

Equality Impact Assessment (EqIA)

Introduction

This EqIA is for:

**Public Health Nursing (5-19 year olds) –
School Nursing proposed remodelling**

Details are set out:

- Children’s Trust Board reports – July 2013 & November 2014
- Health and Wellbeing report January 2014
- Early Help Board - August 2013
- Public Health Committee report – January 2015

Officers undertaking the assessment:

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Assessment approved by:

Service Director: Dr Kate Allen

Date: 6.1.15

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The commissioning of the School Nursing service (excluding special school nursing) transferred from Primary Care Trusts within the NHS to Public Health within Nottinghamshire County Council in April 2013. In order to commission a service which impacts on public health outcomes, commissioners in public health have undertaken a review to find out what schools, stakeholders, and young people need from the service. Findings of the 2012-2014 review are available at www.nottinghamshire.gov.uk/schoolnursing

The most noticeable finding of the review is that the service is inconsistent, extremely stretched and cannot provide all of the universal elements of their public health role; so in this current financial climate, it is extremely likely that the service will need to be provided on a targeted basis for children and young people at risk of the poorest health outcomes. In addition, the service faces a number of increasing demands including child protection, which means that key public health roles such as health promotion are not prioritised.

The review has shaped the proposed new model for the service which we aim to have in place in 2017.

- The proposed new model proposes that the service is no longer able to offer universal public health nursing services to children and young people aged 5-19 year olds and will instead offer a targeted service to children, young people and families most in need and those most at risk of poor health outcomes. This may have some negative impact on key health services such as general practice that will be required to take on key functions

such as incontinence and enuresis clinics, referral to appropriate services for vision and hearing issues.

- This targeted approach means that the service will no longer formally work with **all** children and young people aged 5-19, however it is clear that the service never managed to engage all 5-19 year olds due to restricted capacity. The only elements that engaged all children was the vision and hearing screening in primary school which will no longer be offered as there is no evidence base of this being effective in improving health outcomes. The National Child Measurement Programme which is also offered through the service will however continue to be facilitated by the service for all Year 4 and Year 6 pupils, school entry level health checks will also continue in primary schools.
- Primary schools will see a reduction of the service offering lessons on hand washing, brushing your teeth as these can be facilitated by the school (as identified by schools) and the oral health promotion service (already in existence) which will reduce duplication. However it is accepted that secondary schools will require additional support to engage young people in key priority health messages re healthy relationships, resilience, and early intervention for risk taking behaviours so there will be an increase of provision for targeted teenagers.
- A substantial part of the services' time is spent attending child protection panels to ensure that they are quorate which includes a representative from 'health'. Attendance is required even though a health issues has not been identified. It is proposed that involvement in child protection panels will only be required for 5-19 year olds where a health issue has been identified that the School Nurse can address. School nurses will attend an initial meeting and assess health issues at this meeting before agreeing to attend each subsequent panel.
- School nurses will no longer be commissioned by public health to deliver vaccination and immunisation services as this will now be commissioned by NHS England, the function therefore will remain and it is not known whether school nurses services will be awarded the contract for this work.
- The service will be commissioned to offer a drop in session in or near each secondary school across Nottinghamshire; this has been requested by young people as a key priority. This targeted approach with adolescence will ensure greater needs are met for 11-19 year olds who require additional health information and support; as adolescence is identified as a time when positive social, educational and health behaviours can be embedded in individual's lives. This proposal will meet an unmet identified need.
- There will be a requirement to work with target groups including young offenders; those educated at home, those excluded from schools, Children in Care, etc. these groups are most at risk of poor health outcomes as young people and as adults. It is therefore important that if the service is no longer universal, that these groups are actively targeted. This will greatly improve outcomes in both the short and long term.
- The service will be based on the three localities used by the Local Authority rather than Clinical Commissioning Group boundaries. This will ensure greater alignment with children and young people's services however may have a detrimental impact on general practices who work across 6 localities.
- There will be improved promotional work led by the service to ensure that stakeholders, children, young people and families understand who to contact and what support is available. This should engage service users in the development and be well evaluated by children, young people and families. If successful this will increase understanding and uptake of the service.

2 Protected Characteristics: Is there a potential positive or negative impact based on:

Age	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Disability	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Gender reassignment	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Pregnancy & maternity	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Race including origin, colour or nationality	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Religion	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact

Gender Positive Negative Neutral Impact

Sexual orientation including gay, lesbian or bisexual Positive Negative Neutral Impact

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i>	How might negative impact be mitigated or explain why it is not possible	How will we consult
<p>The public health nursing service (school nursing) actively targets children and young people aged 5- 19 years. Public health nursing for 0-5 year olds is led by the Health visiting service. The service does not target adults but will support families in need.</p> <p>There are proposals to actively target secondary schools to offer services such as holistic health drop in provision. This proposal is based on research, evidence and feedback from young people who state that this component of work is required as a priority. This does mean that some elements of work in primary schools may cease to allow capacity for this change in focus to take place. The work planned to cease in primary schools has no evidence base e.g. vision screening, or is based on what schools have told us are no longer required e.g. teaching children how to wash their hands.</p>	<p>The service does not target adults over the age of 19. The school nursing service aims to improve health outcomes for children and young people and provide early interventions to avoid greater ill health and costs to health and social care providers in the longer term. This early help approach is central to the work in Nottinghamshire and nationally.</p> <p>The service is part of the national Healthy Child Programme that encompasses school nursing and health visiting to ensure a seamless service across the 0-19 age group.</p>	<p>A consultation exercise is due to take place January – 31st March 2015.</p>

Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

<p>The proposed remodelling of the school nursing service is based on findings of a review of current provision and the needs of service users and stakeholders. The review began in 2012 and ended in 2014. There were 62 responses from a school nurse survey, 1,609 responses from a young people’s survey, 135 responses from school staff and governors, as well as a range of workshops for school nurses, schools, stakeholders and young people. Findings from the review have been published on the Nottinghamshire County Council website and have been shared with key stakeholders.</p> <p>Key Findings following the review of School Nursing:</p> <ul style="list-style-type: none"> ▪ Young people think school nurses are caring, trustworthy and knowledgeable. ▪ The school nursing service is valued by schools and stakeholders. ▪ School nursing activity is inconsistent across Nottinghamshire. ▪ Young people and schools are unclear who their school nurse is and how to contact them. ▪ Schools, stakeholders and young people would like a clearer understanding of what they can expect from school nurses. ▪ School nurses face a number of demands on their time including child protection, which means that key public health roles such as health promotion are not prioritised. ▪ School nurses would like to contribute to PSHE programmes and health promotion campaigns to support children

and young people.

- There is low morale within the service, with a perceived lack of investment in comparison with the national focus on Health Visiting.
- School nurses want to carry out more targeted outreach work with children and young people most in need.
- The school health team comprises of a range of roles including nursery nurses, health care assistants and some qualified School Nurses. There are only 0.28 WTE roles per school so the universal element of the service has always been a challenge to achieve.
- Schools do not require the school nursing service to carry out health promotion work that they feel they can deliver themselves.
- Schools would rather school nurses focus on health promotion work rather than routine immunisation and vaccination work.

The consultation will target a range of stakeholders including the Children's Trust Board, Clinical Commissioning Groups and the Public Health Committee, all health providers, schools, VCS and LA services.

Findings of this consultation will firm up a proposed model for the service which will be commissioned to begin in 2017.

Completed EqlAs should be sent to equalities@nottscg.gov.uk and will be published on the Council's website.