

COMMUNITY AND EQUALITY IMPACT ASSESSMENT

About the service or policy development

Name of service or policy	0 to 19 Healthy Child Programme
Lead Officer	Sue Ford

Why is this service or policy development/review needed?

This review is being conducted as the 0 to 19 Healthy Child Programme is being recommissioned. Research indicates continuing Inequalities in perinatal outcomes. [Research](#) published in the Lancet found significantly worse survival and health impacts were found for babies born to women from Black and minority ethnic groups across high and upper-middle-income countries, including the UK.

Research consistently shows the drivers of health inequalities are the social, economic and environmental factors in which individuals live that have an impact on their health outcomes. The COVID pandemic exacerbated existing inequalities, with the cost of living and poor housing challenges in Barking and Dagenham further compromising outcomes for children.

The [mental health of young people](#) is a profound concern across the UK. One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom.

The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19 .

83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.

Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).

What impacts will this service or policy development have on communities?

Look at what you know. What does your research tell you?

Please state which data sources you have used for your research in your answer below

Consider:

National & local data sets

Complaints

Consultation and service monitoring information

Voluntary and Community Organisations

The Equality Act places a specific duty on people with 'protected characteristics'. The table below details these groups and helps you to consider the impact on these groups.

It is Council policy to consider the impact services and policy developments could have on residents who are socio-economically disadvantaged. There is space to consider the impact below.

In 2021, 44.9% of people in Barking and Dagenham identified their ethnic group within the "White" category while 21.4% identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category. 25.9% of Barking and Dagenham residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category,

Barking and Dagenham in 2019 had the highest IMD score in London. Gascoigne, Heath, Thames and Village wards all have neighbourhoods amongst the 10% most deprived in the country. Barking and Dagenham has the highest proportion of children (0–17) in the UK with 29.9% under 18. It has the highest proportion of under 5s in the UK at 8.8%.

Across Barking and Dagenham there has been rising complexity and acuity in the children and young people population.

Some indicative statistics from the year 22-23 are:

- * 83% rise in EHCP requests for under 5s.
- * 14.5% rise over 2 years in number of CYP under 18 accessing support by NHS funded community services (at least one contact)
- * 51.4% rise over 2 years in Number of admissions of CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards
- * 48.4% over 2 years in Number of women and birthing people accessing specialist community perinatal mental health services (including MMHS)
- * ONS Figures for 0 to 19 population are 69,458 in 2023. Latest Active numbers on the 0 to 19 caseload are 77,722

Barking and Dagenham has:

- the highest birth rate in England and Wales
- highest rate of premature mortality in London
- almost half of children living in households on the poverty line - 46%
- the highest levels of Year 6 overweight and obesity in England and second highest in London for reception aged children
- the highest police-reported rates of domestic abuse in London.
- the lowest percentage of flats in London that have access to a garden at 54.2%.
- higher than national average of young carers -1 in 12 secondary school aged children
- Between 2017-2021 number of CIN from 1,187 to 1,802
- Significantly higher numbers of young people entering the criminal justice system for first time.

Data Sources

[ONS](#)

[NHS Mental health Dashboard](#)

Barking and Dagenham Insights Team

Barking and Dagenham Public health – JSNA

[OHID Fingertips](#)

[NHS NCMP Data](#)

Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
Local communities in general	P			Sustain universal public health support for all children and young people and their families aged 0-19. Increase health support and education related to child development, immunisation, infant feeding, perinatal mental health, emotional health and wellbeing ,	Contract management and outcomes framework. 1 year contract development period with commissioner and provider focussed work on key challenges.

				readiness for school and transition to adult services. Contribute to early Help and safeguarding.	New monthly data and contract meetings to increase commissioner oversight.
Age	P			The service will ensure universal and targeted public health services to all children, young people and their families. Services are offered to all and by referral from GPs, schools or self-referral.	Service will be offered across community locations and in the home alongside a digital service offer.
Disability	P			The service is universal and is delivered either in the home or in accessible community locations. Staff are specialist nurses and will act as liaison between paediatric and other specialist services, families and other professionals.	Support for children and families is assessed on individual need and adapted accordingly. Staff are specialist Public Health nurses. Service is inspected by CQC.
Marriage and Civil Partnership	P			The service is universal to all families with a child aged between 0-19 regardless of family make up or circumstance.	
Pregnancy and Maternity	P			The service delivers 5 mandated child development checks alongside the mandatory national child measurement programme. The Healthy Child Programme is informed by evidence and national guidance focussed on maternity and early years high impact areas.	Contract monitoring of reach and quality across mandated and non mandated developmental checks and maternal wellbeing.
Race (including Gypsies, Roma and Travellers)	P			Cultural competence is a core principle of delivery of a 0 to 19 service. It is an essential component in working to reduce health disparities. Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality or religion.	Evidence of CPD in cultural competence across workforce. Evidence of culturally sensitive practice relating to identity of service users.
Religion or Belief	P			Cultural competence as outlined above.	Cultural competence as outlined above.
Sex	P			Services for fathers are underrepresented currently and will be a focus for outreach and community services in this contract.	Ensure voice of fathers is heard and used to support service development through ongoing consultation and participation.
Sexual Orientation	P			The service is universal to all families with a child aged between 0-19 regardless of family make up or circumstance. Cultural competence as above.	Request case studies from LGBTQ+ families to ensure quality of service

Socio-economic Disadvantage	P		<p>Child poverty is amongst the highest in London boroughs and the country: 46% of children live in households on the poverty line.</p> <p>Poor quality of housing: Waiting list for housing are some of the largest in the country.</p>	<p>Enable close working with community groups and collaboration with welfare and employment agencies to share resources and skills.</p> <p>Provide specialist homeless nursing services through a nursing lead to address specific concerns related to housing quality, particularly around safe sleeping for babies, emotional health and wellbeing, and communicable diseases.</p>
Any community issues identified for this location?	P		<p>The Best Chance Strategy clearly defines the challenge for our borough in relation to children and young people:</p> <p>Second highest under 18 years conception rate in London.</p> <p>Highest rate of premature mortality in London, with 449 deaths per 100,000 people aged below 75, compared to 316 for London overall.</p> <p>Highest proportion of children (0–17) in the UK: almost three in ten residents (29.9%) are under 18.</p> <p>Highest proportion of under 5s in the UK: 8.8%.</p> <p>Higher than national average of young carers in B&D: approx. 1,800 young carers in B&D; 1 in 12 secondary school aged children are young carers.</p> <p>Highest levels of Year 6 overweight and obesity in England.</p>	<p>Ensure our 0 to 19 reporting from contract monitoring and case studies advocates for our population as well as sharing what works.</p> <p>Enable an external evaluation process to understand what works, for who and under what circumstances to inform future strategic development and business cases as needed.</p> <p>Recruitment and retention for SCPHN is nationally challenging – LBD has further challenge of Outer London Borough weighting. Workforce development will form key aspect of the contract.</p>