



# Equality Impact Assessment Record Form 2012-16 v4

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. The purpose is to avoid inadvertent disadvantage or discrimination resulting from decisions.

EIA is not a fixed process – it will vary according to the scale and type of activity. The form and guidance are designed to cover all eventualities. Officers should not be discouraged by the form, but should use their discretion in using it flexibly according to the activity they are assessing.

EIA does not happen at a single point in time. It is an ongoing and integral part of the development of the activity or proposal. This EIA template should be kept open and live as a planning document, and updated as the activity or proposal progresses.

## Section 1 – Service Details and Summary of EIA Activity

<b>Title of activity:</b>	Procurement of 0 – 19 Years' Service (up to 25 years for those with special needs)
<b>Lead Officer responsible for this EIA:</b>	Nathalie Carter, Public Health Practitioner
<b>Telephone:</b>	01325 406204
<b>Service Group:</b>	People
<b>Service or Team:</b>	Public Health
<b>Assistant Director accountable for this EIA</b>	Miriam Davidson, Director of Public Health
<b>Who else will be involved in carrying out the EIA:</b>	Ken Ross, Public Health Principal Abbie Metcalfe, Business Officer Jayne Herring, Public Health Contracts Manager, Tees Valley Public Health Shared Service Stephanie Cox, Procurement Officer

### What stage has the EIA reached?

This table provides a 'cover note' of progress to be maintained as the EIA is developed over time.

Stage categories 1-3 listed below refer to the funnel model. Note the stage reached and any consultation or engagement carried out. Simple activities may not need all these stages. Provide details of population/individuals affected in Section 2

Stage	Date	Summary of position
<b>Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified</b>	September 2015	Desktop assessment Whole population of Darlington, 105, 696 (ONS census 2013 Mid-year data). There may be an impact on the families of the children and young people eligible for this service.
<b>Stage 2: Further Assessment. Target Population likely to be affected identified</b>	September 2015	Officer assessment Children living in the borough of Darlington: 6,623 children aged 0-4 18,491 children and young people aged 5-19 (ONS, 2013 Mid-year data) 15,299 children registered on the school roll (School

		<p>Census, DfE, January 2015)</p> <p>428 children with a Special Educational Needs and Disabilities Statement</p> <p>2225 children with other Special Educational Needs (School Census, DfE, January 2015)</p> <p>210 looked after children ( DBC Local Authority data , February 2015)</p> <p>Children and Young People aged 0-24 of the following ethnic groups:</p> <p>28, 787 English/Welsh/Scottish/Northern Irish/British</p> <p>37 Irish</p> <p>152 Gypsy or Irish Traveller</p> <p>621 other white</p> <p>740 Mixed/multiple ethnic group</p> <p>812 Asian/Asian British</p> <p>112 Black/African/Caribbean/Black British</p> <p>95 Other ethnic group</p> <p>(nomis, Ethnic group by sex by age, ONS, 2011).</p> <p>The latest data shows that there were 1,226 live births in Darlington in 2014. Of these 79 were in women aged under 20. (Live births (numbers and rates): age of mother and administrative area of usual residence, England and Wales, 2014, ONS).</p>
<p><b>Stage 3: Further Assessment.</b> <b>Individuals likely to be affected identified</b></p>	<p>September 2015</p>	<p>The number of individuals who are entitled to access the universal service are 25,114 children and young people aged 0-19 as identified in stage two. Of these 15,299 are registered on the school roll.</p> <p>The number of individuals who are likely to access targeted provision are:</p> <p>2653 children and young people with a Special Educational Needs and Disabilities Statement or other Special Educational Needs;</p> <p>79 women aged under 20 who gave birth in 2014.</p> <p>The current provider has not supplied data on current service user levels.</p>

<p><b>Stage 4: Analysis of Findings</b></p>	<p>September 2015</p>	<p>Darlington Borough Council as the responsible authority undertook a review of the current provision with a view to developing a service that would better meet the needs of the residents of Darlington more effectively and efficiently and deliver value for money. A public and professional consultation survey completed in August 2015 received 301 responses with 64 per cent of responses from parents, guardians and carers; 18 per cent from professionals in health, children and young people's services; 15 per cent from new mothers and four per cent from young people (*rounded figures*). This summary provides an overview of some key responses.</p> <p>Of 200 respondents that answered the question on what services they had accessed, 30 per cent had accessed the School Nursing service and 91 per cent had accessed the Health Visitor service. When asked to select one priority service, the majority of respondents selected safeguarding.</p> <p>The survey results confirm the need for transformation in service provision, specifically broader access in service provision, times and location. For all groups the positive impact of a potentially more integrated 0-19 service needs to be emphasized.</p> <p>Although no negative impacts have been identified by this consultation, this EIA acknowledges that any change in provision may have an impact on people with mobility impairment, visual impairment, hearing impairment, learning disability, mental health needs, long term limiting illness and multiple impairments as any change in provision could require adjustment to new personnel and physical settings.</p>
<p><b>Stage 5: Sign-Off</b></p>	<p>September 2015</p>	<p>Director of Public Health, Miriam Davidson</p>
<p><b>Stage 6: Reporting and Action Planning</b></p>	<p>September 2015</p>	<p>The review of Public Health commissioning of 0-19 Services has been progressed since the last update of the EIA through formal mechanisms. The planning of review and consultation has been via the 0-19 Public Health Procurement steering group which is accountable to the County Durham and Darlington 0-5 years Implementation Group Meeting.</p> <p>Reporting and approval has also taken place through the following groups:</p> <p>Public Health Senior Management Team (SMT)</p>

		Senior Leadership Team (SLT) Joint Management Team (JMT) Procurement Board Health and Wellbeing Board Children and Yong People's Joint Commissioning Group
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## Section 2 – The Activity and Supporting Information

<b>Details of the activity (including the main purpose and aims)</b>
<p>The activity is the procurement of the new Children’s Public Health 0-19 Service which will incorporate child health pathways for children aged 0-5 and 5-19.</p> <p>The 0-19 Health Visiting and School Nursing services are not being decommissioned, however the way these services are delivered may change.</p>
<b>Who will be affected by the activity?</b>
<p><b>See the guidance on carrying out equality impact assessment within the Equality Scheme 2012-16. Provide details of the groups and numbers of people affected below, updating the table as the EIA develops and the understanding of who will be affected emerges in more detail.</b></p>
<b>Whole population</b>
<p>Whole population of Darlington, 105, 696 (ONS census 2013 Mid-year data) .There may be an impact on the families of the children eligible for this service.</p>
<b>Target population</b>
<p>Children living in the borough of Darlington:</p> <p>6,623 children aged 0-4</p> <p>18,491 children and young people aged 5-19</p> <p>15,299 children registered on the school roll</p> <p>428 children with a Special Educational Needs and Disabilities Statement</p> <p>2225 children with other Special Educational Needs</p> <p>210 looked after children</p> <p>28, 787 English/Welsh/Scottish/Northern Irish/British</p> <p>37 Irish</p> <p>152 Gypsy or Irish Traveller</p> <p>621 other white</p> <p>740 Mixed/multiple ethnic group</p> <p>812 Asian/Asian British</p> <p>112 Black/African/Caribbean/Black British</p> <p>95 Other ethnic group</p> <p>79 women aged under 20 who gave birth in 2014 (ONS).</p> <p><i>(data sources as above in section 2 pp2-3).</i></p>
<b>Individuals</b>

Further assessment is required to identify the number of individuals currently accessing this service.

The number of individuals who are entitled to access the universal service are 25,114 children and young people aged 0-19 as identified in stage two, of these 15,299 are registered on the school roll. The number of individuals who are likely to access targeted provision are 2653 children and young people with a Special Educational Needs and Disabilities Statement or other Special Educational Needs and 79 women aged under 20 who gave birth in 2014 (ONS).

The current provider has not supplied data on current service user levels.

## What data, research and other evidence or information is available which is relevant to the EIA?

### 1. Strategic context:

- a) Health and Social Care Act 2012
- b) Outcome Frameworks – Public Health and NHS
- c) 'Fair Society Healthy Lives' (The Marmot Review)
- d) NICE guidance PH6 Behaviour Change: the principles for effective interventions (2007)
- e) NICE guidance PH49 Behaviour change: individual approaches (2014)
- f) Local Authority Circular ring fenced Public Health grant Annex C – Categories for reporting local authority public health spend (January 2013)- KR to find specific section.
- g) Maximising the school nursing team contribution to the public health of school-aged children, Department of Health and Public Health England (2014)
- h) Transfer of 0-5 children's public health commissioning to local authorities- Factsheet: Commissioning the national Healthy Child Programme - mandation to ensure universal prevention, protection and health promotion services, Department of Health (2014)
- i) The National Health Visitor Plan: progress to date and implementation 2013 onwards, Department of Health (2013)
- j) Rapid review to update evidence for the healthy child programme 0-5 (Public Health England, 2015)
- k) School Nurse Programme: Supporting the implementation of the new service offer: Helping school nurses to tackle child sexual exploitation (Department of Health and Public Health England, 2015)
- l) 'You're Welcome' Quality criteria for young people friendly health services (Department of Health, 2015).

### 2. Local Strategic Context:

- a) Health and Wellbeing Board
- b) Health and Social Care delivery plan
- c) One Darlington Perfectly Placed – Darlington Sustainable Community Strategy
- d) Children and Young People's Plan 2014-17
- e) Community Safety Plan 2015
- f) DBC New Models of Care 2015
- g) Director of Public Health Annual Report 2015

### 3. Data sources:

- a) Darlington Health Profile, Public Health England, (2013)
- b) Single Needs Assessment for Darlington, 2011-12 and refresh (2013)
- c) Director of Public Health Annual Report (2013)



d) Darlington Social Norms Healthy Behaviours Survey (2013)

e) ONS Census (2011, 2013)

f) Children's Service data, Darlington Borough Council, 2015

g) Child Health Profile, Public Health England, 2015

h) nomis, Ethnic group by sex by age, ONS, 2011

i) Child Health Information System

j) National Child Measurement Programme

Live births (numbers and rates): age of mother and administrative area of usual residence, England and Wales, 2014, ONS).

## Section 3: Officer Assessment

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here. It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

It should be acknowledged that although low in number, specialist support is required for the individuals and their families accessing this service.

Protected Characteristics	Potential Impact			Potential level of impact				Summary of Impact
	Positive	Negative	Not Applicable	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service (up to 25 for young people with learning disabilities) which would improve transitions between settings.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
Disability	P	N	NA	H	M	L	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which will improve the offer of support for young people with Special Educational Needs and Disability</p>

								<p>[SEND].</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p> <p>Although no current service data is available, there may be a greater impact on people with disabilities through improved access to services.</p>
Race	P	N	NA	H	M	L	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings and have the potential to improve provision for BME and Gypsy Traveller groups and people of different cultural and ethnic backgrounds.</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in</p>

								<p>the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
<b>Sex</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings. There is additional impact on females due to the integrated pathways with maternity services. Any change is likely to improve provision.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
<b>Religion and Belief</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people</p>

								<p>of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
<b>Sexual Orientation</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
<b>Pregnancy and Maternity</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings. There is additional impact on people who are pregnant due to the integrated pathways with maternity services. Any</p>

								<p>change is likely to improve provision.</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
<b>Gender Reassignment</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings.</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
<b>Marriage and Civil</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model.</p>

<b>Partnership</b>							<p>The positive impact of this change is the potential for an integrated 0-19 service which would improve transitions between settings.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>The tender is being developed on the current service model with a view to developing longer term pathways in the first year. There will be no disruption to the current service.</p> <p>As this will be a new service no data is currently available. The EIA will be updated as the tender progresses.</p>
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### Section 3: Officer Assessment – continued

The Council must have due regard to disabled people’s impairments when making decisions about ‘activities’. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the ‘activity’ may affect a disabled person.

<b>Mobility Impairment</b>	<p><b>P</b></p>	<p><b>N</b></p>	<p><b>NA</b></p>	<p><b>H</b></p>	<p><b>M</b></p>	<p><b>L</b></p>	<p>nil</p>	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service for children with a mobility impairment.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p>
<b>Visual impairment</b>	<p><b>P</b></p>	<p><b>N</b></p>	<p><b>NA</b></p>	<p><b>H</b></p>	<p><b>M</b></p>	<p><b>L</b></p>	<p>nil</p>	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service for children with a visual impairment.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p>



<b>Hearing impairment</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service for children with a hearing impairment.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p>
<b>Learning Disability</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service for children with a learning disability.</p> <p>‘You’re Welcome’ quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p>
<b>Mental Health</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families</p>

								<p>across the Borough. The new specification will promote a more accessible and inclusive service for children with mental health issues.</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p> <p>No provider data is available at this stage so it has not been possible to assess if there is a negative impact. None have been identified.</p>
<b>Long Term Limiting Illness</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service for children with a long term limiting illness.</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p>
<b>Multiple Impairments</b>	<b>P</b>	<b>N</b>	<b>NA</b>	<b>H</b>	<b>M</b>	<b>L</b>	nil	<p><b>Positive:</b> Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service</p>

								<p>for children with multiple impairments.</p> <p>'You're Welcome' quality criteria (DH, 2011) has been written into the specification for the new service. This will ensure improved access to people of all protected characteristic and vulnerable groups.</p>
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<b>Cumulative Impacts</b>
<p>Universal provision will still be available under any new model. Any new provision will need to be accessible for children and families across the Borough. The new specification will promote a more accessible and inclusive service. As this is a universal service there may be a positive impact on all groups due to a potentially more integrated service.</p>

## Section 4: Engagement Decision

The decision about who to engage with, and how and when to engage, is the key to effective EIA. Please see Annex 2 of the Equality Scheme for guidance on the engagement decision.

<b>Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?</b>	<b>YES</b>
<b>If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.</b>	

**If you have come to the conclusion that engagement is not required, seek ratification from the Corporate Equalities Group through your service Equalities Co-ordinator.**

**If engagement is not required but the officer assessment has identified changes that should be made to the activity, please complete Sections 7 and 8. If not the assessment can be signed-off at Section 9.**

**Any reports to decision-makers during the development of the activity, for example feasibility or options appraisal reports, should include content on the latest thinking and findings of the EIA even though, like the activity, further development of the EIA may be required before final reporting.**

**The findings of the officer assessment should be included in any reports to decision-makers. These may be feasibility or options appraisal reports where the activity is at an early stage of development, but it is essential that any equality findings are taken into account in formal decisions at all stages of development of the activity.**

## Section 5 – Involvement and Engagement Planning

**Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? No**

No, universal provision will still be available under any new model.

**Will the differential treatment advance equality for people with Protected Characteristics? No**

No, universal provision will still be available under any new model.

**Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? No**

No, universal provision will still be available under any new model. The activity will not cause differential treatment of increase disadvantage; however there may be different impacts for different protected characteristic groups as outlined in section three.

**From the above, prepare a simple plan using the template overleaf for involving and engaging with the organisations, groups and individuals likely to be affected by the activity.**

**There may be several stages of involvement and engagement, particularly for more complex activities. Initially it may be possible to identify and engage only with stakeholder and representative organisations for the people with Protected Characteristics who may be affected. Further development of the activity may be required before the individuals who will be affected can be identified.**

**The Involvement and Engagement Plan should evolve accordingly, with new engagement proposals added as they are identified.**

## Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
<p>December 2014</p> <p>June 2015</p> <p>September 2015</p>	<p>0-19 Public Health Procurement steering group</p>	<p>6 January 2014, then monthly</p> <p>January-August 2015</p>	<p>Service review planning and approval of Equality Impact Assessment.</p> <p>Review of mandatory guidance and evidence base.</p> <p>Responding to procurement options and strategic decision making of JMT and the 0-5 Board.</p> <p>Review of mandatory guidance and evidence base.</p> <p>Consultation and engagement.</p>
<p>December 2014</p> <p>June 2015</p>	<p>0-5 Commissioning Transfer Board</p>	<p>9 January 2015, then monthly</p>	<p>Service review planning and approval of Equality Impact Assessment.</p> <p>Strategic decision making and liaison with JMT on procurement options and mandatory guidance.</p>
<p>December 2014</p> <p>June 2015</p>	<p>Public Health Senior Management Team</p>	<p>12 January 2014</p> <p>13 July 2015</p> <p>July 2015</p>	<p>Service review planning and approval of Equality Impact Assessment.</p> <p>Review of the Public Health England Rapid Review to Update Evidence for the Healthy Child Programme 0–5.</p> <p>Approval of the updated Equality Impact Assessment.</p>

December 2014	Teenage Pregnancy and Sexual Health Stakeholder Event	20 January 2015	0-19 services consultation and SWOT (strengths, weakness', opportunities and threats) analysis.
December 2014	County Durham and Darlington 0-5 years Implementation Group Meeting	5 February 2015, then bi-monthly.	Service review planning and approval of Equality Impact Assessment.
June 2015	0-19 Public Health procurement development session	2 March 2015	Development sessions held with key stakeholders covering:  SWOT analysis of current and new provision  0-19 service pathways development  Identification of stakeholders, consultation, engagement and communication.
June 2015	Elected Members via Health and Wellbeing Board and Monitoring and Co-ordination	April-May 2015	Elected members have been briefed on the 0-19 review.
June 2015	Joint Management Team (JMT- this includes the Clinical Commissioning Group)	July 2015	Strategic decision on procurement options and approval of the procurement process for the new service.
July 2015	Senior Leadership Team	July 2015	Approval of the procurement process for the new service.
July 2015	Full stakeholders (parents, health professionals and young people- see appendix a below for full list)	July-August 2015	Stakeholder engagement via survey monkey, face to face meetings and hard copy questionnaires where requested.
July 2015	Children, Young People and Families	July-August 2015	Stakeholder engagement via survey monkey, face to face meetings and hard copy questionnaires where requested.
July 2015	Health Visitors School Nurses	July-September 2015	Focus groups.

September 2015	<p>CDDFT</p> <p>NHS England national Family Nurse Partnership representatives</p> <p>Department of Health Family Nurse Partnership Provider representatives.</p>	August 2015	Family Nurse Partnership meeting
September 2015	Schools	April 2016- April 2017	<p>This EIA acknowledges that schools were identified as not being privy to the survey consultation due to procurement timescales. Hence engagement during the first year of the new service will take place to ensure that longer term service development is informed by comprehensive input from all relevant partners.</p>

**Full engagement plan appendix A:**



## 0-19 Children's Services procurement Public Health engagement plan

### Summary

Consultation will take place over July-August 2015 to engage with key professionals, parents, carers, and young people. The primary engagement method will be a survey sent out via survey monkey. This will be supported by an A4 poster detailing key information on the 0-19 Children Services review.

If providers request a face to face briefing session or printed copies, effort will be made to accommodate this. Requests will be discussed on an individual basis. Flexibility will be offered around vulnerable and minority groups and for children and families with additional needs in order to take into account specific engagement requirements.

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
20/7/15	All	21 July 2015	Survey monkey questionnaire Online- survey monkey
20/7/15	Public (likely to capture parents and carers)	July-August 2015	Briefing note and electronic link to surveymonkey:  Healthy Darlington webpage, Twitter and Facebook  DBC webpage, Twitter and Facebook  Healthwatch website and mailing list  Darlington Library  Family Information Service
20/7/15	Parents and Carers (universal)	July-August 2015	A4 poster (including survey monkey weblink) to be emailed via:  DBC Area co-ordinators 1, 2 and 3 at summer activity sessions (includes breastfeeding sessions)  The Hub, Dolphin Centre and

			<p>Healthy Darlington summer activity programmes</p> <p>GP Practices</p> <p>DBC Children's Services and Youth Services Facebook page.</p>
20/7/15	<p>Targeted groups:</p> <p><u>Special Educational Needs and Disabilities</u></p> <p><u>Breastfeeding groups</u></p> <p><u>Cultural and BME Groups</u></p> <p><u>Home School Education</u></p> <p><u>Alternative Education</u></p> <p><u>Looked After Children</u></p> <p><u>Youth Advocates/ Carers</u></p> <p><u>Teenage Parents</u></p>	<p>July-August 2015</p>	<p>A4 poster (including survey monkey weblink) to be emailed out via:</p> <p>DAD playscheme</p> <p>DAD Children and Young People's Service</p> <p>CAMHS</p> <p>Parent Carer Forum</p> <p>Via NHS, NCT and Children's Centre's</p> <p>Interfaith Forum</p> <p>BME Network</p> <p>Home and Hospital Teaching Service</p> <p>Home School Education Network</p> <p>Darlington Yahoo Home School Forum</p> <p>Learning and Skills (DBC)</p> <p>via Darlington Youth Partnership</p> <p>via DISC and DAD</p> <p>Via the Teenage Pregnancy Network</p>

	<u>Young People</u>		Children's Centre's The Box Healthy Darlington Instagram
29/7/15  Updated 11/8/ 2015 and 14/9/20 15	<u>DAD playscheme</u> (ages 3-7 and 8-12)  <u>Baby rhyme time x 2</u> (ages 0-2)  <u>Baby rhyme time</u> (ages 0-2)  <u>GOLD tea dance (via</u> <u>Councillor Newall)</u> (all ages)  <u>JJ's café (learning</u> <u>disabilities enterprise),</u> (all ages)  <u>Parent and Child holiday</u> <u>scheme- Children's Centre's</u> (all ages)  <u>Veg Patch Kids teenage</u> <u>parents groups (Children's</u> <u>Centre's)</u> (ages 0-19 including parents)  <u>Breastfeeding Group (NHS</u> <u>and NCT)</u>  <u>Antenatal clinic and baby</u> <u>club</u> (ages 0-2)	30, 31 July 2015  10 August 2015  11 August 2015  12 August 2015  18 August 2015  11 August 2015  6 August 2015 10 August 2015  18 August 2015  20 August 2015	Discussion and survey completion with parents and carers:  Borough Road Nursery and Holy Trinity Community Centre  Crown Street Library  Cockerton Library  Market Square, Darlington  Clifton Road Church and Community Centre  Mount Pleasant Children's Centre  McNay street Children's Centre Skerne Park Children's Centre  Dodmire Children's Centre  Haughton Children's Centre

## Section 6: Engagement Findings

	<b>Date/summary of engagement carried out</b>	<b>Summary of impacts identified</b>
-	As above 'Involvement and Engagement Plan'	As detailed throughout this EIA, potential impacts have been identified on specific groups. The impact identified has been informed by consultation and engagement. The activity will continue as the 0-19 service will still be available as a universal service and the likely positive impact across all groups is access to a more integrated service.

## Section 6: Engagement Findings – Continued

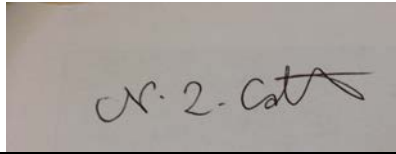

**Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.**

<b>a) How will the proposal help to eliminate discrimination, harassment and victimisation?</b>
n/a
<b>b) How will the proposal help to advance equality of opportunity?</b>
n/a
<b>c) How will the proposal help to foster good relations?</b>
n/a

<b>During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.</b>
<p>Public Health will liaise closely with other commissioners, partners and current providers to ensure that individuals accessing the service will be central to any transitional arrangements. Transition planning will include targeted work on all elements of 0-19 provision including immunisations, screening and safeguarding. Once the new service is implemented on 1 April 2016, ongoing engagement with key stakeholders such as schools, and all protected characteristic groups will take place to identify and mitigate any impact.</p> <p>There may be a greater impact on teenage parents if there is a change to the Family Nurse Partnership provision. Support would still be available but it may be in a different setting, via different staff. If there is any change to this provision liaison with key staff will take place to minimize the impact of transition.</p>

**This completes the assessment, but there will be further work to do to contribute to the reporting and implementation stages of the activity. First though, it is important to draw a line under the assessment to maintain a separation between assessment of impacts and any proposals to manage those impacts. The assessment should therefore be signed-off at this stage.**

## Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
<b>Signed</b> 	<b>Name:</b>	Nathalie Carter
	<b>Date:</b>	22/9/2015
	<b>Job Title:</b>	Public Health Practitioner
Assistant Director:		
<b>Signed</b> 	<b>Name:</b>	Miriam Davidson
	<b>Date:</b>	22/9/2015
	<b>Service:</b>	Director of Public Health

## Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?	
a)	<b>No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation-</b>
b)	<b>Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue</b>
c)	<b>Negative impact identified - adjust the activity in light of the identified impact to avoid,</b>

**minimise or mitigate the impact**

**d) Negative impact identified - stop activity and provide an explanation why**

## Section 9 – Action Plan and Performance Management

The report to decision-makers, and the decision made may require actions to be taken to avoid, minimise or mitigate the negative impacts of the activity. Option C in the table in Section 8, combined with mitigation measures that may have been highlighted during engagement and listed in Section 6 (if adopted) will require action planning to implement them.

Any actions to address equalities impacts should be listed below, with performance management review proposals, to complete the full EIA.

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
No negative impact has been identified at this stage.	n/a	n/a	n/a

Performance Management	
<b>Date of the next review of the EIA</b>	November 2015
<b>How often will the EIA action plan be reviewed?</b>	The EIA will be reviewed periodically as strategic decisions are made which may have an impact on planning and the service review.
<b>Who will carry out this review?</b>	Public Health