

Cabinet - 18 December 2019

Future Commissioning of the Walsall Healthy Child Programme for 0-19 year olds

Portfolio:	Councillor Longhi, Portfolio holder for Public Health
Related portfolios:	Councillor Towe, Portfolio holder for Education Councillor Wilson, Portfolio holder for Children's Services
Service:	Environment and Economy Directorate - Public Health
Wards:	All
Key decision:	Yes
Forward plan:	Yes

1. Aim

- 1.1 The aim of this report is to set out commissioning options for Walsall Council's Healthy Child Programme services, currently known as the Healthy Child Programme 0-5 and the Healthy Child Programme 5-19, and to recommend a preferred commissioning option to Cabinet.

2. Summary

- 2.1 This report follows Cabinet's approval on 17 July 2019 to explore future commissioning arrangements for all Healthy Child services and to then report back to Cabinet with commissioning proposals.
- 2.2 This report informs Cabinet about three possible future commissioning options for both the Healthy Child Programme 0-5 and Healthy Child Programme 5-19 services and proposes that they are brought together with the preferred option being to commission the combined service (referred to in this report as the Healthy Child Programme 0-19) through a Section 75 agreement with Walsall Healthcare NHS Trust ('WHT').
- 2.3 Whilst there will be no substantive changes to Healthy Child Programme services currently commissioned by the Council, the rationale for these recommendations is that, having undertaken a detailed analysis of options, the Council believes that the use of a Section 75 agreement for future commissioning of the services will lead to a better quality service for parents,

children and young people in Walsall, for reasons set out in paragraphs 4.11-4.12 of this report.

- 2.4 The recommendations contained within this report are classed as key decisions, as they affect more than two wards within the Borough.

3. Recommendations

- 3.1 That Cabinet considers the options appraisal at **Appendix A** of this report about the future commissioning arrangements for the Council's Healthy Child Programme 0-5 and the Healthy Child Programme 5-19 and approves option 1 for the reasons set out in this report.

- 3.2 That Cabinet delegates authority to the Director of Public Health in consultation with the Portfolio Holder to enter into arrangements for the services currently provided for by the Healthy Child Programme 0-5 and the Healthy Child Programme 5-19 to be commissioned through a Section 75 agreement with Walsall Healthcare NHS Trust for a term commencing no later than January 2022, with a value of approximately £4.9 million per year (with budgets and schedules reviewed annually) and to subsequently authorise the sealing of any deeds and/or signing of any related documents in order to enter into such arrangements.

4. Report Detail - know

Context

The Healthy Child Programme 0-19

- 4.1 Walsall Council has responsibility for commissioning the Healthy Child Programme 0-19 services. These services consist of health visiting, school nursing, teenage pregnancy services and the health in pregnancy services including smoking cessation support in pregnancy. The statutory elements within these services include the National Child Measurement Programme (delivered by school nurses) and 5 universal contacts offered by the health visiting services.
- 4.2 Cabinet decisions taken on 18 March 2015 mandated the award of the Healthy Child Programme 5-19 contract and on 14 December 2016 mandated the award of the Healthy Child Programme 0-5 contract. The current contracting arrangements are shown in the following table 1.

Table 1

	Start date of contract	Existing contract duration	Expiry date of contract	Current provider
Healthy Child Programme 0-5 (health visiting and healthy pregnancy service)	1 April 2017	3 years plus up to 2 years extension	31 March 2020 (initial 3 year period), with possibility of up to 2 years' extension to 31 March 2022	WHT
Healthy Child Programme 5-19 (school nursing and teenage pregnancy reduction service)	1 Aug 2015	3 years plus up to 2 years extension	31 July 2020	WHT

- 4.3 The Cabinet decision on 17 July 2019 gave the Director of Public Health the authority to modify the Healthy Child Programme 5-19 contract to extend past 31 July 2020, in order to allow sufficient time to explore and implement future commissioning arrangements. This extension is in the process of being implemented, and will allow for Cabinet's decision around future commissioning arrangements.
- 4.4 The Healthy Child Programmes are preventive, early intervention-focussed public health programmes that are at the heart of the universal service for children and families; they are based on the best available evidence around what works for improving the health and wellbeing of children (PHE, 2015).
- 4.5 In Walsall the Healthy Child Programmes are currently made up of four elements:
- The Health in Pregnancy service, aimed at supporting all women during pregnancy. The service offers public health support to this group, with particular support offered to vulnerable women;
 - Health visiting service for 0-5 year olds and their families;
 - School nursing service for 5-19 year olds and their families;

- The teenage pregnancy service, aimed at reducing teenage pregnancies and supporting young parents.
- 4.6 These Healthy Child Programme services contribute to a range of Public Health Outcomes Framework outcomes, including infant mortality rate, school readiness, rate of low birth weight babies, breastfeeding initiation and prevalence, under 18s conception rate, prevalence of childhood overweight and obesity, and hospital admissions caused by unintentional and deliberate injuries in children.
- 4.7 The Healthy Child Programme 0-19 Cabinet report from 17 July 2019 provides additional background information on the current delivery of the Healthy Child Programme in Walsall.

Commissioning options

- 4.8 Three commissioning options have been identified for the Healthy Child Programmes:
- Procurement of services by external providers (this is how the services are currently provided to the Council);
 - Provision of the services by an NHS body partner through a Section 75 agreement;
 - Bringing the services in house.
- 4.9 An options appraisal has been developed around these three options. This has been informed by consultation with Walsall Council colleagues; engagement with other local authorities who have developed Section 75 agreements for their Healthy Child Programme services; and a market warming exercise with potential providers (an open report-based exercise where any interested providers were asked to complete a questionnaire around their potential interest).
- 4.10 **Appendix A** outlines a Strengths / Weaknesses / Opportunities / Threats ('SWOT') analysis of each of the three commissioning options.
- 4.11 Based on the SWOT analysis, the preferred option is for the Healthy Child Programme 0-19 services to become part of an overarching Section 75 agreement currently being explored by Adult Social Care. This is because, on the basis of the options that have been explored, a Section 75 agreement is believed to be the best commissioning option for continuing to improve the quality and impact of Healthy Child Programme 0-19 services in Walsall. A Section 75 agreement will allow for a continuity of provider that should facilitate the iterative development of stronger services, that align to the needs of families

and young people in Walsall. This links also to the Walsall Together business case ambitions, including the ambition to create a health and care system that is “high quality, cost effective and the best value for money”.

4.12 It is expected that the use of a Section 75 agreement would result in a greater improvement in services than other commissioning options, for the following reasons:

- Facilitation of closer working between commissioners and providers, leading to more dynamic service specifications that can better meet children and their families’ needs in Walsall;
- More efficient use of commissioner time;
- No risks to service delivery from reduced performance from provider during a procurement exercise or subsequent mobilisation period.

Equality Impact Assessment

4.13 An Equality Impact Assessment (EqIA) is not necessary at this point. This is because there are no anticipated changes in service provision or budgets. There has been and there will continue to be engagement with end users to ensure that the service continues to meet their needs. The previous EqIA for these services has been reviewed and refreshed to ensure that it is fit for purpose.

Council Corporate Plan Priorities

4.14 The Healthy Child Programme 0-19 supports the following Council Corporate Plan priority area:

Children have the best start and are safe from harm, happy, healthy and learning well.

4.15 The Healthy Child Programme 0-19 also supports the following refreshed Corporate Plan outcomes.

- Children thrive emotionally, physically, mentally and feel they are achieving their potential;
- Children grow up in connected communities and feel safe everywhere.

Risk Management

4.16 The following risks have been identified with a Section 75 arrangement:

Risk	Mitigation
Walsall Council and WHT are not able to agree terms of a Section 75 agreement.	WHT Board noted the Walsall Together business case on 4/7/19, which clearly outlines that a Section 75 is the preferred future approach for managing the contractual relationship for health services between Walsall Council and WHT. Ultimately, if no Section 75 can be agreed, the preferred option will be to procure the services, for which Cabinet would be asked to approve contract awards.
Public health expertise is lost in the performance monitoring processes.	Clear governance processes are in place that allow for specialist public health input into the performance monitoring process. Any significant changes to budget or service will still require Cabinet approval.
Future reductions in service budgets make the service unattractive for WHT to provide.	The Section 75 agreement will have exit mechanisms for both parties, to allow notice to be given. Should WHT give notice, alternative commissioning arrangements will be implemented at that point.
WHT performance in delivering the service is not satisfactory.	The Section 75 agreement will have a clear process for managing performance issues. Ultimately, the Section 75 agreement will have exit mechanisms for both parties, to allow notice to be given by Walsall Council should WHT be unable to improve performance after following all available steps within the Section 75 agreement.

Financial Implications

- 4.17 Under the Section 75 arrangement, the budget will be set by Walsall Council on an annual basis initially. The budget will not be delegated to WHT.
- 4.18 There are no current plans to change the budget for services. The initial annual budget for the Healthy Child Programme 0-19 services will match the current

budgets for the health visiting, school nursing, health in pregnancy and teenage pregnancy services (approximately £4.9million per annum).

- 4.19 The Section 75 agreement will have a formal process for making changes to the budgets if required.
- 4.20 There may be additional legal costs for external legal advice about a Section 75 agreement.

Legal Implications

- 4.21 Local authorities and NHS bodies may enter partnership arrangements to provide health-related services under Section 75 of the National Health Service Act 2006 (the '2006 Act') if the arrangements are likely to lead to an improvement in the way Walsall Council's functions are exercised.
- 4.22 Components of the Healthy Child Programme services are statutory duties which the Council must provide, namely the National Child Measurement Programme and 5 universal Health Visitor contacts, and therefore the Council must continue to provide these services when the current contracts with WHT come to an end.
- 4.23 However the Council proceeds with service provision, if this will be using external suppliers, then such arrangements will be in a legally binding form to be approved by Legal Services

Procurement Implications

- 4.24 Procurement advice and support will be provided as appropriate.

Property Implications

- 4.25 There are no Council property implications identified to date.

Health and Wellbeing Implications

- 4.26 Walsall Council has a statutory duty to promote the health and wellbeing of its population. The Healthy Child Programme 0-19 contains 12 high impact areas, all of which impact on the health and wellbeing of children aged 0-19 years.
- 4.27 Reducing inequalities is an explicit objective of the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public services seek to maximise improvement in health and wellbeing,

including narrowing the gap in outcomes between the most deprived and least deprived in the Borough.

- 4.28 Giving “every child the best start in life” is one of six key areas identified in the Marmot report as crucial for reducing health inequalities (Marmot, 2010) and is a major focus within the Healthy Child Programme.

Staffing Implications

- 4.29 Whilst no direct staffing implications have been identified, the Healthy Child Programme services will continue to be monitored and managed by staff in the Public Health team.

Reducing Inequalities

- 4.30 Walsall has high levels of need across many of its wards. Some outcomes for children and young people are often worse than the national average at borough level. For example (PHE, 2019):

- Infant mortality is 6.2 per 1000 births (compared to 3.1 per 1000 in England);
- 68.1% of children achieve a good level of development at the end of Reception (compared to 71.5% nationally);
- 25.6% of children in Year 6 are obese (compared to 20.1% nationally);
- Under 18s conception rate is 27.2 per 1000 (compared to 17.8 per 1000 nationally).

- 4.31 Delivering a high quality Healthy Child Programme is crucial to enable children to have the best start in life.

Consultation

- 4.32 The proposals put forward in this report will not change the budget or services currently provided by the Healthy Child Programme 0-5 and Healthy Child Programme 5-19, so as such there is no requirement for further consultation prior to this report to Cabinet, although Public Health will continue to consider the requirements for further consultation as the proposals progress. There has been and there will continue to be engagement with end users to ensure that the service continues to meet their needs.

5 **Decide**

5.1 Options considered and reasons for recommendations are set out in paragraphs 4.8-4.12.

6. **Respond**

6.1 Subject to approval of recommendations, a draft Section 75 agreement will be finalised and then brought to Cabinet in 2020.

7. **Review**

7.1 When the proposed Section 75 agreement is brought to Cabinet in 2020, the accompanying report will also set out how any risks will be addressed and mitigated. There will be monitoring and review of the Healthy Child Programme 0-19 services through the Section 75 governance processes.

Background reports

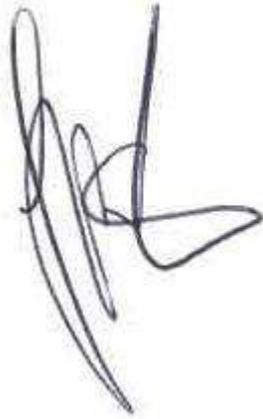
None

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Simon Neilson
Executive Director
Economy & Environment
04 December 2019

A handwritten signature in black ink, appearing to read 'Marco Longhi' in a cursive script.

Councillor Marco Longhi
Cabinet Portfolio Holder
Health and Wellbeing
04 December 2019

Appendix A: Commissioning options

Option 1: Section 75 agreement for 0-19 services

Background

Section 75 (S75) of the National Health Service Act 2006 can be used for two purposes:

- Creation of joint, pooled budgets (e.g. Better Care Fund);
- Delegation of local authority health-related functions (with the exception of some exclusions) to another partner organisation, e.g. a CCG or an NHS trust.

The legal basis for delegating functions is that the Councils expect that a delegation would lead to an improvement in services. A S75 agreement is not considered to be a contract for services, and therefore is not covered by public sector procurement legislation. The Council would retain their statutory responsibilities in whatever area they choose to delegate. A formal consultation is required before a S75 agreement can be implemented.

The option of delegating local authority functions around Healthy Child Programme 0-19 public health services to WHT is being considered currently, as part of the implementation of Walsall Together. The Healthy Child Programme 0-19 could be part of the larger S75 agreement that is currently being developed by Adult Social Care, or have its own bespoke agreement. The SWOT analysis completed here relates to the Healthy Child Programme 0-19 services being part of a larger agreement with Adult Social Care.

Strengths

- **More efficient use of commissioner time:** the provider market in health visiting and school nursing is limited, so procurement is unlikely to result in a change of provider, meaning that there is potentially limited benefit to a formal procurement process.
- **Alignment with Council's strategic direction:** implementation of Walsall Together means that a more collaborative approach with NHS providers is proposed, such as through the use of a S75 agreement.
- **Close links maintained between Healthy Child Programme services and wider 0-19 services:** WHT provide a range of other services for pregnant women and children. The consultation feedback highlighted the importance of close links between Healthy Child Programme services and a range of other services, particularly for vulnerable groups and people with protected characteristics, including midwifery and services for children with disabilities (such as occupational therapy, speech and language therapy and the Child Development Centre).

Weaknesses

- **Financial pressures from other services within a S75:** depending on how the S75 is structured, if public health service budgets are pooled with those from social care, it may be more challenging to protect public health budgets from financial pressures within other services. This will be mitigated through the use of clear ring-fencing between services within the S75 agreement.
- **Loss of direct public health commissioner input into monitoring of services:** if Healthy Child Programme 0-19 services are part of a bigger S75 agreement, public health services may become a small part of a much larger monitoring process, making it challenging to maintain focus on public health outcomes (particularly with regards to the universal element of the service). This will be mitigated through a clear governance structure, including a role for public health commissioners in the monitoring of public health services.

Opportunities

- **Opportunity for commissioners to work more closely with frontline professionals in the development of service specifications and outcomes:** the absence of a formal procurement process, there can be closer collaboration between commissioners and providers in the development of service specifications and outcomes. This should lead to stronger, more dynamic service specifications and so higher quality services, including for people with protected characteristics.

Threats

- **Previous budget reductions may put pressure on services.** Savings from the Healthy Child Programme 0-5 contract were facilitated by contractual changes that were put in place during the procurement of the current services. Future achievement of savings will be more dependent on the strength of the partnership.
- **Service redesign** may be more dependent on the strength of the partnership between Walsall Council and Walsall Healthcare Trust than previously. In 2017, the Healthy Child Programme 0-5 services in Walsall were redesigned with the decommissioning of the Family Nurse Partnership and Breast Feeding Support service and the development of a new Health in Pregnancy Service – such redesign may prove to be more difficult in the future if the partnership formed through a S75 is not sufficiently mature.

Option 2: Procurement

Background

Procurement involves a formal process of going out to the market to invite bidders for a service. This has been how Walsall Council has commissioned the Healthy Child Programme 0-19 services over the past 5-6 years.

Strengths

- **Test the market:** procurement is a means of commissioning a service that allows for competition between multiple providers. This can help ensure best value for the Council as well as best quality. No assumptions are made about who might be the best provider of services.
- **Clear, well-tested process for performance management of contracts:** the Public health team is very experienced in performance managing traditional contracts with providers.

Weaknesses

- **Time intensive:** procurement can be a very time-intensive process for both commissioners and providers. Previous procurements have been associated with dips in performance from existing providers due to the intensive work needed to prepare a bid.
- **Disruption to planning:** undertaking a procurement necessarily means that the current provider may not be re-awarded the contract. This can be destabilising for the current service, and makes it challenging to plan in the long-term in the run-up to the procurement as the provider does not know if they will be re-awarded the contract.

Opportunities

- **Opportunity to look at other ways of delivering the service:** procurement offers the opportunity to look at how other providers might deliver the service more effectively.
- **Opportunity to develop the market** through market engagement, to increase the choice of potential bidders. A market sounding exercise undertaken in October 2019 received responses from 6 providers, demonstrating that there is interest amongst a variety of providers in bidding for the service.

Threats

- **Disruption to services during mobilisation:** previous procurements have been associated with disruption to services during the mobilisation period; this could be particularly exacerbated if there was a change in provider.

Some of this could be mitigated through careful planning and a lengthy mobilisation period.

- **Limited market:** previous experience in Walsall has demonstrated that in practice there are few potential bidders, although a market sounding exercise undertaken in October 2019 received 6 responses.
- **Potential TUPE issues** were identified in the market sounding as a challenge.

Option 3: bringing services in-house

Some councils have chosen to bring services in-house, so that they are delivered by Council staff.

Strengths

- **Direct control over services:** if services are brought in house, the Council has direct control over how staff are deployed operationally.
- **Ease of changes to service:** services delivered in house can be varied more flexibly than those that are contracted out.

Weakness

- **Extremely time-intensive:** the process of bringing into the Council would use a significant amount of the capacity of the commissioning staff and Human Resources to operationalise.
- **Need for additional clinical governance processes:** the Council currently doesn't have a clinical governance process that could effectively monitor these services, so there would need to be a significant investment of resource into setting up a system that is fit for purpose; currently our services benefit from being part of a larger healthcare provider that already has appropriate processes.
- **Additional cost:** the Council would need to make significant financial investment into IT systems and appropriate organisational indemnity to be able to deliver these services.

Opportunities

- **Close working with service:** a traditional commissioner-provider relationship can sometimes hinder close working with services. Bringing services in house can help facilitate closer working between commissioning and strategic leads, and more operational staff.

Threats

- **Loss of staff:** current staff are employed by the NHS; they may not want to move to a non-NHS organisation (even if terms and conditions are initially retained through the TUPE process).

- **Difficulties in recruitment:** again, the majority of staff who work for these services are employed by the NHS. Other areas have struggled to attract staff into local authority roles with different terms and conditions.

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	178 0-5 Healthy Child Services		
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 May 2016; Nov 2019

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy		
	Procedure		
	Internal service		
	External Service	Yes	Recommis sioned service
	Other - give details		
2	What are the intended outcomes, reasons for change? (The business case)		
	<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>		



Walsall Council

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.

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 (for the model of support, please see **Appendix A**).

Updated Nov 2019

This service is due to be recommissioned. There is no plan to substantively alter the offer to families at this point.

Estimated Net Saving				
2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Implementation Investment cost
£15k	£200k			£215k

3 Who is the proposal potential likely to affect?

People in Walsall	Yes / No	Detail
All		
Specific group/s	Yes	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 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
Council employees		
Other		

4 Evidence, engagement and consultation

4.1 GETTING IT RIGHT FOR FAMILIES; A REVIEW OF INTEGRATED SYSTEMS AND PROMISING PRACTICE IN THE EARLY YEARS (Early Intervention Foundation 2014) emphasizes 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

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 reprocur by April 2017.

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

A more comprehensive EqIA will be prepared summer 2016 based on findings from this 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.

Consultation 2019

A formal consultation was held seeking the views of the general public (parents, carers and service users) and professionals (health, social and educational professionals) on the current Health Child Programme 0-19 services and the future shape of these services from 26th September 2019 until 22nd October 2019. This consultation asked about respondents' views of the current service and what its future priorities should be, along with questions

around access to services for vulnerable groups. It did not specifically ask about commissioning options. Should Cabinet decide to recommend a section 75 agreement, a further consultation will need to be undertaken.

The consultation consisted of:

- Surveys (one for residents / service users and one for professionals), conducted online and also in hard copy;
- Face-to-face engagement.

Details of each consultation are summarised below.

Type of engagement/consultation	Survey	Date	26/9/19-22/10/19
Who attended/participated?	Invited to participate are: General public (parents, carers and service users) 68 participants in total		
Protected characteristics of participants	94% female, 6% male 91% white British 19% aged under 16 years 9% identified themselves as having a disability under the Equality Act 10% identified themselves as pregnant or caring for a baby aged up to 26 weeks 51% identified themselves as Christian; 30% no religion; 12% other religions (including Muslim, Sikh and Hindu respondents) 93% identified themselves as heterosexual, 2% bisexual 14% identified themselves as parents of a child with SEND		
Feedback			
<ul style="list-style-type: none"> • Participants highlighted a number of groups with protected characteristics that they felt may struggle to access 0-19 services. In particular, these groups included: children with disabilities, parents with mental health problems or learning disabilities; certain BME groups (particularly those for whom English is a second language; travellers). 			

Type of engagement/consultation	Survey	Date	26/9/19-22/10/19
Who attended/participated?	Invited to participate are: professionals. 89 professionals completed		
Protected characteristics of participants	No details collected – not applicable		
Feedback			
<ul style="list-style-type: none"> • Participants highlighted a number of groups with protected characteristics that they felt may struggle to access 0-19 services. In particular, these groups included: parents with mental health problems or disabilities; teenage parents; certain BME groups (particularly those for whom English is a second language, travellers and asylum seekers / refugees), and children with disabilities. 			

Type of engagement/consultation	Face-to-face engagement	Date	1/10/19 – 18/10/19
Who attended/participated?	Range of service users and parents who are eligible to use services. 82 participants in total across the whole 0-19 consultation, with an estimated 56 participants who were asked about 0-5 services.		
Protected characteristics of participants	Across the whole face-to-face part of the Healthy Child Programme consultation, the demographics were: 9 participants were male, 73 were female. 11 participants were aged under 18 years (this sample also included care leavers). 5 participants were parents of children with disabilities. 71 participants were pregnant or parents of children aged under 18 years.		
4.2	Concise summary of evidence, engagement and consultation		
	<p>20 Focus groups March and April 2016 Online and paper questionnaires March and April 2016 to residents and stakeholders Stakeholder workshop April 2016</p> <p>From the online, face to face and workshop consultation, there was no evidence that indicates potential negative impacts for people with protected characteristics</p> <p>When commissioning and procuring the services, we will include contract conditions which:</p> <ul style="list-style-type: none"> • Prohibit the contractor from unlawfully discriminating under the Equality Act • Require them to take all reasonable steps to ensure that staff, suppliers and subcontractors meet their obligations under the Equality Act. <p>Consultation 2019</p> <ul style="list-style-type: none"> • Range of focus groups / face-to-face engagement and surveys around experiences of current services • There are some concerns around staffing capacity within current services to meet the needs of children with disabilities, as well as accessibility of services for some other groups with protected characteristics (particularly certain BME groups and parents with mental health problems or disabilities) 		
5	How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.		
	Characteristic	Affect	Reason
			Action needed Y or N

Age	Y positive	<p>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</p> <p>Support for vulnerable parents including young parents will be tailored to the specific needs of this group</p> <p>Development needs of children (ASQ and EYFS) to be met through sharing of information</p>	
Disability	Y negative	Concerns highlighted about support for children with disabilities and ability of parents with disabilities to access some services	Y
Gender reassignment		No foreseen impact	N
Marriage and civil partnership		No foreseen impact	N
Pregnancy and maternity	Y positive	<p>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</p> <p>Support for vulnerable parents to be emphasised within service which meets their individual needs for support</p> <p>Women in pregnancy to be offered a dedicated service to complement the midwifery service</p>	
Race	Y	Concerns raised about particular BME groups' access to some	N

		negative	services, particularly vulnerable groups such as refugees, asylum seekers and Travellers/Gypsies.	
	Religion or belief		No foreseen impact	N
	Sex		Unknown	N
	Sexual orientation		No foreseen impact	N
	Other (give detail)			
	Further information			
6	Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.			(Delete one) Unclear
	<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> <p>However, there is insufficient information available on the impact of budget reductions in Children's Centres and children's services more widely</p>			
7	Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)			
	A	No major change required		
	B	Adjustments needed to remove barriers or to better promote equality based on response from consultation		
	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 April 17	New service in place	Esther Higdon	ongoing	Revised service monitored and evaluated
Nov 2019	Review of service specifications to consider how to remove barriers to participation, including introducing more detailed monitoring of protected characteristics and looking at pathways for groups highlighted to ensure sufficient capacity to meet needs.	Emily Smith / Esther Higdon	April 2020	Service specifications complete

Update to EqIA	
Date	Detail
1.6.16	Details of consultation summary added to 4.1 and 4.2
8.11.19	Additional consultation information added to 4.1 and 4.2 following consultation undertaken in Sept-Oct 2019. Amendments made to 5 and 6. Additional actions added to Action and monitoring plan
14.11.19	EqIA reviewed by Consultation and Equalities Officer

Appendix A Model of 0-5 service provision



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

4

levels of service:

Your community
Universal
Universal plus
Universal partnership plus

5

universal health reviews*:

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

6

high impact areas:

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

#healthvisiting



Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	PH 4 Healthy Child Programme 5-19 (school nursing service)		
Directorate	Economy and Environment		
Service	Public Health		
Responsible Officer	Uma Viswanathan		
EqIA Author	Esther Higdon		
Date proposal started	April 2015	Proposal commencement date (due or actual)	April 2016

Updated Nov 2019

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy		
	Procedure		
	Internal service		
	External Service	Yes	Reprocurement
	Other - give details		
2	What are the intended outcomes, reasons for change? (The business case)		
	<p>According to Council regulations Cabinet approval was gained 19 March 2014 Agenda item 20 "Award of Public Health contracts 2014/15" to put the Healthy Child Programme out to competitive tendering in 2014/15 to ensure that the needs of Walsall young people, their carers and schools are met into the future and to meet Council Best Value in a fair open and transparent manner.</p> <p>The school nursing core offer is as follows:</p> <ul style="list-style-type: none"> • health advice to children and parents • support to schools around health issues in children and young people • promotion of emotional health and wellbeing in schools • support at school transition • support to promote healthy behaviours • safeguarding <p>This quality service will be offered to a total school population of approximately 50,000 young people in 91 schools plus 28 academies to the value of £1.1 million. Service users will see no reduction in service offered and through revised negotiation of the contract through the tendering process, there will be increased access to the Healthy Child Service for young people, their parents and school staff</p> <p>As a result of this reprocurement, the opportunity will be taken to make adjustments to the service model to remove barriers and to promote equality of access while also</p>		

seeking efficiency through the procurement process.

Update Nov 2019

These services are due to be recommissioned. There are no substantive changes planned to the current service offer.

3 Who is the proposal potential likely to affect?

People in Walsall	Yes / No	Detail
All		
Specific group/s	YES	Support for young people 5-19 at primary and secondary schools, their parents/carers and school staff
Council employees		
Other		

4 Summarise your evidence, engagement and consultation.

National evidence

Getting It Right for Children, Young People and Families (March 2012) consulted nationally with young people and parents around their requirements for the school nursing service and summarised;

Children want	Young People want	Parents want
School nurses need to be more visible in schools.	School nurses need to be visible and well known to pupils. School nurses need to use technology such as texting and emailing.	School nurses need to be more visible in schools and to parents.
Pupils should be introduced to their school nurse.	School nurses need to offer <i>early</i> help to support young people.	Parents should be introduced to the school nurse and the service available.
Pupils should be told when the school nurse is available to see them.	School nursing services need to offer choice to young people in order to ensure that services are accessible and confidential.	Parents need to be advised directly about the service through letters, leaflets and clear information.
Pupils should be told where the school nurse can be found	Young people want to be able to offer their views about the services they receive	Parents need to be told where the school nurse can be found and provided with contact details

Local Evidence

From the Youth of Walsall (YOW) survey December 2013 that gained responses from 2000 Walsall children we know;

- 18% are worried about being healthy

- 19.7% would like help and advice on worries and feelings from school and 4.9% from a health expert
- 63% want sex and relationships taught at school with 11.3% specifying they want input on this topic from a health expert and 29.3% from school itself
- 36.3% want more information about safer sex and healthy relationships
- 26.2% want more information about STIs
- 21.2% want more information about smoking
- 19.9% want more information about alcohol
- 24.3% want more information about drugs
- 32.8% specified they want help and advice around drugs alcohol and smoking from school and 12.6% from a health expert

In the consultation for the Walsall Early Help Strategy young people said that they wanted services to;

- Listen
- Build trust and earn respect
- Stick it through
- To recognise the young persons' priorities
- Work in the young person's time
- Be flexible
- Recognise that one size does not fit all
- Make it fun

In order to prepare for this tendering activity, consultation has been undertaken with stakeholders at meetings and through The Staffroom school website which is accessed by governors, Heads and teachers. All comments received have been taken into account in preparation of the specification. Young person views were gathered during the 2014 summer holidays at youth clubs and youth forums through the Walsall Active Involvement Coordinator

From this survey;

9-11 year olds in Walsall said they wanted the school nurse to offer support around

- Relationships
- Healthy living support
- Bullying
- Anxiety and depression
- Family issues through 1:1 drop ins and appointments

Young people 11 – 19 said they wanted the school nurse to offer support around

- Alcohol and drugs including smoking
- Pregnancy and sexual health
- How to access other health services eg. GP
- Support for pupils with long term needs through appointments, 1:1 drop ins and email

All identified the need for the school nurse to raise their profile in the school

Budget Booklet Survey results tell us that a small in number majority of respondents support this proposal; 12 (60%); including 10 (50%) respondents supporting fully together with 2 (10%) respondents supporting with concerns/amendments. 8 (40%) of respondents do not support the proposal (Base 20). Most respondents haven't used the service before, all users (2) show support for the proposal hence the division of opinion doesn't appear to be influenced by service usage. . Out of 20 qualitative responses, 14

felt that there would be minimal impact to respondents. 6 felt that the service should not be reduced.

Protected characteristic - Age

In a qualitative response from the provider of this service, it was felt that there were concerns regarding the impact that the proposed reductions will have on the capacity to deliver the full HCP 5-19 programme. In particular there are concerns regarding the impact on safeguarding and LAC assessments and reduced opportunities to deliver the preventative agenda. Work to mitigate these concerns are listed in the action plan below

Consultation 2019

A formal consultation was held seeking the views of the general public (parents, carers and service users) and professionals (health, social and educational professionals) on the current Health Child Programme 0-19 services and the future shape of these services from 26th September 2019 until 22nd October 2019. This consultation asked about respondents' views of the current service and what its future priorities should be, along with questions around access to services for vulnerable groups. It did not specifically ask about commissioning options.

The consultation consisted of:

- Surveys (one for residents / service users and one for professionals), conducted online and also in hard copy;
- Face-to-face engagement.

Details of each consultation are summarised below.

Type of engagement/consultation	Survey	Date	26/9/19-22/10/19
Who attended/participated?	Invited to participate are: General public (parents, carers and service users) 68 participants in total		
Protected characteristics of participants	94% female, 6% male 91% white British 19% aged under 16 years 9% identified themselves as having a disability under the Equality Act 10% identified themselves as pregnant or caring for a baby aged up to 26 weeks 51% identified themselves as Christian; 30% no religion; 12% other religions (including Muslim, Sikh and Hindu respondents) 93% identified themselves as heterosexual, 2% bisexual 14% identified themselves as parents of a child with SEND		
Feedback	<ul style="list-style-type: none"> • Participants highlighted a number of groups with protected characteristics that they felt may struggle to access 0-19 services. In particular, these groups included: children with disabilities, parents with mental health problems or learning disabilities; certain BME groups (particularly those for whom English is a second language; travellers). 		

Type of	Survey	Date	26/9/19-
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	engagement/consultation			22/10/19
	Who attended/participated?	Invited to participate are: professionals. 89 professionals completed		
	Protected characteristics of participants	No details collected – not applicable		
	Feedback			
	<ul style="list-style-type: none"> Participants highlighted a number of groups with protected characteristics that they felt may struggle to access 0-19 services. In particular, these groups included: parents with mental health problems or disabilities; teenage parents; certain BME groups (particularly those for whom English is a second language, travellers and asylum seekers / refugees), and children with disabilities. 			
	Type of engagement/consultation	Face-to-face engagement	Date	1/10/19 – 18/10/19
	Who attended/participated?	Range of service users and parents who are eligible to use services. 82 participants in total across the whole 0-19 consultation, with an estimated 26 participants who were asked about 5-19 services.		
	Protected characteristics of participants	<p>Across the whole Healthy Child Programme face-to-face part of the consultation, the demographics were: 9 participants were male, 73 were female. 11 participants were aged under 18 years (this sample also included care leavers). 5 participants were parents of children with disabilities. 71 participants were pregnant or parents of children aged under 18 years.</p>		
5	How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.			
	Characteristic	Affect	Reason	Action needed Y or N
	Age	Positive	Emphasis on increased engagement in schools and other youth focussed forums with young people. Increased support for universal support around healthy lifestyles. Increased focus on developing a user forum (British Youth Council) who will ensure that the service develops according to the needs of young people	N
		Negative	Concerns regarding the impact on safeguarding and LAC assessments and reduced opportunities to deliver the preventative agenda.	Y
Disability	Positive	Increased support for children and young people with long term conditions to ensure quality support in schools	N	
	Negative	Concerns raised about support for	Y	

	e	children with disabilities and accessibility of support for parents with disabilities	
Gender reassignment	Neutral	No foreseen impact	N
Marriage and civil partnership	N/A		
Pregnancy and maternity	Positive	Increased support for young teenage parents from the school nursing service. Increased support for relationship and sex education in schools to reduce teenage pregnancy	N
Race	Negative	Some concerns raised around access to services for some BME groups, particularly vulnerable groups such as refugees, asylum seekers and Gypsies/Travellers.	Y
Religion or belief	Neutral	No foreseen impact	N
Sex	Unknown		N
Sexual orientation	Neutral	No foreseen impact	N
Other (give detail)			
Further information		Our local survey of young people in the summer of 2014 found that young people wanted school nurses to raise their profile in schools and 60% were not aware of having a school nurse. The specification has therefore emphasised the importance of raising the profile of the school nurse in the school with children and school staff and with parents through parent's evenings and letters home. The specification also requires nurses to offer drop ins in schools and highlight their availability The need for school nurses to offer support around relationships and mental health as well as sexual health was also identified. These issues have been prioritised within the specification as well as ensuring that school nurses support school staff to offer quality lessons	
6	Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.		(Delete one) No
	No		
7	Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)		
A	No major change required		
B	Adjustments needed to remove barriers or to better promote equality		
C	Continue despite possible adverse impact		
D	Stop and rethink your proposal		

Now complete the action and monitoring plan on the next page

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
1.10.14	Monitor for unforeseen impacts within quarterly contract monitoring. User feedback reported and actions noted – expectation is within specification that user feedback will inform service development	Esther Higdon	2015-2018	Service meeting needs of users August 2015 quarterly service monitoring in place and reporting of user feedback given
1.10.14	Ensure within the tender procurement process that the full targeted and universal HCP 5-19 programme will be offered with no impact on the service and monitor through quarterly contract monitoring	Esther Higdon	2015	Service meeting the needs of users August 2015 School nurses being explicitly incentivised to work more closely with schools and support their agendas and to engage with young people to ensure it meets needs
1.10.14	Concerns will be addressed through close service monitoring and early intervention service developments	Esther Higdon	2015	Service meeting the needs of users August 2015 quarterly service monitoring in place and reporting of user feedback given
22.12.14	To incentivise the support offered around safeguarding and LAC assessments within the procurement process and monitor through quarterly contract monitoring	Esther Higdon	2015	Service meeting the needs of vulnerable users August 2015 – support for safeguarding and LAC assessments being scrutinised

13/11/19	Review of service specifications to consider how to remove barriers to participation, including introducing more detailed monitoring of protected characteristics and looking at pathways for groups highlighted to ensure sufficient capacity to meet needs.	Emily Smith / Esther Higdon	April 2020	Service specifications complete
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Update to EqIA	
Date	Detail
22/12/2014	Update following Equality and Diversity Advisor comments received 18/12/2014.
01/06/2015	Consultation and Equalities checked
22/07/2015	Consultation and Equalities checked
13/11/19	Updated to reflect consultation findings. Additional actions added.
14/11/19	Updated to reflect Consultation and Equalities Officer