

## **Cabinet Report – 14 December 2016**

### **Authority to award a contract for the provision of Healthy Child Programme 0 to 5.**

**Portfolio:** Councillor Ian Robertson, Health

**Related portfolios:** Councillor Rose Burley, Childrens Services

**Service:** Economy and Environment Directorate - Public Health

**Wards:** All

**Key decision** Yes

**Forward plan** Yes

#### **1 Summary**

1.1 On the 15<sup>th</sup> June 2016 Cabinet approved the service redesign of Public Health services for 0-5 year olds following the outcomes of the 2016 consultation. At this meeting Cabinet approved the subsequent procurement of the Healthy Child Programme 0-5 integrated public health service for 0 to 5 year olds, which includes the following elements:

- a) A healthy pregnancy service;
- b) A Healthy Child Programme for 0 to 5 year olds which includes a support service for vulnerable parents both in pregnancy and in the early years of a child's life.

1.2 The contract start date for the Healthy Child Programme 0-5 is 1<sup>st</sup> April 2017.

1.3 This Cabinet report seeks approval for the award of a contract for provision of the Healthy Child Programme 0-5 following the conclusion of the procurement process.

1.4 This is a key decision because the Contract will implement service changes, affecting more than two wards in the borough of Walsall.

1.5 The Contract will have a positive and sustained impact on the Council's agreed purpose and priorities. In particular, it will improve the lives and life chances for all children aged 0 to 5 years and their parents in the Borough of Walsall by

ensuring the delivery of a more outcomes focussed Healthy Child Programme 0-5 service. This newly procured service will deliver an increased focus on;

- a) Achievement of mandated reviews for children aged 0-5 (**Appendix A**)
- b) The role Health Visitors take in Early Help support
- c) Child development and partnership working to ensure children meet their developmental goals
- d) Support for vulnerable children and parents including care leavers who become parents
- e) Support to reduce the risk factors that contribute to infant mortality

## **Recommendations**

- 2.1 Following consideration of the confidential report in the private session of the agenda, Cabinet approve the following recommendations:
  - 2.1.1 That Cabinet awards the contract for the Healthy Child Programme 0-5, for an initial term of three years, to commence service delivery from the 1<sup>st</sup> April 2017 until 31<sup>st</sup> March 2020, with the option to extend the initial term by a further two consecutive periods of up to twelve months each, from 1 April 2020.
  - 2.1.2 That Cabinet delegate authority to the Director of Public Health, in consultation with the Portfolio Holder for Public Health, to enter into a new contract to deliver the Healthy Child Programme 0-5, by using the most appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for such services.

## **3 Report detail**

### **3.1 Public Health Services for 0-5 year olds in Walsall**

- 3.1.1 Investing in services to promote the health and wellbeing of children 0-5 has lifetime impacts in terms of the health and economic development of a community. The Healthy Child Programme 0-5 service is a universal support service for all families with young children in Walsall and as such has a unique role in its reach into communities. It has been identified that universal services for 0-5s have the potential to identify 39.5% of unmet need and therefore set measures in place to support a family before the need becomes acute<sup>1</sup>. Where a need is identified, the service will offer support proportionate to the need.
- 3.1.2 In addition, infant mortality is a major issue in Walsall and has been recognised as a priority by Health and Wellbeing Board partner organisations. A review commissioned by Walsall Council's Public Health team in 2014 and carried out by the Perinatal Institute provided a number of recommendations to key partners, including a recommendation to Walsall Council's Public Health team to ensure

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1. Carey Oppenheim Early Intervention Foundation. Presentation Public Health England conference 14.8.16  
[Improving life chances by investing in children's health and wellbeing](#)

that healthy lifestyle messages are promoted and to ensure additional support for vulnerable women which will be seen through award of this contract

- 3.1.3 The procurement process has been informed by national policy, local needs assessment, evidence, knowledge gained from other neighbouring procurement exercises and a comprehensive consultation process involving stakeholders, partner agencies and service users. The service design for the Contract has reflected the consultation comments and recognises the need to offer Healthy Child Programme 0-5 services to all families with young children at universal and targeted support levels.

### **3.2 New Healthy Child Programme 0-5 service model**

- 3.2.1 The service will work to the 4,5,6 model (**Appendix A**) offering support at 4 levels of intensity according to need, delivering 5 mandated universal visits with more visits set in place according to need. It will work to achieve and demonstrate positive outcomes around the 6 following high impact areas

- a) Healthy weight
- b) Breastfeeding
- c) Maternal mental health
- d) Transition to parenthood
- e) Reducing accidents and emergency admissions
- f) Early years readiness and development

- 3.2.2 Emphasis in the new service is also on supporting women in pregnancy to ensure their pregnancy is as healthy as it can be with a seamless transition to post birth support to ensure that any health improvements made during pregnancy are maintained.

- 3.2.3 The new service will ensure that intensive support is offered to all vulnerable parents and children under the age of 5. This includes supporting groups such as teen parents, care leavers, migrants and parents with mental health issues or learning difficulties to meet outcomes around the 6 high impact areas listed in 3.2.1. As a part of this, Health Visitors will take on the lead professional Early Help role which will directly support the role of Walsall Council Childrens Services.

- 3.2.4 The contract will reduce health inequalities and promote the physical and mental health of families with young children within Walsall. It will also contribute to meeting Walsall Council priorities as identified in paragraph 4 within a smaller financial envelope.

### **3.3 The Procurement Process**

- 3.3.1 A market warming event was held 29<sup>th</sup> July 2016 which was attended by 17 external agencies.

- 3.3.2 Tenders were sought for the delivery of the redesigned model for Healthy Child Programme 0-5 using an open procurement process which commenced on 31st

August 2016. An OJEU Contract Notice was issued to alert the market to the tender in accordance with Public Contract Regulations 2015 and the Council's Contract Rules. In addition, the opportunity was posted to the Council's e-tendering portal, "In-tend".

3.3.3 The Council received one tender submission.

3.3.4 The tender evaluation model used a combination of price and technical merit/quality. The overall weightings used were Price 10% and Technical Merit/Quality 90%. Bidders were required to complete a technical questionnaire which sought to test their understanding of the service requirements as well as their capacity and capability to deliver the service in the future.

3.3.5 The tender was evaluated by a range of partners including senior officers from Walsall Council's Public Health team, representation from Walsall Council Childrens Services and Walsall Clinical Commissioning Group.

3.3.6 Following evaluation against the advertised criteria and on consideration of the outcome of the evaluation it is recommended that the contract is awarded to Walsall Healthcare NHS Trust, at a maximum annual value of £4,040,000 per year for the initial period 1<sup>st</sup> April 2017 until 31<sup>st</sup> March 2020 (Maximum contract value for the initial 3 years (£12,120,000) . This represents an overall saving of £515,000.

3.3.7 Given the specific commercially sensitive data of the tender evaluation information, a report detailing the evaluation criteria and the outcome of the evaluation is provided in the private report.

## **4 Council priorities**

4.1 In February 2015 the Council adopted the Corporate Plan 2015-2019, 'Shaping a Fairer Future'. The plan has been informed by intelligence from the 2011 Census, Index of Deprivation 2010 and the following three key thematic needs assessments:

- a) Joint Strategic Needs Assessment (JSNA);
- b) Economic Needs Assessment; and
- c) Safer Walsall Community Safety Assessment.

4.2 The Healthy Child Programme 0-5 supports the following priorities within the 2016-2020 Corporate Plan.

### **4.2.1 Lifelong health wealth and happiness**

#### Preventing and tackling ill health, supporting greater independence

- a) Reducing infant mortality by supporting parents to quit smoking, monitor fetal movements and ensure that safe sleep messages can be put into practice
- b) Supporting a healthy pregnancy and assisting parents in entering their successive pregnancies healthily.

- c) Identifying and meeting health needs in the parents and child and reducing accidents and emergency admissions
- d) Supporting parents to eat healthily and be active thereby reducing the number of children entering Reception an unhealthy weight.
- e) Offering support for parental mental health issues

#### Children and adults are safe from harm

- f) Taking a key role in safeguarding at each tier. (Nationally this universal service has been identified as identifying 39.5% of unmet health needs so providing a safety net for all)

#### Good Education and training opportunities for all

- g) Supporting and promoting a good level of development in all children
- h) Identifying developmental delay at age 2 and working in partnership with Early Years providers and parents to set actions in place to support a child's development to ensure that they enter school ready to learn.
- i) Active promotion of early years places for 2, 3 and 4 year olds
- j) Supporting children and families where an educational need has been identified

#### Targeted Early support where needed, supporting the vulnerable

- k) Establishment of an intensive service to support vulnerable parents and children. This could be from a short term intervention for an issue such as breastfeeding support to regular visits and support for parenting. The level and intensity of support will be dependent on the identified need.
- l) Taking the lead professional role in Early Help cases

### **4.2.2 Sustainable change and improvement for all**

#### Service delivery linked to local need

- m) The Healthy Child Programme 0-5 services and skill mix will be proportionate to the need of the local area and use validated tools to assess what staffing and resource support will be required based on analysis of the area

- 4.3 The Healthy Child Programme 0-5 service will have a positive and sustained impact on the objectives and priorities set out above, and for the Health and Wellbeing portfolio generally, both through active engagement with Walsall residents and through partnership working.

## **5 Risk management**

- 5.1 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tendering process.
- 5.2 Following the recent announcement by the national government of its plans to reduce grant allocations to local authorities for Public Health services, there is a potential risk to the Public Health budget in future years and any impact on services will need to be considered at the appropriate time, as necessary. In the

case of a reduction in the funding available for both the contract and extension period(s) the Council will vary the content of service specification and renegotiate the contract value in line with any budgetary reductions subject to compliance with the relevant statutory provisions to include the Public Contract Regulations 2015.

- 5.3 The contract requires the provider to work with commissioners to identify innovative ways of working to achieve the efficiencies as outlined in 6.1.
- 5.4 Maintenance of service quality will be monitored and assured throughout the lifetime of the contract by reporting of achievement of key performance indicators at regular contract meetings with the appointed service providers.

## **6 Financial implications**

- 6.1 Walsall MBC was allocated £4.292m for 0-5 services before a cut of approx 2.2% to grant funding was applied. This allocation funded the commissioning of the 0-5 services, the Health Visiting service and the Family Nurse Partnership service. In addition Public Health commissioned the infant feeding team to the value of £315k.
- 6.2 The Healthy Child Programme 0-5 is to be commissioned at a maximum value of £12,120,000 for the period 1<sup>st</sup> April 2017 until 31<sup>st</sup> March 2020. The budget for smoking cessation is in addition to this amount. This represents an overall saving of £567k per annum. It is anticipated that a further saving of £400,000 will be sought in 2019/20 which will be achieved through the identification of innovative ways of working. The total value of the contract will be funded through the Public Health ring fenced budget as previously agreed by Council on 19<sup>th</sup> March 2014.
- 6.3 The contract will be managed in line with Council Contract Rules and the relevant statutory provisions to include the Public Contract Regulations 2015. In the case of a reduction in the funding available for both the contract term and extension period(s) the Council will renegotiate the contract value with the service provider subject to compliance with the Public Contract Regulations 2015.
- 6.4 Spend within this contract and reprioritisation of services offered within the Healthy Child Programme 0-5 will ensure that funding for other Council services, such as Childrens Services, can be released for reinvestment in other priorities for this service.

## **7 Legal implications**

- 7.1 Legal Services will work with the relevant Council Officers to ensure that the correct duly completed contractual documentation will be entered into under the Council's Seal.
- 7.2 Any changes to this contract following award as outlined in paragraphs 5.2 and 6.2 of this report may only be performed subject to compliance with the terms of

the conditions of the contract and in strict compliance with relevant statutory provisions to include the Public Contract Regulations 2015

## **8. Procurement Implications**

- 8.1 This Contract was advertised in the Official Journal of the European Union (as detailed in paragraph 3.3.2) and an open procurement procedure followed.

## **9. Social Value Implications**

- 9.1 Social value is an integral part of this contract and the tender was evaluated based on the providers ability to bring social value, including employment and volunteering opportunities, as part of delivery to Walsall.

## **10. Property implications**

- 10.1 No apparent implications for the Council's property portfolio

## **11. Health and wellbeing implications**

- 10.1 The Council has a statutory duty to promote the health and wellbeing of its population. The Contract for which Cabinet approval to the award is being sought under this report has been designed based upon feedback from service users and upon knowledge of effectiveness from published research and from other geographical areas to ensure that the health of the population is maximised in the most efficient manner. The Contract supports the Corporate Plan priorities for the Council by ensuring that these services protect the most vulnerable in Walsall and reduce health and wellbeing inequalities, an explicit objective of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
- 10.2 The Marmot Review and the public health white paper 'Healthy Lives, Healthy People' highlighted the importance of early life interventions in improving health and reducing avoidable health inequalities across the life course. The Marmot Principles<sup>2</sup> were adopted by the council in September 2012. These objectives have provided the framework for the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, the Sustainable Communities Strategy and "The Walsall Plan.
- 10.3 The Healthy Child Programme 0-5 adheres to Marmot principles of early intervention and proportionate universalism

## **11. Staffing implications**

- 11.1 No staffing implications have been identified for Council staff.

## **12 Equality implications**

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<sup>2</sup> Fair Society, Healthy Lives (Marmot Review) 2010

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

- 12.1 The Equality Impact Assessment (EqIA) was undertaken in June 2016 and identified that the proposed service model contained no potential adverse impact on people with protected characteristics; therefore no major change would be required. The EqIA attached at **Appendix B** of this report was considered by elected members at the Cabinet meeting on 16<sup>th</sup> December 2015 and updated in June 2016 following results of public and stakeholder consultation.

### 13 Consultation

- 13.1 Specific consultation was undertaken in preparation for the tender of the Healthy Child Programme 0-5 and the details of the findings were included in the Cabinet Report dated the 15<sup>th</sup> June 2016. In summary a wide range of service users and stakeholder organisations were consulted, which resulted in 502 responses, the comments were noted and taken into consideration and there was general support for the proposed service model.

#### Background papers: None

Appendix A: 4,5,6 Model of Health Visiting  
Appendix B: Equality Impact Assessment June 2016

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## Appendix A.

### 4,5,6 Model of Health Visiting indicating the 5 mandated review visits



Health visitors work with families & communities to improve access, experience, outcomes and reduce health inequalities



#### levels of service:

Your community  
Universal  
Universal plus  
Universal partnership plus



#### universal health reviews\*:

Antenatal  
New baby  
6 – 8 weeks  
1 year  
2 – 2 ½ years  
\*mandated for 18 months



#### high impact areas:

Transition to parenthood  
Maternal mental health  
Breastfeeding  
Healthy weight  
Managing minor illness & accident prevention  
Healthy 2 year olds & school readiness

**#healthvisiting**



**Walsall Council**

## Appendix B

### Equality Impact Assessment (EqIA) for 0-5 Healthy Child Services

June 2016

Proposal name	<b>178 0-5 Healthy Child Services</b>		
Directorate	Environment and Economy		
Service	Public Health		
Responsible Officer	Uma Viswanathan		
EqIA Author	Esther Higdon		
Proposal planning start	October 15	Proposal start date (due or actual)	01/04/2017

Updated June 2016

<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	Policy		
	Procedure		
	Internal service		
	External Service	<b>Yes</b>	<b>New procured service</b>
	Other - give details		
<b>2</b>	<b>What are the intended outcomes, reasons for change? (The business case)</b>		
	<p>To deliver savings by integrating the breast feeding/infant feeding programme with the 0-5 Healthy Child programme (health visiting programme) and to re-procure a redesigned service by April 2017.</p> <p>In conjunction with Children's Services, develop integrated operational working around early year's provision.</p> <p>The redesign of the service would ensure that the needs of Walsall would have been considered and be met and that the skill mix of the service would be adapted to meet the needs of each locality.</p> <p><i>In addition to develop a new service to support a healthy pregnancy (not in WMBC budget consultation document)</i></p>		

	<p>To provide support for a healthy pregnancy for women in Walsall in order to meet the recommendations made to Public Health WBC by the Peri Natal Institute in its review into how to reduce infant mortality</p> <p>To provide a service tailored to the individual needs of all vulnerable parents to support them during pregnancy and the first 5 years of a child's life. Currently a more intensive support service is offered to approximately half of first time teen parents until the child is 2 years of age with other vulnerable parents being supported by the Health Visiting and teenage pregnancy services.</p> <p>To procure a provider to continue to offer the Healthy Child Programme 0-5 (HCP 5-19) which incorporates the two proposed additional services. The HCP 0-5 is an evidence based programme led by the Health Visiting Service. It supports all families from 28 weeks in pregnancy until the child is 5 years of age. Support is delivered to families proportionate to their need, with more intensive visits and interventions given to those families with higher need.</p>		
<b>3</b>	<b>Who is the proposal potential likely to affect?</b>		
	<b>People in Walsall</b>	<b>Yes / No</b>	<b>Detail</b>
	All		
	Specific group/s	<b>Yes</b>	<p>All pregnant women and new parents Prospective and new parents will have an integrated service that is easier to navigate and designed to support their individual needs</p> <p>Vulnerable parents eg. parents who are in or leaving care, parents with mental health problems or learning difficulties or teen parents, will receive a more intensive service proportionate to their need and for as long as this might be needed</p>
	Council employees		
	Other		
<b>4</b>	<b>Evidence, engagement and consultation</b>		
<b>4.1</b>	<p><b>GETTING IT RIGHT FOR FAMILIES;</b> A REVIEW OF INTEGRATED SYSTEMS AND PROMISING PRACTICE IN THE EARLY YEARS (Early Intervention Foundation 2014) emphasises the importance of integration between Council and Health services for 0-5s. It is anticipated that with responsibility for commissioning the 0-5 HCP coming to Local Authorities, there will be greater opportunities for thorough needs assessment, integration and efficiency savings for this group</p> <p>Commissioning responsibilities for 0-5s came to the Local Authority 1.10.15. Cabinet was informed 22.7.15 that models would be trialled October 15 to March 16 and consulted upon spring 2016 in preparation to reprocure by April 2017.</p> <p>Models around early years readiness assessment and transition to parenthood were piloted October 15 to March 2016 with roll out of these services early summer 2016</p> <p>A more comprehensive EqIA will be prepared summer 2016 based on findings from this</p>		

consultation to gain further stakeholder and resident views around this specific service change that will be set in place from April 2017

Addition to January 2016 EqIA based on consultation findings (May 2016)

A consultation was undertaken with stakeholders and residents in March and April 2016 around services for expectant and new parents and children in their first 5 years of life. This took the form of a combination of electronic and paper based questionnaires with 20 focus groups being run in addition in order to ensure the views of vulnerable groups were gained. A total of 503 people responded (395 residents and 108 stakeholders)

Both health professionals and the public supported the introduction of a new service aimed at vulnerable parents, as this was seen as an identified gap in the current market. Concerns raised from this proposal from both groups, however, were that this may put extra pressure on current services as well as other groups of people who may be overlooked.

Support during pregnancy was welcomed by residents with breastfeeding and monitoring fetal movements seen as most important messages to be given

The views on current early year's health services are positive with many valuing the work of health visitors, breastfeeding and parenting advice. It was suggested that more should be done to ensure service users and health professionals are aware of the referral process and who to contact in the mental health support service. Health visiting is a valued service with many praising its work for pregnant mothers and families; however a viewpoint shared by both stakeholders and parents is that this service is stretched, often impacting on the quality of service delivered. Lack of information puts people off using these services and therefore, more work is required to increase the awareness of services available in order for users to make the most from them.

Stakeholders expressed a need for there to be a clear referral pathway for CAMHS for 0-5s and to improve screening methods and liaison with other specialties during pregnancy.

**Support services most requested during early childhood;**

**Stakeholders**

1. Parenting and under 5s advice and support (15.5%)
2. Access to HVs/ professionals (15.3%)
3. Mental well being for parents (14.6%)

**Parents**

1. Access to midwives and health visitors (179 responses)
2. Breastfeeding (168 responses)
3. Parenting and under 5s advice and support which might be offered by health visitors (163 responses)
4. Safety and accident reduction (144 responses)
5. Well Baby Groups (125 responses)

**Top priority services during pregnancy:**

**Stakeholders**

1. Breastfeeding information and advice (18.7%)
2. Mental well-being (18.4%)
3. Stop smoking (12.8%)

**Parents**

1. Breastfeeding (161 responses)
2. Monitoring fetal movements (154 responses)
3. Healthy eating (106 responses)
4. Healthy weight including physical activity(89 responses)

#### Service for vulnerable parents

73.1% of stakeholders strongly agreed or agreed to the new proposal to develop a service for vulnerable parents. 25% disagreed with this proposal emphasising that ALL patients should require more support, not just vulnerable adults; some had concerns over the impact such a service would have on universal families. Health Visitors worried about the possible increased time constraints this may have on their service

77.6% of respondents strongly agreed or agreed with the proposal to provide a service that supported a wider range of vulnerable groups, believing that the groups suggested were the groups that require it the most. Of the 41 Respondents who have used the Family Nurse Partnership in the last 5 years, 88% of respondents agreed (58.5% Strongly agreed and 29.3% agreed) with the new proposal to provide a service that supports a wider range of vulnerable groups. This shows that those who had already used the FNP service were more open to the idea of a new service, possibly based on personal experience, knowledge of service offers and benefits, compared to those who hadn't.

Of those that disagreed or did not know (23%) felt that the service should be aimed at ALL groups of people, not just vulnerable groups. Although many recognised the need for vulnerable groups to have access to these services, they believed that this should not be at the price for other groups being overlooked and under supported. Other groups of people identified as being vulnerable were similar to those identified by stakeholders and included single parents, refugees, alcohol abusers, victims of domestic violence and years 10 and 11 at secondary school.

#### Accessing services

The majority of residents wanted support to be offered at home on a one to one basis (276 responses) but there was interest in being offered support in the GP surgery, health centre or Childrens Centre

An infant mortality workshop and engagement event was also run for stakeholders in April 2016. 50 people attended. This showed support for a service specifically aimed at vulnerable parents and for a service to support a healthy pregnancy. It offered a number of valuable suggestions eg To increase staff training on pathways ensuring that information gets disseminated to the correct people or to have a multi agency approach to the development of pathways

## **4.2 Concise summary of evidence, engagement and consultation**

20 Focus groups March and April 2016

Online and paper questionnaires March and April 2016 to residents and stakeholders  
Stakeholder workshop April 2016

From the online, face to face and workshop consultation, there was no evidence that indicates potential negative impacts for people with protected characteristics

	When commissioning and procuring the services, we will include contract conditions which: <ul style="list-style-type: none"> <li>• Prohibit the contractor from unlawfully discriminating under the Equality Act</li> <li>• Require them to take all reasonable steps to ensure that staff, suppliers and subcontractors meet their obligations under the Equality Act.</li> </ul>			
<b>5</b>	<b>How may the proposal affect each protected characteristic or group?</b> <b>The affect may be positive, negative or neutral.</b>			
	<b>Characteristic</b>	<b>Affect</b>	<b>Reason</b>	<b>Action needed Y or N</b>
	Age	Y  positive	A greater emphasis on supporting families universally. Integrated services for 0-5 set in place resulting in less fragmentation and a service for children prebirth and in the early years responding to their needs as they arise  Support for vulnerable parents including young parents will be tailored to the specific needs of this group  Development needs of children (ASQ and EYFS) to be met through sharing of information	
	Disability		No foreseen impact	N
	Gender reassignment		No foreseen impact	N
	Marriage and civil partnership		No foreseen impact	N
	Pregnancy and maternity	Y  positive	A greater emphasis on supporting new parents universally in the ante natal period. Integrated services for prospective and new parents set in place resulting in less fragmentation and an antenatal service and in the early years responding to needs as it arises  Support for vulnerable parents to be emphasised within	

			service which meets their individual needs for support	
			Women in pregnancy to be offered a dedicated service to complement the midwifery service	
	Race		No foreseen impact	N
	Religion or belief		No foreseen impact	N
	Sex		No foreseen impact	N
	Sexual orientation		No foreseen impact	N
	Other (give detail)			
Further information				
6	<b>Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.</b>			(Delete one) <b>No</b>
	<p>The reduction in Childrens Centres has an impact on accessing services for 0-5s, this is mitigated by the universal offer delivered by Health Visitors and the additional intention to support women in pregnancy and vulnerable families</p> <p>This proposal links with the lifestyle services model which will works in a complementary way to support parents and families to improve their health and to achieve their goals pre conception i.e. the service would refer people into and actively support 'healthy weight' and smoking cessation programmes</p>			
7	<b>Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)</b>			
	A	No major change required		
	B	<b>Adjustments needed to remove barriers or to better promote equality based on response from consultation</b>		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
February 2016	Wider stakeholder and resident consultation around proposed changes and to support design of new service	Esther Higdon	April 2016	Support for development of revised service meeting needs of Council for budgetary savings and stakeholders and residents for a service that meets their needs
July 2016	Procurement of revised service  Within the procurement to ensure that findings from the consultations are considered and taken into account to ensure that access to and use of the new service is maintained	Esther Higdon	31 March 2017	New service in place
1 April17	New service in place	Esther Higdon	ongoing	Revised service monitored and evaluated

Update to EqIA	
Date	Detail
1.6.16	Details of consultation summary added to 4.1 and 4.2