

Argyll and Bute HSCP: Equality and Socio-Economic Impact Assessment

Section 1: About the proposal

Title of Proposal

Budget Saving - Children and Families Health Teams £100K from Health Visiting and School Nursing

Intended outcome of proposal

Budget saving from Children and Families Health Teams (Health Visiting and School Nursing)

Description of proposal

The Children and Families Health Teams have been asked to make savings of £100K, which would require to be sourced from the staffing budget, due to no 'non-pay' resources allocated to the teams.

Increasing the number of Health Visitors (HV) was a key commitment of the Scottish Government (SG) which commenced in 2012. The national workforce planning tool recognised the need for A&B to have 20.89 wte Health Visitors (by 2019) to deliver on the universal HV pathway and Named Person role both of which are central to the Children and Young People Scotland (Scotland) Act 2014. Over a 4 year period from 2013 the SG incrementally funded an additional 8 wte HVs in Argyll and Bute. There will be a significant impact on the HV service if we require to reduce the establishment.

Argyll and Bute currently has 3 qualified specialist community public health nurses (SCPHN). Over the next 3 years the Scottish Government have committed to increase the number of SCPHN School Nurses in Argyll and Bute by 4.5. In view of the Scottish Government funded places and the need to increase the establishment, Health visiting and School Nursing posts require to be out of the scope of establishment.

Business Outcome(s) / Corporate Outcome(s) to which the proposal contributes

2020-21 Budget Preparation – Policy Savings for Consideration by Integrated Joint Board

Lead officer details:

Name of lead officer	Patricia Renfrew
Job title	Consultant Nurse, Children and Families
Department	Argyll and Bute HSCP

Appropriate officer details:

Name of appropriate officer	Alex Taylor
Job title	Head of Service, Children and Families and Criminal Justice
Department	HSCP

Sign off of EQIA	
Date of sign off	

Who will deliver the proposal?
Children and Families Teams

Section 2: Evidence used in the course of carrying out EQIA

Consultation / engagement
Potential impact discussed with NHS Highland Lead Nurse and Children and Families Health Teams.

Data
Data as detailed in Fairer Scotland Duty Interim Guidance

Other information

Gaps in evidence

Section 3: Impact of proposal

Impact on service users:

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		✓		
Disability		✓		
Ethnicity		✓		
Sex		✓		
Gender reassignment		✓		
Marriage and Civil Partnership		✓		
Pregnancy and Maternity		✓		
Religion		✓		
Sexual Orientation		✓		
Fairer Scotland Duty:				
Mainland rural population		✓		
Island populations		✓		
Low income		✓		
Low wealth		✓		
Material deprivation		✓		
Area deprivation		✓		
Socio-economic background		✓		
Communities of place?		✓		
Communities of interest?		✓		

Impact on service deliverers (including employees, volunteers etc):

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		✓		
Disability		✓		
Ethnicity		✓		
Sex		✓		
Gender reassignment		✓		
Marriage and Civil Partnership		✓		
Pregnancy and Maternity		✓		
Religion		✓		
Sexual Orientation		✓		
Fairer Scotland Duty:				
Mainland rural population		✓		
Island populations		✓		
Low income		✓		
Low wealth		✓		
Material deprivation		✓		
Area deprivation		✓		
Socio-economic background		✓		
Communities of place?		✓		
Communities of interest?		✓		

If any 'don't know's have been identified, at what point will impacts on these groups become identifiable?

--

How has 'due regard' been given to any negative impacts that have been identified?

--

Section 4: Interdependencies

Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the council?

Yes – HSCP

--	--

Details of knock-on effects identified

Evidence demonstrates the importance of prevention, early identification and intervention throughout the early years of life and Health Visitors have a significant public health role to play in relation to individuals, families and communities by providing critical support to all children under five years of age. The GIRFEC approach also focuses on early intervention to ensure children reach their developmental milestones and full potential.

Reducing the establishment of any staff within the Children and Families Health teams will have a knock-on effect on all service delivery as detailed below.

Children are assessed by HVs at key stages, this consists of 11 home visits to all families - 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years. Often the assessment will identify key issues or areas of concern and under the supervision of the HV, the nursery nurse within the team, will work with the family to provide strategies to support feeding, sleeping and behaviour. If there are developmental concerns the nursery nurse will also spend time working with the family providing therapeutic interventions and resources to enhance the child's development.

Nursery Nurses also deliver parenting programmes in the community and work in schools with children educating them in breastfeeding as a means of developing a culture change.

Reducing staffing will increased likelihood of the number of staff experiencing work related stress, which will add to staff turnover and sickness absence.

Child protection systems and processes are also at risk of being compromised, with insufficient experienced staff to deal with issues and concerns.

Section 5: Monitoring and review**How will you monitor and evaluate the equality impacts of your proposal?**

n/a