

Cheshire West and Chester health and wellbeing offer to children and young people (aged 5-19 years or 3-25 years for those with special educational needs and disabilities)

Since April 2013 local authorities have been responsible for commissioning public health services for school aged children (5-19). The Council is committed to providing robust services to improve health outcomes for children and young people. The Council's key responsibilities for child health include:

- Improving the health and wellbeing of school aged children and young people
- Bringing together holistic approaches to health and wellbeing across the full range of their responsibilities
- Optimising the ring fenced public health budget to improve outcomes for children and young people
- Leading commissioning of public health services, for example, health improvement, drugs and sexual health
- Responding to emergency planning, including outbreak response in schools.

The core public health offer for school aged children which encompasses the Health Child Programme (5-19) and includes:

- Health promotion and prevention by the multi-disciplinary team
- Defined support for children with additional and complex health needs
- Additional or targeted school nursing support as identified in the Joint Strategic Needs Assessment (known in Cheshire West and Chester as the Integrated Strategic Needs Assessment).

Directors of Public Health and Lead Members for Children Services based within local authorities are responsible for bringing together the local public health system to:

- Ensure delivery of local authority functions
- Assure health protection plans
- Work with partners to enable effective delivery of screening and immunisation programmes
- Provide the core offer as outlined in the Healthy Child Programme

Directors of Public Health are the lead commissioners for school nursing services and school nursing services are funded from the public health grant. Under the terms of the Health and Social Care Act 2013, upper tier local authorities are responsible for improving the health of their population, holding an array of statutory duties for children including:

- Driving the high educational achievement of all children
- Leading, promoting and creating opportunities for co-operation with partners to improve the wellbeing of young people
- Establishing arrangements to reduce child poverty, promote the interests of children in development of health and wellbeing strategies (joining up education to address identified local health and wellbeing needs)
- Leading partners and the public to ensure children are safeguarded and their welfare promoted

The Council intends to re-commission School Nursing Services as part of its health and wellbeing offer to children and young people 5 to 19 (3-25 for children and young people with Special Educational Needs and Disabilities (SEND)).

The responsibility for commissioning immunisation and vaccination, together with clinical support for children with additional health needs for long term conditions and disabilities, lies with NHS England. The Council's public health commissioners are working closely with NHS England Cheshire, Wirral and Warrington Area Team (CWW AT) to provide an integrated immunisation and vaccination programmes as part of the 5-19 health and wellbeing service. In addition special school nursing services are commissioned by Clinical Commissioning Groups to provide specialist clinical input for children with specific health needs. Public health commissioners are working with West Cheshire and Vale Royal clinical commissioners to ensure children with special educational needs and disabilities receive the Healthy Child Programme.

The Council is exploring co-commissioning arrangements with NHS England and Clinical Commissioning Groups to ensure comprehensive service provision to all children and young people. The Council plans to commission services that are outcome focussed and provide a range of health and wellbeing interventions.

Services currently considered in the scope of this exercise are:

- School Nursing Services
- Healthy Child Programme 5-19 years (3-25 years SEND)
- National Child Measurement Programme
- Immunisation and Vaccinations (NHS England CWW AT)

Our vision is to commission a school nursing service that is part of a wider health and wellbeing offer to children, young people and their families, making a significant contribution to giving them the best start in life.

The specification for this service will have a strong requirement for flexible individualised packages of care, for effective engagement of children, young people and their families which puts them at the centre of service development and promotes self management of their health and wellbeing. This will include ensuring appropriate access for different groups in appropriate and accessible locations. It also has clear requirements in terms of compliance with equality legislation and human rights and to go further in terms of actively reviewing and addressing equality issues on a regular basis. Equality and Diversity training for staff will be a requirement in the specification and the provider will have to report on this. The service specification is informed by the national model of best practice and care pathway. This ensures services are targeted according to levels of need and enables children, young people and their families to access specialist services when appropriate.

Lead officer: Rachel Raw

Stakeholders: Existing service providers, school head teachers, governors and staff, children, young people and their families, Clinical Commissioning Groups, social care and children's commissioners, police, probation, elected members and respective Council services (procurement, legal, finance)

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes.

Lack of evidence of discrimination is not evidence of a lack of discrimination.

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas overleaf, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
Race and ethnicity <i>(including Gypsies and Travellers; migrant workers, asylum seekers etc.)</i>		Commissioners are actively encouraging bidders to be creative in service delivery in response to the needs and preferences of children and young people. Particular attention is placed on increasing access to services in a range of locations and settings. The provider will be required to describe how the service will meet the need of vulnerable groups e.g. Gypsies and Travellers. Commissioners will evaluate how the provider will proactively seek to engage with vulnerable and minority groups as part of the procurement process. This will be monitored within the performance framework for the service.	
Disability <i>(as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</i>		The provider is required to demonstrate how they will deliver services in schools, colleges and across a range of venues. The provider is explicitly asked to ensure service is accessible to all at a time convenient to them. Service includes children and young people with Special Educational Needs and Disabilities.	Possible negative impact as the sick children's nursing service in special schools is the responsibility of clinical commissioning groups. Need to ensure sick children receive the Healthy Child Programme. Impact high, refer to action 1
Gender	New provider will be required to demonstrate their ability to offer services equally to both genders.	Commissioning intention is to increase service provision in a wider range of locations and outside of schools. Young people have requested access	

		to male nurses. Gender and skill mix of teams will be evaluated as part of the tender process.	
Gender reassignment		Potentially positive with expansion of access to services in community venues acceptable to young people.	
Religion and belief	Service is required to demonstrate awareness and sensitivity to religious and cultural beliefs.		
Sexual orientation (<i>including heterosexual, lesbian, gay, bisexual</i>)	The provider will be required to demonstrate how they will encourage and support young people to develop and express their sexuality within a safe environment.		
Age (<i>children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for illustration only as overriding consideration should be given to needs</i>).		Potentially positive service is designed around the needs of children and young people aged 5-19 years. The age range for children with special educational needs and disabilities is 3-25 years. The provider is required to deliver services that are tailored to the needs and preferences of these age groups.	National plans are in place to transfer health visiting services for children 0-5 years to local authorities. In preparation for this other areas have designed service 0-19 years. Health Visiting Services and Family Nurse Practitioner services are transferring to Local Authorities 2015. The Council has chosen to concentrate on their immediate responsibilities for children and young people 5-19. Early years services have been included in the redesign and commissioning of services. Impact low, refer to action 2.
Rural communities	Provider will be required to		

	work with schools and provide a range of venues and times suited to the needs of children, young people and their families.		
Areas of deprivation	Service is designed to have targeted interventions and levels of support aligned to levels of need. Account has been taken of range of needs associated with social, emotional and economic deprivation. The Council's Integrated Strategic Needs Assessment has been used to inform and identify targeted areas of need and demographics.		
Human rights	Provider will be required to submit evidence to demonstrate service is compliant with Human Rights Act as it applies to children and young people. This will be reviewed as part of performance monitoring process.		
Health and wellbeing <i>(consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)</i>		The intended outcome of this service is improved health and wellbeing focussed on children and young people and should have a positive impact on lifestyles for service users, their families and their communities.	

Procurement/Partnership <i>(if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</i>	Providers will be obliged through contracts to ensure equality compliance and actively review and address equality issues on a regular basis	Should be better awareness of equality issues if the refocus of the service is on individualised care of the child or young person. Equality compliance should be improved through embedding equality in new contract	
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Evidence:

A service will be performance monitored against national and local standards. The service is outcome based and will be required demonstrate improvement against Council priorities as identified in the Integrated Needs assessment, for example reduction in childhood obesity and teenage pregnancy rates.

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Clinical Commissioning Groups (CCGs) to assume responsibility for commissioning special school nursing provision for children with physical and mental health care needs	Negotiate with CCGs realignment of commissioning responsibilities	High	CCGs to lead commissioning of special school nursing services. Public health commissioners to agree a course of action that enables children in special schools to receive Healthy Child Programme	Rachel Raw	12 May 2014
Work with Council children's commissioners to prepare for transition of Health Visiting services	Collaborative working. Early years representation on expert reference group.	High		Rachel Raw	July 2014- January 2015

and Family Nurse Practitioners to Local Authority					
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Sign off	
Lead Officer:	Rachel Raw
Approved by Head of Service:	Caryn Cox
Moderation and/or Scrutiny	
Date:	Directorate equality group 9 April 2014
Date analysis to be reviewed based on rating (high impact – review in 1 year, medium impact - review in 2 years, low impact in 3 years)	2015

Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council's website