

# Equality Impact Assessment [version 2.12]



Title: Re-commissioning of Bristol’s Public Health Nursing Service	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Communities and Public Health	Lead Officer name: Jo Williams
Service Area: Healthy Children and Families	Lead Officer role: Consultant in Public Health

## Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

### 1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use [plain English](#), avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

<p>This proposal seeks approval to commence re-procurement of the universal Bristol Public Health Nursing Service, available to all children, young people, and families in Bristol. The aim of the service is to improve the health and wellbeing of children and families through building relationships, identifying additional need for support, signposting and providing advice and guidance.</p> <p>The Public Health Nursing Service is currently commissioned as part of the wider Community Children’s Health Partnership (CCHP) contract, which expires on 31<sup>st</sup> March 2027. Providing the service is a statutory responsibility of the local authority under the Health and Social Care Act (2012). The Public Health Nursing Service must therefore be re-procured from this date to continue meeting our statutory requirements and the needs of our population.</p>
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### 1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
<p>Additional comments: The Public Health Nursing Service comprises Health Visiting (for 0–5-year-olds and their families), School Health Nursing (for 5-19/ 25 year-olds and their families) and Family Nurse Partnership (for under-19-year-olds having their first baby until their child is 2.5 years).</p> <p>The Public Health Nursing Service is a universal service, for all 0-19-year-olds (and up to 25 for those with special educational needs or disabilities) and their families in Bristol. There are an estimated 78,280 children aged 0-19 living in Bristol, making up 22.9% of the population (2023). In 2023, the Health Visiting Service undertook reviews with 14,623 0–4-year-olds and the School Health Nursing Service received referrals for 1609 children and young people, although the service worked with many more children, young people, and families in addition to these numbers.</p>		

### 1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	[please select]
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The Public Health Nursing Service works to reduce health inequalities for children and families and improve quality of life. The service offers four levels of support based on individual and family needs. These are Community, Universal, Targeted (short-term help), and Specialist (longer-term, complex needs). The proposal aims to have a positive equalities impact, particularly through targeted and specialist support for those who need it, in order to reduce health inequalities. If the Public Health Nursing Service was not provided, there would be many groups that would be negatively affected by its absence. This service works through prevention and early intervention.

## Step 2: What information do we have?

### 2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [How we measure equality and diversity \(bristol.gov.uk\)](https://www.bristol.gov.uk/how-we-measure-equality-and-diversity)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment](#)

[Bristol, North Somerset and South Gloucestershire Maternity Health Equity Audit - NHS BNSSG ICB](#)

The BNSSG Maternity Health Equity Audit identifies mothers and babies living in Bristol, North Somerset and South Gloucestershire with the poorest pregnancy and birth outcomes, to target resources to best meet their needs and reduce health inequalities.

Whilst a decline has been observed overall in exposure to maternal risk factors across Bristol, North Somerset and South Gloucestershire over time, significant inequalities remain between different groups.

	<p>Maternal risk factors and poor birth outcomes interlink with deprivation, with those in the most deprived areas being most likely to experience poor birth outcomes and maternal risk factors. Other key statistics include:</p> <ul style="list-style-type: none"> <li>• A rise in the need for perinatal mental health support across BNSSG, up 3% in 2020/21 from 2019/20.</li> <li>• The percentage of women with a body mass index of 30 or more at time of booking has increased from 18.8% in 2013 to 20.2% in 2020.</li> <li>• Of the three local authorities, Bristol has the highest rate of women smoking in pregnancy, but the rate has been declining over time.</li> <li>• Rates of stillbirth have fluctuated in Bristol since 2013 but have declined since 2018.</li> <li>• Women living in the most deprived areas, experience the highest prevalence of poor birth outcomes overall.</li> </ul>
<p><a href="https://www.bristol.gov.uk/jsna-data-profiles">JSNA Data Profiles (bristol.gov.uk)</a> including CYP substance misuse, CYP mental health, infant feeding, perinatal mental health and CYP healthy weight</p>	<p>Key relevant statistics from our children and young people’s JSNA chapters and data profiles include:</p> <ul style="list-style-type: none"> <li>• Data showing that the number of births is gradually declining.</li> <li>• Over a quarter of children (0-17yrs) live in relative or absolute low-income families.</li> <li>• There has been a gradual increase in the percentage of women with a body mass index higher than 30 at antenatal booking (from 18.8% in 2013 to 21.1% in 2022).</li> <li>• There has been a decline in the percentage of women smoking in pregnancy (at time of delivery) from 14.9% in 2013 to 7.4% in 2023.</li> <li>• Teenage conceptions (to under 18s) in Bristol have fallen significantly since 2007.</li> <li>• Breastfeeding rates at 6-8 weeks are higher than the national average (70% vs. 55% nationally), but huge variation exists across Bristol (from 93% in Clifton Down to 28% in Hartcliffe and Withywood).</li> <li>• The percentage of children who are either overweight or very overweight is similar to the national average; this is a significant concern locally and nationally, with widening inequalities.</li> <li>• There is below 90% coverage of many childhood vaccinations in Bristol, lower than the 95% required for herd immunity.</li> <li>• Higher than average hospital admissions for tooth extraction can be seen locally (this is 3 times higher in most deprived wards compared to the least deprived).</li> </ul>

	<ul style="list-style-type: none"> <li>• There is also significantly higher than average hospital admissions for self-harm amongst 15-19-year-olds (982 per 100,000 vs. 642 per 100,000 nationally).</li> </ul>
<a href="#">Bristol Family Hubs and Start for Life Summary of Needs 2023</a>	<p>The Start for Life and Family Hubs Programme is designed to reduce inequalities, ensure that all children get the best start in life and provide support for families, especially those at heightened risk of experiencing poor outcomes. Key statistics from the summary of needs identified for the programme include:</p> <ul style="list-style-type: none"> <li>• Bristol is a diverse city, with 28% of children from Black, Asian and Minority ethnic backgrounds.</li> <li>• More than one quarter of children are in low-income households and the rate of children with limiting long-term illnesses or disabilities is higher than the national average.</li> <li>• Children being admitted to hospital due to a mental health condition is also higher in Bristol than nationally.</li> <li>• An estimated 18,700 children live in households with experience of domestic abuse, substance misuse or mental health conditions.</li> <li>• A lower level of under 5's achieved a Good Level of Development at Foundation Stage (64.7%) in Bristol compared to national (65.2%) and there is a lower take up of early years provision locally.</li> </ul> <p>Whilst some indicators locally have a positive average, significant disparities exist between the most and least deprived areas of Bristol and work must be done to narrow the gap.</p>
<a href="#">The Bristol Pupil Voice Report (2022)</a>	<p>The Bristol Pupil Voice Survey asks age-appropriate questions to primary and secondary school pupils regarding a similar and broad range of topics relating to health and wellbeing.</p> <p>Examples of relevant findings from the last survey include:</p> <ul style="list-style-type: none"> <li>• In 2022, 81% and 51% of primary and secondary pupils in Bristol had positive mental wellbeing scores, down from 88% and 65% in 2019.</li> <li>• In 2022, 47% of Year 10 pupils said they know where they would go if they needed a contraception/sexual health service, down from 54% in 2019.</li> </ul>
<b>Additional comments:</b>	

## 2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation

### 2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

There are gaps in local diversity data, especially where this information has not been historically included in statutory reporting. A key source, census data, is collected every 10 years but quickly becomes outdated. Both this and other data sources are often limited due to their rapid obsolescence and reliance on self-reporting.

To ensure the equalities impact of the service is monitored as part of the re-procurement process and on an ongoing basis, we will:

- Include equality-related questions in the tendering process.
- Use scoring that reflects the importance of this issue.
- Implement performance metrics to measure and assess the impact on equalities groups as part of the new service specification.

### 2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing a change process or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Service user feedback and experience is continuously fed into and used to influence the current service. As we are at the beginning of the re-procurement process, formal consultation and engagement is yet to commence, but is planned. We expect public consultation to take place in Summer 2025 for at least six weeks, although details are to be confirmed.

Our re-commissioning proposals will be informed by existing consultation and engagement with local residents and service users, as well as new consultation on specific proposals.

To ensure that consultation and engagement is accessible to everyone, communication materials will be offered in various formats and at multiple locations to accommodate diverse needs, such as for Disabled people or those who speak English as a second language.

### 2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

As described above, public consultation on the re-commissioning of the Public Health Nursing Service is currently being planned for Summer 2025 and will be carried out for a minimum of 6 weeks. This consultation will involve sharing proposed plans for the post-2027 service and will invite current service users, staff, professionals, the

public, and targeted vulnerable groups, to share their views to help shape the future service. The Equalities Impact Assessment will be updated following public consultation and engagement to reflect feedback obtained.

### Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

#### 3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

##### GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

No significant negative impacts have been identified from the plans to re-commission the Public Health Nursing Service. However, any change to how this service is delivered has the potential for destabilisation which could affect some groups disproportionately. This will be mitigated by advance planning for a smooth service transition, with clear communication to partner organisations, and a thorough handover to any new service provider, should this occur. It will also include a continuation of existing pathways and continuation of workforce stability, wherever possible. Adverse impacts will be mitigated through collecting and acting on equality and diversity monitoring.

As the service provides specialist support to those who need it, some individuals may be potentially adversely impacted if their needs are not fully met or understood. Through ensuring the service is informed by accessible and inclusive consultation and engagement, we can work to address this. The service provides targeted and specialist support for vulnerable children, young people and families and the potential benefits of re-procuring the Public Health Nursing Service outweigh any potential adverse impacts by ensuring continuation of this provision.

There is a risk of potential disruption to existing services, due to a potential change in service provider and/or service delivery model/other changes within the service. This applies throughout for all equalities groups. Aligned to this, there is the risk that some children, young people, and families may have difficulty adapting to any change in service provision.

##### PROTECTED CHARACTERISTICS

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that young people currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.  Bristol has a relatively young age profile, with 78,280 0–19-year-olds living in Bristol, equating to 22.9% of the population. There has been a rapid expansion of primary school aged children over the last decade.
Mitigations:	We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.  We will also carry out meaningful engagement with affected groups, as part of the commissioning process. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the

	design and commissioning of the new service. We will also engage with parents and professionals.
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that Disabled people currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>Children in Bristol have a slightly higher-than-average rate of limiting long-term illness or disability. Census 2021 data shows that a total of 6.1% of all children aged under 16 had long-term physical or mental health conditions or illnesses which limited their day-to-day activities (2.4% limited a lot; 3.7% limited a little).</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with affected groups, as part of the commissioning process, including Disabled people and their parent/carers. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p> <p>Additional support is available through the four levels of support offered by the Public Health Nursing Service and so support for Disabled people will continue to be a priority in future commissioning intentions.</p>
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that individuals currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>There are slightly more males aged 0-15 (51.1%) than females (48.9%) in the City. This suggests that changes to the service could affect young men more than young women.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with affected groups, as part of the commissioning process. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p>
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that pregnant people and parents/carers currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.

Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with affected groups, as part of the commissioning process, including pregnant people and parents. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p>
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that people from Black, Asian and Minority Ethnic groups currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>Over one quarter of children in Bristol (28%) aged 0-15 belong to a Black, Asian and Minority Ethnic group.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with a broad range of people, ensuring that they reflect the ethnically diverse population of Bristol, as part of the commissioning process. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p>
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that people from religious and faith groups currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>In Bristol there are more than 45 religions represented.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of people, including those from a range of religious and faith groups. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p>
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	



<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that people who experience socio-economic deprivation currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>Data shows that often children living in more deprived areas are more likely to have a greater level of need. The South of the City of Bristol has the greatest number of children in need.</p> <p>A total of 17.8% of children under 16 locally (15,300) live in relative low-income families and 13.9% (11,900) live in absolute low-income families in Bristol (2020/21).</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of people, including those who areas experiencing multiple deprivation. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p>
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that carers currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of people, including carers. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.</p>
<b>Other groups</b> [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
<b>Asylum seekers, refugees and migrants</b>	
Potential impacts:	<p>There is a risk of disruption to the service that asylum seekers, refugees and/or migrants currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>Asylum seekers and refugees often face additional challenges assessing health services, including language barriers and cultural differences, and any changes could cause further disruption.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with affected groups. This will ensure that we are able to listen to and understand the</p>

	needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.
<b>Children in care</b>	
Potential impacts:	There is a risk of disruption to the service that children in care currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.  Children in care are at a higher risk of poor mental and physical health, and teenage pregnancy.
Mitigations:	We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.  As part of the recommissioning process, we will also carry out meaningful engagement with affected groups. This will ensure that we are able to listen to and understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and professionals.
<b>People experiencing homelessness</b>	
Potential impacts:	There is a risk of disruption to the service that people experiencing homelessness currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage, particularly if individuals are digitally excluded, not registered with a GP and/or lack a permanent home address.
Mitigations:	We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.  As part of the recommissioning process, we will also carry out meaningful engagement with affected groups. This will ensure that we understand the needs and wants of our priority groups. We will use this information to inform the design and commissioning of the new service.

### 3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our [Public Sector Equality Duty](#) to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The service aims to reduce inequalities and promote equal opportunities for everyone, including those with protected characteristics. By offering both specialised support when needed alongside universal support for everyone, we can ensure fairness for all and a positive impact on equalities and diversity.

## Step 4: Impact

### 4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

#### Summary of significant negative impacts and how they can be mitigated or justified:

There may be challenges during the re-commissioning process, such as changes in the service provider or model, which could cause confusion or disruption. We plan to minimise these issues with strong continuity plans, clear communication with stakeholders, sufficient time for transition between contracts, and efforts to minimise staffing disruptions.

#### Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

The Public Health Nursing Service aims to reduce inequalities by ensuring all children and young people have access to support, giving them the best start in life. This preventative service helps identify and meet needs early on. By offering specialised support and collecting more data on equalities and diversity, we can highlight and address inequalities.

Re-procurement also provides an opportunity to review and improve the current service. This will include better use of data, increased monitoring and acting upon equalities issues, and adapting services to meet different needs, particularly for vulnerable groups.

### 4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
The new service delivery model will focus on prioritising vulnerable groups by reducing inequalities and increasing participation from these groups. This will include collecting data and reporting on equalities and diversity, with Key Performance Indicators (KPIs) targeting health inequalities.	Charly Williams	Oct 2024 to Sept 2025 (for service specification development, but this action will be ongoing once the new contract starts)
During the procurement process, we will emphasise the importance of addressing inequalities and diversity by giving high scores to proposals that prioritise these issues. Providers will be asked how they plan to reduce inequalities and involve vulnerable groups.	Charly Williams	Aug 2025 to March/ April/ May 2026
To ensure a diverse workforce that reflects the community served, we will collect and monitor data on staff diversity and adapt recruitment methods to attract diverse applicants.	Charly Williams	Aug 2025 to 31 <sup>st</sup> March 2027


### 4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

The collection and monitoring of equalities and diversity data will facilitate a greater understanding of service users and their needs, including importantly, those who do not access the service. This data will be used to assess the impact of the service on equalities groups, including the actions we are taking to ensure equality for all. The provider must meet the new service specification, including adherence to data collection and monitoring requirements.

### Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director<sup>1</sup>.

<b>Equality and Inclusion Team Review:</b> Reviewed by Equality and Inclusion Team	<b>Director Sign-Off:</b> 
Date: 6/8/2024	Date: 14/8/2024

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<sup>1</sup> Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.