

Equality Impact Assessment



Hampshire
County Council

Transformation of Public Health nursing, 0-19 year olds

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Department: Adults' Health and Care

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Description of current service/policy

Public Health in Hampshire County Council is the lead commissioner for these Public Health nursing services. The five face-to-face checks provided by health visiting and the National Child Measurement Programme provided by school nursing are mandated elements of the service. Together health visiting and school nursing deliver the Healthy Child Programme. Pregnancy and the first years of life are among the most important stages in the life cycle. The school years should set young people up to achieve throughout their lives. Public Health nursing aims to give Hampshire's children and young people the best start in life.

Geographical impact: All
Hampshire

Description of proposed change

The proposed change is to (i) re-procure Public Health nursing for 5 years with the option to extend for a maximum term of 7 years (ii) to internally transform the Public Health nursing service in Hampshire, including bringing health visiting and school nursing into a single 0-19 Public Health nursing service, and (iii) integrate Public Health nursing with services for children & young people provided by the NHS and Children's Service.

Impacts of the proposed change

This impact assessment covers Service users

Engagement and consultation

Has engagement or consultation been carried out? Yes

Extensive service user, public, practitioner, commissioner and system leader engagement has been undertaken to inform the internal transformation of Public Health nursing and system integration. Key results of engagement are that:

- a) Services should be involved early enough to prevent problems from escalating;
- b) Waiting times should be short;
- c) Parents/carers should be involved in care;
- d) Services should be responsive to the needs of the child or young person and family;
- e) Services should offer continuity of care
- f) And service integration should be bold, broad and timely.

The results have influenced the service specification and shaped plans for bold and ambitious service integration.

Statutory considerations	Impact	Mitigation
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<p>Age: Positive</p>	<p>This service aims to support the physical and mental wellbeing of children and young people from pre-birth to 19 year olds, or up to 25 years for Children in Care (CIN) and Special Educational Needs and Disability (SEND). In 2016 there were an estimated 313,104 Hampshire residents aged 0-19. Of these 76,895 were aged 0-4 years old. The five mandated face-to-face checks provided universally by health visitors are based on the age of the child e.g. 14 day check, 2 year check. To improve physical and mental wellbeing in children and young people it is also vital to support the wellbeing of parents and/or carers. This means that even though the predominant target age group is 0-19 years many adults are also supported by the service. The impact will be positive in the new service was there is an increased emphasis on transition to adulthood services where these are needed. For instance one of the domains of the outcomes framework underpinning integration of services for children and young people is “ready for adulthood”.</p>	
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<p>Disability: Positive</p>	<p>Support is extended to 25 years for Special Educational Needs and Disabilities (SEND). Around 26,041 (13.9%) of Hampshire school pupils (187,426) were identified as having a SEND based on the January 2016 school census. One of the priorities for integration is to improve the care pathway between Public Health nursing and community NHS services for children with complex needs. Procurements for these services is being aligned with Public Health nursing being procured before community NHS services for children with complex needs. The intention is to reduce the number of providers, develop greater multi-disciplinary working and to give parents/carers confidence that specialist care for their children will be available post discharge into universal services as and when needed. A single point of access for community NHS services for SEND is also being considered. As a result integration should improve access to services and improve outcomes for children with disability.</p>	
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<p>Sexual orientation:</p> <p>Positive</p>	<p>We are developing a new emotional wellbeing and mental health strategy for children and young people in Hampshire. Using data from 2016 it has been estimated that there are 10,000 Lesbian, Gay, Bisexual and Transgender (LGBT) young people living in Hampshire. Despite living in a more equal society, research does show that the LGBT community still faces significant health and socio-economic inequalities. LGBT people are at higher risk of suicidal behaviour, mental disorder and substance misuse and dependence than heterosexual people. Engagement with LGBT young people has helped shape the content of the new mental health strategy. It is an expectation of the Public Health nursing service specification that the service supports the delivery of the mental health strategy and that there will be a greater focus on mental health in young people. One of the strategy's priority areas is to develop a whole school approach to mental health. Educational settings will be encouraged to celebrate diversity in sexual orientation, partly through the development of LGBT guidance for educational settings.</p>	
<p>Race:</p> <p>Neutral</p>		
<p>Religion and belief:</p> <p>Neutral</p>		

<p>Gender reassignment:</p> <p>Positive</p>	<p>We are developing a new emotional wellbeing and mental health strategy for children and young people in Hampshire. Engagement with young people has highlighted the specific challenges young people with fluid gender identify face in relation to their wellbeing. It is an expectation of the Public Health nursing service specification that the service supports the delivery of the mental health strategy and that there will be a greater focus on mental health in young people. Given the age of the client group only very small numbers of young people will be progressing through gender reassignment but the service is aware of their increased vulnerability. Those undergoing gender reassignment are expected to benefit from the LGBT guidance being developed for educational settings. The mental health strategy also should encourage training in mental health for frontline staff who may be supporting young people considering or undergoing gender reassignment.</p>	
<p>Gender:</p> <p>Positive</p>	<p>Health visiting has correctly focused on the needs of new mothers. However the importance of mental health and parenting skills in fathers is being recognised in the new service specification. One of the service's high impact areas (priorities) is perinatal mental health. The new service is being asked to consider the mental health needs of fathers. There will also be increased support for fathers and male carers through an enhance digital offer e.g. the use of apps aimed at new fathers.</p>	

<p>Marriage and civil partnership:</p> <p>Neutral</p>		
<p>Pregnancy and maternity:</p> <p>Positive</p>	<p>In 2016 there were 14,520 live births in Hampshire, lower than the numbers in 2012 and 2013. However births are expected to increase again between 2019 and 2024. Health visiting starts working with new parents before birth and focuses on the critical first 1,000 days of life. An enhanced health visiting offer will be made available across Hampshire whereas the current Family Nurse Partnership offer is only available in two areas. The upper age limit for the enhance health visiting offer will also be removed. There is a lot of system level work to improve care pathways between maternity and health visiting. The new service will promote improved care pathways for pregnant and new mothers. The new service will be expected to develop the existing work of the High Impact Area Board, for instance encouraging smoking pregnant women to quit, increasing the prevalence of breastfeeding at 6-8 weeks and improving infant and maternal mental health. There is a greater emphasis on the mental health needs of new parents in the new service specification.</p>	
<p>Other policy considerations</p>	<p>Impact</p>	<p>Mitigation</p>

<p>Poverty: Positive</p>	<p>Child poverty is increasing nationally placing increasing demand and increasing needs on Public Health nursing services. In Hampshire 1 in 10 children live in poverty, compared to 1 in 5 nationally. One in 1,000 families are homeless compared to 1 in 500 nationally. Locally there has been an increase in the number of Looked After Children, which might be linked to an increase in the number of children living in poverty. The shift to universal credit makes it difficult to track trends in benefit claims over time. Poverty is associated with increased vulnerability in children and young people. The intention of the new service is to target families and carers who are more vulnerable, for instance with more face-to-face support, digital support and printed information. The new service also aims to integrate better with Children's Services with a focus on early intervention, for instance the Family Support Service. This should mean that resources support families living in poverty more effectively.</p>	
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<p>Rurality: Positive</p>	<p>Health visiting provides five universally available mandated face-to-face contacts with new families from pre-birth to two years of age. Most of these contacts happen in the home, regardless of where that home is. Cost savings may require some reduction in the number of drop in clinics available to families, which may adversely affect people living in rural locations. However there will also be a big step up in digital support in the new contract, which overall will mean that the new service benefits those in rural locations. The digital offer will be easier to access for people living in rural settings. It is intended that more video based consultations be available. The service already provides an anonymous texting services to advise parents of 0-5 year olds and another service for 11-19 year olds. These services are popular and overcome the boundaries of geography. The new service will extend the parenting texting services to parents of 5-19 year olds.</p>	
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Neutrality statement (if all considerations have a neutral impact)

Any other information

Not applicable.