THE COMMUNITY PRACTITIONER'S AND HEALTH VISITOR'S ASSOCIATION'S RESPONSE TO THE EQUALITY IMPLICATIONS OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY POLICIES CONSULTATION PAPER

The Community Practitioners and Health Visitors Association represent community nurses, school nurses and health visitors in Northern Ireland. This response has been compiled following wide consultation with CPHVA members throughout Northern Ireland.

Section 2 - HSSPS APPROACH FOR ASSESSING AND IDENTIFYING EQUALITY OF OPPORTUNITY IMPLICATIONS OF POLICIES

1.The CPHVA welcomes the collaborative approach outlined in the document. We expect that when impact assessments are carried out at local level, consultation should take place of a broad section of those who will be affected, including health professionals working in the relevant areas.

2. The role of the sub-groups in scoping information from all Health and Personal Social Services Systems is welcomed. The CPHVA is currently mounting a UK-wide campaign to improve access and training for community nurses and health visitors in information communication technology. In Northern Ireland we are further behind than our UK colleagues in having access to computers to input data on clients in the community. We would therefore welcome the opportunity to sit on the sub-group that deals with Community, Children, and Personal Social Services Information to have our voices heard in relation to our concerns over this issue. Practitioners on the ground who have practical experience of working with information systems e.g. Korner need to be represented on these subgroups also.

Section 3 - SCREENING AND PRIORITISING OF POLICIES FOR IMPACT ASSESSMENT

3.The guidelines of the process outlined in the document appear to be comprehensive in exploring all areas relating to the screening procedures of existing and future policies.

4.The key factors and guiding principles used by the HSSPS bodies to determine policies are broad in their approach and should be able to address the priorities for impact assessments.
However, it is important to take in to consideration experiences gained from other areas and make adjustments to the process as appropriate.

5. Those Policies indicated in the document for Impact Assessment are welcomed and appear to be representative of the major policies affecting the health of the population and health professionals generally.
However, there are several areas we would like to highlight specifically;

Domestic Violence is categorised in Priority 2. We consider this to be an area that not only has major implications for the individuals concerned but also for families and the community at large and should be given a high priority.

Services relating to children are on the list for priority for impact assessment, which we welcome.
However, in the past very little consideration has been given to consulting those health professionals who have a very large part to play in promoting the health and well-being of children, namely health visitors. We would expect to be considered key participants alongside social services staff in any future

arrangements and consultation exercises. We further believe that the Childcare Strategy should also be impact assessed in the first two years.

The third area we wish to highlight is the Information and Communication Technology (ICT) strategy for the HPSS.
In a recent exercise to determine the level of training in ICT and access to computers among community nurses undertaken by CPHVA the result indicated a very low level in both areas.
This would indicate the need for a wide consultation of, not only nursing staff on the ground in the community, but also those people who seek to represent their interests, namely Trade Unions and Professional Associations.

We have concerns about is the low priority given to assessing the Nurses and Midwives Rates of Pay and Conditions of Service Handbook compared with our other health service colleagues. Nurse's salary and car allowances have fallen behind in recent years. If the government is serious about trying to attract more recruits into nursing this should certainly be given high priority.

We also have concerns about the title 'New Targeting Social Need'. We do not believe that health need can be separated from social need particularly within the health care context and therefore should be retained in this title.

6. We welcome the opportunity for local Trusts to carry out their own impact assessments. This should encourage a more inclusive approach to local decision-making. However, it is important that they should apply the same robust criteria outlined for Regional impact assessments.

7. We agree that the HSPSS should consult annually about priorities for the foreseeable future. If however this should become a lengthy and costly process then it should be reviewed. It may only be necessary to consult a sub-group of representatives who are familiar with those issues that are of most concern at local level.

SECTION 4: GOOD PRACTICE REVIEWS

8. Good Practice Reviews appear to be an excellent method of being pro-active in addressing equality issues. In the past good practice often occurred without the outcomes being disseminated to other areas.
With greater emphasis on evidence based practice NHS staff are more aware now of the need to publicise and disseminate research. However this approach needs to be backed up with encouraging health professional to undertake academically based research. There needs to be more funding for research to make this viable. One way that this approach can be encouraged is through the creation of more Nurse Consultants posts. Their role incorporates research, teaching and practice elements.

9. The areas outlined for years 1 and 2 appear to be a good starting point for the Good Practice Reviews.

SECTION 5: EQUALITY LIAISON PANELS

10. The proposal that there should be a Region-wide panel and 4 Area panels is welcomed. However, it is important that those people appointed to the panels are representative of those health professions who are responsible for care delivery both at administrative and ground level. The professional background of those individuals who are named from the DHSSPS and Associated Bodies as Equality contacts are not listed so it is therefore not possible to ascertain if these people are representative of the majority of health professionals who will inevitably be affected by any decisions taken. We welcome the proposal to seek nominations from representatives of the 75 groups and we expect that this would include all the main Nursing Unions and Professional Organisations.

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