## **Public Document Pack**



# Cabinet Agenda

Date: Tuesday, 23rd February, 2016

Time: 2.00 pm

Venue: Committee Suite 1, 2 & 3, Westfields, Middlewich Road,

Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

#### PART 1 - MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

13. **Children's Centre Consultation** (Pages 1 - 24)

The Chairman is minded to consider this report as an urgent item of business at the Cabinet meeting.

The report summarises the findings of the recent statutory consultation exercise in relation to changes to the Children's Centre delivery in Cheshire East.



## CHESHIRE EAST COUNCIL

## **Cabinet**

**Date of Meeting:** 23<sup>rd</sup> February 2016

Report of: Kath O'Dwyer, Deputy Chief Executive/Director

of Children's Services

**Subject/Title:** Children's Centre Consultation

Portfolio Holder: Cllr Rachel Bailey, Children and Families

## 1. Report Summary

- **1.1** Between January 4<sup>th</sup> 2016 and February 12<sup>th</sup> 2016 the Council undertook a statutory consultation exercise as part of plans to make significant changes to the Children's Centre delivery in Cheshire East, as is required by the duty set out in Section 5D of the Apprenticeship Skills, Children and Learning Act 2009.
- 1.2 Respondents were invited to submit a consultation response either via an online survey, via a paper survey, or by submitting written responses either via email or post. The consultation was promoted via the Council's website, Children Centres websites/Facebook, displays in all Children's Centres and Family Centres, discussions with partner agencies and Children's Centres Advisory Boards. In addition paper copies of the consultation and questionnaire were available from all Children's Centres.
- **1.3** The following responses were received during the consultation period:
  - 538 online survey completions
  - 103 paper survey completions
  - 3 petitions:
    - Nantwich 284 signatures
    - Knutsford 418 signatures
    - Broken Cross 780 signatures
  - 27 written submissions received via post or email.
- **1.4** This report summarises the findings of the consultation.

#### 2. Recommendation

2.1 That Cabinet consider the contents of this report along with the attached Equality Impact Assessment and confirm their previous recommendation to Budget Council regarding the rationalisation of Children's Centre Provision to save £0.5million.

## 3. Other Options Considered

3.1 The closure of two Children's Centres with the reduction of all of their staffing compliment. This option with the reduction of frontline staff would have a greater impact on the ability to work with the most vulnerable families than the proposals being consulted on due to the loss of staffing capacity. The services provided to families by Children's Centres are relationship based and as such require skilled staff to deliver. The option being consulted on retains this cohort of skilled and experienced staff.

#### 4. Reasons for Recommendation

- **4.1** There is a need to address a significant financial shortfall in the Council's budget associated with reducing Central Government grant and increasing costs.
- 4.2 The Government's policy on free early education for disadvantaged two year olds and the announcement of the increase to 30 hours a week of the free early education entitlement for working parents of three and four year olds next year means that fewer and fewer children will be in a position to access Children's Centres.
- 4.3 There has been significant change in both national and local policy on early years since the Children's Centres were first established. Nationally the Childcare Minister has emphasised the importance of delivering support in the community rather than focusing on the buildings. Locally the use of partnerships with midwifery, health visiting, childcare providers and schools will allow us to deliver effective support to those families that most need it where they are able to access it, ensuring that more children have the best start in life and are ready for school.
- 4.4 There is currently a parliamentary enquiry into the future of Children's Centres. In addition the government has announced a national consultation to look at the future core purpose of Children's Centres and the inspection regime that they operate within. It is conceivable that these developments will significantly change the functioning of Children's Centres in the future.
- 4.5 In a Local Authority with a very significant rural population it is often difficult for some children and families to access services delivered from centralised buildings.
- 4.6 There is a need to substantially review the delivery of Children's Centre and health services to the pre-school age group. To further this the council is working with the newly commissioned 0-19 yrs community health provider to develop a new delivery model for families with 0-4 yr old children. This will involve greater integration between the two services and provisionally £120k of Transitional funding has been allocated to expedite this work.

**4.7** Some initial discussions have taken place with the Community Health provider to secure the delivery of their services from the venues being consulted on with the possibility of where appropriate taking over the running of the buildings should they be de-designated as Children's Centres.

## 5. Consultation Findings

## 5.1 Survey Qualitative Question Analysis

The consultation survey open questions asked respondents their opinions in an open comments format. All of these comments have been reviewed and the following were the themes that emerged most frequently in descending order.

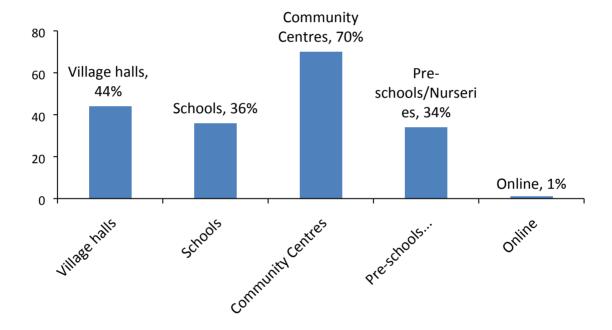
- 1. Objection to the de-designation of either one or all of Children's Centres being consulted on.
- 2. The impact on accessibility of Children's Centre services should services not be maintained in the existing network of centres respondents were concerned about the cost and availability of transport and the travelling distances involved.
- 3. Living in deprived localities is not the sole determinant of vulnerability and need services for new mothers especially in respect of breastfeeding support and those suffering from post-natal depression were highly valued and seen as a universal need.
- 4. The value placed on the availability of universal services which can identify those families that need additional support and the value placed on these services by parents who don't consider themselves to be vulnerable.
- 5. A significant number of respondents suggested that they would be prepared to pay for some groups and services. A smaller proportion of respondents said that they used Children's Centre Services because they were not in a position to pay for already existing facilities in their communities.
- 6. A number of respondents said that alternative funding streams should be sought for Children's Centres by renting out premises for commercial and community uses.
- 7. The use of volunteers to deliver or support the delivery of services received a mixed response.
- 8. There was broad support for outreach delivery of Children's Centre services particularly amongst parents who had experience of accessing such existing provision.

- 9. The impact on demand of new housing developments was raised by a number of respondents
- 10. Some respondents suggested that they would rather see shorter opening hours and reduced staffing at all Children's Centres in order to protect the existing network of centres.

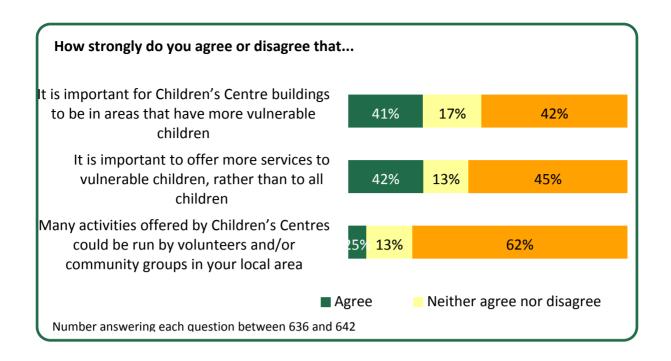
## 5.2 Survery Quantitative Question Analysis

Which of the following alternative venues do you think the de-designated Children's Centre services could be delivered from?

Analysis: The responses to this question are self-evident though it is acknowledged that a number of responses in subsequent questions emphasised that the best place to deliver Children's Centre services was in a specific Children's Centre building and that option was not given as a possible response

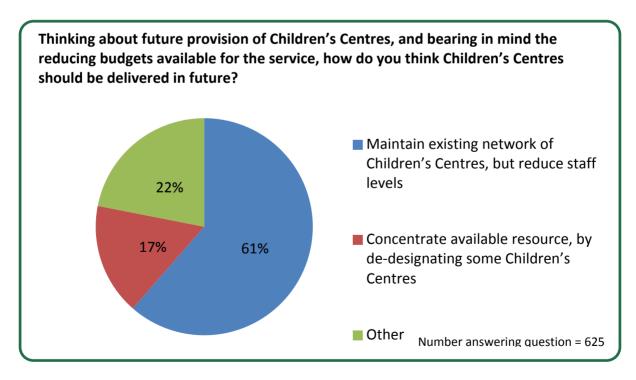


Page 5



Analysis: In the responses there was no clear consensus about the need to target services with the results being fairly evenly split.

A majority of respondents wished to see services led by professional staff rather than volunteers and community groups.



Analysis: From the responses received there was a strong view that the existing network of Children's Centres should be maintained.

## 5.4 The Characteristics of the respondents to the consultation

7. Which of the following are you completing this survey as?	Percent
Parent / Guardian of a current Cheshire East Children's Centre user	68%
Parent / Guardian of a past Cheshire East Children's Centre user	20%
A Cheshire East Children's Centre employee	2%
Other	19%

8. If you have children or care for a child, how old is your youngest?	Percent
0 to 1 year old	37%
1 to 2 years old	22%
2 to 3 years old	15%
3 to 4 years old	6%
4 to 5 years old	5%
More than 5 years old	13%
Prefer not to say	3%

Analysis: 59% of respondents with children had children under 2 years old – This may reflect that 98% of 3 and 4 year olds in Cheshire East are already taking up their free 15 hours 3 and 4 year old child care entitlement.

9. Are you	Percent
Male	8%
Female	91%
Prefer not to say	2%

10. Which age group are you in?	Percent
Under 18	0%
18 to 24	3%
25 to 34	46%
35 to 44	35%
45 to 54	8%
55 to 64	4%
65 plus	0%
Prefer not to say	4%
Total	

Analysis: The majority of respondents were women in the 25 – 44 age range.

11. Do you consider yourself to be a lone parent?	Percent
Yes	8%
No	88%
Prefer not to say	4%

12. Do you consider yourself to have a disability or long term illness?	Percent
Yes	9%
No	86%
Prefer not to say	5%

13. Which of these activities best describes what you are doing at present?	Percent
Employed full or part time	59%
Self-employed full or part time	12%
Unemployed	2%
Permanently sick/disabled	1%
Wholly retired from work	2%
Full time education or apprenticeship	1%
Looking after the home	18%
Prefer not to say	4%
Total	

## Analysis: 71% of the respondents were in full time or part-time employment.

14. Do you consider yourself to be:	Percent
Heterosexual	86%
Bi-sexual	1%
Homosexual	1%
Transgender	0%
Prefer not to say	12%

15. What is your ethnic origin?	Percent
White British	88%
Mixed multiple ethnic group	2%
Asian/ Asian British	0%
Black/African/Caribbean/Black British	0%
Prefer not to say	8%
Other (see below)	2%

Other responses	Count
Chinese	1
French	1
New Zealander	1
Not expecting to be treated differently	1
Polish	1
White - New Zealand & Irish	1
White European	1
White Irish	2
White Polish	1
White Other	2

## 6. Wards Affected and Local Ward Members

## Knutsford Wards

Knutsford	Councillor Stewart Gardiner
	Councillor Tony Dean
	Councillor Hayley Wells-Bradshaw
Mobberley	Councillor Jamie Macrae
High Leigh	Councillor Olivia Hunter
Chelford	Councillor George Walton

## **Broken Cross Wards**

Broken Cross and Upton	Councillor Liz Durham
·	Councillor Martin Hardy
Macclesfield West and Ivy	Councillor Nick Mannion
,	Councillor Alift Harewood

## Sandbach Wards

Sandbach Town	Councillor Barry Moran
Sandbach Heath and East	Councillor Sam Corcoran
Sandbach Emily Health and Wheelock	Councillor Gail Wait
Sandbach Elworth	Councillor Gill Merry
Old Rode	Councillor Rhoda Bailey
Alsager	Councillor Martin Deakin
	Councillor Rod Fletcher
	Councillor Derek Hough
Middlewich	Councillor Michael Parsons
	Councillor Simon McGrory
Brereton Rural	Councillor John Wray

## Nantwich Wards

Nantwich North and West	Councillor Penny Butterill Councillor Arthur Moran
Nantwich South	Councillor Peter Groves
Bunbury	Councillor Michael Jones
Wrenbury	Councillor Stan Davies
Audlem	Councillor Rachel Bailey
Wynbunbury	Councillor Janet Clowes

## 7. Implications of Recommendation

#### 7.1. Policy Implications

The national policy on Children's Centres appears to be in flux and is closely linked to policy on Early Years provision which is to ensure that more young people are in high quality early years child care providers.

#### 7.2. Legal Implications

Section 5D of the Apprenticeship Skills, Children and Learning Act 2009 requires any significant changes to Children's Centres are consulted on publicly.

## 7.3. Financial Implications

The changes being consulted upon achieve a saving of £500k against the Council's base budget.

## 7.4. Equality Implications

See the attached Equality Impact Assessment.

## 7.5. Rural Community Implications

The Children's Centres being consulted on have large rural areas within their footprints which they serve through outreach services. These outreach services will continue and may be enhanced by the development of a specific Children's Centre outreach service.

#### 7.6. Human Resources Implications

Should the decision be made to de-designate these Children's Centres the existing frontline staff will be relocated to other bases. Staff placed at risk will go through a redeployment process. Currently it is envisaged that three staff may be placed at risk.

#### 7.7. Public Health Implications

These proposals will include close partnership working with the community health providers to embed the public health outcomes.

## 7.8. Other Implications (Please Specify)

None Known.

## 8. Risk Management

- **8.1** There are a number of risks associated with Children's Centre provision. The national policy framework is unclear at the moment with the likely direction of travel being towards a more targeted framework.
- **8.2** The current model of Children Centre delivery may become unsustainable with the extension of free childcare for 3 and 4 year olds of working parents. This will be most pronounced in the areas where the bulk of parents are in employment and qualify for the offer.
- **8.3** Currently Children's centres are inspected provision and need to be staffed and resourced to a degree that is capable of delivering against an inspection framework. Spreading the available resource too thinly represents a risk to this.

#### Access to Information/Bibliography

**8.1.** Surestart Children's Centre Statutory Guidance 2013 https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/273768/childrens\_centre\_stat\_guidance\_april\_2013.pdf

#### 9. Contact Information

Contact details for this report are as follows:-

Name: Jonathan Potter

**Designation:** Head of Service – Preventative Services

Tel. No.: 01606 275891

Email: jonathan.potter@cheshireeast.gov.uk

Equality impact assessment is a legal requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also legally required to publish assessments.

**Section 1: Description** 

Department	Children and Families  Children's Services, Cheshire East Family Service  Lead officer responsible for assessment  Other members of team undertaking assessment		Jonathan	Potter		
Service			Mark Stanley, Locality Manager Jan Cooper, Locality Manager			
Date	18 <sup>th</sup> Februar	y 2016	Version		V.2	
Type of document (mark as appropriate)	Strategy					
Is this a new/existing/revision of an existing document (mark as appropriate)	Ne	w				
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)	£500,000 to be achieved from changes to the number of designated Childre Centres operated. This need relates to the national austerity measures and					ed saving of ed Children's sures and
Please attach a copy of the strategy/plan/function/policy/procedure/service	consequent cuts in the level of funding and grants provided to the authority. The level of savings required can only be achieved through ensuring that we utilise our buildings more flexibly and that we reduce our costs. This can be obtained by the de-designation of 4 current children's centres. The considerations made in selected the centres for potential designation were:  • The number of children aged 0-4 living in the Top 30% LLSOA's by Children's Centre footprint  • The 0-4 population by Children's Centre footprint  • The suitability of buildings to deliver Children's Centre services  • The potential to expand childcare provision and the need for additiona				ing that we his can be e ion were: OA's by	

- childcare in the immediate area
- The potential of buildings to house a wider range of services
- The level of service requests received by each Children's Centre footprint
- The need to maintain a geographic spread of Children's Centres and delivery points

Broken Cross, Knutsford, Nantwich and Sandbach Children's Centres were the centres identified within that process.

It is the intention t to achieve the required savings through a reduction in the number of managers and support staff employed, and for the building costs to be met by other partner agencies who will chiefly occupy those 4 dedesignated delivery points. Subject to the polital decision to de-designate the four centres identified, plans can progress to ensure that early childhood services, including the delivery of midwifery clinics, health visiting clinics and a level of universal and targeted groups and programmes can continue at each of the de-designated sites. Children's Centre services are much more broadly delivered and are not confined to designated Children's Centres. A significant proportion of Children's Centre services are already delivered on an outreach basis at community venues and the

vast majority of case work provision occurs in the service users own home. There is no plan to reduce the number of Family Service Worker staff grades or reduce outreach services within the proposal

It is important to point out two key related issues:

- A national consultation on the future purpose of Children's Centres was announced by the Minister for C hildren in July 2015 and the Ofsted Inspections of Children's Centres are officially "paused" pending the launch and findings of that national consultation
- Work is progressing within Cheshire East, in collaboration with midwifery and health visiting services, to introduce the Parenting Journey programme. This programme will ensure that all pregnant

	mothers to be are seen post natally through to 12 "stops" or appointments with health profressionals in conjunction with Children's Centre Family Service Workers. This vast majority of these stops will be offered at Children's Centres, included the sites where de-designation is proposed, this will ensure that universal support is in place and locally accessable for expectant and new parents with their children. It will further strengthen the identification of parents who may need additional advice, information or support and ensure that preventative support is locally and speedily available
Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	The main stakeholders are the children aged 0-4 together with their parents and carers living within Cheshire East and currently served by Nantwich, Sandbach, Broken Cross and Knutsford Children's Centres Additionally the key partners include midwifery and health visiting services, other Children's Services, pre-school providers, childminders, pre-school providers, commissioned service providers and local schools.

Section 2: Initial screening

Who is affected?	The stakeholders as identified above, also including Children's Centre Managers, caretakers and
(This may or may not	business support staff within Cheshire East Family Service and at the centres identified
include the stakeholders	
listed above)	
Who is intended to benefit	The main beneficiaries of the Children's Centre services are children aged 0-4 and their parents
and how?	and carers.
	Additionally, within this proposal is the intention to provide increased local accesability to those
	children and families who live in our rural communities through the provision of a new travelling
	Children's Centre mobile facility staffed by an Outreach Team
Could there be a different	There is a gap in life chances and educational attainment between children who are disadvantaged
impact or outcome for some	and all other children. Those groups at risk of disadvantage are listed and identified within the
groups?	consultation document and will have enhanced opportunities to prepare for learning and school
	readiness and to access pre-school provision. The potential for a differential impact in the

Disability		Pregnancy &	1	Sex	1	Socio-economic	N	
Age	N	Marriage & civil partnership	N	Religion & belief	N	Carers	N	
is there all actual of	potentia	ii negative impact on ti	1626 2	pecine characteristics	r (Fied	ise tick)		
to prove otherwise)		Inegative impact on the	1060 6	nacific characteristics	2 (Dlos	ee tick)		
you have enough ev	ridence			and Greater and behala	· · · •			
equality? Is there a of unequal outcome	_	1		ther groups and popula		eving as well in their educa	auonai	
targeted action to p						nost vulnerable and those v		
Is there any specific		The proposals are des				ion of our resources are ta		
opportunities for ou	16151)	that is of high quality	ss to bi	ie-scrioui provision, and	ali wou	ilu want locally accessable	ρισνιδιστι	
particular group or opportunities for other	•	the number of family s		, ,	يرميد الد	ld want locally accessable	provision	
(eg will it favour one		availability and the cor	ntinuan	nce of case work suppor		es. There is no reduction p		
affected?						ovision, high quality childc		
different groups or communities likely to	o he					n question through mainte n of the Parenting Journey		
Are relations between	en					or communities. We seek to		
needs or circumstar	nces?	additional needs		<u> </u>				
individual character	istics,					Inerable children and those		
Does it include mak decisions based on	ıng	This change does not impact on individual characteristics, needs or circumstances. The most disadvantaged children are those identified as potentially elgible for the 2 Year Old Offer, these						
		anticipated						
				•		d specialist services will sti al impact outcomes are the		
		including the Parenting	_	,	-44	d amaginist annisan will ati	ما ما ما ال	
		1	•	•	leliver e	arly childhood services at t	hose sites,	

Gender reassignment	N	Race	N	Sexual orientation		N				
What evidence do you provide additional infographs, tables, charts								Consulta carried o	tion/involve ut	ement
Early Years Foundation all indicate the gap that population	_	•	_					Yes	No	
Age		the quality Those at m opportunit	and acc nost disa y to acce	ed 0-4 will continue essibility of pre-sc idvantage already hess the 2YO offer, will be hrs pw free childc	hool po nave the which is	rovi ie ad	sion. Iditional		No	
Disability		The service disability a	e is inclu ire speci	usive and children a fically able to acce ssment / EHCP	aged 0				No	
Gender reassignment		The service barrier to s		usive, gender reass lelivery	ignme	nt is	s not a		No	
Marriage & civil partne	rship		e is inclu	usive, marital statu	s is no	t a k	parrier to		No	
Pregnancy & maternity	1	There is no this protec natal) will o designated	anticipated ground the continue of and de- y offer m	ated change to serup. Clinic provision to be locally accest-designated sites. Individuals accests and wifery services are East	(anti a ssable lealth	nd   at a auth	post II norities		No	
Race		The service delivery	e is inclu	usive, race is not a	barrier	r to s	service		No	
Religion & belief				usive, religion and lelivery	belief i	is n	ot a		No	

Sex	The service is inclusive, service delivery	)	No	
Sexual orientation	The service is inclusive, barrier to service delivery		No	
Carers	The service is inclusive, service delivery	being a carer is not a barri	er to	No
Socio-economic status	The provision of designate become more increasing and families at the greate largest cohort of these fadisadvantaged LLSOA's	en e	No	
	1170			
Proceed to full impact assessment? (Please tick)	YES		Date November 20	15

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

Section 3: Identifying impacts and evidence
This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected	Is the policy (function	Are there any positive	Please rate the impact	Further action
characteristics	etc) likely to have an adverse impact on any of the groups?	impacts of the policy (function etc) on any of the groups?	taking into account any measures already in place to reduce the	(only an outline needs to be included here. A full action plan can be
	Please include evidence (qualitative & quantitative) and consultations	Please include evidence (qualitative & quantitative) and consultations	impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	included at Section 4)
Age	Designated Children's Centre services are targeted on children aged 0-4. No adverse impact is anticipated as mitigating measures are proposed	The proposed national increase of pre school provision for all 3 and 4 year olds of working parnets from 15 to 30 hours, together with the provision of the targeted 2 Year Old offer will ensure more children have access to good or outstanding pre school learning	MEDIUM	Statutory consultation with parents and carers of children aged 0-4 and with the identified stakeholders
Disability	Children and parent /carers with a disability will continue	Engagement with the Parent Carers Forum is	LOW	

	to have a service – Early Help offers are increasing for this population group	helping the service shape and develop specialist services for this group of children. Most services are currently based centrally in Macclesfield and Crewe		
Gender	No adverse impact		LOW	
reassignment	anticipated			
Marriage & civil	No adverse impact		LOW	
partnership	anticipated			
Pregnancy and maternity	Post and anti natal servcies provided by midwifery and health visiting services will continue to be locally accessable at designated Children's Centres and dedesignated sites		MEDIUM	Agreement on the provision of locally accesable midwifery and health visiting provision in the local areas affected
Race	No adverse impact anticpated		LOW	
Religion & belief	No adverse impact anticipated		LOW	
Sex	No adverse impact anticipated		LOW	
Sexual orientation	No adverse impact anticipated		LOW	
Carers	Carers of children aged 0-4 with a disability will continue to have a service – Early	Engagement with the Parent Carers Forum is helping the service	LOW	

	Help offers are increasing for this population group	shape and develop specialist services for this group of children. Most services are currently based centrally in Macclesfield and Crewe		
Socio-economics		Services will be increasingly targeted towards our most disadvantaged communities and will seek to narrow the attainment gap and meet public health outcomes	LOW	

Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)

No, Children's Centre services are performed and delivered by Cheshire East Council staff members

#### Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

The de-designation of four Children's Centres meeting the range of criteria set out in Section One does have potential impacts for those local communities. There are active plans for the retention of locally available midwifery and health visiting clinic provision in those 4 local areas affected. The Parenting Journey is an important factor in mitigating potential impacts – ensuring that all expectant mother and new parents are seren locally by health professioanls alongside Children's Centre staff members. This coupled with the provision of a mobile children's centre Outreach Team to specifically serve our outlying rural areas will ensure that services remain available and in our rural villages and communities they will actually become more accessable

There is no proposal to reduce the number of family service workers employed, reduce univerdsal or targeted group work offers or the provision of 1:1 support work which will all continue unaltered by this proposal (unless the national framework and purpose for Children's Centres ais amended).

It is our conclusion that our services will remain locally accessable, become more effectively targeted to those children at greatest risk of disadvantage, that our rural communities will be better served and that support services to our most vulnerable children will remain unaltered by these proposals

There is a statutory duty to consult with the public and with stakeholders on the potential to de-designate a Children's Centre and to consult with staff members who may be affected. These duties have been complied with.

Discussions in principal with partner agencies wanting to take over the building costs and staff accommodation (but retaining clinic facilities and group work room spaces as a children's centre delivery space) have indicated their strong willingness to proceed towards primary occupancy. These discussions together with the necessary procurement and permission stages can progress relatively quickly once a decision on de-designation is reached

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Statutory consultation with parents, carers and stakeholder	Formal consultation responses	Jonathan Potter	4 January 2016 To 12 February 2016
Statutory consultation with affected staff members	Formal consultation responses	Jonathan Potter	Completed January 2016
Agreement with midwifery and health visiting services for the retention of locally accessable clinic provision	Through the statutory consultation above and by negotiation with the NHS trusts concerned with this delivery	Jonathan Potter	Can commence once decision on de-designation is reached
Deployment to the affected areas and our rural communities of the mobile children's centre facility	Timetabled and advertised activity programme	Jonathan Potter	From April / May 2016
Introduction of "the parenting journey" – to ensure every child has appropriate screening and support from health services and that those in need of	Reporting of appointments and assessment activity undertaken by health visiting commissioned services	Jonathan Potter with Wirral Community NHS Trust officers	From March 2016

		I .	
additional support are identified and			
referred for such support			
Please provide details and link to full			
action plan for actions			
When will this assessment be	This assessment will be reviewed following consultation periods closing and responses		
reviewed?	interogated		
Are there any additional	None are identified at this stage		
assessments that need to be			
undertaken in relation to this			
assessment?			
Lead officer signoff	Jonathan Potter	Date 18/2/16	
Head of service signoff	Nigel Moorhouse	Date 19/2/16	

Please publish this completed EIA form on your website

This page is intentionally left blank