EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

	A. Summary Details	
1	Title of EIA:	Family Nurse Partnership
2	Person responsible for the assessment:	Claire Ball
3	Contact details:	claire.ball@trafford.gov.uk
4	Section & Directorate:	Integrated Commissioning Unit, Children, Families and Wellbeing (CFW), Trafford Council
5	Name and roles of other officers involved in the EIA, if applicable:	Bo White – Specialist Commissioner (Trafford Council) Helen Gollins – Consultant in Public Health (Trafford Council) Kate Murdock – Family Support Team, Operations Manager (Pennine Care) Adele Coyne – Principal Community Cohesion and Equalities Officer (Trafford Council)

	B. Policy or Function	
1	Is this EIA for a policy or function?	Function
2	Is this EIA for a new or existing policy or function?	Change to an existing function
3	What is the main purpose of the policy/function?	Family Nurse Partnership (FNP) is an evidence-based, preventive programme for first time young mothers. FNP is a targeted programme which complements the Healthy Child Programme (HCP), the universal clinical and public health programme for all children and families from pregnancy to 19 years of age.

		Specific objectives for FNP are to: • improve the outcomes of pregnancy by helping young women improve their ante-natal health and the health of their unborn baby; • improve children's subsequent health and development by helping parents to provide consistent, competent care for their children; and • improve women's life course by planning subsequent pregnancies, finishing their education and finding employment (taken from the FNP Service Specification 2015/16)
4	Is the policy/function associated with any other policies of the Authority?	**Trafford Joint Strategic Needs Assessment (JSNA)** Trafford's JSNA considers all current and future health and social care needs which are capable of being met or influenced to a significant extent by the local authority and the Clinical Commissioning Group (CCG). **Trafford Children and Young People Strategy** The Children's and Young People Strategy 2014-2017 describes our ambition to improve the outcomes for children and young people in Trafford irrespective of where they live, go to school, their ability, culture or ethnicity. **Trafford Partnership Vision 2021 – Brighter futures** Trafford will be a place where all children and young people feel safe from harm, feel physically and emotionally healthy and access to outstanding education and personal development opportunities, preparing them well for adult life Children are safeguarded and protected from harm. **A positive start:** Early help for children, young people and families who are just

		embarking on parent and childhood. **The here and now:** Early help and targeted support where needed, for children, young people and families who are starting to develop difficulties. **A bright future**: supporting children, young people and families to develop resilience, minimize risk of harm and intervene where that is required.
5	Do any written procedures exist to enable delivery of this policy/function?	A national service specification for FNP is available and is currently delivered locally as part of the Pennine Care Community Contract. It is the commissioning responsibility of the local authority following the transfer of commissioning of 0-5 Public Health services, including the FNP programme, to local authorities in 2015. FNP is a licensed programme, the licence is provided by the University of Colorado (UCD) to ensure fidelity to the programme model so that anticipated programme outcomes are realised. The licence for FNP in England is held by Department of Health/Public Health England. The service draws upon the Department of Health **Healthy Child Programme, pregnancy and the first five years of life.** **Better health outcomes for children and young people pledge**. ‘‘The Pledge sets out shared ambitions to improve physical and mental health outcomes for all children and young people. It commits signatories to putting children, young people and families at the heart of decision making and improving every aspect of health services— from pregnancy through to adolescence and beyond.’’
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	There are areas of common practice between the FNP programme and elements of the universal Healthy Child programme. The six early years high impact areas are: 1. **Transition to parenthood and the early weeks** Teenage mothers and young fathers may enter parenthood with existing

		vulnerabilities. **2. Maternal mental health** Teenage mothers are more likely to have poor mental health up to 3 years after birth **3. Breastfeeding initiation and duration** Teenage mothers are 1/3 less likely to start breastfeeding and ½ as likely to be breastfeeding at 6-8 weeks **4. Healthy weight, healthy nutrition** Teenage mothers are more likely to have a poor diet and limited cooking skills **5. Managing minor illnesses and reducing accidents** Children of teenage mothers are twice as likely to be hospitalised for gastro-enteritis or accidental injury **6. Health, wellbeing & development at age 2 and school readiness** Children of teenage parents are more likely to have developmental delays
7	Who are the main stakeholders of the function? How are they expected to benefit?	The service provides tailored advice and intensive support to young mothers (aged 19 and under) during their pregnancy and after the birth, up until their child reaches the age of 2. Young mothers are eligible to enrol on the programme up until 28 weeks gestation (but ideally should be enrolled before 16 weeks). The current offer has very strict eligibility criteria in order to sustain fidelity to the original model, which is to the detriment of the cohort at greater need, for example those that book after 28 weeks or have had a child previously. The FNP service in Trafford is to be replaced with a more inclusive and needs based **Vulnerable Parents Pathway**. The pathway will support pregnant women (and fathers) who have been identified as having one or more vulnerabilities that could impact on their capacity to parent. Such as: • Substance misuse • Domestic Abuse • Age of parent at conception

		• Risk of Child Sexual Exploitation (CSE) • Looked after child Specialist help based on need throughout pregnancy and beyond will be provided by Trafford's Health Visiting Team and wider partner agencies as appropriate. The groups expected to benefit who are not covered by the current FNP offer are those who: • have other children • have previously had a child removed • have complex needs • have experienced infant death including stillbirth • are post 28 weeks gestation • women over the age of 19
8	How will the policy/function (or change/ improvement), be implemented?	An Implementation phase and plan will be developed with the provider utilising experience and best practice from current service delivery of both the FNP and generic Health Visiting. A specific pathway for vulnerable parents will be developed and consulted on with stakeholders. This pathway will be for any parent who is considered 'vulnerable'. The eligibility criteria for the pathway will be agreed when work commences on its development. This will be done in partnership with stakeholders, service users, Commissioners and staff. The implementation of the Vulnerable Parent's Pathway will be done in 2 phases. Current service users will be offered an enhanced version of the Universal offer whilst the VPP is under development.
9	What factors could contribute or detract from achieving these outcomes for service users?	This redesign via the decommissioning of FNP and the development of the Vulnerably Parents Pathways (VPP) will ensure a more consistent, equitable and sustainable offer to pregnant women across Trafford. Trafford's Health Visiting service is one of the best in Greater Manchester. The VPP will be integrated within current service provision; it will reduce duplication and ensure women receive consistent safe support. Due to the small size of the team the current FNP model

		in Trafford has experienced difficulties as a result of staff absence which have resulted in women being redirected to Trafford Health Visiting services.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Trafford Council are the lead commissioner of the service, working in partnership with NHS Trafford CCG. The service is provided by Pennine Care (Trafford Division). Arrangements for the development and commissioning of the VPP will remain as per the FNP and will closely link with the local authorities early help offer. The Trafford FNP Advisory Board is accountable to the National Unit for Family Nurse Partnership and the Maternal and Child Health Advisory Forum. This function will discontinue once the FNP service has ceased.

	C. Data Collection	
1	What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	There are 31 women currently enrolled onto the FNP programme. The service has provided ethnicity, age and disability data its clients.
2	Please specify monitoring information you have available and attach relevant information*****	Trafford level monitoring data is provided in Appendix 1 and service level data on the following characteristics: • Age • Gender • Disability • Ethnicity (A full table is provided in Appendix 2)
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	N/A

	D. Consultation & Involvement	
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	An annual review of the service was completed by the FNP advisory board and involved obtaining feedback from service users and staff. Trafford Annual Review Report for Tr Nationally, the Department of Health commissioned 'Building Blocks' a Randomised Controlled Trial (RCT) on the effectiveness of the programme in improving short term outcomes for young mothers and their babies. <u>The headline findings of the RCT were as follows:</u> • **There were no differences between the intervention (FNP) group and control group (usual services) on the four primary outcomes** (smoking in late pregnancy, birth weight, child A&E attendances/hospital admissions, subsequent pregnancy) overall or for key sub-groups. • There were **some FNP benefits on a small number of important secondary outcomes.** • There is evidence that **FNP benefitted child development with lower levels of developmental concern and improved language development at age 2 and increased child safeguarding surveillance and identification.** • There were also **small improvements for the FNP group in maternal self-efficacy, quality of partner relationship and social support.**

		• **At this stage these benefits are not sufficiently strong or numerous to draw firm conclusions on the effectiveness of FNP**. Longer term follow up is needed as these benefits may become more apparent later in life. • **There were no negative intervention effects**. • The study found **FNP was not cost effective to the NHS by the child's second birthday. This finding was based on the maternal health outcomes measured by Quality Adjusted Life Years (QALYS).** QALYS measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. The study showed the high level of vulnerability amongst first time teen mothers and their children. Of those who participated in the trial 48% were Not in Education, Employment or Training (NEET) on joining the programme, 35% had been previously arrested, 46% had been suspended, expelled or excluded from school, 56% were smoking in late pregnancy and 40% had experienced DV in the 12 months preceding their child's second birthday. The research was not able to identify why FNP is not making a difference to key outcomes at this stage. Trafford has a strong offer for Early Help and the intention is that by developing a specific pathway for vulnerable parents there will be a holistic offer that will combine elements of the universal pathway and targeted support from existing services including 'Young Bumps' and 'Butterflies Young Parents Group'.
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	There will be further stakeholder involvement to communicate the changes and seek feedback. This will be included within the communication plan which will include the following key stakeholders: • FNP staff • Service users • Health Visiting • Maternity (UHSM and CMFT)

		• FNP Lead • Greater Manchester Partnership • Young Bumps and Butterflies services • Early Help Hubs • Safeguarding • Health Visitor Liaison • Social Care • Councillors • GPs • Connections • Schools and colleges • Probation • YOS • CAMHS.
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	The main barrier to effective consultation will likely be from existing service users who may be resistant to the change in service provision. Effective consultation with current service users and through established networks will be undertaken as part of the service redesign. Existing service users will have access to an enhanced offer and ultimately the new pathway. A communications plan has been development containing details of how we plan to engage with service users. Initially it is anticipated that a letter will be provided which will be given to the service user by their FNP nurse. The nurse will be able to explain the contents of the letter and answer questions and attempt to allay any fears that the service user may have about the change in the service offer. They will also be invited to attend workshops or small groups where they can share their feedback and have an in-put into the development of the new pathway.

E: The Impact – Identify the potential impact of the policy/function on different equality target groups

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Gender – both men and women, and transgender;			✓	The development of a 'vulnerable parents' pathway will ensure that all parents are supported.
Pregnant women & women on maternity leave	✓			The VPP will provide an appropriate level of intervention to all pregnant women identified with vulnerability, irrelevant of age. The current FNP criteria mean some women with higher needs are not supported by the scheme.
Gender Reassignment			✓ - no impact	No impact anticipated
Marriage & Civil Partnership			✓ - no impact	No impact anticipated
Race- include race, nationality & ethnicity (NB: the experiences may be different for different groups)			✓	No impact anticipated. Equity of service provision will be based on need, irrelevant of race, nationality or ethnicity. The Health Visiting service will work with interpreter services locally to ensure equality of access and provision for people who do not have English as a first language. These will include providers of interpretation for foreign languages

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
				and sign language.
Disability – physical, sensory & mental impairments			✓	No impact anticipated – some delivery will be in the service user's home. Where the service is delivered in health/council buildings. The settings will adhere to 'You're welcome' and be fully accessible for disabled people. Consultation documents and letters will be made accessible based on the service user's needs.
Age Group - specify eg; older, younger etc)	✓			The vulnerable parent's pathway will support a much wider range of people than the current FNP as there will not be an age criteria to adhere to.
Sexual Orientation – Heterosexual, Lesbian, Gay Men, Bisexual people			✓ - no impact	No impact anticipated
Religious/Faith groups (specify)			✓ - no impact	No impact is anticipated. Through the consultation and working with existing service users we will seek to overcome any barriers on religious grounds that may prevent service users engaging with the pathway.

As a result of completing the above what is the potential negative impact of your policy?

High □ **Medium** □ **Low** ✓

F. Could you minimise or remove any negative potential impact? If yes, explain how.		
Race:		No negative impact – as described above
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership		No negative impact
Disability:		No negative impact – as described above. An impact is not anticipated for this group. However, it is recommended that the provider ensures that all staff attend equalities training so that they are aware of potential issues.
Age:		Impact of the change will be positive by extending the current offer to include a wider age range.
Sexual Orientation:		No negative impact - it is recommended that the provider ensures that all staff attend equalities training so that they are aware of potential issues.
Religious/Faith groups:		No negative impact- it is recommended that the provider ensures that all staff attend equalities training so that they are aware of potential issues.
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	A strengthened and re-developed Health Visiting offer for women of all ages, irrespective of the number of previous pregnancies will be available.
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy *promotes* equal opportunity, could it be adapted so that it does? If yes, how?	N/A

G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans **eg;** Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Implement a multiagency communications plan which will promote the development of a vulnerable parent's pathway to replace and enhance the FNP offer.	Develop Communications Plan Staff consultation	Plan developed by end of January 2017 Staff consultation to commence 1st February 2017	Bo White Helen Gollins Jan Trainor Jan Trainor/Pennine lead		Plan completed Communication made with relevant stakeholders Staff informed	Plan is complete and ready to be shared with partners and stakeholders Staff are informed and formal briefing to be shared.

Recommendation	Key activity	When	Officer Responsible	Links to other Plans **eg;** Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Agree interim enhanced offer for existing service users and new service users who would have accessed FNP from April 2017	Develop and agree the enhanced Health Visiting offer	January 17	Bo White Jan Trainor/Pennine lead Helen Gollins		Agreement of enhanced pre-birth offer	Enhanced pre-birth offer agreed and will be implemented from 1st April 2017. Maternity services informed of changes to referral pathway for teenage parents, wider vulnerable groups to be included from April 2017

Recommendation	**Key activity**	**When**	**Officer Responsible**	**Links to other Plans** **eg;** Sustainable Community Strategy, Corporate Plan, Business Plan,	**Progress milestones**	**Progress**
Transfer existing FNP service users into the HV enhanced pathway	Engagement work with service users to inform them of the change Caseload review to inform exit strategy for exiting cases and planned supported transfer to new VPP pathway and HV lead where necessary	Feb-Sept 2017	Pennine lead FNP staff HV lead		FNP no longer offered. FNP service users aware of the change and what they can still expect to receive FNP cases reviewed and individualised exit plans devised.	New and existing service user's needs are met within the enhanced pathway whilst the VPP is under development

Recommendation	**Key activity**	**When**	**Officer Responsible**	**Links to other Plans** **eg;** Sustainable Community Strategy, Corporate Plan, Business Plan,	**Progress milestones**	**Progress**
Develop Vulnerable Parents Pathway (VPP) for consultation with stakeholders	Map HV universal plus offer against FNP offer Development of the pathway Share the pathway with Director of Public Health and Director of All Age Commissioning and wider stakeholders for comments Launch full pathway	To commence January 2017 March 2017 Autumn 2017	Bo White Jan Trainor Helen Gollins		Current HV offer mapped and gaps identified Pathway developed and shared with stakeholders for feedback The enhanced offer and how it can be accessed is clearly documented.	

Signed *Bo White* Signed: *H. Gollins*

Date 07/11/17 Date: 07/11/17

Appendix 1 Trafford level Monitoring Data

1. Gender

The resident population of Trafford is 230,000. 49% of the population are male and 51% are female
(Data sourced from Trafford CCG Public Sector Equality Data Duty January 2014)

2. Ethnicity

The largest of Trafford's minority groups is people who identify themselves as being of Pakistani origin, making up 2.4% of the total population. The majority of Trafford's population identify themselves as White British (82.6%). There are around 4,600 (2.1%) people who identify as 'White Irish' and around 7,000 (3.25%) people who identify as 'White Other'.

The overall figure hides significant, but expected, differences between age groups. For people aged 0-15, 16.5% of people identify as being of non-white origin. For people of working age, 13.1% of people identify as being of non-white origin. For older people, aged over 65, 4.2% of people identify as being of non-white origin.

Across ethnic minority groups there are clear variations in prevalence of obesity with additional variations between men and women. Prevalence is highest in black African men and black Caribbean men then Pakistani men with lowest levels in the Chinese population.

3. Age

In general terms, the age structure of Trafford's population differs only slightly from that of England as a whole. According to the Child Health Profile for Trafford (March 2016), children and young people under the age of 20 years make up 25.2% of the population of Trafford. The proportion of people over 65 is fractionally lower at 16.2%, than seen nationally, 16.6%. The number of 0-4 year olds has increased by almost 25% since 2001. This is the second highest rate in Greater Manchester, however increases are also predicted for older adults too, with the population of over 65 year olds expected to increase by around 8% by 2015 and 37% over the next 20 years.

The Office for National Statistics release data about population projections, to 2037, using a range of factors, such as birth rate, death rate and migrant flows (local, national and international). Using 2016 - 2026 projections, data suggest that there will be an additional 15,700 people living in Trafford. In 2016, 234,600 people are estimated to be living in Trafford today.
The key points from the analysis show that there will be:

- No change to the number of 0-4 year olds

- 930 more 5-11 year olds
- 2,160 more 11-16 year olds
- 1,610 more 16-19 year olds

Pertinent to the development of a Vulnerable Parents Pathway from the other age groups, there are predicted to be:

•1,632 more women of child-bearing age (15-45 years)
•4,940 more people of working age

(Information provided by Trafford Innovation and Intelligence Lab)

4. Disability
Significant improvements in diagnosis, understanding and care in recent decades have led to an increase in the life expectancy of people living with a long-term condition, physical or learning disability. Determining the exact number of Trafford residents living with a disability is difficult and often based on national prevalence.

In Trafford evidence shows:
- 18% population have a disability
- 1 in 20 children, 1 in 7 working aged adults and half of adults receiving a state pension have a disability
- A third of people with a learning disability will have a dual diagnosis of autism
- 1% of the general population will have an autistic spectrum condition

Furthermore improvements in ante-natal and post-natal care have resulted in higher survival rates for premature babies[1]. Premature babies often have a higher level of health need than non-premature babies [i], for example neurological conditions. National statistics estimate that 7.3% of births occur before 37 weeks.

(Information provided by Trafford Innovation and intelligence Lab)

5. Learning Disabilities
Learning Disability can be difficult to project, because of a lack of consensus around terminology. Oxford Brookes University and the Institute of Public Care publish projections based on a 2004 prevalence study, taking into account changing populations, including age, mortality, and ethnicity. In 2015 there were estimated to be 4,208 people aged 18+ with learning disabilities in Trafford.

By 2025, this is projected to increase by 260 people, to 4,468. In terms of age groups, the biggest percentage increases are projected to be amongst older people, with a 58% increase in 85+, 33% in 75-84 year olds, and a 30% increase in 65-74 year olds with Learning Disabilities.

6. Teenage Conceptions, Child Health Profile: Trafford, March 2016 (Public Health England)

Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)
In 2013, approximately 16 girls aged under 18 conceived for every 1000 females aged 15-17 years, this is lower than the regional average and has a lower teenage conception rate compared with the England average.

6.1 Teenage pregnancy data provided by the service

There were 50 pregnancies notified to the Health Visiting service in the past year:

Of the 50 pregnancies:

- 12 women were unable to be enrolled onto the programme due to issues around staffing capacity or capacity on the programme
- 8 women were unable to take part in the Family Nurse Partnership (FNP) programme as it was their second baby, they were booked late and/or or they were beyond 28 weeks gestation.
- 5 women declined the service (2 of which had previously had the service but declined to continue with it)
- 12 women are enrolled or are enrolling onto the programme
- 11 women were not offered (or no evidence of offer) FNP
- 2 pregnancies did not continue

This data has been looked at to help us understand the teenage pregnancy population, we can see that approximately 17% have not been able to receive FNP as a result of having had a previous pregnancy or due to the gestation at which they were booked. As a result we want to ensure that in developing a pathway for Vulnerable Parents, it will better meet the needs of the population and encompass those who have had already had a pregnancy and they will be able to access the pathway whatever their stage of pregnancy.

Appendix 2 Service level Monitoring Data

Clients	Age at Enrolment	Disability	Ethnicity
1	19	No	White British
2	18	No	White British
3	18	No	White British
4	19	No	Caribbean
5	16	No	White British
6	16	No	Caribbean
7	19	No	White British
8	18	No	White British
9	17	No	White British
10	18	No	White British
11	18	No	White British
12	17	No	White British
13	17	No	White British
14	18	No	White British
15	18	No	White British
16	18	No	Romanian
17	18	No	White British
18	18	No	Other white background
19	18	No	White British
20	19	No	White British
21	16	No	Mixed Background
22	19	No	White British
23	17	No	White British
24	16	✓	White British
25	19	-	White British
26	17	✓	White British
27	17	-	White British

28	18	-	White British
29	19	-	White British
30	18	-	White British
31	18	-	White British