

<b>EQUALITY ANALYSIS ASSESSMENT (EAA)</b>	
<b>Name of Proposal</b>	<ul style="list-style-type: none"> <li>▪ Redesign of Health Visiting, School Nursing &amp; Children’s Centres</li> </ul>
<b>Lead Officers</b>	<ul style="list-style-type: none"> <li>▪ Rosalind Jeffrey (CYP Commissioning Change Lead)</li> <li>▪ <a href="mailto:rosalind.Jeffrey@lewisham.gov.uk">rosalind.Jeffrey@lewisham.gov.uk</a> / 0208 314 7093</li> <li>▪ Andrew McVitty (National Management Trainee)</li> <li>▪ <a href="mailto:andrew.mcvitty@lewisham.gov.uk">andrew.mcvitty@lewisham.gov.uk</a> / 0208 314 2210</li> </ul>
<b>Other Stakeholders</b>	<ul style="list-style-type: none"> <li>▪ Public Health</li> <li>▪ CYP Joint Commissioning</li> <li>▪ Lewisham &amp; Greenwich NHS Trust</li> </ul>
<b>Start Date Of EAA</b>	<ul style="list-style-type: none"> <li>▪ January 2016</li> </ul>
<b>End Date Of EAA</b>	<ul style="list-style-type: none"> <li>▪ Initial EAA - August 2016</li> <li>▪ <i>NB this EAA will be updated as proposals are developed and finalised by January 2017</i></li> </ul>
<b>Step 1: Identify Why You Are Undertaking An Equality Analysis</b>	
<p>The responsibility for commissioning 0-5 and 5-19 year old public health services transferred to the Local Authority in October 2015 and April 2013 respectively. In the Government’s Spending Review and Autumn Statement 2015 the government announced funding reductions for these public health services.</p> <p>For Lewisham this has resulted in a significant decrease in funding for 2017/18. The Council is therefore consulting on proposals to re-design its 0-19 service, encompassing: Health Visiting, School Nursing and Children Centres.</p> <p>The CYP Joint Commissioning team has to find savings of approximately £2 million from its existing Health Visiting and School Nursing budgets for the next financial year. Lewisham’s Children Centre budget, which was reduced by £1.8 million last financial year, will not undergo any further funding reductions.</p> <p>Given that the proposed changes will involve the re-design and development of new policies, procedures and operational practices, it is necessary to undertake an Equality Analysis Assessment (EAA). This assessment will consider the effect of the proposed service changes, analyse whether the extent to which they are likely to impact on different protected characteristics within the local community, and identify mitigating actions to address any disproportionately negative impacts.</p>	
<b>Step 2: Identify The Changes To Your Service</b>	
<p>The CYP Joint Commissioning Team commissions a range of health and social care services for 0-19 year olds in Lewisham. Proposed changes to this service encompass the re-design of Health Visiting, School Nursing and Children Centres, discussed below:</p>	

Health Visiting

**Current Provision:** Health Visiting is a home visiting service for all families with a child under 5 years. Health Visitors assess the health and support needs of new parents and their babies through a series of health and development checks. These happen during pregnancy, just after birth, and then when the child is 6-8 weeks, 7-11months and 2-2.5 years. Additional reviews may also be carried out at 3-4 months and 3.5 years depending on a family’s vulnerability status. Health Visitors support parents with advice on all aspects of caring for their child, as well as making sure children are protected from harm and their safeguarding needs are met. Where families are seen to be particularly vulnerable, Health Visitors will provide more support with additional visits.

**Proposed Changes:** Approximately £1million needs to be found from the Health Visiting service budget for the 2017/2018 financial year.

Current Provision	Proposed Changes
<p>1. Health visitors carry out five children’s developmental health checks (in pregnancy, new birth, 6-8 weeks, 7-11 months and 2-2.5 years) in the family home.</p>	<p>1. In future, two of these checks – the 7-11 month check and the 2-2.5 year check for families not identified as vulnerable – might be delivered in Children’s Centres and in groups. All other checks will continue to be done in the home.</p>
<p>2. Health visitors currently run baby clinics in Children’s Centres and GP practices. Parents can take their babies to these clinics for weighing and advice.</p>	<p>2. In future, we might:</p> <ul style="list-style-type: none"> <li>• Reduce the overall number of clinics delivered with the aim of them all being done in Children’s Centres.</li> <li>• Introduce parental weighing of babies at clinics while continuing to provide access to a Health Visitor for advice.</li> </ul>
<p>3. Health visitors currently provide five mandatory health checks for families. They also provide additional checks for some families at 3-4 months and 3.5 years. The government is consulting on changes to these mandatory health checks, which is likely to give Lewisham and other local authorities more flexibility to target additional checks at the most vulnerable families.</p>	<p>3. In future Health Visitors might:</p> <ul style="list-style-type: none"> <li>• Only provide checks during pregnancy for women identified as vulnerable by maternity services. Other women will continue to have access to GPs and midwives for health checks during their pregnancy.</li> <li>• Health visitors might only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable.</li> </ul>
<p>4. Health visitors currently support 3 out of</p>	<p>4. In future, we might transfer management</p>

the 6 'breast feeding groups' in Lewisham, by giving advice on feeding, weaning, mother and baby's health and nutrition. These groups, and the provision of the volunteer breastfeeding peer supporters, are coordinated by the Breast Feeding Network.	of these groups to the health visiting service, supported by maternity services.
5. A significant amount of the current health visiting budget is spent on a range of administrative activities.	5. In future, we will develop new ways of delivering this support (such as better use of technology) which would mean we could reduce the budget for administration.
6. The health visiting service currently provides community clinics to deliver BCG vaccinations to babies that have not received this after birth.	6. In future, we might develop a local dedicated immunisation team that will be able to deliver these clinics.

#### School Nursing

**Current Provision:** Lewisham has a school nursing service which works with schools to improve the health and wellbeing of children and young people by providing advice, information and guidance on:

- Keeping healthy
- Immunisations
- Emotional health
- Risk taking behaviours such as drugs and alcohol
- Sexual health education (appropriate to the child's age)
- Healthy eating and weight management
- Providing extra support to young people with complex needs

The school nursing service also helps make sure young people with more complex needs can receive extra support when they need it; and works with others to ensure children are protected from harm.

**Proposed Changes:** Approximately £1 million needs to be found from the Health Visiting service budget for the 2017/2018 financial year. To lessen the impact we plan on transferring funding from other services and integrating these services into a new service for school-aged children, see below:

<b>Current School Age Nursing Service</b>	<b>Proposed Changes</b>
1. School nurses currently offer a health assessment to children when they enter primary school.	1. In future, school nurses might provide a combined assessment for reception children consisting of a: <ul style="list-style-type: none"> <li>• School entry health assessment.</li> <li>• National Child Measurement Programme (weight checks for reception and also for year 6 children).</li> </ul>

	<ul style="list-style-type: none"> <li>Hearing and vision screening.</li> </ul>
<p><b>2.</b> MyTime Active currently deliver a weight management programme for children in Lewisham.</p>	<p><b>2.</b> In future, we will develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support.</p>
<p><b>3.</b> The school nursing service currently plays a key role in safeguarding and child protection.</p>	<p><b>3.</b> In future, we will continue to require school nurses to undertake health assessments for all children and young people aged 5-19 years when they become looked after or under the protection of the local authority. Protecting vulnerable children will continue to be a priority and school nurses will still attend statutory meetings to support children and families when this is needed.</p>
<p><b>4.</b> The school nursing service currently supports the health and emotional wellbeing of children and young people through school drop-ins, appointments and health promotion work. However, school nurses have limited capacity to do this work.</p>	<p><b>4.</b> In future, we might redesign this element of the service to create a dedicated 'teenage health service' which will:</p> <ul style="list-style-type: none"> <li>Be accessible from a number of venues in the borough as well as from schools.</li> <li>Offer online advice and face to face support about health and emotional wellbeing, alcohol and drugs misuse, and sexual health.</li> <li>Signpost and refer young people to other local services.</li> </ul>
<p><b>5.</b> School nurses also provide support to children with long term conditions and disabilities.</p>	<p><b>5.</b> In future, a dedicated nursing team, supported by the community paediatric team, might provide support for these children, for example by providing health assessments, helping develop individual care plans, and training school staff on how to look after children with long term conditions and disabilities in schools.</p>
<p><b>6.</b> The school nursing service currently delivers immunisations to school age children.</p>	<p><b>6.</b> In future, immunisations will continue to be provided in schools but might be delivered by a different immunisation</p>

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Children Centres

**Current Provision:** Children’s Centres are places where families can access a range of services and information such as health, education and social care. They also provide spaces where parents and carers can bring their children to play and learn and to meet other children and families. Some services that are supported by health visitors, such as breastfeeding groups, are delivered directly from Children’s Centres. Lewisham has 16 children’s centres located in different buildings around the borough.

**Proposed Changes:** We are not proposing to reduce funding for Lewisham’s children’s centres. Budgets for children’s centres in Lewisham have already been reduced in 2015-16. However, existing contracts come to an end in March 2017 and new contracts need to be commissioned. This opens opportunities to improve Children Centres, including which services they provide and where services are provided from.

In the future we might:

- Offer the same services, but targeted towards families with higher needs.
- Offer the same services at fewer and/or different locations.
- Operate services through a ‘hub and spoke’ model in each of the boroughs four defined localities (N, middle, S.E, S.W). ‘Hubs’ will act as a central focus point delivering a core set of services and activities throughout the day in each area. Smaller ‘spokes’ will deliver targeted outreach programmes based on local need and on a more intermittent basis. This will include the use of schools and community settings.
- Co-locate Children’s Centres with other health and educational services.
- Integrate the one-to-one family support service provided by Children’s Centres with our health visitor support for vulnerable families.

We also want to make sure that Children’s Centres are a central part of our new Early Help strategy which aims to ensure that families with children and young people at risk of harm are provided with more coherent joined-up support.

**Step 3: Assessment Of Data And Research**

As part of the EAA process, a scoping exercise was undertaken to assess the initial impact that the proposed changes to the 0-19 service may potentially have on relevant protected characteristics (age, disability, gender, ethnicity, sexual orientation, religion or belief, gender reassignment and pregnancy & maternity). Proposals were categorised by the potential ‘positive, negative or neutral’ impact they may have on users. The outcome is summarised in the grid below:

**Health Visiting**

<b>Proposal</b>	<b>Age</b>	<b>Disability</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Sexual Orientation</b>	<b>Religion or Belief</b>	<b>Gender Reassignment</b>	<b>Pregnancy &amp; Maternity</b>
Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice)	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

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Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
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School Nursing

Proposal	Age	Disability	Ethnicity	Gender	Sexual Orientation	Religion or Belief	Gender Reassignment	Pregnancy & Maternity
Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services	Positive, Low	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

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Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools)	Neutral	Positive, Medium	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Continue to provide immunisations in schools, but deliver these via a different immunisation team	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

Children Centres

Proposal	Age	Disability	Ethnicity	Gender	Sexual Orientation	Religion or Belief	Gender Reassignment	Pregnancy & Maternity
Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings)	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Offer the same services, but targeted towards families with higher needs	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Co-locate Children's Centres with other health and education services	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

From this scoping exercise, it is possible to observe that the protected characteristics most likely to be adversely affected by the redesign of the 0-19 service are disability pregnancy and maternity. The proposals were seen to have a neutral impact on those within the categories of age, ethnicity, sexual orientation, gender reassignment and religion or belief.

These potential impacts are analysed further below, supported by local data.

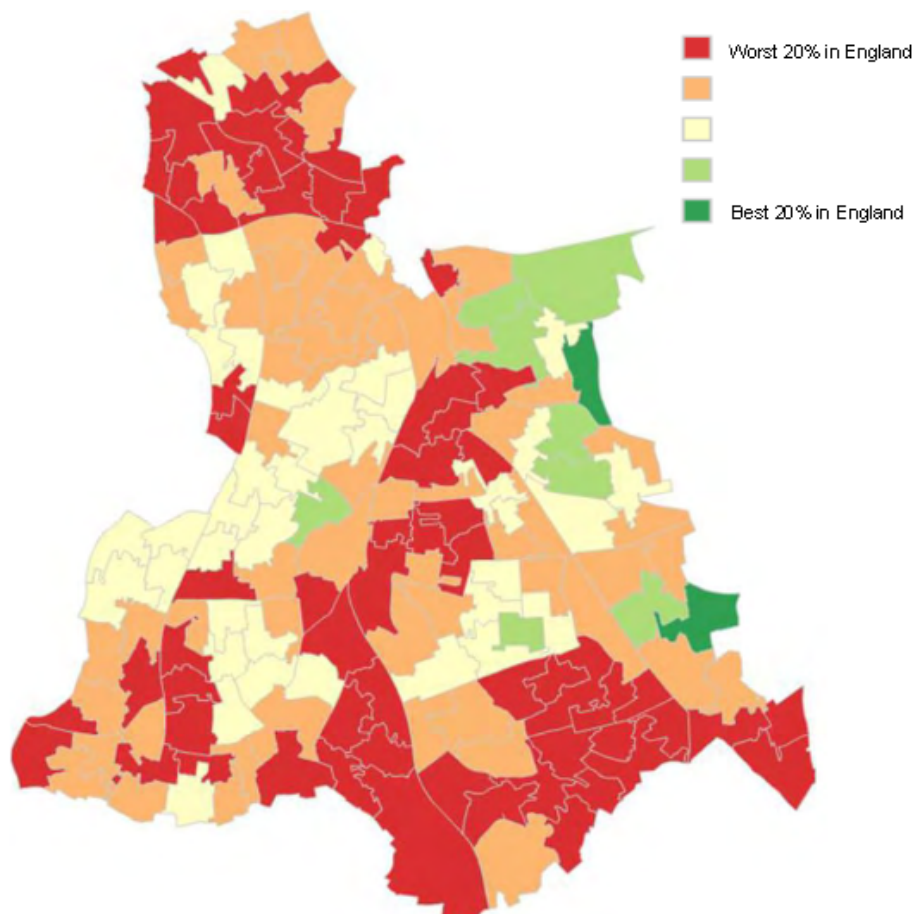
**Contextual Data**

Key data findings:



- Lewisham is ranked as the 48<sup>th</sup> most deprived local authority area in the country with an average score of 28.59<sup>1</sup>. This is out of a possible 32,844 local authority areas.
- There are areas of significant deprivation in the north, central and southern parts of the borough (Fig 3). The populations of these areas experience many of the problems associated with poverty: poor health and educational outcomes, unemployment, homelessness, low pay and inequality.
- A significantly greater proportion of Lewisham's children live in poverty than is the case in England and London as a whole (Fig 4). Almost 26% of children in Lewisham's primary and secondary schools are in receipt of free School Meals, a proxy indicator for child poverty.

*Figure 3: Indices of Multiple Deprivation 2015 – Lewisham Super Output Areas*



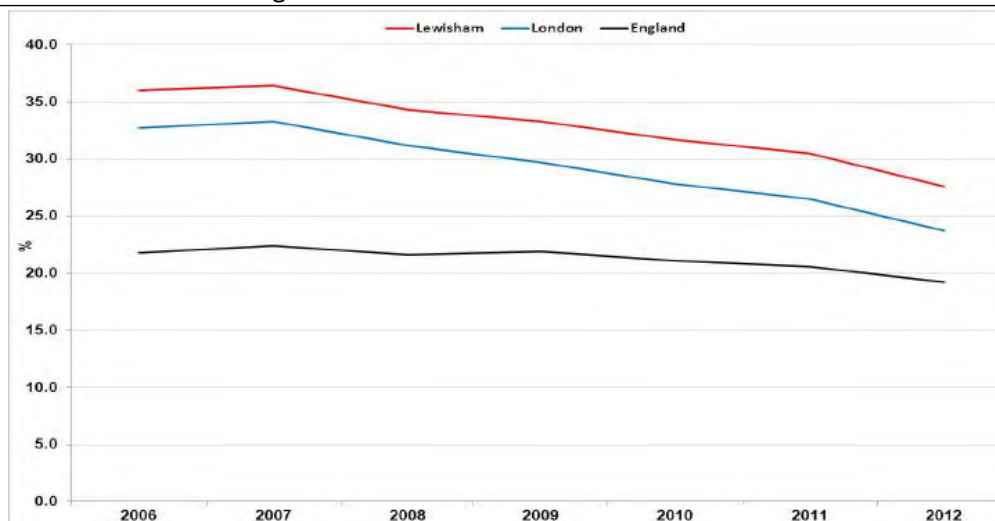
(Source: Department for Communities and Local Government)

*Figure 4: % of Children Aged under 16 in Poverty*

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<sup>1</sup> IMD 2015

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(Source: HM Revenue and Customs 2012)

- In 2013/2014 a total of 640 Lewisham households including dependent children or a pregnant woman were homeless. Homeless children are at increased risk of depression, behavioural problems and poor educational attainment.
- Lewisham’s typical household income is 6% lower than the London average, with four wards (Downham, Whitefoot, Bellingham & Evelyn) having an income level that was more than 15% lower. We also know that in 2011 there were 7,599 households with dependent children (6.5% of the total) where no adults were in employment.
- There is a direct correlation between high levels of deprivation and childhood obesity. In Lewisham childhood obesity rates remain significantly higher than the average for England. In 2013/14 Lewisham was again in the top quintile (highest fifth) of Local Authorities in obesity prevalence rates for children in Year 6.
- In 2013/2014, 6% of Lewisham women were reported to be smoking at time of delivery. This is slightly above the London average but considerably lower than the national average of 12%.

Ensuring the availability of high quality services for a population experiencing rapid growth, which is so diverse and where greater numbers of people experience deprivation than in England as a whole, is a major challenge.

Local and national data (including: the 2011 Census, information from the Office of National Statistics and Lewisham’s 2015 Annual Public health Report) for these protected characteristics has been analysed below:

**Age:**

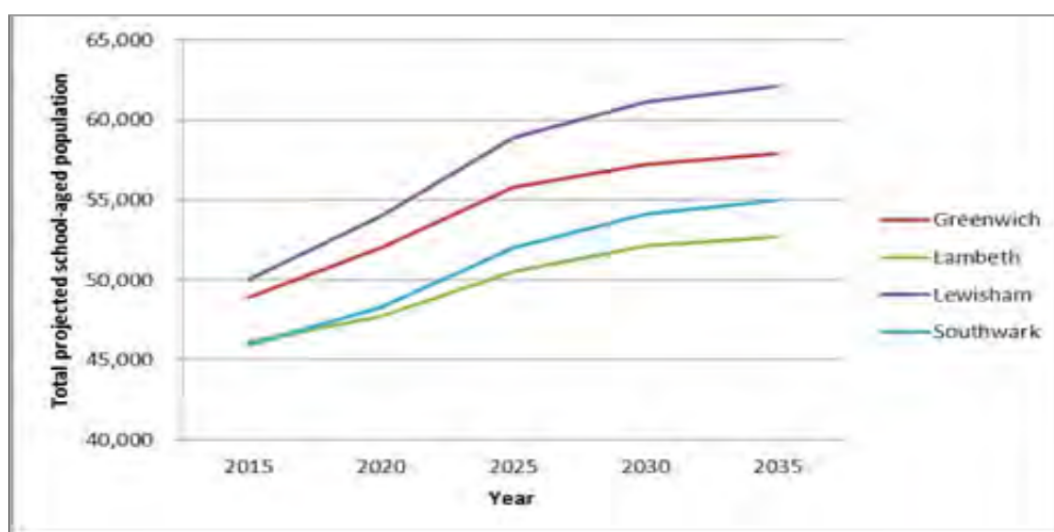
Key data findings:

- Lewisham is the second most populous inner London Borough, home to approximately 291,900 residents. This is estimated to rise rapidly to over 318,000 by 2021 due to high birth and borough immigration rates. The highest growth is expected in Lewisham Central, Rushey Green, New Cross and Evelyn wards.
- Using GLA estimates, there are 22, 726 children aged 0-4 years in Lewisham in 2016<sup>2</sup> of whom

51.5% are boys.

- Recent data suggests Lewisham’s birth rate has fallen. Broadly speaking, since 2011 there has been relatively limited growth overall in the population of children aged 0-4 years in Lewisham (22,659 in 2011 and 22,726 in 2016 with slight decreases in the overall population of children aged 0-4 years in 2015 and 2016).
- However, for the population of children aged 0-4 years, there are significant variances between wards and Children Centre Service Areas (CCSAs). Key population growth wards for children aged 0-4 years in Lewisham are largely concentrate in CCSA 1 (Evelyn and New Cross wards particularly) and the wards of Lewisham Central and Blackheath in CCSA 2. By contrast, all wards in CCSAs 3 and 4 will see reducing numbers of children aged 0-4 years across 2015- 2019 (except Rushey Green in Service Area 3 which will remain broadly the same).<sup>3</sup>
- Lewisham has a slightly younger age profile than the rest of inner London. Currently 24% of Lewisham’s population are below the age of 19<sup>4</sup> representing just over 70,000 young people, compared to 22.5% for inner London. Of this figure 10% of Lewisham’s population are aged 0-5 representing just over 29,000 young children.
- Figure 1 below shows how the school aged population is expected to rise significantly over the next 20 years.

*Figure 1: School Aged Population Projections (5-19 year olds)*



(Source: GLA Projections 2012)

- Lewisham has a young population (usually defined as under 25) experiencing high levels of sexual health need in relation to contraception, pregnancy, sexually transmitted infections (STIs) and sexual behaviours.
- Although dropping, Lewisham has the highest under 18 years birth rate in London, produced through a combination of a high teenage conception rates and lower than average abortion rates in this age group<sup>5</sup>.

<sup>2</sup> See 2014 Round of Demographic Projections, GLA Intelligence Unit (used also by Lewisham Strategic Partnership)

<sup>3</sup> Lewisham Council, Children Efficiency Assessment, August 2016

<sup>4</sup> ONS 2014 Mid-Year Population Estimates

- Targets for the reduction of teenage conceptions for 15–17 year olds in Lewisham remain extremely challenging. The annual rate of 48.6 teenage conceptions per 1,000 remains in the bottom quartile nationally, and the 7th bottom in the capital.
- Almost all adults aged 16 to 24 years were recent internet users (99.2%), in contrast with 38.7% of adults aged 75 years and over. (ONS, 2016: <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>)

From the data it is evident that the recent rise in Lewisham’s birth rate and number of children locally presents challenges to local services in meeting needs. Although birth rates have begun to drop off there is still a large number of young children moving through Lewisham’s social health, care, and educational services.

Children and young people (aged 0-19) and their parents (most likely aged 25-50) will be impacted by any changes to services for 0-19 as the service is directed at them. This, however, is not to discount other age groups who may also be affected, such as those with child care responsibilities (older siblings, grandparents etc.) and those becoming parents/carers at older ages (50+).

Proposed changes to the service to increase the use of technology, specifically internet use, may impact negatively on older people, who are less likely to use the internet. However, we are primarily considering parents/carers of child bearing age who will be familiar / comfortable with using this kind of technology. Whilst parents may be encouraged to use online facilities (where available) the input that a family will get from the service will still be dependent on the HVs assessment of the family’s needs - so technology will not replace the clinical decision making employed to ensure that children are safeguarded.

The proposals do not discriminate on the basis of age, and the proposed service will remain directed at supporting babies, young children and their families.

The proposal to create a teenage health service to provide multi agency support to teenagers is designed to improve access and support for these children and young people and so the anticipated impact will be a positive one for this age group.

**Disability:**

**Key data findings:**

- In Lewisham Council’s 2007 Residents Survey, of the 1,042 people surveyed, 14% of respondents described themselves as disabled. In the ONS Annual Population survey data for 2007 14.2% of people of working age were categorised as disabled. In the 2011 Census, 15.6% of Lewisham residents were classed as not in good health.
- Children and young people with an identified Special Educational Need (SEN) who have been issued with an Education, Health and Care plan, or Statement of Special Educational Needs, currently account for 2.7% of the school age population in Lewisham. This is comparable to Lewisham’s neighbours, and to London and England as a whole.
- Of these children, 75% are male and around 50% have a diagnosis of Autism Spectrum Disorder

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<sup>5</sup> Lewisham Annual Public Health Report 2015

(ASD), which is significantly higher than the national average.

- Of children with special education needs in Lewisham, 83% have their needs met within Local Authority maintained provision (39% Maintained Special School; 35% Maintained Mainstream School; 9% Maintained Resource Base/SEN unit).
- Overall SEN projection calculations suggest Lewisham will see a minimum increase of 7.7% in Education, Health and Care plans over the next ten years.
- Estimated rates of mental health disorders (including conduct, emotional, hyperkinetic (ADHD) and eating disorders) in Lewisham are broadly comparable to neighbouring boroughs (Table 1).
- 25.0% of disabled adults had never used the internet in 2016, down from 27.4% in 2015. (ONS, 2016 as above)

*Table 1: Prevalence of Key Child & Adolescent Mental Health Problems*

	Any mental health disorder		Conduct disorders		Emotional disorders		Hyperkinetic disorders		Eating disorders
	5-16yrs		5-16yrs		5-16yrs		5-16yrs		16-24yrs
	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	No. of young people
<i>Lewisham</i>	9.46	3,765	5.78	2,299	3.66	1,457	1.57	623	4,381
<i>Greenwich</i>	9.65	3,749	5.93	2,304	3.74	1,451	1.60	623	4,192
<i>Lambeth</i>	9.89	3,758	6.08	2,310	3.86	1,466	1.66	629	4,655
<i>Southwark</i>	9.81	3,582	6.02	2,199	3.83	1,396	1.63	594	5,381
<i>London</i>	9.35	109,616	5.70	66,838	3.65	42,748	1.54	18,050	126,462
<i>England</i>	9.60	-	5.80	-	3.70	-	1.50	-	-

(Source: ONS survey Mental Health of Children and Young People in Great Britain (2004) & Adult Psychiatric Morbidity Survey (2007))

Proposals to change some Health Visiting checks from taking place in the home to Children’s Centres may have a negative impact on parents/carers with disabilities, if they do not have suitable transport options to access Children’s Centres.

Likewise, the proposals to reduce the overall number of baby clinics with the aim of all of them being delivered in Children’s Centres.

Officers will explore options throughout the development of the service proposals to mitigate against this.

It is possible that for some parents with disabilities, the proposal to introduce parental weighing of babies at clinics may have a negative impact. However, access to health visitors will continue to mitigate against this.

It is possible that geographical changes in the Teenage Health Service and Children Centre location may adversely affect the ability of some users to reach new sites and access services.

As in proposals to Health Visiting, officers will explore options throughout the development of the service proposals to mitigate against this.

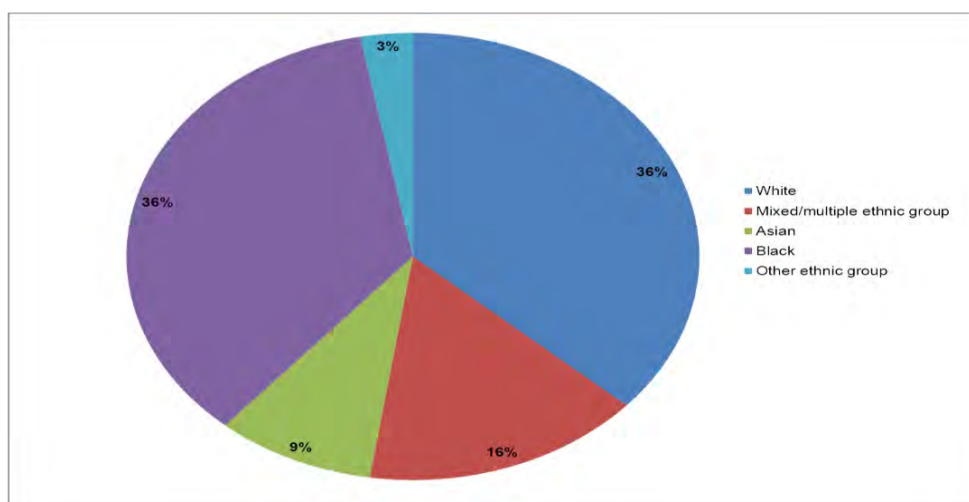
The proposal to create a dedicated nursing team to provide support to children with long term conditions and disabilities is to improve support for these children and young people and so the anticipated impact will be apposite one for children and young people with disabilities.

**Ethnicity:**

Key data findings:

- The 2011 Census identified Lewisham as the 14th most ethnically diverse local authority nationally, with around 45% of residents coming from a black and minority ethnic background and 1 in 3 residents born outside the UK.
- Overall members of 94 ethnic groups make up Lewisham’s population with over 170 languages spoken. The most common are French, Tamil, Somali, Vietnamese, Turkish, Polish, Lingala and Portuguese (Translation Requests, 2007-2012), whilst nearly 10% of all households do not contain any residents who speak English as their main language.
- Nearly half the residents of the borough (46.5%) are from a black or minority ethnic (BME) background, although this rises to over 70% within the school population. Black African residents (11.6%) are now more numerous than Black Caribbean residents (11.2%).
- Around two thirds of Lewisham’s 0–19 year olds are part of a black or minority ethnic (BME) group (Fig 2).

*Figure 2: 0-19 Population by Broad Ethnic Group*



(Source: 2011 Census)

- The number of residents identifying themselves as ‘White British’ has decreased from 56.9% in 2001 to 41.5% in 2011. Those identifying themselves as ‘White Other’ has risen dramatically, most likely as a result of migration from other EU countries.

Whilst no direct impact is anticipated from the proposals, BME households are disproportionately affected by local service reductions as they are more likely to live in deprived areas, tend to experience higher levels of child poverty and inequality, and access state support mechanisms such as the proposed 0-19 service. Officers will continue to analyse service level data and access to services to ensure that any negative impact is recognised and mitigated where possible.

**Gender:**

Key data findings:

- Males comprise 49% of Lewisham’s population, females 51%. These proportions are not expected to significantly change in the next few years.

- 2011 Census data reveals that 91.5% of lone parents are female.

Exact data needs to be collected, but the majority of users of the 0-19 services are women. Therefore any proposed changes will have a greater impact on women overall. Monitoring and further data collation and analysis is required to ensure that any potential impact on gender from the wider proposed changes, and specific proposals within this are anticipated and mitigated where possible.

**Sexual Orientation:**

- About 0.4% of Lewisham households comprise same sex couples in civil partnerships. This is more than double the average for England<sup>6</sup>

No impact is anticipated on sexual orientation

**Religion or Belief:**

- Christianity was the most common religion in Lewisham at the time of the 2011 Census (53%), followed by Islam (6%). About 27% of people stated they had no religion and 9% did not state their religion or belief.

Religion	Lewisham %	London %	England %
Christian	52.8	48.4	59.4
Buddhist	1.3	1	0.5
Hindu	2.4	5	1.5
Jewish	0.2	1.8	0.5
Muslim	6.4	12.4	5
Sikh	0.2	1.5	0.8
Other religion	0.5	0.6	0.4
No religion	27.2	20.7	24.7
Religion not stated	8.9	8.5	7.2

No impact is anticipated on religion or belief

**Gender Reassignment:**

Further data relating to gender reassignment is required. However no impact is anticipated on gender reassignment.

**Pregnancy and Maternity:**

Key data findings:

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<sup>6</sup> 2011 Census

- Early access to maternity services in Lewisham remains low – 79% compared to 86% access to maternity services nationally.
- It is estimated that up to 20% of women in the UK develop a mental health problem in pregnancy or within a year of giving birth. In Lewisham this would equate to approximately 1,019 affected women every year. It is recognised that perinatal mental health problems in women have a huge personal impact on them and their families.
- In Lewisham, breastfeeding prevalence at 6-8 weeks after delivery is 74.3%<sup>7</sup>. This is significantly better than the average prevalence for England overall
- Children in lone parent families are at a greater risk of poverty and therefore of poor health outcomes. The 2011 Census revealed that there were 13,239 lone parents households in Lewisham, an increase of 1,997 from 2001.
- Women from deprived backgrounds in Lewisham are especially at greater risk of poor pregnancy and maternity outcomes than women from more affluent areas. Deprivation is associated with increased rates of stillbirth, premature delivery, low birth weight babies, neonatal deaths, infant mortality and mental health issues, although these conditions are not limited to deprivation alone.

The proposed changes to 0-19 services will have an impact on pregnancy and maternity overall, as this group is a high proportion of users. Any proposed changes that result in a reduced service offer, will therefore mean that fewer pregnant women will access the service. However the individual elements of the proposals do not discriminate against this protected characteristic as this group will remain a key user group of the proposed service.

#### Step 4: Consultation

The consultation on the proposed changes to the 0-19 service took place between July and August 2016. It consisted of two online surveys, one for public respondents and one for professional’s respondents. Face to face public surveys were also conducted in Children Centres to increase the reach of the consultation. In total 6 Children’s centres were visited and a total of 25 individuals consulted.

In total, there were 306 responses for the public consultation. There were 72 responses for the Professional consultation.,

A detailed analysis of demographic information provided by public respondents can be found below by protected characteristic:

#### Age:

There were 298 responses to this question. The table below outlines the number of respondents within each age group.

Age Group	Number (%)
Under 18	1 (0.34%)
18-24	4 (1.34%)
25-29	13 (4.36%)

<sup>7</sup> [Lewisham Public Health Information Portal](#)



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30-34	44 (14.77%)
35-39	55 (18.46%)
40-44	53 (17.79%)
45-49	24 (8.05%)
50-54	28 (9.40%)
55-59	28 (9.40%)
60-64	20 (6.71%)
65 +	15 (5.03%)

**Disability:**

There were 297 responses to this question. 270 respondents (90.91%) declared they had no disability, 15 respondents (5.05%) declared they had some form of disability, whilst 12 respondents (4.04%) did not wish to declare their status. The chart below represents the category of disability for the 15 positive respondents:

Category	Number (%)
Physical Impairment	1 (5.00%)
Sensory Impairment	1 (5.00%)
Mental Health Condition	6 (30.00%)
Learning Disability/Difficulty	6 (30.00%)
Long-Standing Illness Or Health Condition	5 (25.00%)
Other	1 (5.00%)

(NB: the total number of answers is greater than the 15 positive respondents due to individuals being able to select multiple options)

**Ethnicity:**

There were 292 responses to this question.

Ethnicity	Number (%)
<u>White:</u>	
English/Welsh/Scottish/Northern Irish/British	179 (61.30%)
Irish	19 (6.51%)
Gypsy or Irish Traveller	1 (0.34%)
Any other white background	23 (7.88%)
<u>Mixed/Multiple Ethnic Groups:</u>	
White and Asian	2 (0.68%)
White and Black Caribbean	2 (0.68%)

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Any other mixed/multiple ethnic background	2 (0.68%)
<u>Asian/Asian British:</u>	
Chinese	3 (1.03%)
Indian	8 (2.74%)
Any other Asian background	4 (1.37%)
<u>Black/African/Caribbean/Black British:</u>	
African	13 (4.45%)
Caribbean	15 (5.14%)
Any other Black/ African/ Caribbean background	3 (1.03%)
<u>Any other ethnic group</u>	
Other ethnic group	1 (0.34%)
I'd rather not say	17 (5.82%)

It is clear from this EAA, that it does not reflect the wider ethnic profile of Lewisham which is far more diverse and less dominated by white ethnicities.

**Gender:**

There were a total of 293 responses to this question. Of the total responses, 40 respondents (13.65%) were male and 240 (81.91%) were female. 13 respondents (4.44%) did not declare their gender.

**Sexual Orientation:**

There were 291 responses to this questions.

Sexual Orientation	Number (%)
Straight/heterosexual	255 (87.63%)
Gay/Lesbian	6 (2.06%)
Bisexual	3 (1.03%)
Rather not say	27 (9.28%)

**Religion or Belief:**

There were 295 responses to this question.

Religion or Belief	Number (%)
None	127 (43.05%)
Christian (all denominations)	131 (44.41%)
Buddhist	2 (0.68%)

Hindu	3 (1.02%)
Jewish	2 (0.68%)
Muslim	5 (1.69%)
Sikh	3 (1.02%)
Rather not say	22 (7.46%)

**Gender Reassignment:**

There were 257 responses to this question. 219 respondents (85.21%) stated their gender was the same as that assigned to them at birth, whilst 26 respondents (10.12%) stated that their gender was different. 12 respondents (4.67%) declined the opportunity to respond.

**Pregnancy and Maternity:**

There were 295 responses to this question. 241 respondents (81.69%) stated they were not pregnant or on maternity leave, whilst 39 respondents (13.22%) stated that they were. 15 respondents (5.08%) declined to comment.

**Key Findings:**

The appendices ... below provide a holistic overview of the views expressed by respondents about the specific proposals of the 0-19 service redesign. These have been categorised into positive and negative comments under proposed changes to the Health Visiting, School Nursing and Children Centre services.

The most dominant findings for each service area include:

**Health Visiting:**

In many cases respondents felt HV offered a good and supportive service that had helped them through challenging times.

However, many respondents also believed that HV was unnecessary in many circumstances, especially during pregnancy, and that the advice given lacked clarity and tailoring to individual's needs. The service could also be intrusive and performed at inconvenient times in one's home.

Respondents would be happy to travel to CCs for HV activities performed in group settings as long as the destination was easily accessible, times were convenient and there was a space for confidential and professional advice. This could also free up time for HV to devote more of their time on patient care rather than travel and administration, as well as expose families to other professional activities they may not be aware of through engagement with CCs.

Concerns were however raised over how changes could reduce the ability for HV to assess and monitor child and parent vulnerability, as well as putting too much responsibility on parents to assess their own child's health and wellbeing from a medical point of view.

**School Nursing:**

Proposals for changes to the school nursing service were met with a largely positive response. Key themes emerging from respondent's comments surrounded improved service organisation and collection of data, a wider more accessible and dedicated service for teenagers, as well as

improvement in the early identification of vulnerability and obesity through better integration of school nursing within existing support networks.

However, there were a number of concerns raised. These were primarily themed around a potential lack of resources to implement changes, the training level of school nurses to deal with long term disability, as well as overloading already stretched school nurses with increased amounts of work and responsibility. This could also impact on the ability of school nurses to identify vulnerability. Further concerns surrounded the ability or willingness of teenagers to engage in or be able to travel to a new teenage hub, as well as losing already strong relationships with School nurses

#### **Children Centres:**

Positive comments included the ability of the service to offer a wider selection of activities at fewer, but larger, locations to more people in a geographical area. The hub and spoke model may also create service efficiencies by reducing the geographical doubling up of support, helping to save time and money, whilst also providing a stronger base from which Health Visitors can interact and communicate with service users and other professionals. High calibre staff may also be attracted and retained.

Negative comments surrounded concerns over transport, accessibility and the location of hubs and spokes, especially for disabled and less mobile users. Furthermore, there were concerns over the capacity of hubs to deal with large numbers, reduced 1-to-1 support, and the loss of a sense of community at current well established centres. Furthermore, although many respondents felt those most in need should get preferential treatment, there were large concerns that non-vulnerable families would be left behind and, as a result, could fall into vulnerability themselves. Maintaining universal provision was therefore seen as a resounding necessity, reducing stigmatization and improving social mixing.

**NB:** It is worth noting that some respondents found it difficult to understand what certain consultation questions were asking, as well as finding the level of detail too small to make an informed decision. This could have had an impact on the results of the consultation.

#### **Step 5: Impact Assessment**

The Equality Act 2010 sets out the different ways in which it's unlawful to treat someone. This Equality Analysis Assessment has been undertaken to ensure that the Council has met its responsibilities under the Equality Act 2010, specifically to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

The assessment of the likely impact of the proposed changes to the 0-19 service on the protected characteristics identified in the Equality Act 2010 has been based on an analysis of the relevant data, research and consultation results outlined above.

#### **Overall Assessment**

Overall, the proposed changes to 0-19 services will have a larger impact on age, gender, and pregnancy and maternity, as the majority of users of the service are children and young people, women and pregnant women or those with babies and young children. Any proposed changes that

result in a reduced service offer, will therefore mean that fewer pregnant women will access the service. And any proposed changes that alter the way the service is accessed will also mean that these groups will have to change the way they access the service

However the individual elements of the proposals do not discriminate against these protected characteristics as these groups will remain key users of the proposed service, and children and young people, women and pregnant women will still form the majority of users of the services.

It is important to continue to monitor the proportion of men who access the service to ensure that there is no impact on them from the proposed changes.

Specific proposals have been found to have a possible negative impact on disability; for example, changing the location of HV checks from in the home to Children's Centres may have an impact on people with disabilities being able to travel to the new location. Officers will continue to explore options to mitigate any potential negative impact.

Other proposals have been found to have a positive impact; the teenage health service and dedicated nursing team for children with long term conditions and disabilities.

This EAA would benefit from further data, specifically service level data, and this will be collected where available to inform proposals as they are developed and finalised.

#### **Step 6: Decision/Result**

The analysis of relevant data, research and consultation results has determined that the proposed changes to the 0-19 service do not discriminate or have dramatically adverse impact on any protected characteristics within the local community. As a result, no major amendments are required.

This decision will be reviewed regularly to ensure that equalities issues continue to be positively reflected in the delivery of the 0-19 scheme.

#### **Step 7: Equality Analysis Action Plan**

This plan (see below) has been developed to support the implementation of additional actions identified during the EAA process. It will be reviewed every three months to track progress and measure whether the actions have had their intended effect/outcomes.

1. Insufficient data collected regarding the equalities profile of service users  
There are some areas where further data is required to ensure a full EAA can be completed. This will be collected as the proposals are developed, and this EAA will be updated. Completed by December 2016.
2. Further options will be explored to mitigate against a reduction in home visits for the universal Health Visitor caseload, should people want to attend but have difficulties in doing so, and for any changes in location of any services across the 0-19 proposals. For example provision of taxis. This will be completed and this EAA updated by December 2016.
3. This EAA, and the action plan will be updated as the proposals for the 0-19 service are developed and finalised, and when the contract is recommended for award by January 2017

**Step 8: Sign Off**

As part of the report process for Mayor and Cabinet, this EAA, when finalised, will be reviewed and signed off by a representative from the Corporate Equalities Board, the relevant Heads of Service within the directorate and the Executive Director for Children and Young People