

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Public Health Directorate/ Commissioning Healthy Child Programme 5-19		Name: Emily Steggall .....
Service / Document / Function being assessed		Job Title: Consultant in Public Health Medicine .....
Childhood Vision Screening services procurement		Contact details: <a href="mailto:emily.steggall@cambridgeshire.gov.uk">emily.steggall@cambridgeshire.gov.uk</a>
Business Plan Proposal Number (if relevant)		
Aims and Objectives of Service / Document / Function		
<p><b>The overarching aims of the service are;</b></p> <ul style="list-style-type: none"> <li>To ensure that all children in Cambridgeshire have access to a vision screening service which is equitable, safe and effective</li> <li>To provide a countywide service that reduces the current service inequities resulting from different models of provision and ensures that the needs of particular populations are met</li> <li>To ensure that services for vision screening are part of a wider vision pathway which includes surveillance for visual problems in the early years as part of the healthy child programme 0-19 and pathways for onward referral, diagnosis and management.</li> </ul> <p><b>Service objectives;</b></p> <ul style="list-style-type: none"> <li>Provision of easy access, county wide vision screening services for the early detection of amblyopia (and other visual defects such as strabismus or refractive error) at an age where treatment has the potential to improve vision, in accordance with the National Screening Committee guidance. <a href="http://www.screening.nhs.uk/vision-child">http://www.screening.nhs.uk/vision-child</a></li> <li>Provision of evidence based vision screening which is tailored to meet the needs of specific groups of children. Consideration is given to the ability of all children to participate in testing and specific services or pathways are in place for children less able to participate.</li> <li>Service provision is acceptable and accessible to children and families.</li> <li>Increases the uptake of vision screening, particularly in populations at higher risk of visual defects and less likely to attend for screening, through provision of services in a school-based setting.</li> <li>Reduce inequalities in age at screening and model of screening across Cambridgeshire.</li> <li>Provide a pathway to access specialist services to assess, diagnose and treat amblyopia and other visual defects detected through screening.</li> <li>Provide primary vision screening as part of a coordinated, comprehensive and sustainable service, including engaging and working with local teams providing the Healthy Child Programme 0-19 to facilitate early detection of visual problems and collaboration with service development.</li> <li>Provision of clinical leadership and clinical networks to provide effective planning that maximises existing workforce skills and expertise and ensure that all staff are supported to deliver high quality care through the agreed care pathways and the provision of training where appropriate.</li> <li>Provision of high level appropriate ongoing training of people who are delivering the service.</li> <li>To ensure maximum effectiveness and cost effectiveness with the best use of finite resources through using evidence based practice. This will include responding to any changes in National Screening Committee policy or recommendations.</li> <li>Participation in audit and service evaluation and may include research. This includes reporting information on the process and outcomes of screening to Child Health Information Services, to ensure data on screening is available at a population level and responding to any future national recommendations on screening programme data collection.</li> <li>Continuous service improvement and user focused services through innovation and the involvement of service users, stakeholders and related services in service design, development and on-going evaluation</li> </ul>		

### What is changing?

The model of vision screening service provision varies across the county. In most areas there is a community-based service at which screening is provided between the ages of 3 and 5. In Wisbech there is a service provided to children at reception age in school. Data from the services suggests that screening in school has benefits for improving screening uptake.

The proposed new service will standardise the age at screening as per National Screening Committee policy and look to deliver screening in a school-based setting where possible.

### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

**Emily Steggall - Consultant in Public Health Medicine**

**Mark Watson- Interim Contracts Manager, Public Health**

**Penny Miller – Public Health Nurse Specialist**

**Tess Campbell – Performance and Projects Manager, Public Health**

**Cambridgeshire Vision Screening Services Procurement steering group**

### What will the impact be?

Tick to indicate if the impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	√		
Disability			√
Gender reassignment		√	
Marriage and civil partnership		√	
Pregnancy and maternity		√	
Race		√	?

Impact	Positive	Neutral	Negative
Religion or belief		√	
Sex		√	√
Sexual orientation		√	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation	√		?
Deprivation	√		

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

### Positive Impact

#### Age

Age at screen is key driver for standardising the way vision screening services are provided across Cambridgeshire. Currently there is a variation in the age at which screening is offered, varying from 3-5. The National Screening Committee policy is that all children should be screened for reduced vision between 4 and 5 years. There is evidence that screening at this age reduces the number of children that 'fail' vision screening and therefore reduces costs without reducing the benefits of screening.

#### Rural isolation, Deprivation

There is some evidence that children in families of lower socio-economic status are more likely to have an eye

disorder but also significantly less likely to seek eye care. The impact of implementing a universal screening programme which is delivered to children in the school setting is likely to be positive in addressing this inequality. Likewise it is likely to reduce the impact of any access difficulties relating to rurality.

### **Negative Impact**

#### **Disability**

A school-based service has the potential to discriminate against children with a disability if it is not both:

- Offered in both mainstream schools and special schools
- Provided in a way which enables participation of children with disabilities or where the specific needs of a child require an alternative means of testing, this is provided as part of a wider vision pathway

To mitigate against this potential negative impact, the process will need to ensure that any new service:

- Includes provision in all schools including special schools. Any potential provider would need to demonstrate that they are working with the local authority and other relevant bodies to ensure that suitable physical space can be identified to perform screening which both has appropriate conditions for performing the test and enables access for all groups.
- Ensures good links with vision screening services to identify where a child is already receiving care
- Ensures participation for all groups and has a pathway to specialised or experienced practitioners if the screening cannot be carried out in the community.

#### **Race, religion or belief**

The proposed change in the model of childhood vision screening provision is not anticipated to have any negative impact on access by sex, race, religion or belief. However, it will be important that this is explored as part of the consultation – issues may include ensuring good consent for the screening process from parents (ensuring information available in different languages etc).

#### **Rural isolation**

Whilst it is anticipated that a school-based model will improve access to the vision screening test itself by rurally isolated groups, it is important that pathways to further testing and diagnosis are in place and there may be a negative impact of rurality on travel to further tests.

A further issue is the access of children living on the Cambridgeshire borders to screening. There is a risk that children attending schools outside of Cambridgeshire, but registered with a GP within Cambridgeshire, may miss out on screening if neighbouring areas have a community-based model.

### **Neutral Impact**

#### **Pregnancy and maternity, Gender reassignment, Marriage and civil partnership, Sexual orientation**

There is no impact as this service is provided to children aged 4 to 5.

#### **Sex, race, religion or belief**

Vision screening will be provided to all children regardless of sex, race, religion or belief.

### **Issues or Opportunities that may need to be addressed**

Moving to a school-based service is anticipated to reduce the number of families who do not attend screening, through offering a service in a school-based setting. It will be important that the service ensures that screening is offered to children schooled in the independent system, who are home schooled and who attend special schools. It will also be important to have a mechanism to offer screening to children who are absent on the day of screening.

### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

This procurement has a neutral impact on community cohesion.

A cohesive community is one where:

- There is a common vision for all communities, an emphasis on articulating what binds communities together rather than what differences divide them, a sense of belonging, of identifying with the neighbourhood and of 'looking out for each other'.
- There is a commitment to equality and social justice.
- The diversity of people's different backgrounds and circumstances is appreciated, respected and protected, in

order to support integration and cohesion in changing communities.

- People have similar life opportunities, irrespective of background.
- Everyone understands their rights and responsibilities and is encouraged to participate at all levels.
- Strong and positive relationships are being developed between people from different backgrounds in the workplace, in schools and within neighbourhoods.