



National Public Health
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Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru

PEMBROKESHIRE SCHOOL HEALTH REVIEW

IMPACT ASSESSMENT TO INFORM THE DEVELOPMENT OF A MODIFIED SCHOOL NURSING SERVICE IN PEMBROKESHIRE

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- **David Morrisey** (Pembrokeshire & Derwen NHS Trust);
- **Sue Swan** (Pembrokeshire County Council); and
- **Lyn Harris** (National Public Health Service for Wales)

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PEMBROKESHIRE SCHOOL HEALTH REVIEW: IMPACT ASSESSMENT TO INFORM THE DEVELOPMENT OF A MODIFIED SCHOOL NURSING SERVICE IN PEMBROKESHIRE

PURPOSE

This report details the impact assessment work undertaken as part of the Pembrokeshire School Health Review, and presents the findings of the 3 impact assessment exercises that were undertaken between September and November 2005.

BACKGROUND

A senior management team within the Pembrokeshire and Derwen NHS Trust recently stated that savings needed to be made by the Trust. As a result of this, the School Health Service provided by the Trust has been identified as one of several service areas requiring detailed review. This review was led by Pembrokeshire and Derwen NHS Trust, but undertaken in close partnership with Pembrokeshire LHB, the National Public Health Service for Wales and Pembrokeshire County Council, together with service user representatives and also voluntary sector partners.

At the first meeting of the School Health Review Group, held on 19th August 2005, it was agreed that a small group would be established to develop a proposal for a new school health model that would build on the current service model and aim to effectively meet the needs of children and young people within the locality both now and in the future. This group will continue to update the School Health review Group with regular progress reports.

At the same meeting, the School Health Review Group also agreed that, running in parallel to the small service development group, a task and finish group (led by Huw Brunt of the National Public Health Service) should be established, to explore the need to undertake an impact assessment that would help to identify potential consequences (both positive and negative) of any policy proposals and feed recommendations to both the service development group and the overarching School Health Review group.

CONCEPT OF IMPACT ASSESSMENT

Impact assessment is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on a population, and the distribution of those effects within the population (Welsh Assembly Government, 2004).

Essentially, an impact assessment is the technical name for a common sense idea. It is a process that considers the wider effects of local and national policies, proposals and initiatives and how they, in turn, may affect a population group. Some of these may be positive, and others could be more

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harmful. The idea is to ensure that any proposed policy change or initiative can be adjusted to ensure maximum benefits in terms of its effects on local health. In addition, it is a way of ensuring that those people who are most vulnerable stand to gain as much as possible (Health Development Agency, 2004).

In order for a comprehensive impact assessment to be undertaken, identified key stakeholders must be involved in all stages of the process. Participating stakeholders typically agree with the following values, which in turn guide the methodology of the impact assessment (Health Development Agency, 2003a):

- *Democracy* - emphasising the right of people to participate in the formulation of policies that affect their life, both directly and through elected decision makers;
- *Equity* - emphasising the reduction of inequity that results from avoidable and unjust differences between different people and population groups;
- *Sustainable development* - emphasising that development meets the needs of the present without compromising the ability of future generations to meet their own needs;
- *Scientific and robust practice* - emphasising that transparent, systematic and impartial processes are used, that utilise the best available evidence from different disciplines and methodologies;
- *Holistic approach* - emphasising that impacts are determined by a broad range of factors or determinants from all sectors of society.

There are many different types of impact assessment including health impact assessment, integrated impact assessment, inequality impact assessment, strategic environmental assessment, environmental impact assessment and social impact assessment, but all share the following five core stages:

1. **Screening** – to determine whether the impact of the proposed changes to the school health service have the potential to impact on people's health and well-being, by identifying any positive and negative impacts and the population groups affected;
2. **Scoping** – to agree the process for the impact assessment i.e. what kind of assessment is needed, who are the stakeholders, how will progress be reported (and to whom), roles and responsibilities and timescales;
3. **Appraisal** – the undertaking of the impact assessment itself, by assessing the available evidence looking at the impacts in greater detail;
4. **Reporting** – the collation and presentation of the findings of the appraisal stage in a form accessible and meaningful to the intended audience, by including recommendations/suggestions to improve a project, policy or programme;

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5. **Monitoring & Evaluation** – as the aim of an impact assessment is to inform and influence decision-making, the process needs to be evaluated to see how the information was used, its usefulness and whether or not it influenced decision-making and developments.

The benefits of using the impact assessment approach include (Health Development Agency 2003b):

- Promotion of greater equity;
- Increased awareness amongst policy and decision makers across sectors of how decisions may affect health and well-being;
- Identification of the connections between health and well-being and developments in other policy areas;
- Better co-ordination of action between sectors to improve and protect health and well-being;
- Promotion of evidence and knowledge-based planning and decision-making;
- Action to allow health and well-being benefits to be maximised and risks to health and well-being to be minimised;
- Investment in more action to enable people to prevent ill-health and well-being;
- Increased transparency in decision-making processes;
- Increased opportunities to involve a wide range of stakeholders (including those who will be affected by, or have an interest in, the decision).

METHODS

As mentioned above, three impact assessment exercises were undertaken as part of the Pembrokeshire School Health Review between September and November 2005. An impact assessment screening exercise session was held on 7th October 2005, followed by two rapid health impact assessment stakeholder workshops on the 20th October and 7th November 2005. Details of the methodologies adopted for each of these exercises are provided below and a summary of the findings from these exercises can be found in the next section of this report 'Results':

I. Exercise 1: 'Pembrokeshire Quality of Life Checklist' (impact assessment screening) session

For the initial screening exercise on 7th October, an impact assessment screening tool called the Pembrokeshire Quality of Life Checklist (Appendix 1), developed by Pembrokeshire County Council, was piloted. This screening tool was developed in line with the Pembrokeshire Community Plan in conjunction with partners from the Local Health Board and voluntary sector and was designed to encourage the local use of the concept of impact assessment in order to try and integrate it into regular use by stakeholders when considering any new, or changes to existing, projects, policies or programmes. A programme for the exercise is shown in Appendix 2 of this report.

Following an introduction to the generic principles of impact assessment, a 'Quality of Life Checklist' (screening tool), developed by Pembrokeshire County Council, was used to guide stakeholder partners through the impact assessment screening process.

A wide range of stakeholders were invited to attend the impact assessment screening session (see Appendix 3 for the invitation letter) so that broad views in respect of the likely implications (positive and negative) of removing the local school nursing service could be captured. In order to maximise the value of the exercise, and allow each stakeholder to participate effectively in the process, 3 mixed groups of no more than 6 participants were formed. A full list of participants is provided in Appendix 4 of this report, but group facilitators led discussions within the group and a member of Pembrokeshire County Council sat in on each group to provide assistance with using the screening tool (as this was its first pilot exercise), as below:

	Facilitators	
Group 1	Huw Brunt	Claire Williams
Group 2	Alison Golby	Sue Swan
Group 3	Lyn Harris	Alex Machin

This exercise was used to determine which, if any, type of full impact assessment should be undertaken at the next stage of the process. The results of this exercise were used to help inform the development of a more

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accessible, equitable and effective school health service across Pembrokeshire.

In addition, an evaluation questionnaire was completed by stakeholders to help in the continuous development and improvement of the 'Quality of Life Checklist'. The first part of the questionnaire was completed prior to use of the tool and the second section following use of the screening tool in group discussions. The questionnaire used is provided in Appendix 5 of this report.

II. Exercise 2: first health impact assessment stakeholder workshop to explore the likely implications of withdrawing the Pembrokeshire school nursing service

Following on from the first impact assessment screening exercise using the Pembrokeshire Quality of Life checklist, a rapid health impact assessment workshop took place on 20th October 2005 to consider the likely impacts of removing the Pembrokeshire school nursing service.

Stakeholder partners were specifically asked to *"identify the likely health and wellbeing-related implications of having no school nursing service at all in Pembrokeshire"*.

The format adopted in this workshop was in line with "Improving Health and Reducing Inequalities: a Practical Guide to Health Impact Assessment" (Welsh Assembly Government, 2004). At the first of the two health impact assessment workshops participants (see Appendix 4) identified the key population groups most likely to be affected and the potential positive and negative health impacts, using the findings of workshop 1 and using the health and wellbeing checklist (Welsh Assembly Government, 2004). There followed an in-depth discussion using the knowledge, expertise and experience of people taking part focusing around the themes of affected population groups, lifestyles, social and community influences on health and well-being, living/environmental conditions and economic conditions affecting health and well-being. A summary of the workshop findings can be found in the next section, 'Results'. The findings from Workshops I and II were used to develop a draft set of aims, and hence a framework for a new school nursing service.

III. Exercise 3: second health impact assessment stakeholder workshop to explore the likely implications of implementing the newly developed school nursing service model in line with proposed aims

The likely impacts of removing the school nursing service, identified in exercises 1 and 2 above, were used to inform the development of the outline of a new service model. The proposed aims of the new service model, as outlined below, have attempted to incorporate the findings of the two previous workshops.

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Proposed new school nursing service model aims:

1. Assess the health needs of the school-aged population wherever they may be receiving education, with the involvement of children and young people at all levels;
2. Work alongside children, young people and their families to identify issues that they see affecting their health and find ways of addressing them;
3. Identify health inequalities and take action to address these;
4. Plan and implement programmes that promote and protect health, such as immunisation and screening programmes, health promotion campaigns;
5. Work within the framework of the local authority's school development plan, healthy school plan and consider what the service can do to achieve these goals;
6. Look at health needs across the school-aged population as well as responding to the needs of an individual child;
7. Evaluate the impact of the work done and plan work on the basis of local need, evidence and national health priorities rather than custom and practice;
8. Use the information gained about the health needs and strengths of the school-aged population to influence policies that affect health and learning locally and nationally;
9. Work with individuals, families and communities and other agencies to plan services and promote well-being;
10. Identify which groups of children and young people have significant health needs and target resources to address these;
11. Maintain and develop the enuresis service to the school-aged population.

The process adopted at the third and final workshop held on 7th November 2005 was not the usual approach for a health impact assessment although it has been used for this purpose on previous occasions across Wales and demonstrates the flexibility of the health impact assessment approach. Due to the tight timescales of the project, it was not possible to develop a proposed service model specification detailed enough for a health impact assessment to be undertaken. Therefore, stakeholder discussions centred around the proposed service aims.

The final impact assessment stakeholder workshop was devoted to partners working their way through these proposed aims to, initially, agree or disagree with the aim, and then to explore:

- what the existing service currently does to meet the aim;
- what the new service needs to do to meet the service aim; and
- how this will be achieved.

This allowed stakeholders (see Appendix 4) to comment on the progress made to date with the service development work and put forward recommendations that would inform the development of the final service

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specification for a new school nursing service in Pembrokeshire. It is envisaged that it will be this final draft of the service specification that will be circulated amongst, and presented to, all stakeholders (including children and young people via school councils and youth fora) as part of the consultation process.

At the end of this third and final session, stakeholder partners were asked to complete an evaluation questionnaire, specifically in respect of the health impact assessment process adhered to as part of the overall Pembrokeshire School Health Review, that would be fed into the work of the Welsh Health Impact Assessment Support Unit.

A summary of this workshop's findings can be found in the next section of the this report 'Results'.

RESULTS

I. Findings from the 'Pembrokeshire Quality of Life Checklist' (impact assessment screening) session

Excluding facilitators, a total of 17 stakeholders attended the impact assessment screening exercise from a wide range of organisations (Appendix 4). As stated above, participants were split fairly equally into three groups of mixed stakeholder backgrounds and organisation representativeness.

Findings from each of these groups are detailed below:

Group 1

Quality of Life Checklist Theme	Feedback	
	Quantitative	Qualitative Comments
Delivering Economic Growth Based on Local Needs	35	Group members did not feel that this section was very relevant.
Promoting a Clean, Healthy and Valued Environment	35	Group members did not feel that this section was very relevant.
Encouraging People to Reach their Potential	140 (having no school nursing service is likely to have significant negative impacts on this theme)	Group members felt that: <ol style="list-style-type: none"> 1. it is important for the school nursing service to link closely with the Healthy Schools Programme; 2. school nurses should be involved more in tackling and resolving issues around school absenteeism; 3. a school nursing service has a key role to play in addressing inequalities in health (where there are some real issues in economically deprived communities); 4. a school nursing service should not only have dedicated nurse contacts for each school, but that their presence within schools should be increased and improved (particularly in primary schools); 5. school nurses have a significant contribution to make towards sex education/sexual health and parenting programmes; 6. it is imperative for school nurses to maintain and improve links with partners e.g. substance misuse/alcohol and drugs so that effective multi-agency working is maximised.
Developing Vibrant Communities	85 (having no school nursing	Group members felt that: <ol style="list-style-type: none"> 1. bilingual nurses or access to Welsh speaking nurses is of paramount importance in developing a more

	service is likely to have significant negative impacts on this theme)	<p>effective nursing service across Pembrokeshire;</p> <p>2. school nurses should be able to increase wider public access to information materials e.g. through a school's intranet service for parents and pupils;</p> <p>3. links to homelessness team partners are becoming increasingly important and should be built into any new school nursing service;</p> <p>4. anti-social behaviour has become a real problem across Pembrokeshire and school nurses could play a role in tackling some of the contributing issues for pupils.</p>
Improving Communication Links to, from and within the County	20	Group members did not feel that this section was very relevant.
Total Score	315	

When scores are categorised in terms of health, sustainability and equality, which is necessary in deciding which impact assessment process would be of most benefit, the following results were obtained:

- Health total crude score = 175
- Sustainability total crude score = 95
- Equality total crude score = 45

Broken down further, the following results were obtained by score category and 'Quality of Life Checklist' theme:

Quality of Life Checklist Theme	Score	
	H = health S = sustainability E = equality	% of (maximum score available in section)
Delivering Economic Growth Based on Local Needs	H = 20 S = 15 E = N/A	H = 40% (50) S = 25% (60)
Promoting a Clean, Healthy and Valued Environment	H = 20 S = 15 E = N/A	H = 25% (80) S = 11% (140)
Encouraging People to Reach their Potential	H = 65 S = 30 E = 45	H = 93% (70) S = 100% (30) E = 56% (80)
Developing Vibrant Communities	H = 50 S = 35 E = 0	H = 42% (120) S = 32% (110) E = 0% (10)
Improving Communication Links to, from and within the County	H = 20 S = 0 E = N/A	H = 67% (30) S = 0% (40)

These results suggest that having no school nursing service in Pembrokeshire would have the greatest negative effect on the theme of health and well-being, followed by sustainability and then equality (including disability and racial equality).

Group 2

Quality of Life Checklist Theme	Feedback	
	Quantitative	Qualitative Comments
Delivering Economic Growth Based on Local Needs	25	Group members felt that removing the Pembrokeshire School Nursing Service would: <ol style="list-style-type: none"> 1. have negative impacts on employment opportunities for nurses and local career development; 2. have an indirect influence on local business development; 3. have an indirect influence on childrens' self-esteem / confidence that would impact on education and employment opportunities; 4. have negative impacts on awareness raising amongst children of appropriate 'healthy' workplaces.
Promoting a Clean, Healthy and Valued Environment	35	Group members felt that the role of school nurses in raising awareness in respect of road safety and injuries in general should be a key component of any new service proposals developed.
Encouraging People to Reach their Potential	150 (having no school nursing service is likely to have significant negative impacts on this theme)	Group members commented that: <ol style="list-style-type: none"> 1. nurses should provide classes/lectures in the Welsh language; 2. education in respect of sexual health should be extended and tailored to foreign pupils/students and those from minority ethnic communities (with differing cultures and attitudes); 3. any new school nursing service should be strong on aiming to reduce inequalities in health, promote equality and health promotion aspects of the service.
Developing Vibrant Communities	105 (having no school nursing service is likely to have significant negative impacts on this theme)	Group members felt that: <ol style="list-style-type: none"> 1. in terms of the Welsh language issue, its use and promotion would not deteriorate if taken away from the school nursing service; 2. any school nursing service should concentrate on influencing one child, in the hope that he/she will influence other children; 3. school nurses should be available to see families after school hours; 4. school nurses should maintain good relationships with families so that they can be a neutral figure in family problems;

		5. school nurses should be able to successfully access appropriate service on behalf on homeless people.
Improving Communication Links to, from and within the County	15	A school nursing service can impact on this theme through the promotion of 'walk to school' initiatives and other health promotion activities and develop stronger working links with a wider range of partner organisations to influence local multi-agency arrangements.
Total Score	330	

When scores are categorised in terms of health, sustainability and equality, which is necessary in deciding which impact assessment process would be of most benefit, the following results were obtained:

- Health total score = 175
- Sustainability total score = 85
- Equality total score = 70

Broken down further, the following results were obtained by score category and 'Quality of Life Checklist' theme:

Quality of Life Checklist Theme	Score	
	H = health S = sustainability E = equality	% of (maximum score available in section)
Delivering Economic Growth Based on Local Needs	H = 15 S = 10 E = N/A	H = 30% (50) S = 25% (60)
Promoting a Clean, Healthy and Valued Environment	H = 20 S = 15 E = N/A	H = 25% (80) S = 11% (140)
Encouraging People to Reach their Potential	H = 65 S = 15 E = 70	H = 93% (70) S = 50% (30) E = 88% (80)
Developing Vibrant Communities	H = 65 S = 40 E = 0	H = 54% (120) S = 36% (110) E = 0% (10)
Improving Communication Links to, from and within the County	H = 10 S = 5 E = N/A	H = 33% (30) S = 13% (40)

These results suggest that having no school nursing service in Pembrokeshire would have the greatest negative effect on the theme of health and well-being, followed by sustainability and then equality (including disability and racial equality). However, this group considered there to be a much greater likelihood of a negative impact on local equality issues.

Group 3

Quality of Life Checklist Theme	Feedback	
	Quantitative	Qualitative Comments
Delivering Economic Growth Based on Local Needs	20	Group members felt that school nurses should take on a lobbying role re the built environment of schools and the surrounding local area e.g. school toilets and health implications.
Promoting a Clean, Healthy and Valued Environment	35	Group members felt that the impact on this theme of having no school nursing would be low overall, but, as above, school nurses should take on more of a lobbying role.
Encouraging People to Reach their Potential	175 (having no school nursing service is likely to have significant negative impacts on this theme)	Discussions reflected that: <ol style="list-style-type: none"> 1. school nurses have a key role to play in promoting service equality (particularly amongst children with disabilities); 2. school nurses may be the only point of access to services for some children (those from minority ethnic backgrounds); 3. points 1 and 2 are significant in regard to equality legislation; 4. school nurses should play a role in promoting positive improvements to the service identified above.
Developing Vibrant Communities	140 (having no school nursing service is likely to have significant negative impacts on this theme)	Group members commented that school nurses may be able to expand healthy eating initiatives to increase awareness of different cultures.
Improving Communication Links to, from and within the County	25	The group felt that the only significant impact of having no school nursing service was in regard to access to integrated service, as most of the time, school nurses are the first (if not the only) point of contact and entry into service networks.
Total Score	395	

When scores are categorised in terms of health, sustainability and equality, which is necessary in deciding which impact assessment process would be of most benefit, the following results were obtained:

- Health total score = 205
- Sustainability total score = 110
- Equality total score = 80

Broken down further, the following results were obtained by score category and 'Quality of Life Checklist' theme:

Quality of Life Checklist Theme	Score	
	H = health S = sustainability E = equality	% of (maximum score available in section)
Delivering Economic Growth Based on Local Needs	H = 15 S = 5 E = N/A	H = 30% (50) S = 8% (60)
Promoting a Clean, Healthy and Valued Environment	H = 20 S = 15 E = N/A	H = 25% (80) S = 11% (140)
Encouraging People to Reach their Potential	H = 70 S = 25 E = 80	H = 100% (70) S = 83% (30) E = 100% (80)
Developing Vibrant Communities	H = 80 S = 60 E = 0	H = 67% (120) S = 55% (110) E = 0% (10)
Improving Communication Links to, from and within the County	H = 20 S = 5 E = N/A	H = 67% (30) S = 13% (40)

These results suggest that having no school nursing service in Pembrokeshire would have the greatest negative effect on the theme of health and well-being, followed by sustainability and then equality (including disability and racial equality). However, even though the greatest impact is likely to be on local health and well-being, group members still placed substantial emphasis on the likely negative implications on local sustainability and equality issues as a result of having no school nursing service within Pembrokeshire.

In addition to the above feedback, there was a general consensus that, as stakeholder comments are informing the development of a new service model for the school nursing service within Pembrokeshire, there should be effective consultation with service users. It was suggested that well established pupil and youth forums and school council partnerships would be useful points of contact in setting up focus groups to capture comments from children and young people themselves.

II. Findings from the first health impact assessment stakeholder workshop to explore the likely implications of withdrawing the Pembrokeshire school nursing service

The group discussion findings from this workshop are provided in the following few pages of this report. They have been categorised by the Health Impact Assessment themes as outlined in the Welsh Assembly Government's "Improving Health and Reducing Inequalities: a Practical Guide to Health Impact Assessment" document, and are summaries of the discussions that took place between group members at the first HIA workshop event held on 20th October 2005. Likely positive and negative impacts are detailed, with those impacts perceived by group members to be of major importance highlighted in bold font.

Population Groups

Group members felt that removing the school nursing service within Pembrokeshire would impact negatively on all children and young people between the ages of 5 and 18 years within Pembrokeshire – an estimated population thought to be in the region of 20,000 (not including college students). Included in this figure are the following population groups that would be particularly badly affected:

- all children and young people with a disability would be particularly affected. Estimated population though to be around 300 pupils (based on existing records), but this it was felt that this figure is grossly underestimated;
- children listed on the looked-after register, numbering between 150 and 200 pupils;
- approximately 95 5-11 year olds listed on the child protection register. A further 68 pupils over 11 years old are listed on the child protection register;
- young carers;
- gypsy/traveller children and young people and their families;
- approximately 120 5-16 year olds currently accessing local enuresis services;
- children and young people access local encopresis services (estimated numbers not available at time of workshop);
- children and young people with parents with a long-term limiting illness;
- all 5 year olds (approximately 1300/year) having school entry interviews;
- all 13/14 year olds having lifestyle and physical health interviews;
- all 5/6 year olds having hearing screening and colour vision testing;
- all 11/12 year olds having colour vision testing;
- all 7 year olds having height, weight and vision testing;
- all children and young people being referred for audiology testing (through teachers, GPs and health visitors);
- all those children in transition between primary and secondary schools;
- all 10/11 year olds receiving health education through schools (sexual health/smoking etc.) and all 13/14 year olds receiving sexual health education specifically in respect of contraception;

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- children and young people not receiving education in schools (as they still benefit from school nursing services);
- children with special educational needs, particularly those in Portfield School in Pembrokeshire;
- in county out-of-county placements;
- children and young people who have case conferences (not just in respect of child protection);
- children with chronic illnesses and disabilities (e.g. diabetes, cystic fibrosis, asthma, epilepsy, cardiac/renal complications).

Group members felt that the following vulnerable population groups would also be affected by the removal of the school nursing service in Pembrokeshire, but agreed that more emphasis should be given to the needs of these groups in any new service that is developed:

- young mothers returning to education;
- school leavers at 16 years of age;
- those children and young people (and their families) from economically deprived communities (who are more likely to be homeless and to experience health-related problems such as substance misuse, social exclusion, smoking, sexual health, injuries, poor diet and physical activity, poor oral health etc.)
- children and young people with behavioural problems e.g. ADHD. There is a need for school nurses to provide more specialised medical support to this population group;
- parents, teachers and families and also links between school nurses and other health professionals e.g. youth workers, health visitors.

HIA THEME	LIKELY IMPACTS OF REMOVING THE SCHOOL NURSING SERVICE IN PEMBROKESHIRE (perceived major impacts presented in bold font)
1. Lifestyles	<ul style="list-style-type: none"> ▪ Sexual health education would not be tailored to the needs of the school pupils. At present, school nurses are actively involved in the delivery of sexual health education in schools (particularly in respect of contraception) for all pupils, but discussions reflected concerns that the needs of those pupils with a learning or other disability would be overlooked; ▪ Lifestyle interviews with Yr. 9 pupils would disappear. These interviews are perhaps the only avenue for a lifestyle-related one-to-one discussion with pupils and may cover a range of issues such as smoking, sexual health, mental health, substance misuse, family problems, nutrition, physical activity, stress, bullying etc.; ▪ School pupils would be less empowered to change lifestyles, have fewer informed choices and less likely to seek assistance or advice in respect of any problems they may have in or out of the school environment; ▪ Screening programmes (e.g. colour vision and hearing testing) to assist in the early identification and treatment of ill-health and disease undertaken by school nurses would not take place. The likely negative impact of this would be significant with illness and disease in many pupils not being detected at any early stage, resulting in children and young people living longer with their illness without appropriate treatment. This would affect all school pupils, but would have greatest impact on those from disadvantaged and/or minority backgrounds; ▪ Well-established links with other public health professionals, necessary for the care and treatment of school pupils with ill-health, would be lost. At present, school nurses act as a conduit between the schools and their pupils and health other professionals in primary and secondary care, and the voluntary sector, ensuring that appropriate referrals are made and followed-up for many lifestyle-related issues e.g. self-harm, teenage pregnancies, alcohol and drug misuse problems. The involvement of school nurses in tackling such issues also helps identify and address wider family-related problems – this would be lost too; ▪ In addition to the point above, the process of referrals made by school nurses would become very ‘ad hoc’. Those referrals made into the school nursing service could not longer be made. Referrals cover the following service areas: oral health, paediatrics, physiotherapy, behavioural management, child and adolescent mental health, dietetics, speech and language therapy, audiology, podiatry and child protection; ▪ School pupils who need to take medication regularly would be at increased risk of becoming socially excluded within the school and surrounding social/community environment. At present, school nurses assist in the development of pupil healthcare plans that ensure teachers are trained and advised

		<p>on how to give medication to pupils. In turn, this allows school pupils to enjoy a 'normal' school life with minimal disruption and partake in activities like school trips and visits;</p> <ul style="list-style-type: none"> ▪ The contribution school nurses currently make to the local policy development process could no longer happen. This may result in the needs of some school pupils (particularly those in minority groups) becoming overlooked.
2.	Social and Community Influences on Health	<ul style="list-style-type: none"> ▪ Removing the school nursing service would increase inequalities in health amongst school pupils (particularly those disadvantaged and minority group pupils such as disabled children, young carers, travellers etc.) by introducing barriers to access health-related services; ▪ There would be a lack of awareness raising amongst school pupils in respect of certain illness meaning that those with ill-health or disease are less able to become integrated in school and community life, leading to them feeling socially excluded both within and outside of the school environment; ▪ School nurses have the expertise and potential to play a significant role in contributing to wider community public health initiatives and programmes e.g. through local Health Alliances, health visitors and other professionals, local community partnerships etc. Group members felt that this would be a major negative impact of having no school nursing service in Pembrokeshire and also commented that this is an area that needs development and strengthening in order improve the service; ▪ School pupils who need to take medication regularly would be at increased risk of becoming socially excluded within the school and surrounding social/community environment. At present, school nurses assist in the development of pupil healthcare plans that ensure teachers are trained and advised on how to give medication to pupils. In turn, this allows school pupils to enjoy a 'normal' school and social/community life with minimal disruption; ▪ School nurses are ideally placed and have the expertise to identify and tackle a range of problems school pupils are experiencing (particularly home-related problems e.g. sexual abuse, homelessness etc.) through close liaison with pupils' families. Removing the school nursing service would leave many pupils who experience such problems particularly vulnerable.
3.	Living/Environmental Conditions Affecting Health	<ul style="list-style-type: none"> ▪ The potential for school nurses to actively contribute towards wider public health agendas through strong partnership working on local initiatives e.g. healthy schools programmes, local health alliance campaigns, would be lost. Stakeholders agreed that this is an area that needs to be strengthened in any

		<p>new service proposal developed;</p> <ul style="list-style-type: none"> ▪ School nurses often play a significant role in linking with partner agencies to resolve any housing issues that pupils and their families may be experiencing. If there was no school nursing service, there would be fewer professionals within schools with the ability to identify these issues and help pupils and families resolve them; ▪ Group members agreed that a school nursing service should not provide a school injury service and that this should be a responsibility of the schools. However, school nurses play a key role in raising awareness around injuries and their prevention – something that would be lost if there was no school nursing service. In addition to this, school nurses provide the link between schools, pupils’ families and other healthcare professionals necessary to address accidents and recurring injuries and offer to support directly to pupils who experience these problems in school or at home. All stakeholders felt that this is an area that needs strengthening in any new service proposal
4.	Economic Conditions Affecting Health	<ul style="list-style-type: none"> ▪ A negative impact of having no school nursing service in Pembrokeshire would be a loss of jobs amongst existing school nurses and other colleagues within the service. This, in turn, would have negative impacts on employment opportunities for nurses and local career development; ▪ Removing the school nursing service in Pembrokeshire could have indirect negative influences on children and young people’s self-esteem and confidence that would impact on education and employment opportunities; ▪ A positive impact of having no school nursing service in Pembrokeshire would be a saving in money that could be used elsewhere within the NHS (opportunity cost); ▪ Colour vision testing would not happen at all. School nurses are currently the only group with expertise and resources to undertake this form of screening within Pembrokeshire schools. It is imperative that this screening programme continues as potential consequences for pupils include prolonged ill-health and reduced employment opportunities later in life, which may lead to lower self-esteem, ambition and incomes and poorer health and well-being; ▪ The above point can be extended to all pupils and not just those with colour vision problems. Stakeholders agreed that a school nursing service should aim to promote pupil (and family) health and well-being, self-esteem, potential and ambition through the provision of an effective, integrated and accessible health and well-being service. If delivered effectively, long-term knock-on effects for pupils will include good opportunities for pupils to achieve their potential through qualifications, employment and income. Removing the service would mean removing the potential for school nurses to help

		<p>achieve this;</p> <ul style="list-style-type: none"> ▪ Support provided to vulnerable groups, such as those with a learning (or other) disability or epilepsy, in respect of career options and advice would diminish; ▪ Removing the Pembrokeshire school nursing service effectively removes the enuresis service. The need for this service is not going to disappear as a result of this and so would need to be picked up by other Trust service areas, thus increasing burden on other such service areas which may affect associated budgets significantly; ▪ Having no school nursing service would lead to an increase in the burden placed on other service areas both within and outside the NHS e.g. primary and secondary NHS care, local authority housing and social services and voluntary sector services. It is likely that these organisations do not have the capacity to absorb this additional burden on their services.
5.	Access and Quality of Services	<ul style="list-style-type: none"> ▪ Having no school nursing service would introduce inequalities in school health-related service delivery. School nurses have a significant role to play in ensuring that each pupil has the same opportunity to access health-related services provided within schools. It is likely that, without a school nursing service, inequalities would begin to appear rapidly in opportunities for all school pupils (and especially disadvantaged and minority groups such as disabled children, young carers, travellers and those from minority ethnic backgrounds) to access health-related services; ▪ The role of the school nurse in raising awareness amongst other school pupils and teachers in respect of certain illnesses/diseases to help promote integration and inclusion within schools for those who are ill, would be lost; ▪ The school nursing service is often the first (and in some cases, the only) point of contact and access to all health services. Again, this is especially true for disadvantaged and minority groups such as disabled children, young carers, travellers and those from minority ethnic backgrounds); ▪ School nurses have the expertise and potential to play a significant role in contributing to wider community public health initiatives and programmes e.g. through local Health Alliances, health visitors and other professionals, local community partnerships etc. Group members felt that this would be a major negative impact of having no school nursing service in Pembrokeshire and also commented that this is an area that needs development and strengthening in order improve the service; ▪ Opportunities to link, and have contact, with wider community partnerships, pupils' families and pupils' peers would be lost completely. This may lead to an increase in negative effects on pupils' health and well-being due to unrecognised family

		<p>problems such as sexual abuse, peer pressure and social exclusion;</p> <ul style="list-style-type: none"> ▪ Whilst school nurses cannot be in all schools all of the time, the presence of school nurses in and around schools would disappear completely should the service be removed. Stakeholders agreed that the presence of school nurses in and around schools needed to be increased and ways in which this could be done should be developed jointly with education partners. In addition, it was felt that the school nursing service should work more closely with schools to make increased efforts to consult with the service users themselves i.e. children and young people and their parents in order to capture qualitative information that could, in turn, be used to make improvements to the school nursing service as it evolves and develops; ▪ School pupils who need to take medication regularly would be at increased risk of becoming socially excluded within the school and surrounding social/community environment. At present, school nurses assist in the development of pupil healthcare plans that ensure teachers are trained and advised on how to give medication to pupils. In turn, this allows school pupils to enjoy a 'normal' school and social/community life with minimal disruption; ▪ In order to encourage access into the school nursing service, bilingual nurses or access to Welsh speaking nurses was felt to be of paramount importance in developing a more effective school nursing service across Pembrokeshire; ▪ There is an increased need for school nurses to be able to encourage wider public access to information materials e.g. through a school's internet/intranet service for parents and pupils in any new service model developed.
6.	Other	<ul style="list-style-type: none"> ▪ School nurses are seen as an important partner within the school environment. Teachers and families may sometimes draw on the expertise of school nurses for assistance or advice in respect of personal, social and/or pupil/family health-related concerns. More importantly however, pupils confide in school nurses as they can be sure that any conversations are treated with the utmost confidentiality. Removing the school nursing service would remove this unique and valued attribute of the service; ▪ School nurses play a key role in maintaining records in respect of referrals to primary and secondary care services, social services and other health-related services e.g. voluntary sector services. Group members agreed that removing the school nursing service and not having access to such information would be a significant loss. However, there was a general consensus that school nurses need to improve the process through which such information is recorded, maintained and

used. There was a feeling that the information recorded by school nurses should no longer be via a paper-based system, but there should be investment into a new, user-friendly computerised record-keeping surveillance system. There would be training and development implications of transferring to such a system, but group members were of the opinion that this would be a necessary and essential step for school nurses if the information they collected was to be used appropriately to inform the planning, development and continuous improvement of local health-related services for the children and young people across Pembrokeshire;

- Removing the school nursing service in Pembrokeshire would remove the opportunity that school nurses have to actively contribute to the policy development process at local, regional and national levels. In addition to this, and taking the above point into account, having easy access to readily available data and information in respect of the health needs and status of the children and young people of Pembrokeshire, school nurses would be in a significantly improved position to influence the service planning infrastructures of local, regional and central NHS and government tiers and in accessing future sources of available funding;
- Removing the school nursing service would remove opportunities for school nurses to lobby local, regional and national tiers of the NHS and government to improve policy to effectively cater for the health and well-being needs of all children and young people (and their families) living within Pembrokeshire;
- Removing the school nursing service would increase levels of local non-compliance with local, regional and national policy e.g. by not meeting, or not helping others meet, targets and objectives for relevant National Service Frameworks, the WHO UN Convention on the Rights of a Child, Extending Entitlement, local Wanless Action plans, Health Social Care & Wellbeing plans, sexual health strategies. The school nursing service is held accountable to deliver action in respect of local, regional and national policy, but if it is removed, who will be accountable for non-compliance and not meeting the standards set?

III. Findings of the second Health Impact Assessment Stakeholder Workshop to explore the likely implications of implementing the newly developed school nursing service model in line with proposed aims

The following findings reflect the stakeholder discussions that took place around each of the proposed aims of the new school nursing service model. The findings detail whether partners agreed with the proposed aim, what they thought the existing service currently did to meet the aim and what they thought a new service would need to do to meet the service aim, and finally, how they thought this should be achieved.

Each of the proposed aims of the new school nursing service model are referred to in turn below:

PROPOSED AIM	STAKEHOLDER COMMENTS
<p>1 Assess the health needs of the school-aged population wherever they may be receiving education, with the involvement of children and young people at all levels</p>	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders broadly agreed with the aim but felt that there needed to be a tighter definition around the term “school-aged population”. It was felt that the service should service children and young people aged between 4 and 19 years old and should ensure that those outside of mainstream education i.e. receiving education other than in school need to be considered within the aim. <p>Current service:</p> <ul style="list-style-type: none"> The current service contributes towards this aim through the height, weight and (colour) vision screening exercises and health interviews undertaken with all 5/6, 7/8 and 11/12 year olds. <p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that the new service needed to make more effective use of the information collected. Such information should be appropriately collated, analysed and shared with partners in order to build up a more comprehensive picture of the health needs of local children and young people. This could provide meaningful information (in the form a school health profile for individual schools) for professionals working within particular schools. In addition, it would assist professionals in making the transition or hand-over of pupils between schools much smoother; More efforts need to be made to capture information in respect of the health needs of those receiving education other than in school. <p>How?</p> <ul style="list-style-type: none"> Consideration needs to be given to adopting methods for appropriately collating, analysing, interpreting and disseminating information in respect of the health needs of a school or population; A review of the way in which health interviews and screening programmes are undertaken should be carried out to explore if

		<p>resources are being used as effectively as possible;</p> <ul style="list-style-type: none"> ▪ The service should consider implementing a health interview and screening system that will benefit new arrivals in schools; ▪ An information sharing protocol was considered to be an idea worthy of further exploration. Such a protocol would ensure that formal communication arrangements are in place for the future sharing of useful information between all relevant partners (e.g. local authorities, PSE and pastoral school leads, GENNEX etc.) that would, in turn, benefit local children and young people.
2	Work alongside children, young people and their families to identify issues that they see affecting their health and find ways of addressing them	<p>Proposed aim:</p> <ul style="list-style-type: none"> ▪ Stakeholders broadly agreed with the aim but felt that there needed to be a form of words added to the aim that reflected the need for the service to continuously liaise and consult with children and young people themselves. In addition, the service should aim to be more proactive in this area and partners commented that specific reference needed to be made to the Young Persons Charter. <p>Current service:</p> <ul style="list-style-type: none"> ▪ The current service contributes towards this aim through the regular unscheduled care provided by school nurses within and outside of the school environments; ▪ Many of the issues referred to by this aim are identified through the health and well-being interviews undertaken by school nurses and also via follow-ups around health referrals they make, health intervention programmes and acute issues such as A&E reported incidents, overdoses and sexual health problems. <p>New service:</p> <ul style="list-style-type: none"> ▪ Stakeholders felt that the new service should improve ways in which these sorts of issues are identified so that action can be more targeted. <p>How?</p> <ul style="list-style-type: none"> ▪ Partners felt that the new service should achieve this by increasing opportunities for home visits by targeting provision in accordance with the identified needs of children and young people. This provision should be targeted at the right person, at the right place and at the right time; ▪ Copies of reports in respect of a child's health should be shared with all relevant stakeholders e.g. school nurses, parents, children and young people; ▪ More formal links with school-aged children and young people need to be developed via school councils and fora so that the services delivered are tailored to needs; ▪ Greater emphasis should be placed on the effective involvement of children and young people in the development of evaluation of health-related programmes.

3	Identify health inequalities and take action to address these	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders broadly agreed with the aim but felt that a greater emphasis around easy service access should be referred to in this aim. <p>Current service:</p> <ul style="list-style-type: none"> The current service contributes towards this aim through supporting children and young people with a special need to access the universal school nursing service (and as a result, wider health and well-being related services). The same support is also extended to other minority groups such as those with a learning disability, travellers and those from economically deprived backgrounds; School nurses actively contribute towards the development of health care plans for individual children and young people to ensure that they integrate into normal school life as much as possible and do not feel socially excluded. <p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that the new service should establish more formal networks within schools to tackle any health and well-being related inequalities that may be experienced by pupils. <p>How?</p> <ul style="list-style-type: none"> Partners felt that the new service should achieve this by establishing networks within schools (and around schools through 'family of schools' networks) that can share important information relating to specific pupils. This could be delivered through weekly briefings and strengthened links with health promotion colleagues, pastoral and PSE leads within schools; Stakeholders suggested presenting a paper outlining the proposal of such network developments to PASH (Pembrokeshire Association of Secondary Heads), Chairs of Governors and parents through a process of consultation; A yearly programme of network meetings should be proposed with reference being made to developing and using expert practitioners to lead on various areas of work and promote and share best practice.
4	Plan and implement programmes that promote and protect health, such as immunisation and screening programmes, health promotion campaigns	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders broadly agreed with the aim but felt that the health promotion component of the aim should be separated out from this aim. <p>Current service:</p> <ul style="list-style-type: none"> The current service contributes towards this aim through either providing directly, or helping other provide, a number of immunisation and screening programmes such as height, weight and vision testing and MMR campaigns; School nurses also liaise closely with other colleagues e.g. from the National Public Health Service for Wales and school teachers, in order to help deliver local health improvement and health promotion interventions and programmes.

		<p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that the new service should link more closely with relevant colleagues to actively contribute towards the development of Healthy Schools Action Plans; School nurses should continue to have an important input into schools' sexual health education programmes and increase access to local smoking cessation services. <p>How?</p> <ul style="list-style-type: none"> Partners felt that the new service should achieve this by ensuring that more formal links are made with relevant partners in respect of the above issues through the Pembrokeshire Local Public Health Team and PSE Network; In order to deliver the above and ensure that inequalities are not created between schools and families of schools, a consistent approach should be set out and adopted by all school nurses; Resources need to be targeted by the school nursing service in accordance with the health and well-being needs identified in local school health profiles. Such health and well-being needs should be addressed through Healthy School Action Plans.
5	Work within the framework of the local authority's school development plan, healthy school plan and consider what the service can do to achieve these goals	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders felt that this aim somewhat repeated aim 4 above and should be integrated into the revised aim that incorporates the health promotion component of the school nurses' role. <p>Current service:</p> <ul style="list-style-type: none"> School nurses also closely with other colleagues e.g. from the National Public Health Service for Wales and school teachers, in order to help deliver local health improvement and health promotion interventions and programmes. <p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that the new service should link more closely with relevant colleagues to actively contribute towards the development of Healthy Schools Action Plans; School nurses should continue to have an important input into schools' sexual health education programmes and increase access to local smoking cessation services. <p>How?</p> <ul style="list-style-type: none"> Partners felt that the new service should achieve this by ensuring that more formal links are made with relevant partners in respect of the above issues through the Pembrokeshire Local Public Health Team and PSE Network; In order to deliver the above and ensure that inequalities are not created between schools and families of schools, a consistent approach should be set out and adopted by all school nurses; Resources need to be targeted by the school nursing service in accordance with the health and well-being needs identified in local school health profiles. Such health and well-being needs should be addressed through Healthy School Action Plans.

6	Look at health needs across the school-aged population as well as responding to the needs of an individual child	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders felt that this aim should be merged with aim number 9 below as they are very similar. Therefore, partners had no comments to make in respect of this aim and, instead, commented on aim 9 below.
7	Evaluate the impact of the work done and plan work on the basis of local need, evidence and national health priorities rather than custom and practice	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders felt that this aim was particularly relevant for a new service since it is not something that is done well at present within the existing service. <p>Current service:</p> <ul style="list-style-type: none"> The school nursing service currently evaluates the work it undertakes via the complaints and letters of appreciation received. <p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that the new service should be more proactive in the area of service evaluation; More use should be made of the information currently collected by the service; Additionally, more comprehensive information in respect of the services provided should be obtained from stakeholders; Clear standards need to be developed for a number of services provided by school nurses to allow performance and progress to be measured and evaluated; The new service should also consider obtaining feedback from its staff too. <p>How?</p> <ul style="list-style-type: none"> Partners felt that the new service should make more use of the information collected as referred to in aim 1 above. Feedback from parents and school pupils could be obtained via screening programmes and health interviews, which, in turn, could be used to inform the development of future services; Other information should also be obtained to demonstrate the effectiveness of the school nursing service e.g. by quantifying the referrals made following screening and by examining the outcome of such referrals in terms of quality of life improvement for children and young people; Qualitative feedback could be obtained via the closer liaison with children and young people at school council and youth fora levels. Also, other feedback in terms of the services provided could be obtained from school teachers and school governors; Staff appraisals should form an important part of the new service model. Stakeholders mentioned the possibility of introducing 360o appraisals. Performed regularly, the outcome of such appraisals could inform the development of individual work/performance plans that may be different for different staff nurses, depending on roles and responsibilities; A list of services/roles and tasks comprising the school nursing

		<p>service should be identified and associated performance targets developed (e.g. relating to local and national standards and policies such as NSFs, domestic violence and child protection policy). Each service area/component could then be audited regularly to measure trends, service successes and areas needing improvement, assist in the effective allocation of resources, assess the effectiveness of interventions and programmes and identify at risk groups.</p>
8	<p>Use the information gained about the health needs and strengths of the school-aged population to influence policies that affect health and learning locally and nationally</p>	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders broadly agreed with this proposed aim. <p>Current service:</p> <ul style="list-style-type: none"> The school nursing service currently contributes towards this aim by working with partners, sharing useful information and having an important role to play in assisting with the development of local policies and action plans. <p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that the new service should link more closely with relevant colleagues to actively contribute towards the development of Healthy Schools Action Plans and local school policies; School nurses should continue to have an important input into schools' sexual health education programmes and increase access to local smoking cessation services; The school nursing service needs to develop good working links in <u>all</u> schools across Pembrokeshire, meaning that co-operation between the service and schools needs to be improved in some schools with which the service does not currently have good working relationships; The school nursing service needs to adopt much more of a lobbying role in order to influence the policy decision-making processes at local, regional and national level. <p>How?</p> <ul style="list-style-type: none"> Partners felt that the new service should achieve this by ensuring more formal partnership working arrangements are established that will encourage more effective information collection, collation, analysis and sharing. This is particularly important in relation to links with secondary school partners so that <u>all</u> schools receive an equal share of the school nursing service (in accordance with the need profile of the school); Information should be presented in an appropriate format and manner for the audience for which it is intended e.g. approaches will change depending on the audience e.g. family of schools, school governors, parents, formal working groups; A new service model needs to address ways of overcoming barriers to change through, for example, appropriate training, awareness raising etc. so that new, innovative ways of working towards achievable local/regional/national targets can be met.

9	Work with individuals, families and communities and other agencies to plan services and promote well-being	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders felt that this aim somewhat repeated aim 2 above and thought should be given to merging them into one aim (along with aim 6). Stakeholders also felt that specific reference should be made to 'community-focused schools' and the 'Safeguarding Children' principles around child protection issues and wider issues of chronic disease management and care of children with special circumstances e.g. epilepsy, diabetes. <p>Current service:</p> <ul style="list-style-type: none"> School nurses currently play an active role in developing individual health plans for children with specific health-related problems and conditions, for example, in respect of child protection and looked-after-children issues; The school nursing service also plays an important role in integrating in-county out-of-county placements that link into the service; The current service model also places strong emphasis on liaising with families and helping them work through any identified problems by acting as a link between them and other relevant service providers. <p>New service:</p> <ul style="list-style-type: none"> Stakeholders felt that a new service should maintain its current practices with regard to this aim, with perhaps more emphasis on improving links with partners around looked-after-children issues. <p>How?</p> <ul style="list-style-type: none"> Partners did not provide any suggestions of ways in which this could be achieved.
10	Identify which groups of children and young people have significant health needs and target resources to address these	<p>Proposed aim:</p> <ul style="list-style-type: none"> Again, stakeholders felt that this aim duplicated some of the previous aims (i.e. 2, 6 and 9). In light of this, no comments were made in respect of this aim, as all relevant issues had already been addressed.
11	Maintain and develop the enuresis service to the school-aged population	<p>Proposed aim:</p> <ul style="list-style-type: none"> Stakeholders agreed with this aim. <p>Current service:</p> <ul style="list-style-type: none"> The school nursing service currently provides an effective enuresis service that meets the needs of the children and young people it serves. <p>New service:</p> <ul style="list-style-type: none"> Existing arrangements should be maintained, and where possible and in accordance with service user and staff feedback, modify the service to improve its effectiveness.

How?

- Partners suggested that a review of the current enuresis service should be undertaken to assess effectiveness and areas for improvement. An action plan should be developed reflecting the findings and reviews should be undertaken at regular intervals;
- Consultation and patient and staff feedback (as described above) in respect of the service should be used to address any problems identified in order to continuously improve the service for its users.

Stakeholders also commented that a new school nursing service for Pembrokeshire needs to consider:

- undertaking a comprehensive consultation with all stakeholders (especially children and young people) in respect of the proposed specification for the new service;
- performing a regular review of all services and activities that are delivered through the services. An appropriate interval for such reviews was suggested to be every three years, or in lights of changing needs, legislation and/or policy implications;
- having elements of the service available outside of school term time and during school holidays. A comprehensive discussion ensued amongst partners around the need for, and possibility of having, a 52-week service. Due to the fact that no additional resources available to introduce such a change to the current service model, stakeholders suggested ways in which this could be done within existing resources. Such suggestions included:
 - a) looking to reconfigure the current allocation of resources to see if savings could be made elsewhere within the service that could fund school nurses throughout the school holiday periods;
 - b) introducing flexible contracts where school nurses could take annual leave during term-time;
 - c) investigating whether on-call or rota arrangements amongst school nurses would be appropriate during school holidays – obviously, this suggestion would require additional funding too.

As a result of the above discussions, the service aims proposed originally were revised to reflect the recommendations made by stakeholders. The newly proposed service aims are as follows:

1. Assess the health needs of the school age population whether in school or not in school, with the involvement of children and young people at all levels (age guide 4-19 years);
2. Identify which groups of children and young people have significant health needs and target resources to address these. Work alongside children, young people and their families to identify issues that they see affecting their health and find ways of addressing them;
3. Identify health inequalities and take action to address these;

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4. Plan and implement programmes that promote and protect health, such as immunisation and screening programmes, health promotion campaigns;
5. Work within the framework of the local authority's Education Plan and Healthy Schools Initiative to contribute to the achievement of their goals. Impact on health needs across the school age population as well as responding to the needs of an individual child;
6. Evaluate the impact of the work done and plan work on the basis of local need, evidence and national health priorities rather than custom and practice;
7. Maintain and develop the enuresis service to the school age population;
8. Work within the Safeguarding Children Framework.

EVALUATION

Evaluations of the Pembrokeshire 'Quality of Life Checklist' and of the health impact assessment process were undertaken as part of the project in the form of stakeholder-completed questionnaires. The results of these evaluation questionnaires are detailed below:

1. Pembrokeshire 'Quality of Life Checklist'

In terms of the screening tool evaluation, questionnaire feedback was as follows:

i) Previous experience of impact assessment

The group was inexperienced in impact assessment. Of the 17 questionnaires completed, seven people were familiar with the concept of impact assessment and ten were not. Of those with previous experience only three had been involved in impact assessment work. The rest of this section reports the views of the seven participants with an understanding of the concept.

Respondents agreed that screening was an important stage in the impact assessment process. Only one of the seven was familiar with the different types of impact assessments available and knew how to use them. Six agreed or strongly agreed that the concept was relevant and useful to them and their organisation.

An impact assessment tool was thought to be useful when attempting to identify the implications associated with projects or proposals. Two respondents supported the routine use of an impact assessment tool in their organisation and three didn't. The majority of respondents did not agree that impact assessment tools were complex and may hinder progress.

Partnership working was seen as essential when developing integrated policies and projects. Respondents are encouraged to and regularly engage in partnership working. There was marginal support for impact assessment tools being used by partner organisations.

One participant was vehemently opposed to the concept of impact assessment in general.

ii) Evaluation of the Quality of Life Checklist

Respondents were asked to describe:

- What they liked about using the Quality of Life Checklist?
- What they didn't like about using the Quality of Life Checklist?

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- What they would change about the Quality of Life Checklist?

What did you like about using the Quality of Life Checklist?

Responses to these questions have been listed in order of popularity, with the number following each statement indicating the number of respondents giving this response. The most popular views were that the checklist:

- encouraged a wider perspective (4)
- introduced a broad scope of subjects that hadn't been considered previously (3)
- promoted good discussion in groups (2)
- elicited the opinions of other professionals (2)

There were a number of other responses given, including:

- The opportunity to inform others about the service
- The opportunity to listen to others
- It made me challenge or explain my thoughts!
- Ready made statements
- Interesting
- Nothing

What didn't you like about using the Quality of Life Checklist?

Responses to this question included:

- People are able to be very creative when backing their own service (2)
- Could be subjective (2)
- Too broad (2)

There were a number of other points made:

- Open to different interpretations
- Impact on different services may not be obvious to all group members
- The whole exercise was nonsense

What you would change about the Quality of Life Checklist?

Responses to this question included:

- Should be more specific to the project/policy being looked at (3)
- Need more clarity about how to measure what is significant/minimal (3)
- Ambiguity in drop down help lists (2)
- Many of the questions highlighted as sustainability or equality are also health issues
- Nothing
- Call it a day now. Promoting discussion is definitely not an adequate reason for doing it

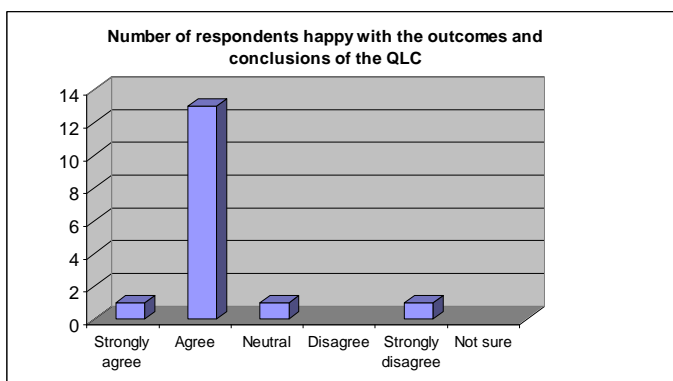
Some specific points were made about the arrangements for this pilot project:

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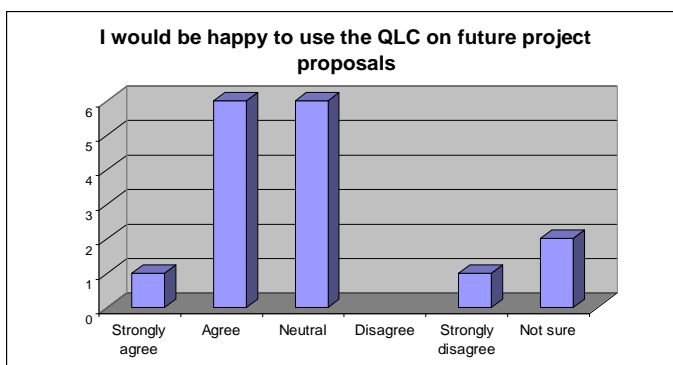
- Allow more time
- It would be useful to have more information before the meeting
- There is a need to be clear about exactly what is being impact assessed

iii) Working in a Group to complete the Quality of Life Checklist

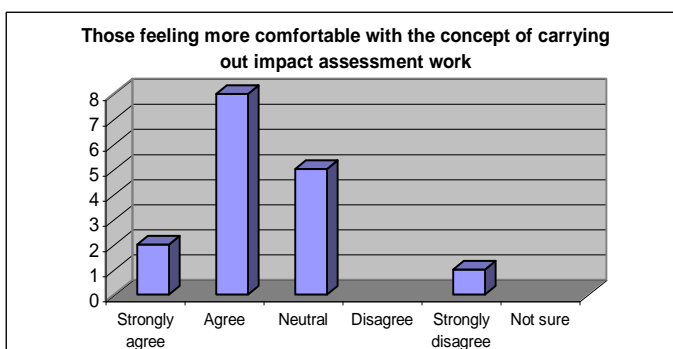
This QLC was completed in small groups. All respondents felt that they had sufficient opportunity to state their views and everybody felt listened to. Whilst 11 of those completing questionnaires felt that the mix of stakeholders was appropriate, four disagreed with this and one strongly disagreed.



Respondents were happy with the general points, outcomes and conclusions made following the QLC exercise.



There was also strong agreement that respondents would be happy to use the QLC checklist on future project proposals.



Possibly the most significant outcome of this pilot is the number of respondents now feeling more comfortable with the concept of carrying out impact assessment.

iv) Constraints and Limitations

Although on this occasion the tool was successful it was not intended to be used in this context. Those threatened by a change in service provision are unlikely to produce an objective impact assessment and are likely to

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use the tool to build a case for maintaining that provision. Unless the stakeholder group is balanced by including an equal number of stakeholders fully supporting the change, the results of the screening exercise are likely to be biased.

The tool is a positive, supportive way of informing decision making. It is intended to be used during the early stages of a project to prompt wide discussion and challenge preconceptions. Changes to implementation plans may follow, but the tool is not intended to prevent change, stall decision making or prevent the adoption of policy. The long term future of the tool could be at risk if the outcomes were judged as detrimental.

One respondent was vehemently opposed to the concept of impact assessment in general and also to this tool. The comments made were numerous and not all of them have been reported in full. Full comments from this respondent are available upon request.

2. Health Impact Assessment process

Only four stakeholders (50%) completed evaluation forms in respect of the health impact assessment process. In this evaluation process, stakeholders proposed the following expectations of the impact health assessment workshops:

- To consider the aims of the new service model, whether it encompassed some of the recommendations arising from the health impact review carried out on the service;
- To focus on the best way forward for the school nursing service for children and young people in Pembrokeshire;
- To develop an A1 service.

In terms of meeting stakeholder expectations (where a score of 5 referred to 'very much' and 1 to 'not at all'), the four stakeholders all scored this question with a 4.

The following comments were received in terms of stakeholder learning experiences:

- Multi-partnership views on the aims that will shape the new model;
- School service is essential but definitely needs re-focusing;
- The service already provided ... most of the issues discussed;
- Various views but that a general consensus was easily reached which was surprising.

When stakeholder partners were asked which aspects of the process they liked best, the following comments were received:

- Ability to discuss openly with all partners;
- All individuals felt able to contribute constructively;
- Acknowledgement of above;

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- Discussion and debate.

Stakeholders would you change the following in respect of the workshop sessions:

- More time;
- More time;
- More time;
- Too long in one session – but not enough time.

One stakeholder provided the following additional comment too:

- Find the whole process positive and motivating.

CONCLUSIONS

I. Conclusions drawn from the 'Pembrokeshire Quality of Life Checklist' (impact assessment screening) session

Overall, the vast majority of stakeholders providing feedback suggested that the 'Quality of Life Checklist' screening tool was useful in provoking thoughts around the wider health and well-being implications of removing the school nursing service and provided initial screening for the health impact assessment that followed.

Whilst checklist scores ranged from 315 to 395, all three groups placed a similar emphasis on the themes around encouraging people to reach their potential and developing vibrant communities. In light of this, and due to the fact that the greatest scores for likely impact fell primarily within the health category (followed by sustainability then equality issues), it was felt to be appropriate that the next stage of this process should be a health impact assessment containing elements of sustainability and inequalities, in order to determine the implications of having no school nursing service at all within Pembrokeshire. The same assessment could then be performed to identify the perceived likely impacts of introducing a new service model for the local school nursing service, the development of which has been informed by the whole impact assessment process.

II. Conclusions drawn from the first health impact assessment stakeholder workshop to explore the likely implications of withdrawing the Pembrokeshire school nursing service

In line with Welsh Assembly Government guidance in respect of the Health Impact Assessment process, stakeholders were able to identify the likely impacts (both positive and negative) of having no school nursing service at all within Pembrokeshire.

In addition, stakeholder partners worked well together to form consensus agreement on the identification of key issues likely to have a major impact on the health and well-being of school nursing service users and other stakeholders. Partners were also able to prioritise the impacts identified. From this, a number of useful recommendations were made via this process that were fed into the service development arm of the School Health review to inform the development of a specification for a new school nursing service.

Key discussions concentrated on the following themes:

- Identification of individual health needs and working with schools. Families and communities in order to maximise individual integration and minimise the likelihood of individual social exclusion;
- Maintenance of effective screening programmes;
- Need to collect, collate and analyse useful information in respect of health needs within schools and to disseminate and share this information appropriately;

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- Need to reduce inequalities in health and well-being between schools;
- Need to continue to have input into individual health care plans but also need to contribute more effectively to policy development at school, local, regional and national levels;
- Need to develop stronger working relationships with key stakeholder partners.

III. Conclusions drawn from the second Health Impact Assessment Stakeholder Workshop to explore the likely implications of implementing the newly developed school nursing service model in line with proposed aims

By using the recommendations and prioritised likely impacts identified in the second health impact assessment workshop and previous impact assessment screening using the Pembrokeshire Quality of Life Checklist, partners took the opportunity to have detailed discussions around the proposed aims that had been developed for the new school nursing service. Ideally, if the service specification for the new service model had been available, this final session would have focused on the likely impacts of its implementation. However, due to the very tight project timescales, this was not possible.

Nevertheless, by agreeing at the outset of the workshop that each aim should be addressed in terms of current service practice, future service practice and the action necessary for the new service to achieve the aim, useful and meaningful information was captured that could be used to further inform the development of the new service specification.

Key discussions concentrated on the following themes:

- Again, the need for the new service to forge stronger working links with stakeholder partners was seen as a priority area for development;
- Importance of developing more formal and effective communication links with service providers (i.e. staff and other service providers) and service users (i.e. children and young people, families, communities and schools);
- Need to collect, collate and analyse useful information in respect of health needs within schools and to disseminate and share this information appropriately, perhaps in the form of school/school family health and well-being profiles;
- Need to develop arrangements for improved contribution to local partnership work;
- Service review – SMART targets are needed for the new service so that progress can be monitored regularly. Also, more effective consultation and feedback mechanisms should be developed to assist in the service review process;
- Need for a 52-week service (and the funding implications of implementing this).

RECOMMENDATIONS

Members of the Pembrokeshire School Health Review Group are asked to note the contents of this report and consider the following recommendations:

1. that this report be circulated to all stakeholders for comment, as part of the School Health Review;
2. that the findings of each stakeholder workshop, as detailed in this report, be fed into the service development arm of the School Health Review to inform the development of the specification for the new school nursing service in Pembrokeshire;
3. that the findings detailed in this report be presented in an appropriate manner to children and young people across Pembrokeshire as part of the consultation process around the development of the specification for the new school nursing service in Pembrokeshire;
4. that discussions are initiated with the Health Needs Assessment Group which support Health Challenge Pembrokeshire as to how population-level data can be fed into the Pembrokeshire Needs Assessment process;
5. that any future review of the new service model should include a consideration of its affects upon the health and well-being of children and young people within Pembrokeshire and other service stakeholders.

BIBLIOGRAPHY

Health Development Agency. *Deciding if a health impact assessment is required (screening for HIA)*. London: Health Development Agency, 2003 (a).

Health Development Agency. *Evaluating Health Impact Assessment*. London: Health Development Agency, 2003 (b).

Health Development Agency. *Evaluation of health impact assessment learning from practice workshops – A report to the Health Development Agency*. London: Health Development Agency, 2004.

Pembrokeshire Child Health Promotion and Immunisation Committee. *Child Health Promotion Programme*. Pembrokeshire & Derwen NHS Trust, 2005.

University of Wales, Swansea. *Mapping School Nursing Across Wales*. Swansea: University of Wales, 2004.

Welsh Assembly Government. *Improving Health and Reducing Inequalities – A practical guide to health impact assessment*. Welsh Assembly Government (Cardiff University (Welsh Health Impact Assessment Support Unit)): Cardiff, 2004.

Appendix 1 – Pembrokeshire Quality of Life Checklist (screening tool)

Pembrokeshire County Council is committed to mainstreaming the following themes: -

- ◆ Equal Opportunities
- ◆ Welsh Language
- ◆ Sustainable Development
- ◆ Health & Well-being

'Drop
downs'
to be
added

This checklist helps you to 'mainstream' the themes from the Corporate Plan. It gives you the opportunity to consider each of these themes when making decisions about your policies and projects. The checklist sets a number of questions, and your answers will indicate what impact your policy or project has on each of the above areas and assist you in deciding what action needs to be taken. Consistent use of this checklist will help to improve quality of life in Pembrokeshire.

Please complete this checklist prior to developing:-

- ◆ New policies, projects or initiatives
- ◆ Capital projects, including refurbishment

There are a number of reasons why it is necessary to undertake an Impact Assessment on all new policies and projects:-

- ◆ It will lower corporate risk
- ◆ We have a statutory duty to carry out impact assessments, for example Equality Impact Assessment
- ◆ It complies with the Welsh Assembly Government's legislative duty to make Wales a sustainable country

What are the benefits of completing the Quality of Life Checklist?

- ◆ It has been based on the five priority areas of the Pembrokeshire Community Plan so will identify connections between your policy/project and A Community Plan for Pembrokeshire
- ◆ It will ensure consistency across the authority
- ◆ Better co-ordination of action to improve sustainability, equality and health for the people of Pembrokeshire
- ◆ Promotion of evidence and knowledge-based planning and decision making
- ◆ Advancement of sustainability, equality and health benefits
- ◆ It will help to improve the quality of life in Pembrokeshire

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If you need assistance with completing this form or any of the issues it raises please contact:-

For help with....

Completing the form	Sue Swan	6612
Health & well-being	Sue Swan	6612
Equalities	Alex Machin	6442
Sustainable development	Clare Williams	5651
Risk management	Paul Eades	6291

Version 2 Created on 08/09/05 13:17

Directorate**Section****Date of assessment****Name and job title of officer leading the assessment (N.B The checklist is best completed by a small group/team)****Title of programme, policy or project****Policy or project type****Description (including key aims and objectives)**

'Drop
downs'
to be
added

PART A – IMPACT CHECKLIST

Please use the following checklist to evaluate your policy or initiative by ticking the following boxes.

1. DELIVERING ECONOMIC GROWTH BASED ON LOCAL NEED - Does this policy or initiative impact on or have implications for:

	Please tick				
	N.B Section 2 should be completed for all significant impacts				
	Significant -ve Impact	Minimal -ve Impact	No Likely Impact	Minimal +ve Impact	Significant +ve Impact
a) Employment opportunities and levels of income for local people (s) (h)	10	5	0	-5	-10
b) Setting up and growing local and community based business (s) (h)	10	5	0	-5	-10
c) Valuing and supporting unpaid work (s) (h)	10	5	0	-5	-10
d) Investment in skills, technology and the local community by encouraging jobs in the environment (s) (h)	10	5	0	-5	-10
e) Consumption of local goods and services (s)	10	5	0	-5	-10
f) Developing and promoting the county as a place for people to visit (s)	10	5	0	-5	-10
g) Improving or adversely affecting workplace conditions (h)	10	5	0	-5	-10
SECTION 1 - SUB TOTAL					=

2. PROMOTING A CLEAN, HEALTHY AND VALUED ENVIRONMENT - Does this policy or initiative impact on or have implications for:

	Please tick				
	N.B Section 2 should be completed for all significant impacts				
	Significant -ve Impact	Minimal -ve Impact	No Likely Impact	Minimal +ve Impact	Significant +ve Impact

a. Influencing climate change (h) (s)	10	5	0	-5	-10
b. Protecting and enhancing wildlife habitats (s)	10	5	0	-5	-10
c. Improving/maintaining public access to open spaces, wildlife area and the countryside (s)	10	5	0	-5	-10
d. Protecting and enhancing urban and rural landscape quality/heritage, improving the built environment and neighbourhood design (s) (h)	10	5	0	-5	-10
e. Road hazards (h) (s)	10	5	0	-5	-10
f. Injury hazards including accidents in the home (h) (s)	10	5	0	-5	-10
g. Quality and safety of play areas (h)	10	5	0	-5	-10
h. Preventing/reducing land contamination and dereliction (s)	10	5	0	-5	-10
i. Increasing or reducing noise levels (h) (s)	10	5	0	-5	-10
j. Air and water quality/smells (h) (s)	10	5	0	-5	-10
k. Waste management (h) (s)	10	5	0	-5	-10
l. Reduce overall energy consumption (s)	10	5	0	-5	-10
m. Reduce overall water consumption (s)	10	5	0	-5	-10
n. Increase the use of renewable energy, waste and energy, combined heat and power (s)	10	5	0	-5	-10
o. Encourage and enable recycling of goods and materials and the promotion of using recycled and recyclable products and materials (s)	10	5	0	-5	-10

SECTION 2 - SUB TOTAL

=

3. ENCOURAGING PEOPLE TO REACH THEIR POTENTIAL**Does this policy or initiative impact on or have implications for:****Key :- How much evidence do you have?****0 = No evidence****1 = Secondary evidence**, for example, customer records, past consultation outcomes, informal feedback**2 = Primary Evidence**, for example, current direct consultation with disabled people and/or people from ethnic minority groups about this policy or initiative

						Only to be completed for statements in blue or pink			
	Please tick					How much evidence do you have?			Say more about the evidence that you have?
	N.B Section 2 should be completed for all significant impacts					0	1	2	
	Significant -ve Impact	Minimal -ve Impact	No Likely Impact	Minimal +ve Impact	Significant +ve Impact				
a. Increase people's understanding of sustainability issues (s)	10	5	0	-5	-10				
b. Eliminating racial discrimination (re)	10	5	0	-5	-10				
c. Promoting equality of opportunity for different racial groups (re)	10	5	0	-5	-10				
d. Eliminating unlawful disability discrimination (s) (d)	10	5	0	-5	-10				
e. Increasing or reducing inequalities in health (h) (re) (d)	10	5	0	-5	-10				
f. Eliminating unlawful disability harassment (d)	10	5	0	-5	-10				
g. Promoting equality of opportunity (d)	10	5	0	-5	-10				
h. Taking steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons (d)	10	5	0	-5	-10				
i. The availability of health & social care services (h)	10	5	0	-5	-10				
j. The delivery of formal and informal education and the skill and education of local people (s)	10	5	0	-5	-10				
k. Promoting or encouraging good nutrition (h)	10	5	0	-5	-10				
l. Creating opportunities for or encouraging physical exercise (h)	10	5	0	-5	-10				
m. Increasing or decreasing use of alcohol, cigarettes, non-prescribed drugs (h)	10	5	0	-5	-10				

n. Levels of awareness of safe sexual activity (h)	10	5	0	-5	-10				
o. Promoting mental health and emotional well-being (h)	10								

SECTION 3 - SUB TOTAL

=

4. DEVELOPING VIBRANT COMMUNITIES**Does this policy or initiative impact on or have implications for:****Key :- How much evidence do you have?****0 = No evidence****1 = Secondary evidence**, for example, customer records, past consultation outcomes, informal feedback**2 = Primary Evidence**, for example, current direct consultation with disabled people and/or people from ethnic minority groups about this policy or initiative

	Please tick					Only to be completed for statements in blue or pink		
	N.B Section 2 should be completed for all significant impacts					How much evidence do you have?		
	Significant -ve Impact	Minimal -ve Impact	No Likely Impact	Minimal +ve Impact	Significant +ve Impact	0	1	2
a. People on low incomes and disadvantaged groups (s)	10	5	0	-5	-10			
b. Facilities and choices in the provision of services and opportunities for children and young people (s)	10	5	0	-5	-10			
c. Facilities and choices in the provision of services and opportunities for older people (s)	10	5	0	-5	-10			
d. Promoting good race relations (re) List agreed groups somewhere??	?	?	?	?	?			
e. Promoting and encouraging use of the Welsh language and/or treating both English and Welsh on a basis of equality	10	5	0	-5	-10			
f. Public participation in local action and decision making (s) (h)	10	5	0	-5	-10			
g. Wider public access to information (s)	10	5	0	-5	-10			

h. The way families are organised and the roles people take within them (h)	10	5	0	-5	-10				
i. Social support and social networks (h)	10	5	0	-5	-10				
j. Community citizenship, including the ability of people to demonstrate neighbourliness, a sense of belonging, community identity and local pride (h)	10	5	0	-5	-10				
k. Divisions in community (h) (s)	10	5	0	-5	-10				
l. Social isolation and other forms of social exclusion (h)	10	5	0	-5	-10				
m. Increasing or decreasing peer pressure (h)	10	5	0	-5	-10				
n. Holding or practising religious beliefs or spirituality (h) (re)	10	5	0	-5	-10				
o. Tackling homelessness and providing safe and warm homes (s) (h)	10	5	0	-5	-10				
p. Improving the energy efficiency of housing (public and private sector) and the use of renewables (s)	10	5	0	-5	-10				
q. Increasing enjoyment of and participation in arts, local culture and heritage (s) (h)	10	5	0	-5	-10				
r. Helping to reduce fear of crime (s) (h)	10	5	0	-5	-10				
s. Helping to reduce occurrence of crime and anti-social behaviour (s) (h)	10	5	0	-5	-10				

SECTION 4 - SUB TOTAL

=

5. IMPROVING COMMUNICATION LINKS TO, FROM AND WITHIN THE COUNTY

Does this policy or initiative impact on or have implications for:

	Please tick				
	N.B Section 2 should be completed for all significant impacts				
	Significant -ve Impact	Minimal -ve Impact	No Likely Impact	Minimal +ve Impact	Significant +ve Impact
a. Reducing car dependency, reducing the need to travel and access to employment for those without a car (s)	10	5	0	-5	-10

b. Increasing trips by walking and cycling or Improving conditions and facilities for pedestrians and cyclist (s)	10	5	0	-5	-10
c. Increasing use, availability and access to public transport (s)	10	5	0	-5	-10
d. Improving access to ITC across the county to improve local economy, alleviate isolation in rural areas or improve work or educational opportunities (s) (h)	10	5	0	-5	-10
e. Assist people to access integrated services (h)	10	5	0	-5	-10
f. Access to services and facilities, for example medical services and other caring services, careers advice, shops and other commercial services, public amenities, education and training and information technology (h)	10	5	0	-5	-10
SECTION 5 - SUB TOTAL	=				
<u>TOTAL SCORE</u>	=				

PART B - Summary of significant impacts

1. Is the proposal likely to impact on or have implications for the **DELIVERING ECONOMIC GROWTH BASED ON LOCAL NEED:**
(If there are no likely impacts or they are minimal and it would not be of benefit to enhance them in any way, move to next item)

Brief explanation of impact and who is likely to be affected from number **one**

2. Is the proposal likely to impact on or have implications for the **PROMOTING A CLEAN, HEALTHY AND VALUED ENVIRONMENT**:

(If there are no likely impacts or they are minimal and it would not be of benefit to enhance them in any way, move to next item)

Brief explanation of impact and who is likely to be affected from number **two**

3. Is the proposal likely to impact on or have implications for the **ENCOURAGING PEOPLE TO REACH THEIR POTENTIAL**:

(If there are no likely impacts or they are minimal and it would not be of benefit to enhance them in any way, move to next item)

Brief explanation of impact and who is likely to be affected from number **three**

4. Is the proposal likely to impact on or have implications for **DEVELOPING VIBRANT COMMUNITIES**:
(If there are no likely impacts or they are minimal and it would not be of benefit to enhance them in any way, move to next item)

Brief explanation of impact and who is likely to be affected from number **four**

5. Is the proposal likely to impact on or have implications for **IMPROVING COMMUNICATION LINKS TO, FROM AND WITHIN THE COUNTY**:
(If there are no likely impacts or they are minimal and it would not be of benefit to enhance them in any way, move to next item)

Brief explanation of impact and who is likely to be affected from number **five**

Recommendations

What actions need to be taken as a result of this process? **Please list any changes or modifications you intend to make as a result of carrying out this impact assessment.**

Are the impacts that have been identified above enough to warrant a full, equality, sustainability or health impact assessment? **If so please outline the next steps you intend to take. If not, what are the reasons for not conducting an assessment?**

- ❑ This Quality of Life Checklist should be kept in the file with the job
- ❑ Part B – ‘Summary of significant impacts’ must be completed and action relating to all flagged areas¹ recorded
- ❑ Line managers should be made aware of all flagged areas
- ❑ Line managers should seek support from one of the named people on the front of the form
- ❑ This Quality of life checklist will form part of your business planning process

¹ Some statements on your checklist will have been highlighted with a red flag including all **significant negative impacts** and equality/disability or Welsh language where there is **no evidence** to support decision making.

Appendix 2 – Quality of Life Checklist Impact Assessment Screening Workshop Programme

PEMBROKESHIRE SCHOOL HEALTH SERVICE REVIEW

QUALITY OF LIFE CHECKLIST WORKSHOP

Friday, 7th October 2005,
Board Room, Pembrokeshire Local Health Board, 2pm.

AGENDA

Time	Topic	Lead
2:00pm	Welcome and introductions	David Morrissey (Pembrokeshire & Derwen NHS Trust)
2:05pm	Background to Pembrokeshire School Health Service Review	David Morrissey (Pembrokeshire & Derwen NHS Trust)
2:20pm	Principles of Impact Assessment	Huw Brunt (National Public Health Service for Wales)
2:35pm	Pembrokeshire 'Quality of Life Checklist' tool	Sue Swan (Pembrokeshire County Council)
2:50pm	Coffee/Tea and completion of evaluation questionnaires	
3:10pm	Setting the scene for stakeholder workshop exercise	David Morrissey (Pembrokeshire & Derwen NHS Trust)
3:20pm	Practical stakeholder workshop using the Pembrokeshire 'Quality of Life Checklist' tool	All
4:45pm	Close	Lyn Harris (National Public Health Service for Wales)

Appendix 3 – Stakeholder Invitation Letter

Dear Partner

School Health Review – Quality of Life Checklist Workshop

I write to invite you to take part in the above exercise, due to be held on 7th October 2005 in the Board Room at Pembrokeshire Local Health Board. The workshop will commence at 2pm.

The Quality of Life Checklist screening exercise is being undertaken as part of a wider piece of work to review the School Health Service provided by Pembrokeshire and Derwen NHS Trust throughout Pembrokeshire. This is just one of a number of service areas that the Trust has identified as requiring detailed review over the next couple of months. The review is being led by Pembrokeshire and Derwen NHS Trust, in close partnership with Pembrokeshire LHB, the National Public Health Service for Wales and Pembrokeshire Borough Council, together with service user representatives and also voluntary sector partners.

The workshop will allow key local School Health Service stakeholders to identify the wide range of potential consequences (both positive and negative) of a hypothetical proposal to cut funding for the service. The impact assessment screening workshop will determine whether or not a detailed impact assessment should be undertaken at a later stage, exploring, in detail, the likely consequences of proposed changes to the locally delivered School Health Service. This, in turn, will provide an opportunity for key stakeholders to inform the development of a more effective service that better meets the needs of children and young people in Pembrokeshire.

In the first half of the workshop, stakeholders will be introduced to the concept of impact assessment and become more familiar with the Pembrokeshire Quality of Life impact assessment screening tool. The workshop's second half will be devoted to the practical use of the screening tool in identifying the likely consequences of changes to the School Health Service and determining whether or not a full impact assessment needs to be undertaken. A copy of the Pembrokeshire 'Quality of Life Impact Assessment Screening Tool' has been enclosed for your information.

I should be grateful if you could confirm your attendance at this workshop event as soon as possible to Huw Brunt at the National Public Health ((work) 01267 225225 (ext 5262) or (mobile) 07768604070). Similarly, if you have any queries, or require further information, please do not hesitate to contact Huw Brunt.

I look forward to seeing you at the workshop.

Yours truly,

David Morrissey

Chair, Pembrokeshire School Health Review Group

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Appendix 4 – Impact Assessment Stakeholders/Participants

I. Exercise 1 Participants: ‘Pembrokeshire Quality of Life Checklist’ (impact assessment screening) session

Name	Job Title	Organisation
David Morrissey	Head of School Health Services	Pembrokeshire and Derwen NHS Trust
Alison Golby (facilitator)	Research Associate	Welsh Health Impact Assessment Support Unit
Lynne Perry	Principal Public Health Officer	National Public Health Service
Isobell Hall	Acting Service Manager for Children’s Services	Pembrokeshire and Derwen NHS Trust
Lynn Eve	Consultant (CAMHS)	Pembrokeshire and Derwen NHS Trust
Betty Howells	Team Leader School Health Nurses	Pembrokeshire and Derwen NHS Trust
Anne Farr	School Health Nurse	Pembrokeshire and Derwen NHS Trust
Jayne Thomas	Community Children’s Nurse	Pembrokeshire and Derwen NHS Trust
Sally Scott	Speech and Language Therapist	Pembrokeshire and Derwen NHS Trust
Geraldine Murphy	Children and Young People’s Framework Manager	Pembrokeshire County Council
Graham Longster	Head of School Improvement and Inclusion	Pembrokeshire County Council
Kathryn Duffy	Senior Sister	Pembrokeshire and Derwen NHS Trust
Sonia Edwards	Specialist LAC Nurse	Pembrokeshire and Derwen NHS Trust
Alex Machin (facilitator)	Equalities Officer	Pembrokeshire County Council
Sue Birch	Assistant Headteacher	Pembroke Comprehensive School
Lyn Harris (facilitator)	Local Public Health Director	National Public Health Service
Huw Brunt (facilitator)	Trainee Public Health Specialist	National Public Health Service
Ifor Evans	Acting Nurse Director	Pembrokeshire LHB
Sonia Hay	Nurse Representative	Pembrokeshire LHB

Dr V Vipulendran	Consultant Paediatrician	Pembrokeshire and Derwen NHS Trust
Julie Hughes	Named Nurse Child Protection	Pembrokeshire and Derwen NHS Trust
Sue Swan (facilitator)	Health and Well-being Manager	Pembrokeshire County Council
Claire Williams (facilitator)	Sustainability Manager	Pembrokeshire County Council

II. Exercise 2 Participants: first health impact assessment stakeholder workshop to explore the likely implications of withdrawing the Pembrokeshire school nursing service

- David Morrissey (Pembrokeshire & Derwen NHS Trust)
- Huw Brunt (National Public Health Service)
- Dr Alison Golby (WHIASU)
- Nadine Farmer (GENNEX Youth Development)
- Ivor Evans (Pembrokeshire LHB)
- Dr V Viupulendran (Pembrokeshire & Derwen NHS Trust)
- Isobel Hall (Pembrokeshire & Derwen NHS Trust)
- Betty Howells (Pembrokeshire & Derwen NHS Trust)
- Judith Edwards (NCH)
- Lynne Perry (National Public Health Service)
- Graham Longster (Pembrokeshire County Council)

III. Exercise 3 Participants: second health impact assessment stakeholder workshop to explore the likely implications of implementing the newly developed school nursing service model

- David Morrissey (Pembrokeshire & Derwen NHS Trust)
- Huw Brunt (National Public Health Service)
- Dr Alison Golby (WHIASU)
- Charlotte Gowleti (GENNEX Youth Development)
- Dr V Viupulendran (Pembrokeshire & Derwen NHS Trust)
- Isobel Hall (Pembrokeshire & Derwen NHS Trust)
- Betty Howells (Pembrokeshire & Derwen NHS Trust)
- Lynne Perry (National Public Health Service)
- Graham Longster (Pembrokeshire County Council)
- Julie Hughes (Child Protection Nurse, Pembrokeshire & Derwen NHS Trust)

Appendix 5 – Quality of Life Checklist Evaluation Questionnaire

EVALUATION QUESTIONNAIRE

The 'Pembrokeshire Quality of Life Checklist' is a screening tool designed to help you to gauge the impact of your policy/project on health, equal opportunities and sustainable development in Pembrokeshire. The tool will also assist you in deciding what, if any, action needs to be taken. In order to help us to further develop and improve the 'Pembrokeshire Quality of Life Checklist', please complete **section 1** of this questionnaire prior to using the 'Quality of Life Checklist' and **section 2** after completing the checklist.

Section A (to be completed prior to filling in the Quality of Life Checklist)

ABOUT - YOUR VIEW ON IMPACT ASSESSMENT IN GENERAL

Please tick one box:

	Yes	No	Not Sure
1. Are you familiar with the concept of impact assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **Yes** to Question 1. please go to question 2. If you answered **No** to question 1. please go to **Section B**.

	Yes	No	Not Sure
2. Have you previously been involved, and gained experience in impact assessment work, including impact assessment screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick one box for each question:

	<u>Strongly agree</u>	Agree	Neutral	Disagree	Strongly disagree	Not sure
3. I have a good understanding of why screening is an important stage in the impact assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am familiar with the different types of impact assessment that can be performed and know when to use them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The concept of impact assessment is relevant and useful to me and my organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly agree</u>	Agree	Neutral	Disagree	Strongly disagree	Not sure
6. An impact assessment screening template is a useful tool when attempting to identify positive and negative implications associated with project proposals or policy changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. An impact assessment screening tool should be used routinely within my organisation to inform decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Impact assessment tools are complex and if used routinely may hinder progress and effective change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Partnership working is an essential part of developing and implementing integrated policies and projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I am encouraged to, and regularly do, work in partnership with colleagues within and outside your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 An impact assessment screening tool should be used routinely by partnerships outside my organisation to inform decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Impact assessment tools are complex and if used routinely by partnerships outside my organisation may hinder progress and effective change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please say anything else you want to say about your views on impact assessment in general:

Thank you for your time in completing this questionnaire.

Pembrokeshire Quality of Life Checklist

Evaluation Questionnaire

Section B (To be completed **after** using Pembrokeshire 'Quality of Life Checklist')

ABOUT - YOUR EVALUATION OF THE PEMBROKESHIRE QUALITY OF LIFE CHECKLIST

Please tell us:

1) what you liked about using the Quality of Life Checklist

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2) what you didn't like about using the Quality of Life Checklist

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3) what you would change about the Quality of Life Checklist

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Please indicate whether you completed the Quality of Life Checklist as part of a stakeholder group or on your own:

	In a group	On my own
4. I completed the Quality of Life Checklist	<input type="checkbox"/>	<input type="checkbox"/>

If you completed the Quality of Life Checklist **in a group** please go to **question 5 and then question 7**. If you completed the Quality of Life Checklist on your own please go to **question 6**.

Please tick one box for each question:

	<u>Strongly agree</u>	Agree	Neutral	Disagree	Strongly disagree	Not sure
5. a) As part of a group, I felt I had sufficient opportunity to state my views during the screening process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My views were listened to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) There were an appropriate mix of stakeholders involved in the impact assessment screening exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly agree</u>	Agree	Neutral	Disagree	Strongly disagree	Not sure
6. When completing the Quality of Life Checklist on my own, I felt that I had sufficient knowledge and understanding of the implications of the policy/project to complete the checklist accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly agree</u>	Agree	Neutral	Disagree	Strongly disagree	Not sure
7. I was happy with the general points, outcomes and conclusions made following the impact assessment screening exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would be happy to use the Quality of Life Checklist on future project proposals and proposed policy changes both within and outside my organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I now feel more comfortable with the concept of carrying out impact assessment work.

☐☐☐☐☐☐

Thank you for your time in completing this questionnaire.

Please return this questionnaire to:

To be completed by whichever organisation is piloting