

## Healthwatch Birmingham consultation response: Early Years Health and wellbeing

### Introduction

Healthwatch Birmingham welcomes the opportunity to respond to a consultation on changes to how Birmingham City Council delivers children's centres, health visiting services and parenting support services. Healthwatch Birmingham is commenting on this consultation to give Birmingham a voice in the proposed changes so that their needs are taken into account. In line with our role, we have focused our comments on the elements of the changes that relate to:

- The involvement of patients, the public, service users and carers (PPSuCs).
- Whether proposed changes are responsive to the individual needs of those accessing services, ensuring that they do not lead to health inequality.
- The potential impact of proposed closures of some services

Healthwatch Birmingham agrees that there is need for change in how early years services are delivered in Birmingham. Birmingham faces difficult challenges when it comes to its population. At least 250,000 of its residents are under the age of 15 and 37% of Birmingham city's children and young people live in poverty. Almost half of Birmingham's children live in the 10% most deprived areas in the country and nearly 8,000 live in the 1% most deprived areas. A quarter of reception aged children are overweight or obese.

We believe that a targeted and effective early year's system could be the foundation that offers a fairer start and reduces health inequality for the children of Birmingham.

### Methods for involving the public

Healthwatch Birmingham would like to commend the Council for offering different ways for the public to express their views on the new service models for Early Years Health and Wellbeing. We note that the public can get involved by attending public events in different locations of the city, completing an online survey, completing a paper survey, and can request a printed copy by phone. In particular, it is positive to see that the Council has provided the public access to an easy read document.



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However, Healthwatch Birmingham is concerned about the following:

- Consultation documents have not been offered in other languages nor are these available upon request. Considering the diversity of Birmingham, this narrows the reach of the consultation and the diversity of views that different sections of the community would provide.
- The Council seems to have relied too heavily on online resources for the public to give their views on the proposed changes. Even those wishing to attend public events have to email in order to confirm attendance. This has the potential to exclude some groups from contributing to the consultation.

We are therefore not sure how effective these methods were in reaching the hard to reach groups - those with language barriers, those from deprived areas and those that would not be able to attend meetings, nor access documents on line. We would like to read in your consultation report the range of people that the Council were able to reach through these methods.

### Content of Consultation

At Healthwatch Birmingham we believe that a good consultation document is one that clearly communicates the changes being made. In addition, the public should be given sufficient information and justification for the proposed changes. This ensures those being consulted understand the issue and can give informed responses.

Healthwatch Birmingham commends the Council for explaining how information gathered from previous engagement (November 2015 - February 2016) on Early Years has informed the development of the current proposals. Showing how these views have influenced the final proposals convinces the public that their views are important in the decision-making process. This will in future encourage more people to respond to consultations.

However, our concern (also expressed in our response to the Early Years Consultation on 26<sup>th</sup> February, 2016) is the lack of detail to justify or make a case for change. For instance, there is no explanation of what 'a good level of development' looks like. In addition, although the Council states that funds for these services have been significantly reduced, there is no further detail on this. In terms of the percentage that these funds have been reduced by, what this mean for services and what impact it has on families?



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18 August, 2017

We welcome the Council's observation that health, education and social care services have been disjointed. Further, that these proposals will improve how these three services work. The Council indicates that there are examples of services working well together and improving the lives of children. The use of case studies of such examples would have provided confidence in the public and illustrated the benefits of working in this way.

The consultation document provided is not clear on whether the Council carried out an equality analysis in this consultation process. Therefore, the extent to which the Council identified the groups that would be affected by the plans outlined in this consultation is not clear. A good equality analysis would identify population groups sharing the 'protected characteristics' as defined in the Equality Act and those affected by inequalities (health or otherwise) associated with socioeconomic factors or other forms of disadvantage (i.e. social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions).

The territorial mapping of poverty in Birmingham shows differences in the level and pattern of deprivation. Consequently, the needs and priorities of people in Birmingham are different. We note that no justification is given for proposed service closures. It appears that there has not been an impact assessment of the proposed closures nor what it means when a service will be reutilised. We believe that the failure to carry out an analysis of the potential impact of these planned closures fails to take into account the real impact on the public that access health and social services in these locations. As well as the potential impact on their health and the possible health inequalities these closures might have.

The Birmingham Child Poverty Commission report (2016) recommended that by January 2017, all Birmingham City Council's approved strategies should include a mandatory section on the public health and health inequality implications of the issue under consideration. This is covered under the Health and Social Care Act 2012 which gives local areas a statutory duty to tackle health inequalities. We therefore believe that a further analysis of how the proposed changes could impact on the health of the population concerned, potentially resulting in health inequities, would provide a greater insight in how to implement the proposed changes.



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We note from the maps provided on page 8 to 17, that some areas will only have one or two Children's Health and Wellbeing service. This raises questions around accessibility and choice of service. For instance, ability to access will be influenced by whether people use public transport or private transport. The Council also has to consider whether having no access to certain services in an area might lead people to access other services. For instance, GP services for issues that can easily be addressed at one of these centres. As we have heard from the public through our feedback centre, having access to health services close to home is of real importance.

### Post Consultation

We welcome the Council's plan to use the views from the public to make recommendations to the Cabinet in September 2017. Healthwatch Birmingham would like to urge the Council to ensure that the consultation report demonstrates how the views of the public have influenced the final decision. This will ensure that people feel part of the decision-making process and not just commenting on decisions that might have already been made.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "Kalebe".

Chipiliro Kalebe-Nyamongo

Policy Officer

A handwritten signature in black ink, appearing to read "A. Cave".

Andy Cave

Chief Executive Officer



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