

## Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Public Health Nursing  
T21 Opportunity Reference: PH 6 Public Health Nursing  
Name of the accountable Officer: Jo Lockhart  
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### Department:

Adults' Health and Children's Services  
Care

Corporate  
Services

Culture,  
Communities and  
Business Services

Economy,  
Transport and  
Environment

Date of assessment: 17/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

## Description of service / policy and the proposed change

**Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:**

Public Health nursing (health visiting and school nursing) is a universal service for children, young people and their families from pre-birth to 19 years of age (25 years for children with special education needs and disabilities SEND or leaving care at 18 years). Health visiting delivers the Healthy Child Programme; 5 mandated contacts from antenatal to the child's 5th birthday (approximately 14,500 births per year). School nursing delivers the mandated national child measurement programme then offers support until they turn 19 or 25 years respectively. In 2017, there were 312,876 children and young people aged 0-19 years.

### Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

**Describe the proposed change, including how this may impact on service users or staff:**

Public Health nursing budget is £19.3 million. Reduced by 5.3% for T19; T21 could incur a further reduction of 13% and could to have the following impacts:

- Staff reductions; reduced capacity to deliver core offer
- Reduced face to face accessibility; move towards digital access
- Increase waiting times to access a Public Health nurse
- Review of risk assessment processes resulting in reduction of families eligible for higher level support (universal plus and partnership plus)
- No community offer
- Vulnerable young parents would need to access the universal partnership plus health visiting offer instead of the Family Nurse Partnership
- No vision screening of children in Reception

Significant reduction in school nursing offer (move to digital only)

### Who does this impact assessment cover?

Service users

HCC staff (including partners)

## Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

**Describe the consultation or engagement you have performed or are intending to perform.**

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

## Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

### Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Impact:</b>	Reduced offer for vulnerable young parents. Children and young people aged 5-19 (up to 25 for young people with a disability) years would experience a very limited offer through digital interface instead of more face to face care planning approaches. Babies and children under 1 year could be disadvantaged as a reduced workforce would have reduced capacity to see families in the home and therefore may miss safeguarding needs. Women of childbearing age who are pregnant or have young children may receive a reduced service offer. This could affect the level of early support available for transition to parenthood. Identification and support for vulnerabilities such as domestic violence, emotional health issues, substance misuse, smoking are likely to be minimised. This could increase the number of "un-healthy pregnancies" increasing the risk of pre-term deliveries and birth complications. There would be less support around breast feeding and early attachment and bonding.				
<b>Mitigation:</b>	Robust risk assessment approaches with core training, policies and protocols for all members of staff to underpin these. Raise awareness of the reduced service offer and work with all system partners (such as safeguarding) to consider where else these needs could be identified, how impact could be mitigated and what pathways need reviewing. Clear communications around the new service offer, what it does and does not do to ensure realistic expectations.				

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Impact:</b>	Reduced identification of Special Educational Needs (SEN) in young children resulting in later identification and intervention with potential impact on their development and attainment. Inability to comply with the National Institute Clinical Excellence Guidance (NG72) "Developmental follow-up of children and young people born preterm". Reduced support for children and young people with SEN around transition (between schools etc). Reduced integration opportunities with the impact being more complexities for families trying to navigate services, poorer outcomes for children etc. Increased prevalence of mental ill health due to reduced early identification and intervention (antenatal, postnatal and in children and young people).				
<b>Mitigation:</b>	Work with Children's Services to upskill Early Years settings in identification of developmental delay to reduce missed opportunities for early identification and intervention. Develop a system wide approach to SEN, potentially underpinned by a shared outcomes framework.				

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Sexual orientation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact:</b>	Reduced face to face support available for Lesbian, Gay, Bisexual and Trans young people. This may compromise the ability to form an effective therapeutic relationship between the service user and practitioner				
<b>Mitigation:</b>					

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Race</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Impact:</b>	Reduced accessibility of the service could disproportionately impact on families where English is not their first language as the offer becomes more focussed on digital rather than face to face with interpreters. Reduced capacity to undertake assessment to identify need and provide tailored care to ensure people from ethnic minority groups can access services where required.				
<b>Mitigation:</b>	Ensure digital offer is available in different languages. Raise awareness in the service that support should be priorities for families where English is not their first language.				

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact:</b>					
<b>Mitigation:</b>					

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Gender reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact:</b>	Reduced face to face support available for young people experiencing gender reassignment. This may compromise the ability to form an effective therapeutic relationship between the service user and practitioner.				
<b>Mitigation:</b>					

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Gender</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Impact:** The majority of the health visiting offer revolves around mothers and babies and as a result women could be disproportionately affected. We know that 20% of women may experience perinatal mental health difficulties for example. Breastfeeding rates could decline due to the reduced level of support available. Conversely, men currently receive very little support and this could be even more reduced.

**Mitigation:** Improved digital offer encouraging paternal involvement with on-line resources, e.g. DadPad (an app designed to support fathers) and greater accessibility of appointments through video-conferencing.

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Marriage or civil partnership</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:**  
**Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Pregnancy and maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Impact:** There are about 14,500 births per year in Hampshire and these women and babies could receive a reduced service offer leaving them at a greater level of vulnerability to poor mental health, poor attachment, low breastfeeding, unidentified domestic abuse or substance misuse, higher rates of low birth weight (due to smoking in pregnancy for example). Safeguarding risk could increase due to reduced opportunity to assess risk thoroughly and intervene early. As identified through the 1001 Critical Days, a Parliamentary Health Select Committee report, this would increase the burden on services throughout the child's life course with less opportunity for early intervention. There are therefore likely to be additional costs arising over time elsewhere in the system.

**Mitigation:** Improved digital offer, greater inter-operability of IT systems to identify those of greater risk due to medical history. Improve joint working between Maternity and Health Visiting.

### Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Poverty</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Impact:** Families with children face higher levels of poverty than other demographic groups, 31,310 children are living in low income families in Hampshire. Policy experts expect the number of children in poverty to increase over time. There would no longer be capacity to search for health needs to improve outcomes for these children therefore eliminating prevention and early help. These families may not have the resources necessary to be able to access the digital offer.

**Mitigation:** Provide lighter touch support for universal families who appear to be thriving e.g. keep face-to-face reviews at 1 and 2 years for vulnerable families. Encourage universal families to self serve more using digital support. Focus professional health visitor and school nurse time on the most vulnerable families, working closely with colleagues in other sectors such as social workers.

	Positive	Neutral	Low negative	Medium negative	High negative
<b>Rurality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Impact:** Greater centralisation of services to reach a higher number of families would result in those in more rural communities becoming more isolated, they may not have the same choice in how they are able to access the service as digital is the only option for them. Isolation is a risk factor for post-natal depression, placing them in greater need.

**Mitigation:** Improved digital offer. Work with provider to ensure centralised services are on main bus / train routes and services are mapped and prioritised against local need. It may be possible to use digital offer to link isolated families living in close geographical proximity.

**If you have only identified neutral impacts, please state why:**

## Additional information

[Click here](#) for guidance on any other factors to consider.

**Include any other brief information which you feel is pertinent to this assessment here:**  
(optional)

Safe sleep, ICON messages developed on the back of serious incidents. Impact on how information is received, interpreted and how it influences parenting practices is dependent upon the skill of the practitioner in delivering the message and their relationship in making it meaningful and relevant. "Think Family" Reduced capacity to contribute to the multi- professional forums such as Early Help Hub, CIN and CPP. The impact would be that health would not be represented.