

Cabinet

11 December 2018

School Health & Wellbeing Service Commissioning Approval

Recommendations

That Cabinet:

- 1) Notes the outcome of the consultation process and service review and approves the commissioning recommendations, and
- 2). Approves and authorises the Strategic Director (People Directorate) to commence an appropriate procurement process and award the contract for the Warwickshire School Health & Wellbeing Service, on terms and conditions satisfactory to the Joint Managing Director (Resources Directorate).

1. Key Issues

- 1.1. The Warwickshire School Health & Wellbeing Service (SHWBS) is a confidential, freely available service for all school-aged children and young people from 5-19 years old (up to 25 years old for people with special educational needs) and their families and carers.
- 1.2. Healthcare professionals and support teams deliver preventative and universal public health programmes in schools across the county, as well as in youth centres, children's centres, homes and other locations in the community.
- 1.3. The team comprises qualified School Nurses, Community Staff Nurses, Healthcare Support Workers and Administrators, who operate out of three administrative hubs in the North, East and South of the county. These teams work flexibly to best meet the needs of children, young people and their families.
- 1.4. Core SHWBS activities include:
 - Annual height and weight measurements of Reception and Year 6 pupils as part of the National Childhood Measurement Programme;
 - Annual health and development questionnaires for Reception, Year 6 and Year 9 pupils;
 - Annual health reviews for 'Looked After Children' in partnership with the Looked After Children Health team and Children's Social Care;

- Contributing to education and healthcare plans for children and young people with long-term health conditions or complex medical needs;
 - Support for schools in developing annual school public health plans and reviewing health-related policies, including the delivery of PSHE in the curriculum.
- 1.5. The current priorities for the service were developed using a range of information collected during 2014/15, including:
- Warwickshire JSNA Annual Update for 2014/15
 - Health Needs Assessment of school-aged children in Warwickshire (2014)
 - Local Health Profiles
- 1.6. The SHWBS has undergone significant change following the previous commissioning exercise in 2014-15, where the contract was awarded to Compass (a third sector organisation) from 1st November 2015 for a period of 4 years. Public Health has undertaken a comprehensive review of the service delivery model implemented during the current contract to establish the impact of the changes and help shape future service delivery as part of the new contract that will need to commence on 1st November 2019, following a procurement exercise. This has also been supported by a public consultation with parents, carers, schools and key stakeholders.

2. Consultation Process

- 2.1. The consultation for the SHWBS took place between 3rd September and 12th October 2018. Information was collected through an online questionnaire, structured interviews conducted with a range of key stakeholders and an online discussion forum with parents via the Facebook group (Hearing the Voices of Warwickshire).
- 2.2. The online questionnaire survey received 201 responses. Respondents were provided with background information about the consultation on the Citizen Space Ask Warwickshire webpage. Here respondents were provided with an overview of the current service, the reasons why Warwickshire County Council was consulting and information on the previous review undertaken in 2014.
- 2.3. Respondents were asked for their views on:
- Whether the priorities and focus of the service are right;
 - What we should do more of, less of, or the same;
 - The quality of the service provided.

Respondents were also asked if they would like to provide any further comments and suggestions related to the service.

3. Consultation Feedback

3.1. Online questionnaire:

- The majority of respondents (72%) were parents/carers and 14% were teachers/head teachers
- 63% of parents/carers were unaware of the Health Needs Assessment process and 72% were unaware of the Chathealth service
- 41% of parents/carers felt they didn't have a need for 1:1 support at the moment, 47% were unaware they could get 1:1 support
- When the service offers have been accessed, the majority of respondents find the service useful or very useful
- The majority of respondents (73%) felt the priorities for the service are just right, 16% felt there were not enough, 6% felt there were too many and 5% did not respond to this question
- A total of 52 respondents (26%) chose to leave comments or suggestions regarding the service and its priorities.

3.2. Feedback from the comments/suggestions and structured interviews with key stakeholders:

- A clear message from both parents/carers and teachers/head teachers was that they don't know enough about what the service can do for them and they recommended undertaking more pro-active communication
- Some schools feel the service is not as visible within the school as they would like. The service should explore how to better promote when there is a planned school visit and include a discussion on this when developing the annual health & wellbeing plan
- Respondents felt the service should have more investment in order that schools can have more access to the service on site
- Where the service is being used, the feedback is mainly positive, with particular mention of the referral process and the training offer.

3.3. The full consultation report is available as Appendix 1.

4. Needs Assessment and Service Review

4.1. Following the previous needs assessment undertaken in 2014, 15 key recommendations were identified for service transformation to ensure the service would be fit for purpose in the future. Following 3 years of service transformation (2015 – 2018), an audit of these recommendations has been completed and evidence provided to support achievement of these recommendations.

4.2. Of the 15 original recommendations, 13 have been fully implemented with a wide range of evidence to support this. 2 recommendations are still in progress, with a growing range of evidence:

- The service should be extended to include 17-19 year olds.

- It should be ensured that the activities delivered by the service are based on the latest evidence base and that robust evaluation process is in place to evaluate the effectiveness of the interventions.
- 4.3. In addition, a further audit has been completed to assess how well the service is delivering against the current service specification and the framework of the Healthy Child Programme (HCP). Of the 51 areas, there is evidence to support achievement of 49 these, with a further 2 requiring additional evidence:
- Delivery of service for all children and young people in Warwickshire, including those educated at home, members of the travelling community.
 - Annual health assessments for other vulnerable children, such as young carers.
- 4.4. The Health Needs Assessment of School-Age Children in Warwickshire (2014) has been updated to include the most recent data and a number of recommendations for future commissioning of the School Health & Wellbeing Service, outlined below. The updated report is available as background reading.

5. Commissioning Recommendations

- 5.1. The SHWBS is in an ideal position to support children and young people in achieving positive health and wellbeing outcomes and to work in partnership with schools, parents/carers and other key professionals. Based on the range of detailed evaluations of the current service and the service consultation, the following key recommendations have been identified for future service commissioning:
1. Priority should be given to ensure **robust communication** methods are developed and implemented (in conjunction with schools and key partners, such as the Family Information Service). The main focus of this communication should be to raise awareness of what the service is and how it can support families and schools.
 2. **Mental and emotional health and wellbeing** continues to be highlighted by parents/carers and schools as an area of concern. The service should work with the whole school workforce to increase the skills, confidence and competence of staff dealing with the emotional health and wellbeing of their students.
 3. Hospital admissions as a result of **self-harm** (aged 10-24 years) continue to rise in Warwickshire and the rate is above average for England. This should be incorporated into the priority area for mental and emotional health and wellbeing.
 4. **School readiness** has been identified as a priority for Warwickshire and the service plays a crucial role in “reaching down” to early years settings

and childminders to ensure they are able to support children in becoming school ready through preventative public health interventions/education.

5. **“Positive lifestyle choices”** is already listed as a key priority for the service. As the service includes delivery of the National Child Measurement Programme (NCMP), this should be enhanced to include a food culture, physical activity and weight management dimension in order to:
 - a. Aid consistency in accessing follow-on support from NCMP for children, young people and families
 - b. Support a whole school approach and “Healthy Schools” culture
 - c. Support a whole population approach and promote the adoption of healthy attitudes towards food/eating/physical activity
6. The current service specification provides a clear framework for the provider to base the service model around and for contract and performance management to be undertaken effectively. However the service specification needs to be revised to incorporate the recommendations from the most **recent national documents** relating to commissioning 0-19 Public Health Services.

6. Budget

- 6.1 The annual budget for the service was set at £1.9m per annum for the previous procurement exercise. Following the successful implementation of additional emotional health & wellbeing and relationship and sex education leads during 2018, and applying the national NHS pay award, the annual budget rose to £2.086m per annum for the final 2 years of the current contract.
- 6.2 In order to meet the additional requirements detailed within the commissioning recommendations in relation to food culture, physical activity and weight management, an additional £296k will be added to the overall budget for the School Health & Wellbeing Service, resulting in a total annual budget of approximately £2.382m.
- 6.3 The food culture and physical activity & weight management elements were previously delivered within Public Health through other contracts. The total £296k budget for both of these services will transfer across to form the total School Health & Wellbeing Service budget; therefore the full cost of this service can be met within the existing budget for Public Health services.
- 6.4 We anticipate efficiency savings through the merging of the contracts. The use of any such savings will be considered as part of developing the 2020-25 Corporate Plan.

7. Timescales associated with the decision and next steps

| Activity | Timeframe | Progress |
|---|-------------------------------------|-------------|
| Service evaluation | 1 July – 30 September 18 | Complete |
| School-age children needs assessment | 1 August – 31 October 18 | Complete |
| Service consultation | 1 September – 12 October 18 | Complete |
| Service specification review in line with recommendations | 1 November – 31 December 18 | In progress |
| Cabinet approval to proceed with procurement | 11 December 18 | In progress |
| Preparation of procurement paperwork | December 18 – end January 19 | Not started |
| Launch procurement process | Beginning Feb 19 | Not started |
| Receive responses from interested providers and presentations | End April 19 | Not started |
| Evaluate final responses | May 19 | Not started |
| Intention to award contract | Early June 19 | Not started |
| Contract mobilisation | Mid-June – end-October 19 | Not started |
| Contract start date | 1st November 2019 | Not started |

Appendices

1. WSHWBS 2018 Consultation Final 1.0
2. Equality Impact Assessment (2018)

Background papers

None

Supporting Paper

Health Needs Assessment of School-Age Children in Warwickshire and
School Health & Wellbeing Service Review (Update 2018)
apps.warwickshire.gov.uk/api/documents/WCCC-644-506

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Redford, Caborn, Rolfe, Parsons and Golby

Warwickshire School Health & Wellbeing Service

Consultation feedback

Version: 1.0

Date Issued: 8th November 2018

Team: Commissioning Lead, Children's Public Health

Protective Marking: External

Background

The consultation for the Warwickshire School Health & Wellbeing Service took place between 3rd September and 12th October 2018. The results presented in this document are based on an online questionnaire survey and structured interviews conducted with a range of key stakeholders, including an online parent forum via the Facebook group (Hearing the Voices of Families in Warwickshire).

The online questionnaire survey received 201 responses. The structured interviews and online forum gained the views from 21 parents/carers, teaching professionals and partners.

Respondents were provided with background information about the consultation on the Citizen Space 'Ask Warwickshire' webpage. Here respondents were provided with an overview of the current service, the reasons why Warwickshire County Council was consulting and information on the previous review undertaken in 2014.

Supporting information included:

- Equality Impact Assessment
- 2014 School Age Needs Assessment
- School Health & Wellbeing Service Website
- School Health & Wellbeing Service Annual Report 2015/16
- School Health & Wellbeing Service Annual Report 2016/17

Respondents were asked for their views on:

- Whether the priorities and focus of the service are right;
- What we should do more of, less of, or the same;
- The quality of the service provided.

Respondents were also asked if they would like to provide any further comments and suggestions related to the service.

Methodology

An online survey software tool, Citizen Space, was used to carry out the survey. All questions were loaded into this tool and the link to the online survey was shared via the Citizen Space 'Ask Warwickshire' webpage. The data was then downloaded and analysed in Microsoft Excel utilising pivot tables and graphs. The qualitative elements of the survey (open ended questions) were analysed by the report author and grouped into key themes for reporting purposes. The online survey received 201 responses.

Interviews with a range of key stakeholders took place using a structured set of questions to facilitate a deeper discussion. Visits were made to 6 primary schools, 6 secondary schools, 2

children's centres and 2 partner organisations. The results of these interviews were analysed by the report author and feedback has been grouped into key themes and topics based around current service delivery and recommendations for improvements to the service for implementation during the recommissioning process.

Key Messages

Online questionnaire feedback:

- The majority of respondents (72%) were parents/carers and 14% were teachers/head teachers
- 63% of parents/carers were unaware of the Health Needs Assessment process and 72% were unaware of the Chathealth service
- 41% of parents/carers felt they didn't have a need for 1:1 support at the moment, 47% were unaware they could get 1:1 support
- When the service offers have been accessed, the majority of respondents find the service useful or very useful
- The majority of respondents (73%) felt the priorities for the service are just right, 16% felt there were not enough, 6% felt there were too many and 5% did not respond to this question
- A total of 52 respondents (26%) chose to leave comments or suggestions regarding the service and its priorities. The key themes included:
 - Lack of awareness of what the service offers and the need to improve communications
 - The service needs to be more visible in schools
 - Children and families like the service and the staff when they are accessing support
 - All of the priorities are very important, in particular mental health
 - Where the SHWBS is either unable to provide support as it is not appropriate, or they need to refer on for further support, parents/carers and teachers feel there are gaps within other services available to offer the required support
 - There aren't enough staff to do the job

Structured interviews and online forum feedback:

- A clear message from both parents/carers and teachers/head teachers was that they don't know enough about what the service can do for them and they recommended undertaking more pro-active communication

- Some schools feel the service is not as visible within the school as they would like. The service should explore how to better promote when there is a planned school visit and include a discussion on this when developing the annual health & wellbeing plan
- Respondents felt the service should have more investment in order that schools can have more access to the service on site
- Where the service is being used, the feedback is mainly positive, with particular mention of the referral process and the training offer.

Consultation Analysis

About respondents (Online questionnaire)

Respondents were asked to identify which category best described their interest in the survey. Table 1 gives a breakdown of survey respondents.

Table 1: Breakdown of survey respondents (Type)

| Type of respondent | Total | % |
|--------------------------|------------|-------------|
| Parent/carer | 144 | 72% |
| School Staff - primary | 18 | 9% |
| Other (member of public) | 13 | 6% |
| School staff - secondary | 11 | 5% |
| Other (professional) | 10 | 5% |
| Young person | 5 | 2% |
| Grand Total | 201 | 100% |

Respondents were asked to identify where in the county they lived (or worked if responding for an organisation).

Table 2 gives a breakdown of survey respondents.

Table 2: Breakdown of survey respondents (Location)

| Type of respondent | Total | % |
|-----------------------------|------------|-------------|
| Stratford on Avon District | 58 | 29% |
| Warwick District | 56 | 28% |
| Nuneaton & Bedworth Borough | 37 | 18% |
| Rugby Borough | 29 | 14% |
| North Warwickshire Borough | 14 | 7% |
| Live outside Warwickshire | 4 | 2% |
| Other | 2 | 1% |
| Countywide | 1 | 0% |
| Grand Total | 201 | 100% |

The majority of respondents to the survey were female (81%), of White British ethnicity (79%) and aged between 30-59 years (81%). When comparing the respondent profile with the proportion of residents living or working in each district and borough in Warwickshire overall, it becomes evident that the north of the county is moderately under-represented in the sample. For example, 11.4% of the Warwickshire population reside in the North Warwickshire Borough, however in the sample just 7% of respondents are based in North Warwickshire. Nuneaton and Bedworth Borough is also moderately under-represented, with only 18% of respondents based in this borough, compared with 22.8% of the Warwickshire population.

Online Survey Responses

Logic was used within the online questionnaire to ensure respondents were only asked about the elements of the service that were relevant to them. The final questions were asked of all respondents.

Parents/carers and young people

Parents/carers and young people (144 respondents in total) were asked whether they had used any of the following five services:

- *Online Health Needs Assessment (Reception, Year 6 and Year 9 Students) (HNA)*
- *Heights and weights measured as part of the National Child Measurement Programme (Reception & Year 6) (NCMP)*
- *Chathealth – text messaging service for teenagers and parents*
- *1:1 support*
- *Continence workshops*

Figure 1: Proportion of parents/carers/young people and their usage of the service

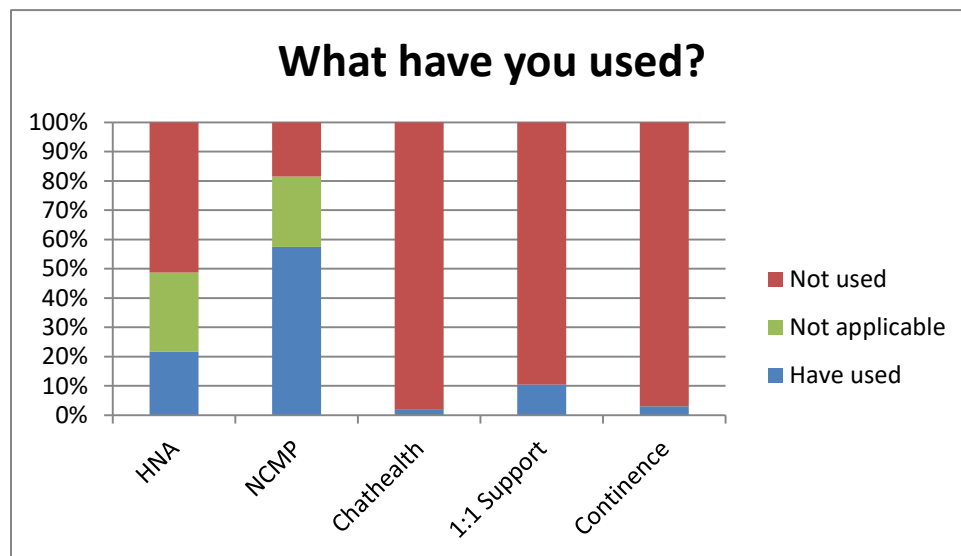


Figure 1 highlights the proportion of all respondents who had made use of the services on offer. In general, the National Child Measurement Programme (57%) and Health Needs Assessments (22%) were used the most by families. A number of parents/carers felt this was not applicable due to the age of their children (not in Reception or Year 6). 10% of families had accessed 1:1 support, 3% had accessed a continence workshop and 2% had used Chathealth.

For families that responded they had used the service, we asked their views on the usefulness of the service.

Figure 2: Proportion of parents/carers/young people and their views on usefulness of the service

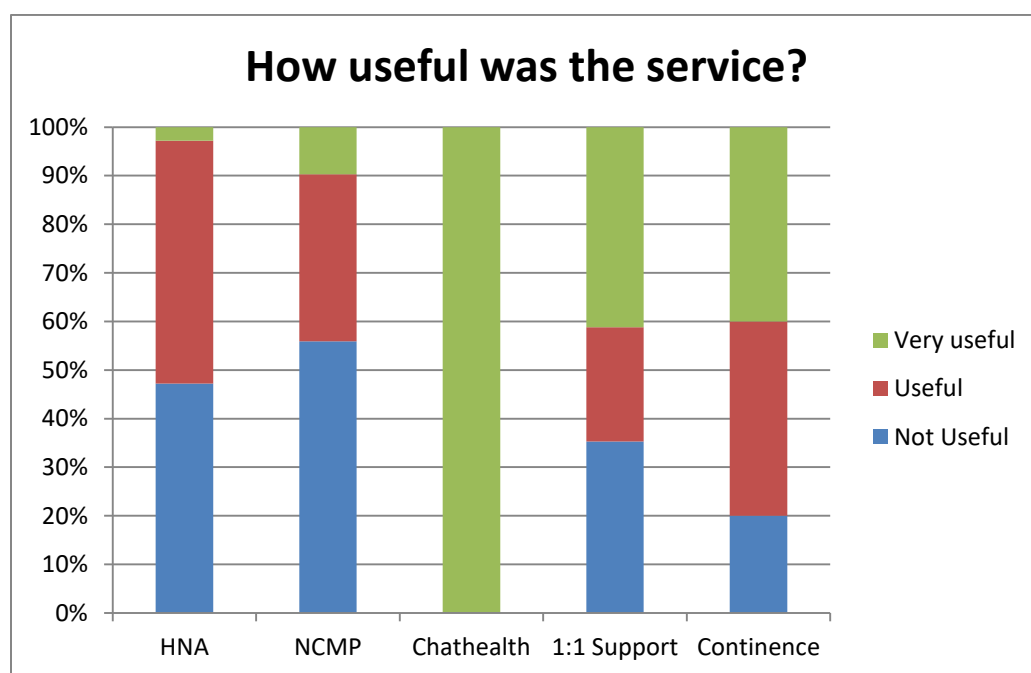
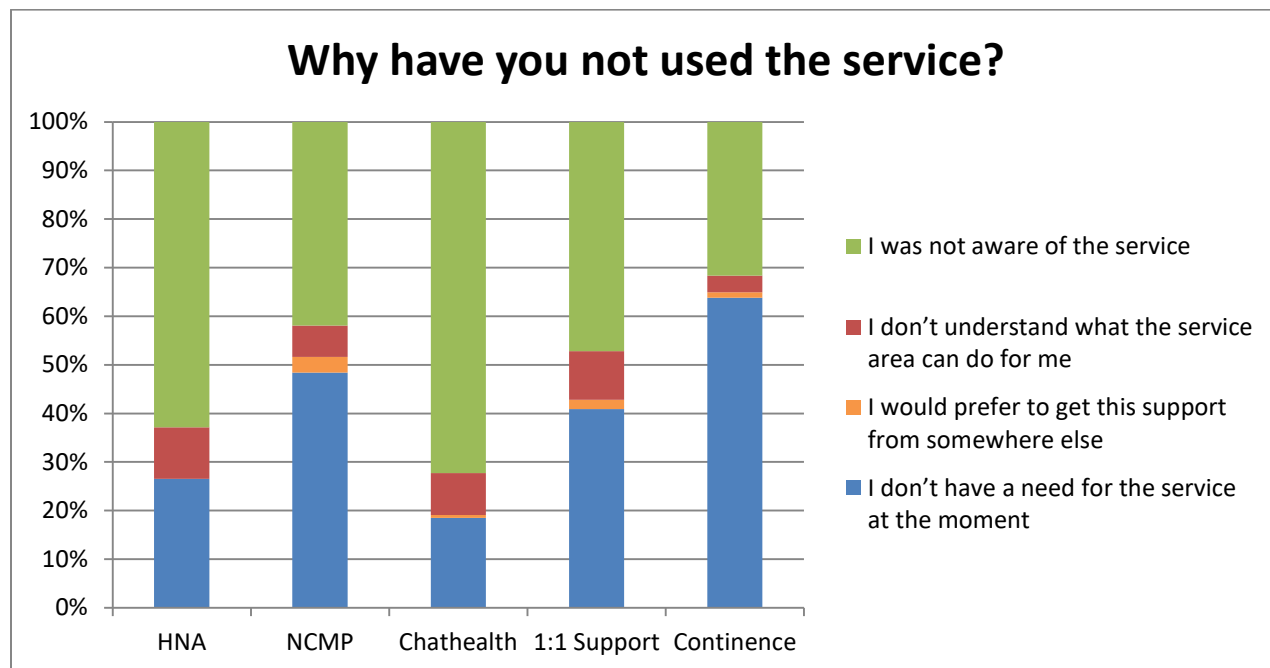


Figure 2 highlights the National Child Measurement Programme (55%) and Health Needs Assessments (47%) were found to be the least useful for families. On evaluating the comments from respondents, the reasons given are because either they have not received feedback following the Health Needs Assessment and National Child Measurement Programme, or they objected to the National Child Measurement Programme itself (which is an issue observed in areas across the country and not unique to Warwickshire or this service).

The feedback on the usefulness of Chathealth was very positive, however caution needs to be taken with this figure as it was based on a low number of respondents (n=3).

For those families that responded they had not used the service, we asked the reasons why they had not done so.

Figure 3: Proportion of parents/carers/young people and why they have not used the service



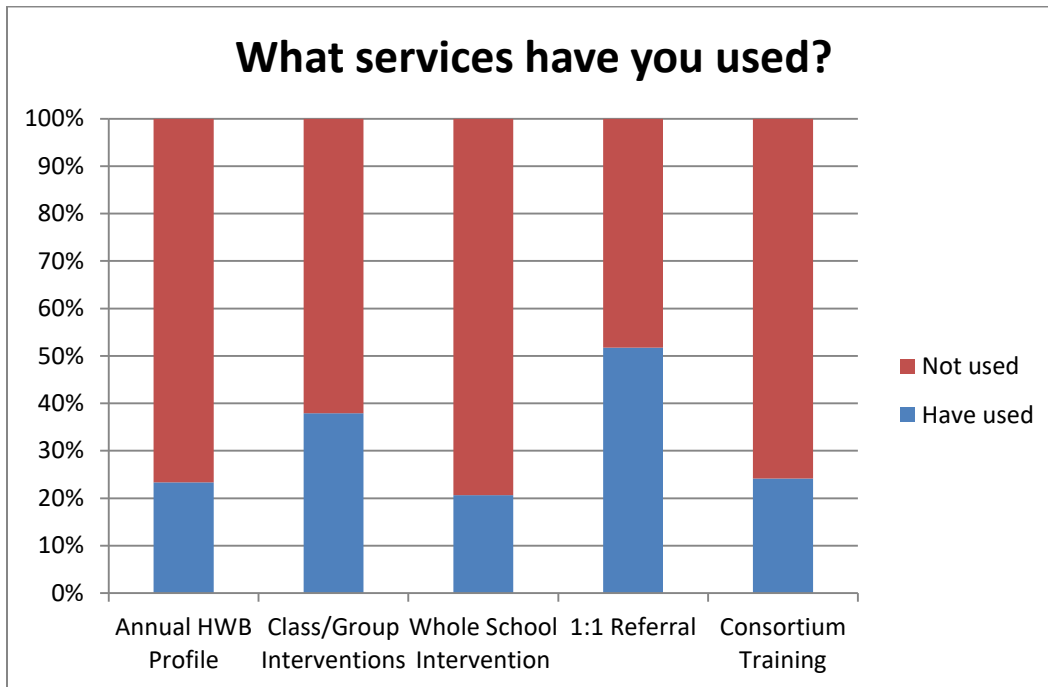
It can be seen from the responses in figure 3 that there is an issue with regards to lack of awareness about the service, and also the proportions of those respondents where they feel they don't have a need for the service at the moment.

Teachers and Head Teachers

Respondents who identified themselves as teachers and head teachers (29 respondents in total) were asked whether they had used any of the following five services:

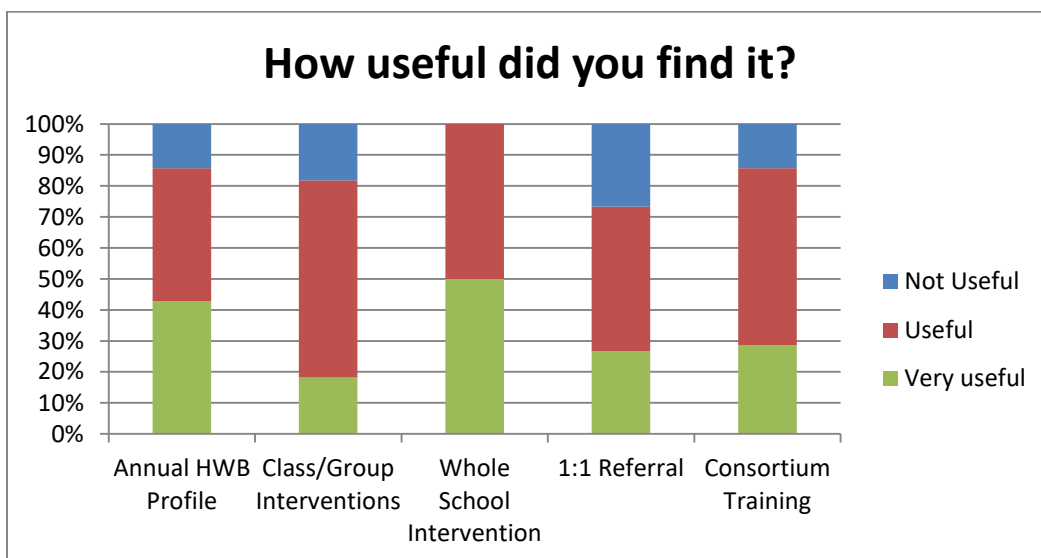
- *Annual Health & Wellbeing Profiles*
- *Class/group based interventions*
- *Whole school/assembly interventions*
- *1:1 support referral*
- *Consortium medical conditions awareness training*

Figure 4: Proportion of teachers/head teachers and their usage of the service



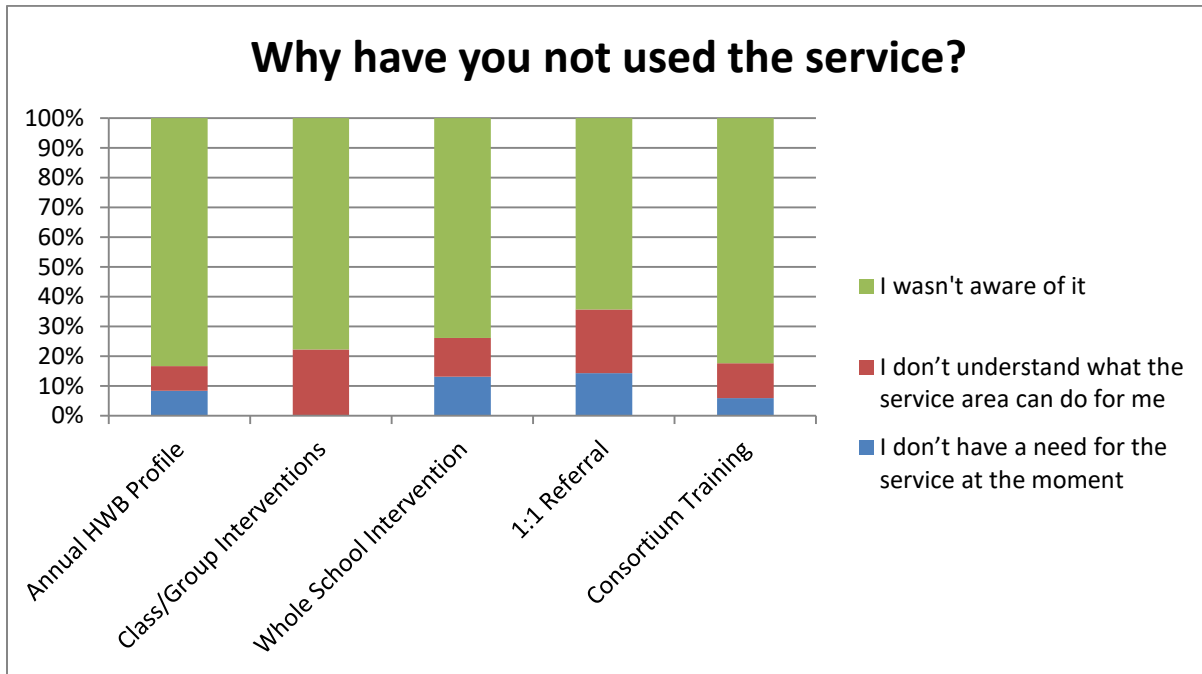
There were a relatively low number of respondents for this question; therefore the actual numbers of those responding to which areas of the service they have used are low. For those where they had responded that they had used the service, we asked their views on the usefulness of the service.

Figure 5: Proportion of teachers/head teachers and their views on usefulness of the service



For those where they had responded that they had not used the service, we asked the reasons why they had not done so.

Figure 6: Proportion of teachers/head teachers and why they have not used the service



All Online Respondents – Service Priorities

Respondents were asked at the close of the survey their views on the priorities of the School Health & Wellbeing Service.

Figure 7: Proportion of all online respondents and whether they think the priorities are appropriate

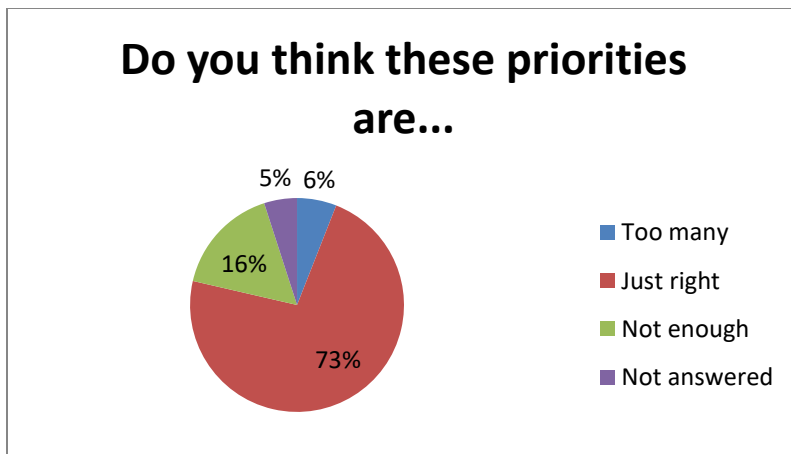


Table 3: Key Qualitative themes (Priorities) for all online respondents

Respondents were asked to provide comments on the priorities of the School Health & Wellbeing Service. The following key themes were identified where the number of comments >= 5:

| Key Theme | Examples for illustration | Count (Base =182) |
|--|--|-------------------|
| All of the priorities listed are very important | <i>I think this number of issues needs to be covered as these all have an impact on children.</i> | 94 |
| Where the service needs to refer on for additional support, there are gaps in other services to what is needed | <i>CAMHS has a waiting list of over a year, which is unacceptable.</i> | 14 |
| Not enough school nurses to do the job/Need more school nurses | <i>The service is overstretched and needs more workers to address the needs of children and young people.</i> <i>I don't think there are enough school nurses.</i> | 11 |
| Comment related to a service other than the school health and wellbeing service | <i>A number of respondents gave feedback on service delivery that is not part of what is offered by the School Health & Wellbeing Service (e.g. immunisations, sight checks)</i> | 11 |
| There should be more on offer for mental health | <i>The mental health section is a bit vague.</i> <i>Not enough support for mental health brief interventions</i> | 10 |
| Mental health issues are very important | <i>I would say that priority is the mental health and wellbeing as this seems to be the area that is least supported at present.</i> <i>Especially early support for mental health difficulties</i> | 9 |
| Future priorities - Support teachers and parents so they can support young people | <i>There needs to be a clearer emphasis on supporting parents and teachers to provide positive lifestyle choices and methods for dealing with these issues.</i> | 5 |

Table 4: Detailed thematic analysis of priorities for all respondents

| Theme | Sub-theme | Details | Count (Base =182) |
|--------------------|--------------------|--|-------------------|
| Current priorities | Service priorities | All priorities are important | 94 |
| Current priorities | Service priorities | Mental health is very important | 9 |
| | | | |
| Current priorities | Service delivery | Where the service needs to refer on for additional support, there are gaps in other services to what is needed | 14 |
| Current priorities | Service delivery | Hard to deliver these with a smaller service/ Should be more nurses in schools/more funding | 11 |
| Current priorities | Service delivery | Online questionnaire is hard-going for some children | 1 |
| Current priorities | Service delivery | Too much signposting | 1 |
| | | | |
| Future priorities | Service priorities | Mental health section should be stronger/more of | 10 |
| Future priorities | Service priorities | Need to add self-confidence, image confidence and social media use | 3 |
| Future priorities | Service priorities | Need to add bullying | 3 |
| Future priorities | Service priorities | Improve support after the height and weight screening | 2 |
| Future priorities | Service priorities | Need to have support for long term conditions | 2 |
| Future priorities | Service priorities | Need more on behavioural issues | 1 |
| Future priorities | Service priorities | Need more focus on children with autism | 1 |
| Future priorities | Service priorities | Need to think about cultural differences | 1 |
| Future priorities | Service priorities | Consider young carers | 1 |
| Future priorities | Service priorities | Should include friendships | 1 |
| Future priorities | Service priorities | Include anxiety and resilience | 1 |
| | | | |
| Future priorities | Service delivery | Needs more emphasis on supporting teachers and parents so they can support young people | 5 |
| Future priorities | Service delivery | Need more online solutions | 1 |
| Future priorities | Service delivery | School nurses should teach PSHE | 1 |

| | | | |
|-------------------|------------------|--|----|
| Future priorities | Service delivery | Promotion & prevention is better than fixing the problem | 1 |
| Future priorities | Service delivery | Should teach children how to support peers | 1 |
| | | | |
| N/A | N/A | Comments not relevant to service | 11 |

All Online Respondents – Further Comments

Respondents were asked at the close of the survey if they had any further comments or suggestions in relation to the School Health & Wellbeing Service. The following key themes were identified where the number of comments ≥ 5 :

Table 5: Key Qualitative themes (Further Comments) for all online respondents

| Theme | Examples for illustration | Count (Base = 52) |
|---|--|----------------------|
| Comment related to a service other than the school health and wellbeing service | <i>A number of respondents gave feedback on service delivery that is not part of what is offered by the School Health & Wellbeing Service (e.g. immunisations, sight checks)</i> | 16 |
| Lack of awareness of what the service offers | <i>Perhaps wider publicity is needed? What has been described here sounds amazing. I just wasn't aware any of it existed Keep it going, advertise it more</i> | 7 |
| The service needs to be more visible in schools | <i>There are not enough school nurses; they're not seen around the schools. It might help to have drop in sessions so that parents could come with concerns</i> | 8 |
| Children and families like the service and the staff | <i>Not enough staff in this wonderful service The kids love them</i> | 6 |

Table 6: Detailed thematic analysis of further comments for all respondents

| Theme | Sub-theme | Details | Count (Base = 52) |
|-----------------------|------------------|---|----------------------|
| Current service offer | Awareness | Not visible enough in schools | 8 |
| Current service offer | Awareness | Didn't know about the service | 7 |
| Current service offer | Awareness | Families don't have a relationship with the service | 4 |
| | | | |
| Current service offer | Service Delivery | Children and families like the service and staff | 6 |
| Current service offer | Service Delivery | Not enough staff/need more funding | 4 |
| Current service offer | Service Delivery | Should be more health promotion and prevention | 2 |
| Current service offer | Service Delivery | Need more support for mental health | 2 |
| | | | |
| N/A | N/A | Comments not relevant to service | 16 |

Structured Interview and Online Forum Responses

Table 7: Breakdown of interview respondents (Type)

| Type of respondent | Total | % |
|----------------------------|-----------|-------------|
| School Staff - primary | 6 | 29% |
| School staff - secondary | 6 | 29% |
| Parent/carer | 5 | 24% |
| Children's Centre Managers | 2 | 10% |
| Other partners | 2 | 10% |
| Grand Total | 21 | 100% |

Respondents were asked to identify where in the county they were based. Table 6 gives a breakdown of survey respondents.

Table 8: Breakdown of survey respondents (Location)

| Type of respondent | Total | % |
|-----------------------------|-----------|-------------|
| Nuneaton & Bedworth Borough | 7 | 33% |
| Warwick District | 6 | 29% |
| Stratford on Avon District | 5 | 24% |
| Countywide | 2 | 10% |
| North Warwickshire Borough | 1 | 5% |
| Grand Total | 21 | 100% |

When comparing the respondent profile with the proportion of residents living or working in each district and borough in Warwickshire overall, the North Warwickshire is moderately under-represented in the sample - 11.4% of the Warwickshire population reside in the North Warwickshire Borough, however the interview respondents represent 5%. Nuneaton and Bedworth Borough is over-represented, with 33% of respondents based in this borough, compared with 22.8% of the Warwickshire population. Attempts were made to interview schools based in the North Warwickshire area, however only 1 school responded.

This somewhat improves the geographical range of data when combining this with the profile from the online survey, however North Warwickshire remains the most under-represented area within the county.

Table 9: Key themes from the structured interviews and online forum

The following key themes were identified where the number of comments >= 5:

| Key theme | Key comments | Count (Base = 21) |
|--|---|----------------------|
| Not relevant | A number of respondents gave feedback on service delivery that is not part of what is offered by the School Health & Wellbeing Service (e.g. immunisations, sight checks) | 15 |
| Current service offer – communications | <i>People are unaware of the service and what it can offer</i> | 11 |
| Future service offer – service delivery | <i>Would like access to more nurses and have a named nurse per school.</i> | 11 |
| Future service offer - communications | <i>Improve communications about what is on offer</i> | 9 |
| Current service offer – service delivery | <i>Referral process is good</i> | 6 |
| Current service offer – training | <i>Training is good</i> | 5 |

Table 10: Detailed thematic analysis from the structured interviews and online forum

| Theme | Sub-theme | Comment | Count (Base = 21) |
|-----------------------|------------------|--|-------------------|
| Current service offer | Communications | Unaware of what available | 11 |
| Current service offer | Communications | Hard to get hold of | 1 |
| Current service offer | Communications | Communication via email and always get a response, would prefer more telephone contact | 1 |
| | | | |
| Current service offer | Demand | School doesn't need a lot of help | 1 |
| Current service offer | Demand | Class teachers refer but not often | 1 |
| | | | |
| Current service offer | Service delivery | Referral process is good | 6 |
| Current service offer | Service delivery | Heights and weights are not friendly for parents | 4 |
| Current service offer | Service delivery | Service has been involved in supporting YP with health needs | 3 |
| Current service offer | Service delivery | Service attended to promote offer at parents eve/parent session/community centre | 3 |
| Current service offer | Service delivery | Works well with academies | 2 |
| Current service offer | Service delivery | Ready for school pilot has been very good | 2 |
| Current service offer | Service delivery | Staff are innovative and open to ideas | 2 |
| Current service offer | Service delivery | There is a wide range of support offered | 1 |
| Current service offer | Service delivery | Safeguarding issues are managed | 1 |
| Current service offer | Service delivery | The health & wellbeing report is good and helps us plan PSHE sessions | 1 |
| Current service offer | Service delivery | Staff are well organised and enthusiastic | 1 |
| Current service offer | Service delivery | Chathealth is good | 1 |
| Current service offer | Service delivery | Really good. Very friendly and exceptionally supportive | 1 |
| Current service offer | Service delivery | Great service. Really approachable. Got things done very fast | 1 |
| Current service offer | Service delivery | Given tonnes of advice. A number to call if I need to and a single point of contact with them so I didn't have to keep explaining things over and over | 1 |
| | | | |
| Current service offer | Training | Training is good | 5 |

| Future service offer | Communications | Improve communication about what's on offer | 9 |
|----------------------|------------------|---|---|
| Future service offer | Communications | Perhaps we should be parent champions - given some up to date info to be able to sign post people better | 3 |
| Future service offer | Communications | An induction at the start of the year would be good | 1 |
| Future service offer | Communications | Need a full relaunch to let people know about the service and what is on offer | 1 |
| Future service offer | Communications | Partnership with community groups, charities, social enterprises and parent groups could have a huge impact in raising awareness | 1 |
| Future service offer | Communications | Health people and schools are all so overloaded if they aren't reminded regularly of different services and where to get them, they forget about them | 1 |
| Future service offer | Communications | Chat health I think is a great idea but is quite new so probably not many people know about it? Do school children get a card or key ring or something just before the summer holidays with the number on it? | 1 |
| | | | |
| Future service offer | Service delivery | Having more access to nurses would be better | 6 |
| Future service offer | Service delivery | Would like someone dedicated to the school | 5 |
| Future service offer | Service delivery | Face to Face discussions should happen following the height & weight check | 4 |
| Future service offer | Service delivery | Parent/child workshops would be good | 2 |
| Future service offer | Service delivery | Out of hours support would be good | 2 |
| Future service offer | Service delivery | Service should offer more assemblies | 1 |
| Future service offer | Service delivery | Could they offer monthly clinics/drop-ins? | 1 |
| Future service offer | Service delivery | There should be one referral process for School Health & Wellbeing and the Substance Misuse Service | 1 |
| Future service offer | Service delivery | A school nurse app on smart phone would be good | 1 |
| Future service offer | Service delivery | An online referral process would be good | 1 |
| Future service offer | Service delivery | More counselling is needed | 1 |
| Future service offer | Service delivery | Access to support via social media/website would be good | 1 |

| | | | |
|----------------------|------------------|---|----|
| Future service offer | Service delivery | More support needed on healthcare plans | 1 |
| Future service offer | Service delivery | Should have more professional led sessions | 1 |
| Future service offer | Service delivery | The continence workshop would be good 1-1 for special needs families | 1 |
| | | | |
| Future service offer | Training | Should offer free training on mental health, resilience and attachment | 2 |
| Future service offer | Training | Would like first aid training | 1 |
| Future service offer | Training | Schools should get training on how to deliver sessions on personal hygiene & other topics | 1 |
| | | | |
| Priorities | Priorities | Mental health | 4 |
| Priorities | Priorities | Big issues are self-esteem, social media, anxiety, friendships | 1 |
| Priorities | Priorities | The priorities are good | 1 |
| Priorities | Priorities | Big issues are self-harm | 1 |
| Priorities | Priorities | Big issues are anxiety and online bullying | 1 |
| Priorities | Priorities | Don't see the benefit of promoting oral health | 1 |
| Priorities | Priorities | Big priorities are healthy weight and oral health | 1 |
| Priorities | Priorities | Priorities should include vaping | 1 |
| | | | |
| Not relevant | N/A | Comments made that are not relevant to this service | 15 |

Publicising the School Health & Wellbeing Service Consultation

Table 6: Communications & Engagement Log

| Publicising channel | Detail |
|---------------------|--|
| Ask Warwickshire | Dedicated consultation webpage (providing full information, copies of survey and policy documents and link to online survey) |
| Email (outbound) | <p>Email distribution list (types of recipients not individual data)</p> <ul style="list-style-type: none"> All headteachers and school admin offices to ensure teaching staff aware to complete the survey (via PH Distribution List) Request for schools to include short paragraph in schools newsletters to notify parents/carers (email sent 13.09.18) Information sent to 501 subscribers to WCC consultation alerts on GovDelivery. Public Health Distribution list <ul style="list-style-type: none"> Advocacy, Elected Members, Nurseries, Big White Wall, PAs Parish Councils, Pharmacies, CCG, GPs, Pharmacists provisions of smoking, chlamydia and EHC, CEOs Head of Service, Physical Activity/Health Lifestyles Charitable Organisation, Health Checks Public Health, Children and Young People Healthwatch, Children Centres, Healthwatch Warwickshire Research and Development, Clinic/Health Centre Schools, Comms Lead, Hospital Trust, Sexual Health HWBB, Smoking, Councillors, Insight List, Council Leaders Voluntary Sector, Councils, Libraries, Warwickshire Police, MECC, Weight Management, Mental Health and Wellbeing, Wellbeing Hub, Dentists, MPs, WJS, District & Boroughs, Youth Justice, Drugs & Alcohols |
| Email (inbound) | Published email address available for people to respond via email. |
| Social media | <p>WCC channels</p> <p>Warwickshire County Council Facebook Public Health Facebook Page Warwickshire County Council Twitter Public Health Twitter</p> <p>Facebook Parents Forum (managed by Jenny Bevan) - hosted session on Wednesday 19th September 2018 run as an online focus group</p> <p>Tweeted by @DailyWARKS (4,448 followers @ 6/09/18) Tweeted by @CoventryUpdate (10,395 followers @ 6/09/18) Tweeted by St Andrew's Benn Primary (Rugby) (584 followers @ 13/09/18) Tweeted by FIS (1226 followers @ 13/09/18) Tweeted by QE Academy (546 followers @ 18/09/18)</p> <p>Facebook - shared by Family Information Service (approx 2,000 followers)</p> |

| | |
|-------------------------------|--|
| Newsletters | Heads Up Public Health Newsletter (12th September 2018) |
| Media relations | Presence on WCC news page News release |
| Verbal briefings/Face to Face | Children's Centre Advisory Boards Nuneaton & Bedworth - 17/09/18 Southam - 18/09/18 Focus groups/structured interviews held with the following professionals: <ul style="list-style-type: none"> • Health Visitors (Locality lead) • Children's Centre Managers (2 different locations) Attendance at Warwickshire North CCG Member Engagement group (GPs) -18th October 2018 Briefings given to: <ul style="list-style-type: none"> • Children's Joint Commissioning Board (11/09/18) • Suicide Prevention Steering Group (19/09/18) |
| Other | Poster and leaflet developed and: <ul style="list-style-type: none"> • Printed in order to place in suitable locations (e.g. Children's Centres, Schools) • Distributed via email to key stakeholders |
| Paper surveys | On request (none were requested) |

Equality and Diversity Analysis

The online survey asked respondents to complete information regarding equality and diversity. The results are set out in Table 18 below.

Table 7: Online respondent profile



| | | |
|-------------------------------------|--|--------------|
| Age | 18 – 29 | 7 |
| | 30 – 44 | 99 |
| | 45 – 59 | 64 |
| | 60 – 74 | 8 |
| | 75 + | 1 |
| | Not Answered | 10 |
| | Prefer not to answer | 8 |
| | Under 18 | 4 |
| Gender | Female (including trans woman) | 163 |
| | Male (including trans man) | 14 |
| | Not Answered | 11 |
| | Prefer not to answer | 13 |
| Long standing illness or disability | No | 164 |
| | Not Answered | 10 |
| | Prefer not to answer | 13 |
| | Yes | 14 |
| Ethnicity | Asian or Asian British - Indian | 4 |
| | Black or Black British - Caribbean | 2 |
| | Mixed - White and Asian | 4 |
| | Mixed - White and Black Caribbean | 2 |
| | Not Answered | 11 |
| | Prefer not to answer | 10 |
| | White - Any other background please specify | 6 |
| | White – English/ Welsh/ Scottish/ Northern Irish / British | 159 |
| | White - Irish | 3 |
| | Christian | 90 |
| | Hindu | 2 |
| | None | 63 |
| | Religion | Not Answered |
| Other (Please specify below) | | 4 |
| Prefer not to answer | | 27 |
| Sikh | | 1 |
| Sexuality | Bisexual | 1 |
| | Gay or lesbian | 1 |
| | Heterosexual or straight | 169 |
| | Not Answered | 13 |
| | Other | 1 |
| | Prefer not to say | 16 |

EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

Public Health Warwickshire Services

Tender for Services for: School Health and Wellbeing Service

Equality Impact Assessment/ Analysis (EqIA)

| | |
|--|--|
| Group | Communities |
| Business Units/Service Area | Public Health |
| Plan/ Strategy/ Policy/ Service being assessed | Tender for Services for the School Health and Wellbeing Service |
| Is this is a new or existing policy/service? If existing policy/service please state date of last assessment | Existing Service, last assessed in April 2015 |
| EqIA Review team – List of members | Kate Sahota Helen King |
| Date of this assessment | 1st June 2018 |
| Signature of completing officer (to be signed after the EqIA has been completed) | Kate Sahota |
| Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible. | NO |
| Name and signature of Head of Service (to be signed after the EqIA has been completed) |  |
| Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer) |  |

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team



Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/priority

Note:

- 1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
- 2. Summaries of the legislation/guidance should be used to assist this screening process

| Business Unit/Services: | Relevance/Risk to Equalities | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| | Gender | Race | Disability | Sexual Orientation | Religion/Belief | Age | Gender Reassignment | Pregnancy/Maternity | Marriage/Civil Partnership (only for staff) | |
| State the Function/Policy /Service/Strategy being assessed: | | | | | | | | | | |
| School Health and Wellbeing Service | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? If yes please explain how.

Mental, emotional and physical health issues are statistically more prevalent in areas of deprivation. These services are commissioned to improve the health and wellbeing of children and young people, ensuring they are effectively targeted according to local need. This means they will be offering greater support to those groups impacted by social inequalities, such as those with disabilities and black/minority/ethnic groups.

| | | |
|--|---|-------------------|
| <p>Are your proposals likely to impact on a carer who looks after older people or people with disabilities? If yes please explain how.</p> | <p>Young carers are specifically referenced within the service specification as a priority group of children and young people more likely to need access to the services offered by the School Health and Wellbeing Service. The provider will be responsible for identifying young carers, ensuring they have access to appropriate support and referring them on to other services where necessary.</p> | <p>YES</p> |
|--|---|-------------------|

Form A2 – Details of Plan/ Strategy/ Service/ Policy

Stage 1 – Scoping and Defining

(1) What are the aims and objectives of Plan/Strategy/Service/Policy?

Aim: To deliver a countywide evidence based School Health and Wellbeing Service for children and young people aged 5 – 19, or 25 if there are special educational needs.

Strategy:

The School Health and Wellbeing Service is a high quality, visible, accessible and confidential service which improves the health and wellbeing of and reduces health inequalities for school aged-children and young people in Warwickshire.

The School Health and Wellbeing Service in Warwickshire will do this by:

1. Addressing and focusing on reducing inequalities;
2. Using Marmot's life course approach to deliver what children and young people need, when they need it, in the right place at the right time, using prevention and early intervention approaches;
3. Leading, delivering and evaluating preventative services and universal public health programmes for school-aged children and young people, within both school and community settings and in accordance with local needs;
4. Delivering evidence based approaches and cost effective programmes or interventions that contribute to children and young people's health and well-being (including emotional health and wellbeing);
5. Co-ordinating services, referring to other agencies and delegating within the team to maximise resources and utilise the expertise of other skilled professionals;
6. Supporting a high quality, seamless transition into school, from pre-school and primary, through to secondary school and transition into adulthood;
7. Managing the interaction between health and education so that the child or young person enjoys good health and well-being (including emotional health and wellbeing) to achieve optimal education;
8. Leading support for children and young people who have complex and/or additional needs including providing or co-ordinating support, education and training for families, carers and school staff;
9. Identifying children and young people in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect. This includes working with children and young people at risk of becoming involved in gangs or youth violence;
10. Contributing as part of a multi-agency team, to the response for children, young people and families who have multiple problems.

(2) How does it fit with Warwickshire County Council's wider objectives?

Safe Communities – Our communities and individuals are safe and protected from harm and are able to remain independent for longer.

Health and Wellbeing – The health and wellbeing of all in Warwickshire is protected.

Resources – Resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned or in partnership.

(3) What are the expected outcomes?

The service will contribute to improving health and wellbeing outcomes for children and young people. It will do this by:

1. Helping children be as healthy as possible by preventing illness, encouraging early interventions, supporting resilience and wellbeing and encouraging healthy lifestyle behaviours;
2. Helping children who grow up in the most at-risk families by supporting parents with their children's care, developing life skills and optimising educational attainment;
3. Placing an emphasis on learning outcomes as well as health and wellbeing outcomes, underpinning educational attainment and ensuring children are equipped to deal with life changes;
4. Supporting working in partnership with other service providers and professionals to develop seamless care pathways and/or protocols, with identified and appropriate professional leads for children and young people's health and wellbeing;
5. Being integrated, outcome driven and targeted to improve health and wellbeing outcomes for children and young people based on the principles of Every Child Matters:

Be Healthy

- Good physical health
- Live a healthy lifestyle
- Good emotional, mental and spiritual health
- Improved services for those with disabilities

Stay Safe

- Free from abuse and the risk of abuse
- Protected from harm and neglect
- Safe from accidental injury and death
- Grow up able to look after themselves

Enjoy and Achieve

- Fulfil their potential
- Reach adulthood with the necessary skills
- Raise educational standards
- Communities provide activities which enrich and involve children and young people

| | |
|--|---|
| | <p>Make a Positive Contribution</p> <ul style="list-style-type: none"> - Make a positive contribution to community and society - Promote active citizenship - Prevent and reduce offending <p>Achieve Economic Wellbeing</p> <ul style="list-style-type: none"> - Free from poverty and discrimination - Have positive social lives - Parents able to combine caring and work - Opportunities for education, training and employment |
|--|---|

| | |
|---|---|
| <p>(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)</p> | <p>The service is universal for all children and young people in Warwickshire aged 5 – 19 (25).</p> <p>It is a requirement of specification that the School Health and Wellbeing Service targets provision to children and families with additional needs which includes young carers, looked after children & young, people, disabled children and young people etc.</p> |
|---|---|

Stage 2 - Information Gathering

| | |
|---|--|
| <p>(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?</p> | <p>For the current service, a comprehensive needs assessment was undertaken during 2014/15 which engaged a range of partners and key stakeholders. Further to this, a wide range of evidence has been used including a full service review of the existing service, National Institute of Clinical Excellence, the Warwickshire Joint Strategic Needs Assessment, the Warwickshire Health and Well Being Board Strategy, The Director of Public Health's Annual General Report, Government policy, systematic reviews of research programmes, strategic commissioning review of services commissioned currently.</p> <p>We will be undertaking further work during 2018 to refresh this information and ensure it is up to date in advance of the recommissioning process during 2019.</p> |
|---|--|



(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?

During 2014, the following groups were on consulted on about the existing service:

- Children, young people and their families
- The existing provider and staff within the service
- Head teachers and other school staff
- The Director of Public Health
- The WCC Strategic Commissioning Board
- GP's and other health professionals
- The PHW Procurement Board
- The PHW core review team

The current specification for the service draws heavily on the consultation work done and the national specification for school nursing, which also included extensive consultation with professionals, children and their families.

The final specification went out for further consultation with the above group for confirmation it accurately reflects the work undertaken in 2014.

The specification will be revised following a further piece of consultation work to be undertaken during 2018.

(3) Which of the groups with protected characteristics have you consulted with?

Consultation on the service has taken place through focus groups and questionnaires with service users across schools in Warwickshire (including children and young people, parents, carers, school nurses, head teachers). Consultations were all inclusive and no group with protected characteristics were excluded from this process.

Stage 3 – Analysis of impact

(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?

If yes, identify the groups and how they are affected.

| | | |
|----------------------------|---------------------|---------------------|
| RACE | DISABILITY | GENDER |
| No | No | No |
| MARRIAGE/CIVIL PARTNERSHIP | AGE | GENDER REASSIGNMENT |
| No | No | No |
| RELIGION/BELIEF | PREGNANCY MATERNITY | SEXUAL ORIENTATION |
| No | No | No |

| | |
|--|--|
| <p>(2) If there is an adverse impact, can this be justified?</p> | <p>The re-procurement of these services will not lead to reduction in provision as the intention is to achieve better outcomes for all residents (but particularly those at risk) and better value for money.</p> <p>The commissioner will ensure through the service specification that providers are equipped to deliver an all-inclusive service and seek solutions where specialist health professional input is required.</p> |
| <p>(3)What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)</p> | <p>As part of the tendering process, potential providers will be required to demonstrate their understanding of equality and diversity and their response will be assessed within the quality criteria, including the requirement for an equalities policy. Throughout the life of the contract, providers will be expected to deliver the service in line with the Public Sector Equality Duty, in which all provides are required to meet the General Equality Duty aims which are:</p> <ul style="list-style-type: none"> - Eliminate unlawful discrimination - Advancing Equality of opportunity - Fostering good relations |
| <p>(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?</p> | <p>The services are all inclusive and will take account of accessibility in terms of where it is delivered, times of delivery, appropriate venues to meet customer need</p> |
| <p>(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?</p> | <p>The service is available for all groups, and equitable access will be provided regardless of any protected characteristics.</p> |
| <p>(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?</p> | <p>Anecdotal evidence suggests boys are less likely to access the service in a face to face environment. The specification includes improving the use of communications and IT in order to provide better access and choice of delivery of accurate and age appropriate health promotion information to children and young people.</p> <p>Further work will be done with the provider on equality data collection to identify whether or not there is local evidence to support this as a potential barrier to accessing the service. For example, If gender is identified as a barrier, the work we are doing to improve choice around accessing the service will already be tackling this issue.</p> |

| | |
|---|--|
| <p>(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?</p> | <p>The service has public health outcomes at its core, and includes measures to improve health through supporting children and young people to improve and maintain their health and wellbeing.</p> <p>The specification requires the provider to deliver the Healthy Child Programme(HCP) (5-19), which is a universal programme based on a collection of evidence based practice. It offers Children and Young People a schedule of health and development reviews, screening tests, immunisation, health promotion guidance and tailored support for children and their families with additional needs. The HCP aims to:</p> <ul style="list-style-type: none"> • Help parents develop and sustain a strong bond with children • Encourage care that keeps children healthy and safe • Protect children and young people from serious disease, through screening and immunisation • Reduce childhood obesity by promoting healthy eating and physical activity • Identify health issues early, so support can be provided in a timely manner • Make sure children and young people are prepared for and supported in education settings • Identify and help C&YP with problems that might affect their chances later in life |
| <p>(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)</p> | <p>The review of this service has and will continue to engage a range of stakeholders. The need assessment that was undertaken highlighted gaps in service provision and recommended service improvement based on best practice, for example increasing the availability of the service from term-time only to across the calendar year, increasing the methods of accessing the service, increasing the emphasis on promoting and maintaining good mental and emotional mental health.</p> |
| <p>(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?</p> | <p>No - health professionals are already very well engaged with the service. During the consultation exercise, stakeholders including health see these services as mitigating access in their own right – the services provide accessibility to interventions to improve health</p> |

(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?

Yes – services will be targeted, promoted and delivered in areas where health inequalities are greatest as a priority. This is already being done and the impetus needs to be sustained.

The service will develop annual health profiles for groups of schools, using the existing geographic “consortia” arrangements. These profiles will be used as a basis for developing local delivery plans for individual schools to ensure the services being delivered are targeted appropriately and delivering based on locally identified need.

Stage 4 – Action Planning, Review & Monitoring

If No Further Action is required then go to – Review & Monitoring

(1) Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.

EqIA Action Plan

| Action | Lead Officer | Date for completion | Resource requirements | Comments |
|---|--------------|---------------------|-----------------------|----------|
| Monitoring of collection of equalities data | Kate Sahota | On-going | | |
| Review of plan following consultation | Kate Sahota | November 2018 | | |
| | | | | |
| | | | | |

(2) Review and Monitoring
State how and when you will monitor policy and Action Plan

Following the award from the procurement process it will be essential to review the EqIA as part of the implementation plan and exit strategies.

We will also ensure it is reviewed on a 6-monthly basis and through WCC's procurement process

Please annotate your policy with the following statement:

'An Equality Impact Assessment/ Analysis on this policy was undertaken on 1st June 2018 and will be reviewed on 1st April 2019.'