and ensure carers are offered services as appropriate. A holistic approach to families and communities which includes links/pathways to carers' services will be embedded as part of this model. There are 15,756 self-identifying carers (including parent carers and young carers) in Blackburn with Darwen (census 2011), from these: • 6987 carers provide more than 19 hours a week • 4296 carers provide more than 50 hours a week Child and family model – an enabling model that involves families and communities –helping people to be the best they can be	**2**
Other [please state]	☐	☐	☐		

Does the activity raise any issues for community cohesion? **Does the activity contribute positively towards community cohesion?**	No issues raised. The proposed new model of delivery will support and enhance community cohesion as a result of a co-production approach to asset based community development and the development and integrated services. The services will contribute positively to communities, families, children and young people, and their health and well-being, the new service specifications will ensure an integrated approach to asset based community development, making the best use of available resources.

Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?	None whatsoever, these activities will, in fact, support Human Rights. Co-production will enable the basic tenets of the UN Convention on the Rights of the Child to be evidenced; their involvement in service development and review will help them to understand the things that they are entitled to and the kind of treatment they can and should expect. In line with Article 12 of the Convention, the Children Act 1989 and revised statutory guidance, we aim to actively involve children, young people and families, as well as other key stakeholders such as practitioners, during each stage of the commissioning cycle so that they become co-designers, developers, producers and evaluators of the positive outcomes which we want to achieve. Hart's Ladder of Participation is a useful way of identifying how actively children, young people and families are being involved, and a adapted model can be found on the following link: https://freechild.org/ladder-of-youth-participation/
Does the activity support / aggravate existing departmental and/or corporate risk?	No

CONCLUSIONS OF THE ANALYSIS

Action following completion of the impact assessment			
It is important that the correct option is chosen depending on the findings of the analysis. *The action plan must be completed as required.*			
☐ No major change in the activity	☐ Adjust activity	x Continue with activity	☐ Stop and reconsider activity
Please explain how you have reached your conclusion			
Health Visitors and School Nurses already provide vital and valuable services to the children, young people and their families in BwD. This service transformation proposal will enable the continuation of these services but with a stronger focus on prevention and early intervention to the greater benefit of all those involved. The EIA has identified no negative consequences, and the following potential positive impacts as a result of the revised model: • Supports a shift towards primary prevention and early intervention (early help) and therefore opportunity to improve a range of health and wellbeing indicators and outcomes • Promotes a population approach by maintaining universal access for all 0-19 as opposed to a targeted offer for children, young people and families when a problem or crisis has already occurred • The HCP model is able to flex across the continuum of need, and recognises that some protected groups require additional support based on increased risk factors and need • Retaining public health nurses with the HCP model (Health Visitors and School) enables a skilled workforce to respond to a need in a timely manner. • Ensuring the HCP is based on the continual assessment of both individual and population health needs and community assets, enables resources to be co-ordinated and mobilised effectively by sharing local intelligence • By adopting a universal approach, the high levels of child poverty and associated poorer health and wellbeing outcomes can be identified and children			

and families can be supported to access early help to minimise health inequalities
- The HCP model promotes a multi-skilled collaborative multiagency team to provide a comprehensive offer for children, young people and families, which builds on existing local assets and local delivery partners, based on locally identified priorities

Therefore, based on the overall analysis of impact on local residents, it is recommended that the HCP activity continues as planned.

SECTION 4 – ACTION PLAN

Action No.	What is the negative/adverse impact identified?	Actions required to reduce/mitigate/eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	The CCG have expressed concern that there has been a lack of clinical engagement (ie. GPs) which may have the potential to disrupt the level of service provided for vulnerable children, young people and families	GP online survey to raise awareness with GPs of the HCP transformation plans and provide opportunity to obtain their views on priorities and service design. Expert Tender Reference Group to include CCG representation (already in place) Briefing paper to be presented to the Executive Joint Commissioning Board on the HCP transformation plan, including timelines for re-procurement exercise. Share HCP Tender risk register including mitigation plans with CCG for review	GP Online survey CCG Communications support Expert Reference Group Briefing paper for ECB	Shirley Goodhew	30th June 2016
2	Compliance with the Equality Act 2010	Service providers (and tender bidders) will be required to demonstrate compliance with the Act, which will include providing assurance in the form of and evidence that staff are adequately trained in equality and diversity issues.	Report card in place and monitored regularly via quarterly contract review meetings Bidders for the HCP tender will need to provide evidence of adherence to the Equality Act	Shirley Goodhew	Quarterly for current providers July 2016 for bidders

MONITORING AND REVIEW

The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework. Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.	
If applicable, where will the EIA Action Plan be monitored?	*e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings* **Healthy Child Programme Steering Group & Joint Commissioning Recommendations Group**
How often will the EIA Action Plan be reviewed?	*e.g. quarterly as part of the MAF process* **The action plan will be reviewed monthly and incorporated into the HCP transformation plan**
When will the EIA be reviewed?	*It should be reviewed at least every 3 years to meet legislative requirements* **April 2017**
Who is responsible for carrying out this review?	**Shirley Goodhew, Head of Health Improvement**

SIGN-OFF

SIGNATURE OF EIA LEAD OFFICER	**Signature redacted for online version**
DATE COMPLETED	**08/06/2016**

SIGNATURE OF DEPARTMENTAL E&D LEAD	**Signature redacted for online version**
DATE SIGNED	**08/06/2016**
This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010	

SIGNATURE OF HEAD OF SERVICE / DIRECTOR	**Signature redacted for online version**
DATE SIGNED	**15/06/2016**
This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)	