

EQUALITY IMPACT ASSESSMENT (EIA)

POLICY/PROPOSAL:	Procurement of Children’s Public Health Services (0-19) Healthy Visiting and School Nursing
DEPARTMENT:	Service Reform and Strategy
TEAM:	Public Health
LEAD OFFICER:	Marie Mcloughlin and Shona Okeke-Jackowski
DATE:	December 2025

EIA Guidance is available online, please reach out to equality@brent.gov.uk for any further support.

SECTION A – SCREENING

1. Briefly and clearly describe the policy, proposal, change, or initiative, and what it is trying to achieve.

The current contract for the delivery of the 0-19 service will expire on 30th April 2026. The service currently delivers statutory services (health visiting and school nursing) to all residents across the borough. The service is currently delivered by an NHS organisation.

A decision internally has been taken to extend this contract for 23 months, to allow the council time to design a new service to go live in 2028.

The new contract from May 2026 will continue to include;

- Health visiting
- School nursing
- Infant feeding (Start for Life grant funded)
- Healthy weight team for 0-5s

The new contract will no longer have:

- Vision screening- (currently, this service is not delivered in line with National Screening Committee guidance, as an orthoptic led service. This service will be delivered as a separate lot
- Hearing screening for primary school aged children (currently, this service is not mandatory to be delivered through local authorities)

2. Are there any groups who may be impacted by your proposal? For reference, Q4 lists all protected groups.

- Children aged 0-19 and their parents
- Children and adults with long term conditions
- People with disabilities
- People with care experience
- People who are proposing, starting or completing gender reassignment
- People who are pregnant or using maternity services
- People of different ethnicities
- Men and women expecting/with a child
- People of different socio-economic status

3. If no groups are affected, explain why.

N/A

4. Mark with an "X" the potential impact of the policy or proposal on different groups. You can mark more than one box for each group.

Characteristic	IMPACT		
	Positive	Neutral/None	Negative
Age - People of different age groups.	x		
Care Experience - People who have been in care for any period of their childhood.		x	
Disability - People with physical, sensory, learning, and mental health disabilities, long-term conditions, and non-visible disabilities.		x	
Gender reassignment - Transgender and non-binary people, including anyone who is proposing to, started, or who has completed a process to change their gender.		x	
Marriage and Civil Partnership - Applies mainly in the workplace, people who are married or in a civil partnership.		x	
Pregnancy and Maternity - People who are pregnant, on maternity leave, or new parents.	x		

Race and Ethnicity - People of different ethnicity, nationality, and skin colour.		x	
Religion or belief - People of all faiths, and those with no religious belief.		x	
Sex - Differences between men and women, including disparities in pay, career progression, and health outcomes.		x	
Sexual Orientation - People who identify as lesbian, gay, bisexual, queer, asexual, or any other non-heterosexual identity.		x	
Socio-Economic Status – People who are experiencing poverty or socio-economic disadvantage.		x	
Other relevant groups* <i>Asylum Seekers and Refugees</i>		x	

* Other relevant groups could include Carers, Refugees or Asylum Seekers, Veterans, among others. Review the EIA Guidance for more information.

5. Complete **each row** of the checklist with an “X”.

SCREENING CHECKLIST		
	YES	NO
Does the policy or proposal have implications for eliminating discrimination, advancing equality of opportunity, or fostering good relations among different groups?	x	
Does it relate to an area with known inequalities?	x	
Would it add, change, or remove services used by any groups listed in Q4?		x
Does it have negative or positive impacts on any groups listed in Q4?	x	
If you have answered YES to ANY of the above, proceed to section B. If you have answered NO to ALL the above, proceed straight to section C.		

SECTION B – IMPACTS ANALYSIS

6. What data and evidence have you used to understand potential impacts? This could include service user data where relevant. If there is little or no evidence, explain why, and note any plans to improve data collection in future, adding this to the Action Plan in Section E.

<ul style="list-style-type: none"> - Joint Strategic Needs Assessment (JSNA) - 7 years worth of National Child Measurement Programme (NCMP) data - Performance reports from incumbent health provider covering health visiting, school nursing, infant feeding and weight management service, including resident feedback - GOV.UK Commissioning 0-19 healthy child programme guidelines - Evaluation of vision and hearing screening, supported by British and Irish Orthoptic Society and UK national screening committee - Discussion and informal review with incumbent health provider to understand elements of the service - HV analysis of the service using Institute of Health visiting modelling -

7. For each characteristic:

a. Provide detail for the impact listed in the response to Q4 in the left-hand box.

b. Provide data and evidence to explain how you reached your conclusion in the right-hand box.

Relevant data sources for Brent and its residents can be found in the EIA Guidance document.

Age	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families</p> <p>The “new” service will continue to be delivered to this age group.</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Care Experience	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families. This includes linking in with care leavers and social care where appropriate</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

<p>The “new” service will continue to be delivered for those with care experience and safeguarding and links to social care continue to be a part of the delivery of this service.</p>	
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Disability	
<p>Provide detail for the impact listed in Q4.</p>	<p>Provide supporting data and evidence.</p>
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families. This includes supporting families with disabilities.</p> <p>The “new” service will continue to be delivered to this group. And intends to increase responsibilities of school nurses/school nurse assistants to support more children with long term health conditions.</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Gender Reassignment	
<p>Provide detail for the impact listed in Q4.</p>	<p>Provide supporting data and evidence.</p>
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families. This includes supporting families who experience gender reassignment.</p> <p>The “new” service will continue to be delivered to all families regardless of gender</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Marriage and Civil Partnership	
<p>Provide detail for the impact listed in Q4.</p>	<p>Provide supporting data and evidence.</p>
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families.</p> <p>The “new” service will continue to be delivered to all families regardless of family set up</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Pregnancy and Maternity	
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Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families</p> <p>The “new” service aims to improve the quality of the service by strengthening elements of the service for pregnant residents, for example</p> <ul style="list-style-type: none"> - Every resident to receive an antenatal (AN) contact via telephone, virtually or face to face contact for vulnerable residents - Healthy Start scheme to be discussed at AN contact and also mothers signposted to FWC for vitamins 	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p> <p>Healthy Start Evaluation conducted internally found that it did not reach many people in IMD 1 and 2. Moving the programme into the 0-19 service will improve contact with vulnerable residents who are more likely to be in IMD 1 and 2.</p>

Race and Ethnicity	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families</p> <p>The “new” service will continue to be delivered to all families and will include delivery of sessions in different languages/range of communication to be inclusive.</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Religion or Belief	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families</p> <p>The “new” service will continue to delivered to all families regardless of religion and belief, that acknowledges people differences. This includes providing advice and information that supports modesty for example.</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Sex

Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families</p> <p>The “new” service will continue to be delivered to all families regardless of sex. The wider context of the 0-5 system (Best Start for life) continues to be invested in by the Council. This means that this service will need to link in with services that support dads and carers e.g referral into and promotion of Dad’s Matters programme</p>	<p>Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK</p>

Sexual Orientation	
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Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is delivered across the life course for children aged 0 – 19 and their families</p> <p>The “new” service will continue to be delivered to all families regardless of sexual orientation, and will acknowledge the needs of families.</p>	

Socio-Economic Status	
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Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
<p>This statutory service is free across the life course for children aged 0-19 and their families</p> <p>There are no changes in the contract that will impact socio economic status. Socio economic status can be considered a marker of vulnerability. Vulnerable families are given specialist health visiting support. Delivery of Maternal Early Childhood Sustained Home Visiting (MECSH) and Infant to School (pilot) is a key component of the 0-19 service.</p>	<p>TeEACH Maternal Early Childhood Sustained Home Visiting (MECSH) Programme</p>

Other Relevant Groups	
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Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
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Refugees, asylum seekers and refugees are an important part of our population. This new contract continues to ensure that this population continues to be supported with a specialist homeless health visitor

8. Summarise any engagement activities with relevant groups (this may replicate some of the information listed in Q7). State whether those involved represent the people affected by your proposal, or whether more engagement is needed, which should be added to the Action Plan in Section E.

Engagement will take place in 2026

1. Current staff engagement to take place in Summer 2026
2. Resident engagement to take place in Summer 2026 (this will include families with children and young people from Brent Youth Parliament)
3. Stakeholder engagement – to take place in Summer 2026. This will look to gain an insight into some of the groups identified above to ensure we can receive wider insights into the groups identified above.

This will be used to design a new service to go live in 2028.

9. Provide more detail on any areas identified as requiring further data or detailed analysis.

We have 9 years of data from the existing service to help us understand the service needs and gaps. We have also reviewed elements of the programme to ensure that we understand potential recommendations for changes. This has influenced our new contract.

SECTION C – CONCLUSIONS

10. Summarise your overall conclusions based on the analysis:

- If there are no impacts, state that here, and **do not complete sections E or G.**
- If you decide not to move forward, explain why, and **do not complete sections E or G.**
- If there are negative impacts, explain what you'll do to reduce them. If you choose to continue despite negative impacts, or if negative impacts remain following your action plan, provide a justification for your decision.
- If there are positive impacts, explain how these could be strengthened, where possible.

Overall, the new service will strengthen the successes of the current contract and utilise the grant funding provided from central government. This will ensure an additional 3 years of funding for infant feeding and perinatal mental health services. Outside of this, the core delivery of the service will be strengthened by ensuring that we can improve access and delivery of the service. For example, ensuring that everyone receives antenatal contact regardless of vulnerability status, and re-organising school nurses responsibility to ensure they are meeting the needs of young people.

SECTION D - RESULT

<i>Select one of the following options with an "X".</i>		
A	CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED	X
B	JUSTIFY AND CONTINUE THE POLICY/PROPOSAL	
C	CHANGE/ADJUST THE POLICY/PROPOSAL	
D	STOP OR ABANDON THE POLICY/PROPOSAL	

SECTION E - ACTION PLAN AND MONITORING

Unless your proposal has no equality impacts or you are not moving forward, complete the table below to track specific actions to:

- Reduce negative impacts and increase positive outcomes.
- Monitor actual or ongoing impacts.
- Record plans to improve data collection.
- Plan any further engagement or analysis that may be required.

Use the 'Status' column on the right to indicate whether the action is yet to start, is in progress, or has been completed.

Issue Identified	Action	Lead Officer	Completion Date	Status

11. Describe how you will monitor the actual, ongoing impact of the policy or proposal?

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SECTION F – SIGN OFF

	Signature	Date
Officer:	Shona Okeke	9/12/2025
Reviewing Officer or Head of Service	Marie McLoughlin	9/12/2025

SECTION G – REVIEW

EIAs are live documents and should be reviewed regularly, especially if there are actions still to be completed or if the proposal has significant equality impacts.

When to review

- Review every 6 months until all actions in the Action Plan above are complete.
- If new data, feedback, or changes to the service arise, revisit the EIA to make sure it’s still accurate.

Who should review

- The same officer who completed the EIA should carry out the review. If there’s been a staffing change, the new lead officer should take over.

What to update

- Use the Status column in the Action Plan above to show progress (e.g. Not Started, In Progress, Completed). Add comments and updates in the table below — include any new data, evidence, or feedback.

When reviews can stop

- Once all actions are complete and no further equality impacts are expected, you can stop reviewing the EIA.
- Add rows to the table below as necessary until all actions are completed.

<u>Date of 1st Review:</u>	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	

Reviewing Officer or Head of Service:	
<u>Date of 2nd Review:</u>	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	
<u>Date of 3rd Review:</u>	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	