

Your reference number is EIA341552888.

Thank you for submitting EIA - Co-ordinator stage

Name of project or proposal (required): Public Health Nursing

Is this project a Transformation project? (required): T21

Opportunity Reference (optional):

Name of accountable officer (required): Jo Lockhart

Email (required): jo.lockhart@hants.gov.uk

Department (required): Adults' Health and Care

Date of assessment (required): 14/06/2021

Is this a detailed or overview EIA? (required): Detailed

Describe the current service or policy. This question has a limit of 700 characters; approximately 100 words (required): The service delivers the Healthy Child Programme (HCP) (including safeguarding) to babies, children, young people and families in two parts.

- Health visiting for children aged 0-5 years (7 years if they have additional needs) and their family. It supports parents to meet the needs of their baby during pregnancy, the first years of life and beyond.
- School nursing for children, young people aged 5-19 years, (25 years if young people are leaving care at 18 or have special educational needs & disabilities (SEND)) and their families.

All elements include signposting/referral to other relevant support groups and services.

Geographical impact (required): All Hampshire

Describe the proposed change. This question has a limit of 700 characters; approximately 100 words (required): Annual budget is £20.4 million. These proposals represent an annual budget reduction of £2.09 million.

This could involve:

Reduced number of staff - approximately 12.5% of the workforce;

A digital-only support offer to children and young people over the age of 11 years.

These changes would affect the following groups:

- those aged 0-19 and their families including those cared for by the local authority and those with SEND;
- pregnant women and those considering pregnancy now or in future

The likely impacts are:

- fewer face-to-face appointments with public health nurses
- more access via digital means
- longer waits for appointments.

Who does this impact assessment cover? (required): Service users

Has engagement or consultation been carried out? (required): Planned

Describe the consultation or engagement you have performed or are intending to perform. This question has a limit of 700 characters; approximately 100 words (required): The options within this consultation are proposed within the context of the County Council's financial strategy to 2021.

The County Council's Serving Hampshire Balancing the Budget 2019 consultation sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. In addition, an 8-week consultation on these proposals is taking place from 14 June to 9 August 2021. The findings from this consultation will be published and presented to the Executive Lead Member for Adult Services and Public Health

in late 2021.

Age (required): High

Impact (required): More children, young people and families using the service through a 'lighter touch' using digital tools rather than accessing a public health nurse.

Fewer staff could lead to longer waits for face-to-face appointments. Video, telephone and online options could be offered as an alternative.

The changes proposed could also have a knock-on impact across the system, with referrals being delayed at all stages or families receiving a lower level of service. Early signs of additional health needs may not be identified at the earliest opportunity.

Referrals for other services may increase, particularly for children aged 12 years and over.

Health Visiting Impacts:

Within the health visiting part of the service, these changes could mean that the health needs of pregnant women, babies, children, and families may not be identified as early, and support and early intervention not provided at the optimal time. Aspects that may be more difficult through telephone or video appointments include:

- identifying domestic abuse;
- supporting emergent breastfeeding issues;
- supporting safe sleep;
- assessing healthy growth and whether a child is of a healthy weight; and
- speech and language development.

Where appropriate, and through existing partnerships, and monitoring undertaken by statutory arrangements, this will be kept under review to reduce the risks of poorer outcomes.

In some circumstances and particularly where a family no longer meets the threshold for higher level or more face-to-face support, this could lead to issues escalating, a requirement for support from a wider range of services and potentially poorer health outcomes for these groups.

Impact School Nursing: Children under the age of 12 years

This proposal would mean that children between the ages of 5 and 11 years would continue to receive the current School Nursing service and those with special education needs or disability (SEND) would still be prioritised for support.

However, a reduction in numbers of staff available to respond to a 'request for support' could mean there would be longer waiting times. Some children and young people may consequently be unable to access the service at a meaningful time for them. For example, a young person experiencing a mental health crisis needs support and referrals to specialist services immediately (e.g. CAMHS). A longer wait for assessment and referral could mean the crisis point has passed and the child and family no longer seeks help. Over time, this could result in poorer outcomes and even adverse childhood experiences as issues escalate.

From a safeguarding perspective, there could also be greater risk to children through this model of service delivery as planned reviews (visiting the school for the vision screen or height and weight NCMP measurements) are a key opportunity to identify concerns. For example, children at greatest risk of neglect or abuse, are those most likely to 'not be brought' to appointments and with fewer opportunities to go back in and see children who were absent on the original visit date (due to the reduction in staff posts), this could mean needs are not identified. However, the range of other services monitoring and referring such risks for specialist support remain and will be unaffected by this proposal.

Similarly, if a 'request for support' is made but the original requester was unable to fully identify the health issue due to not being a health professional (e.g. a school), the request may not be prioritised appropriately and a longer wait could result in the safeguarding needs escalating. For example, a school might request support for a child with an unhealthy weight issue, but the school nurse might identify further health issues such as serious dental decay resulting from neglect. Such risks would be identified, albeit at a slightly later point in time (e.g. by a GP).

If children are not in school for their vision screening (Year R) and weight and height measurements within the National Child Measurement Programme (Year R and Year 6), they may miss the opportunity to access support from the school nursing service. If parents or carers are concerned, they can contact their school nurse for

information and advice or visit their GP. In particular, parents and carers of children who have missed their vision screen would be advised to visit an optician to check for conditions such as amblyopia (lazy eye) and consider if referral to specialist services is required.

Impacts School Nursing: Children over the age of 12 years

Children and young people aged 12 years and over would only be able to access digital information and advice. There would be no face-to-face support provided for this age group even for children and young people with additional needs (such as those with SEND or looked after children). This would affect about 2% (about 2,200) of children aged 12 years and over. Video and telephone support is not appropriate for this age group so this would not be available as an alternative.

This could disproportionately affect children and young people (and their parents or carers) who do not have access to a laptop, desktop PC, tablet or the internet (or the skills or confidence to use them). It is estimated that 9% of all families with children do not have access to a laptop, PC or tablet. This equates to approximately 9,800 children aged 12 years and over in Hampshire.

This proposal could also disproportionately affect children and young people with poor mental health as fewer would receive support early and more may develop more serious mental health conditions. This could negatively impact on waiting lists for specialist services such as the local Child and Adolescent Mental Health Service (CAMHS) as referrals here may increase.

From a safeguarding perspective, this proposal also means that children and young people over the age of 12 years would not be supported for any safeguarding needs by school nurses. School nurses would no longer support them or assess and identify their health needs. There would be no school nurse support within the statutory child protection conferences for this age group.

Mitigation (required): Health Visiting:

To reduce these risks, all new birth reviews (the mandated review given within 10 to 14 days of a baby's birth) would be delivered face-to-face in the family home. This would provide a key opportunity for the service to effectively assess the family's needs and guide the level of service offered to the family going forward. The Public Health Nursing Service would then risk assess all other reviews (and other potential appointments with the service) to ensure that face-to-face appointments can be prioritised where appropriate.

Should families' needs change over time it would be up to the families to contact the service to seek additional support as there would be fewer opportunities for public health nurses to identify changing need. However, GPs or other professionals (such as social care or nurseries and pre-schools) could still liaise with the service if a family's needs required reassessment.

Mitigation – School Nursing: Children under the age of 12 years

Children and young people under the age of 12 years would still have the key contact points in Reception Year and Year 6 as part of the vision screening and National Child Measurement Programme providing the opportunity for school nurses to identify health needs.

In addition, children and their families can access the digital offer for information and advice including ChatHealth (the text messaging service that could lead to an appointment with a school nurse if appropriate). To help people access the digital offer Hampshire library service provide internet access in local libraries and may also be able to offer loan schemes for tablets with internet access to enable a family to access a particular workshop or session.

Children and young people unable to access the service when they need would still have the option of seeking support from their GP or other services such as Early Help, the Family Support Service and the Supporting Families Programme.

Mitigation School Nursing: Children over the age of 12 years

To help people access the digital offer, Hampshire library service provide internet access in local libraries and

may also be able to offer loan schemes for tablets with internet access to enable a family to access a particular workshop or session.

If a child over the age of 12 years needed additional support, they would need to access this via their GP who will be able to refer on to wider services if appropriate, or seek a referral into early help services (including the Family Support Service and the Supporting Families Programme) from their school. It is recognised however, that GP services aren't always accessible to a child or young person. They may not feel confident in speaking to a GP without their parent or carer, may find it challenging to visit the GP outside of the school day and they can often be reliant on a parent or carer for transport. These issues could create barriers to a child or young person accessing GP services.

There are also a number of alternative services available to support children and young people in Hampshire with their mental health. Some schools have their own emotional wellbeing and mental health support, some have bought into County Council services such as Education Psychology and others have Mental Health Support Teams (MHSTs). These MHSTs are being introduced to more schools throughout Hampshire over the next few years to 2024.

Safeguarding mitigation relates to children of all ages:

Health representation at safeguarding conferences is a statutory responsibility. The safeguarding partners (County Council Children's Services, NHS and Police) are developing an alternative model of support for the child protection conferences for this age group.

Disability (required): Medium

Impact (required): Children between the ages of 0 and 11 years would continue to receive the service and those with SEND would be prioritised for support. Liaison from midwifery teams and GPs would still inform the service of any additional needs from pregnancy and birth ensuring they can be effectively assessed and prioritised.

Whilst the statutory process for Education, Health and Care Plan (EHCP) applications is not affected by this proposal, early signs of additional health needs may not have been identified at the earliest opportunity due to the reduction in staff posts. This could result in later referrals to services such as Portage, the Primary Behaviour Service and Emotional Literacy Support Assistant (ELSA) support within schools.

Fewer children and young people with poor mental health would be identified and supported at the earliest opportunity and more may develop more serious mental health conditions. This could negatively impact on waiting lists for specialist services such as the local Child and Adolescent Mental Health Service (CAMHS) as referrals here may increase due to the lack of early support.

Mitigation (required): The Public Health nursing service has received full training in speech and language to help practitioners to identify these needs at the earliest opportunity. The Community level of the service includes information, advice and workshops to support families with their child's speech and language. The Family Support Service offers Tots Talking which provides support around speech and language (currently offered digitally but there are plans to also offer face-to-face in the future).

Hampshire Health in Education (permanent funding not yet confirmed) will work to ensure nurseries, pre-schools, schools and colleges can access information and advice on relevant key health needs such as emotional wellbeing and mental health. The Hampshire Health in Education website can signpost to evidence-based sources of information and advice. For example, a new pathway for audiology will be launched with these settings in Summer 2021 providing them with tips of what to look out for to identify possible hearing impairment and enable referral into services .

There are a number of alternative services available to support children and young people in Hampshire with their mental health. Some schools have their own emotional wellbeing and mental health support, some have bought into County Council services such as Education Psychology and others have Mental Health Support Teams (MHSTs). These MHSTs are being introduced to more schools throughout Hampshire over the next few years to 2024.

Where appropriate, and through existing partnerships, and monitoring undertaken by statutory arrangements, this will be kept under review to reduce the risks of poorer outcomes.

Sexual orientation (required): Low

Impact (required): This proposal will affect all groups of the population but there may be a disproportionate impact on Lesbian, Gay, Bisexual and Trans young people who may be at greater risk of adverse experiences such as bullying or poor mental health and therefore have a greater need for support. However, LGBTQ guidance is available to schools to help young people access support from other services.

Race (required): Medium

Impact (required): A greater reliance on digital delivery, could reduce accessibility of the service. This 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. Fewer staff to undertake assessment, identify need and provide tailored care to ensure people from ethnic minority groups can access services where required could adversely affect children, young people and families' health outcomes. There is evidence that some ethnic groups can suffer poorer outcomes during pregnancy and birth and this proposal could potentially extend this into the early years. This proposal will affect all groups of the population but there may be a disproportionate impact on children and young people from ethnic minority communities who may be at greater risk of adverse experiences such as bullying or poor mental health and therefore have a greater need for support. This is ultimately linked to educational attainment where there is already an inequality experienced by those from ethnic minority communities.

The Marmot Review - 10 years on:

[https://www.health.org.uk/sites/default/files/upload/publications/2020/Health Equity in England_The Marmot Review 10 Years On_full report.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health_Equity_in_England_The_Marmot_Review_10_Years_On_full_report.pdf)

Build Back Fairer - the COVID-19 Marmot Review:

<https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf>

Mitigation (required): Ensure digital offer is available in different languages. Raise awareness in the service that support should be prioritised for families where English is not their first language. Ensure schools know how to access the Hampshire Health in Education offer and can apply whole setting approaches to support the health and wellbeing of all of their pupils. Complete health equity audits within the Public Health Nursing Service to consider the outcomes of families from ethnic minority backgrounds.

Religion or belief (required): Neutral

Gender reassignment (required): Low

Impact (required): This proposal would affect all groups of the population but there may be a disproportionate impact on gender diverse children and young people and those experiencing gender dysphoria who may be at greater risk of adverse experiences such as bullying or poor mental health and therefore have a greater need for support. LGBTQ guidance is available to schools to help young people access support from other services.

Gender (required): High

Impact (required): The majority of the health visiting offer revolves around mothers and babies and as a result, women will be disproportionately affected.

- 20% of women will experience perinatal mental health difficulties for example.
- Breastfeeding rates could decline due to the reduced level of support available.
- Child health clinics will be stopped removing a key opportunity for women to connect with others, potentially increasing isolation and the prevalence of poor mental health

Conversely, men currently receive very little support as they become parents, and this will be further reduced.

The changes proposed to the school nursing part of the service will affect all genders but the impacts could be experienced differently. For example, girls are three times more likely to self-harm but boys are less likely to talk about their mental health. Removing the face-to-face support, these children and young people may find it harder to have their health needs identified and may not receive support at the most optimal time.

Mitigation (required): Digital tools can encourage greater paternal involvement with on-line resources, e.g. DadPad (an app designed to support fathers) and greater accessibility of appointments through video. Further developing the digital offer will help to connect new mums with others in similar circumstances and the Community level of the service will continue to offer support through groups such as Ready Steady Mums (a

walking group for new mums and babies). The service will signpost new mums to these groups to help reduce isolation during the transition to parenthood.

Hampshire Health in Education is developing introductory e-learning modules to support nurseries, preschools, schools and colleges around a range of topics including emotional wellbeing and mental health, self-harm, and healthy weight. These will help to raise awareness of signs to look out for and potential gender differences, enabling these settings to help children, young people and their families to access support as early as possible.

Marriage or civil partnership (required): Neutral

Pregnancy and maternity (required): High

Impact (required): There are about 14,500 births per year in Hampshire and these women and babies will receive a reduced service offer. Whilst liaison with GP and maternity services (and nurseries and preschools) will identify the most vulnerable pregnant women, children and families who need to be prioritised for face-to-face support as part of the Universal Partnership Plus element of the service, families with fewer (known) needs may slip through the Universal element of the service leaving them at a greater level of vulnerability to poor mental health, poor attachment, low breastfeeding, unidentified domestic abuse or substance misuse, and higher rates of low birth weight (due to smoking in pregnancy for example). Safeguarding risk may increase due to reduced opportunity to assess risk thoroughly and intervene early. As identified through the 1,001 Critical Days, a Parliamentary Health Select Committee report, this will 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.

There is risk that the service offer will not be compliant with various National Institute of Clinical Excellence guidance.

Mitigation (required): Further developing the digital offer will help to connect new mums with others in similar circumstances and the Community level of the service will still offer support through information and advice, workshops and local groups such as Ready Steady Mums (a walking group for new mums and babies). Where new mums contact their health visitor with a particular issue, they will be able to access appointments such as for breastfeeding support.

Whilst maternity and GP liaison will help to identify some vulnerable pregnant women and babies, the new birth visit will be completed face-to-face in the home for all families, enabling the service to complete a full assessment of need and agree the most appropriate level of service to offer at that time. Whilst families' needs change over time, pregnant women and new mothers will be able to contact the service through calling their named health visitor, or using the ChatHealth text messaging service. These opportunities will help the service to reassess the needs of the family and support them as required.

The Hampshire High Impact Area Partnership Board brings partner organisations from across the 'system' together to improve outcomes for children and families through the early years (0-5 years). Partner organisations include maternity, GP, public health nursing, public health, CCG, children's services (education and social care), libraries and voluntary organisations work together to improve outcomes within the high impact areas:

- Transition to parenthood
- Perinatal and family mental health
- Infant and breastfeeding
- Healthy weight
- Minor illness and accidents
- Readiness for school
- Smoking in pregnancy

These will be reviewed in line with new Healthy Child Programme updates.

First 1000 days of life (parliament.uk)

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

Poverty (required): High

Impact (required): 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. Some children, young people and families may be unable to use digital tools either due to not having access to a laptop, desktop PC or tablet, not having access to the internet or not having had the opportunity to learn how to use these.

Mitigation (required): Children and young people could access the digital service through their schools and the Hampshire library service provide internet access in local libraries and may also be able to offer loan schemes for tablets with internet access to enable a family to access a particular workshop or session.

In addition, families will be assessed during the face-to-face new birth visit and if their needs warrant a Universal Partnership Plus level of service offer, they will be able to have more face-to-face contacts during their first 1,001 days (e.g. the 9 to 12 month and 2 -2 ½ year mandated contacts).

Rurality (required): High

Impact (required): Greater centralisation of services to reach a higher number of families will result in those in more rural communities becoming more isolated. For example, stopping the child health clinics will remove an opportunity for new mums to connect with each other and support each other. These families may not have the same choice in how they are able to access the service as digital is the only option for them and connectivity could be an issue in rural areas. Isolation is a risk factor for post-natal depression, placing them in greater need.

Mitigation (required): Further developing the digital offer will help to connect new mums with others in similar circumstances and the Community level of the service will still offer support through information and advice, workshops and local groups such as Ready Steady Mums (a walking group for new mums and babies). Where new mums contact their health visitor with a particular issue, they will be able to access appointments such as for breastfeeding support.

Work with provider to ensure team locations are prioritised against local need. It may be possible to use digital offer to link isolated families living in close geographical proximity.

Any other brief information which you feel is pertinent to this assessment (optional): Safe sleep, ICON (abusive head trauma) and other 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. Increased use of 'skill mix' (less experienced staff) could influence the success and impact of these messages resulting in increased unsafe sleep practices or abusive head trauma (shaken baby).

"Think Family" and multi-agency collaboration

A reduced workforce will have less capacity to contribute to the multi- professional forums such as Early Help Hub. Whilst statutory child protection conferences would be prioritised for those children aged under 12 years old, there is a greater potential that other meetings (e.g. child in need meetings) would have reduced representation which could result in reduced advocacy of health needs for children with the potential for health needs to go unmet.

Monitoring impact of these proposals

The implementation of these proposed changes would be monitored through existing assurance processes and governance routes including:

- Contractual
 - o Quarterly quality assurance activities (including audits)
 - o Quarterly Contract Quality Review meetings
 - o Reporting to the Public Health Quality and Performance Senior Management Team every six months
- Across the system
 - o Reporting through to the Hampshire Safeguarding Children Partnership
 - o Reporting through the Hampshire Children and Young People's Plan

Please confirm that the accountable officer has agreed the contents of this form (required): Yes

More information required? (required): No - complete this EIA

Comments (required): a clear account of the potential impacts