Health Visiting Section 75 Consultation

Report of Responses to Survey

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Contents

1.   Executive Summary

The consultation survey generated 236 responses. The highest proportion of respondents was from Warwick district (30.9%), whilst the lowest was in North Warwickshire (8.5%).

Demographically, the survey has a wide respondent profile, though there are no responses from some specific groups – these include some specific ethnic backgrounds, those identifying as non-binary, agender, or gender-fluid, those who identify their religion as Judaism, and gay men.

Reason for responding.

There were 89 (37.7%) responses from those responding in a professional capacity. A similar proportion, (36.4%, n=86) of respondents said they had previously accessed, currently access, or are a family member of somebody who has accessed the Family Nurse Partnership (FNP) or the Health Visiting service. A further 21.2% (n=50) identified themselves as a member of the public and 4.7% (n=11) of respondents said 'other'.

Section 75 proposal

The majority of respondents (70.3%, n=166) said they 'Strongly agreed' or 'Agreed' with the proposal to enter into a Section 75 agreement with South Warwickshire University Foundation Trust (SWUFT). Almost a fifth of respondents indicated that they neither agreed nor disagreed (18.6%, n=44) with the proposal. There were 10.2% (n=24) of respondents who strongly disagreed or disagreed. The distribution of responses across the answer categories were similar for all respondent categories although a higher proportion of respondents who selected 'I am a member of the public' or 'Other' strongly disagreed (9.8%). A range of comments were also provided which were categorised into the following themes (as well as smaller sub-themes); potentially positive service impacts of the partnership approach, wishes for the future health visiting service, potentially negative service impacts, uncertain about the partnership approach, supporting the partnership approach, negative views, monitoring of service and the health visiting role.

Respondents who disagreed or strongly disagreed with the proposal to enter into a Section 75 agreement were asked, 'to what extent do you agree or disagree with the alternative option: Going out to tender to see if another provider or the current provider can deliver the service?' This was also answered by some respondents who hadn't disagreed with the proposal. Nearly a fifth (18.9%, n=25) of those responding to this question (n=132) either strongly agreed or agreed (15.2%, n=20) with the alternative option (going out to tender). This was 10.6% of all respondents of the survey. Overall themes were identified from the comments provided, which included; benefits of an alternative provider, disagree with tendering, keep with current provider and improve, section 75, uncertain, remain with the NHS , SWUFT management, and other.

Proposed benefits, advantages, and disadvantages

When looking at the proposed benefits of the Section 75 agreement, the majority of respondents expressed that each of the proposed benefits were either important or very important to them. The proposed benefit with the highest level of overall agreement was 'Getting the right level of support for your needs, at the right place at the right time' with 98.3% (n=232) of respondents saying this was either very important or important. The proposed benefit with the lowest level of general agreement was 'Sharing resources and skills (financial and staffing expertise)' with 84.3% (n=199) of respondents saying it was either very important or important to them.

When asked, almost a quarter of respondents (24.6%, n=58) said there were additional benefits to the partnership. The comments were used to express both benefits and challenges. The overarching themes identified in the comments include benefits, further considerations or wishes for improvement, Section 75 considerations/implementation, negative experience of service, and other.

Just under a fifth (18.6%, n=44) of respondents said they felt there were disadvantages or issues to consider with the Section 75 agreement proposal. The overarching themes identified in the comments provided include staffing and contract issues, operational considerations, resource and finance, communication and information, issues accessing services, and other.

Equality Impact Assessment

Respondents, when considering the Equality Impact Assessment, were asked if they felt it had considered the relevant impacts of the proposal to enter into a Section 75 agreement. Half of respondents (50.0%, n=118) said they weren't sure or didn't know. Most of the remaining (44.5%, n=105) respondents answered 'yes', whilst 3% (n=7) of respondents said no. There were fifteen comments provided with additional detail that covered a range of topics. These topics included housing, socioeconomic group, avoiding bias, SEN, minority backgrounds, physical access, families less likely to seek help, same sex parents, staffing, accessing information, accessing the EQIA and information and disability.

Respondents were then asked if anything was missing from the equality impact assessment. The majority (57.2%, n=135) of respondents said they weren't sure or didn't know. A further 36.4% (n=86) said 'no'. A small number (3.4%, n=8) of respondents said 'yes'. There were 13 comments provided, covering a range of topics, including; professional parents, health inequalities, geographical area, same sex families, engagement, accessibility of information, disability and neurodivergence.

Final Comments

When asked about any other impacts the proposal might have, a range of themes were identified from the comments provided. These included; positive about section 75 proposal, uncertainties/reservations about section 75 and further considerations, negative about section

75 proposal, negative previous experience, service accessibility, impact/experience of health visitors, and other.

Respondents were then invited to provide further comments relevant to the future design of the Health Visiting service. These responses covered a very wide range of themes – most of these comments related to general feedback and suggestions for the health visiting service, rather than specific comments on the Section 75 agreement. Contact was the biggest theme identified within comments, which was split into sub themes including; methods of contact, general comments, methods of information sharing, information content, and contact between services. Other themes within the comments include location, workforce, links to other services, other support considerations, negative experiences and views, positive experiences, suggestions for inclusion, and other.

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2. Background

As part of the local authority's public health duties, Warwickshire County Council currently pays South Warwickshire University Foundation Trust through the Public Health Grant to deliver the Health Visiting service. The service supports families and children under 5 in ensuring good health and wellbeing in the crucial first years of life.

The service delivers the Healthy Child Programme in Warwickshire offering every family a programme of screening tests; immunisations; developmental reviews and information; and guidance to support parenting and healthy choices. The service also includes:

- **Family Nurse Partnership (FNP)**: a home visiting parenting programme for first-time young mums (17 and under) and mums 18-19 with additional needs until the child is 2 years of age.
- **Infant Feeding Service:** Supports and promotes breastfeeding and safe formula feeding practices in line with UNICEF's Baby Friendly Initiative (BFI). They work closely with the health visiting teams to make breastfeeding the norm, enable every child to have the best start in life, and to ensure a supportive environment in which all parents make a positive choice and are enabled to breastfeed for longer. It is an early intervention service from post-natal up to baby being 8 weeks old. The service covers Nuneaton & Bedworth, North Warwickshire and Rugby.
- **Stop Smoking in Pregnancy Service** which supports pregnant mothers in quitting smoking.
- **Healthy Lifestyles Healthy Families programme** supporting families with infants 0-5 with advice, information and guidance around healthy lifestyles.

Warwickshire County Council (WCC) and South Warwickshire University Foundation Trust (SWUFT) released a consultation on a proposal to enter into a formal partnership arrangement (Section 75 Agreement) around the future delivery of the 0-5 Public Health Nursing service (Health Visiting). The two organisations wanted to hear views and feedback on the proposal which aims to link Health Visiting services more closely with other services that support the health of children, young people and their families in Warwickshire. A Section 75 Agreement is a legal agreement under the NHS Services Act 2006 between a local authority (in this case Warwickshire County Council) and a National Health Service Body (in this case South Warwickshire University Foundation Trust). It is a way of allowing local authorities and health bodies to work together to provide and monitor services jointly in partnership to ensure they are delivering the best outcomes.

There are 4 main reasons why a Section 75 agreement is being proposed:

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1. The current contract ends in March 2024. This means that WCC needs to plan and decide on the future arrangements for the provision of the service now.
2. Engagement with families and healthcare professionals consistently demonstrates that they want more joined up services that are easy to access and which work with other services that may be supporting the family.
3. A Section 75 agreement provides a mechanism by which integrated services can be achieved for families, by providing a legal basis to work closer and more collaboratively with the local healthcare sector. At present WCC is responsible for the commissioning of the service. This agreement enables SWUFT to take up this role and therefore align more with other services the local NHS provides for infants and children.
4. There is a rising level of needs for children 0-5 emotionally, socially and physically and an innovative solution is needed to ensure every child can have the best start in life.

Several factors were considered when developing this proposal. These were:
1. Survey engagement results with parents and families in Warwickshire
2. Information from focus groups and workshops with healthcare professionals
3. Warwickshire's Health and Wellbeing Strategy and our three key priorities including helping children and young people have the best start in life.
4. A [Joint Strategic Needs Assessment for 0-5s in Warwickshire](#)
5. Considering the government's advice in the White Paper on Innovation and Integration for these types of services to best meet outcomes.
6. Researching and understanding best practice in other areas who have had similar circumstances and undertaken such an agreement.

These pieces of information were used to weigh up the positive and negatives of the options available. These options were:

1. A Section 75 with SWUFT who currently provide the health visiting service. This was deemed as the recommended option to meet family's needs whilst ensuring continuity of service for families.
2. Asking providers including SWUFT and others who may be able to provide such a service to put forward their proposals for how they would deliver the service and the Council would then evaluate which best meets their criteria (this is usually done and is a process called 'tendering'). This option was discounted due to not directly providing the conditions to ensure joined up, cohesive working practice across NHS services and other partners in the area. Moreover, there was also the potential that this could impact on provision in the short-term as it would take time to build and transition to a service which may or may not be provided by the NHS. We recognise there are advantages of SWUFT having the networks, and local intelligence to support families best.
3. The third option considered was Warwickshire County Council directly providing the service. This was discounted as we recognise SWUFT as an NHS Trust have a strong

reputation, resources and range of clinical professionals to best meet a range of emotional, physical and social needs of the family.

3. Method

The consultation took the form of an online survey, hosted using the Citizen Space platform, Ask Warwickshire (www.warwickshire.gov.uk/ask). The survey was open from 14th August until 30th September 2023. There was an option to request a paper version of the survey, or the survey in an alternative format and people were also able to respond directly via email.

In addition, four focus groups were carried out (analysis of these is presented in a separate report). This included two focus groups with service users (and their families) of the Family Nurse Partnership and discussion groups with parents of SEND children and care leaver parents (2 separate facilitated groups).

Promotion of consultation

A range of promotional activities took place to encourage participation in the consultation. Table 1 shows a summary of these including targeting engagement with groups that may be underrepresented. Response rates were monitored throughout the open survey period to inform promotion.

Table 1 – Communication and Information channels for consultation.

Channel	Detail
Ask Warwickshire	Dedicated consultation webpage
Email (outbound information and requests for circulation)	Professionals within Warwickshire County Council Senior Leaders across SWUFT and WCC WCC Community Development Workers WCC Seldom Heard Engagement Group Cultural Inclusion Network Family Information Service Children and Family Centre managers Local Maternity Neonatal System Parent Carer Voice SWUFT Members and other health and care organisations Integrated Care Board By Your Side Family Nurse Partnership Maternity Voice Partnership Parents in Mind Healthwatch

	NCT Branches Home-Start South Warwickshire Dad Matters Warwickshire Integrated Care Board (ICB) Primary Care (GP Practices contact South Warwickshire).
Email (inbound)	Published email address available for people to respond via email.
Social Media	WCC and SWUFT Facebook Family Information Service Healthwatch shares Home-Start South Warwickshire Facebook Maternity Voice Partnership Facebook Dad Matters Facebook page
Newsletters	WCAVA (Warwickshire and Solihull Community and Voluntary action) Family Information Service (FIS) Warwickshire Weekly News Warwickshire Matters Working for Warwickshire Heads Up – Warwickshire Headteachers Newsletter
Media relations	WCC website news WCC Staff Intranet Press Release
Paper Surveys	Available on request.
Verbal briefings	WCC Seldom Heard Engagement Group Maternity Voice Partnership Parent Carer Voice Children and Family Centres
Face to face	Children and Family Centres drop-in sessions Nuneaton / Rugby Health and Wellbeing Board 'Marketplace' event.
Other	WCC People Directorate Broadcast Posters sent to Family Information Service for distribution (centres)

Analysis

Descriptive analysis of quantitative data is presented in tables and figures. Where relevant, sub-groups analysis is presented.

Qualitative (open text) data has been analysed using thematic analysis. Themes are presented and a range of example quotations are used to illustrate these themes throughout and to demonstrate a range of views shared. Please note, in some places these quotes are extracts, due to the length of the original text, and in some cases, they may have been amended for obvious spelling and grammatical errors, or to omit information that might identify an individual. Other than these amendments, all quotes are reported as they were submitted in the survey. Please note some quotes will have multiple themes attached to them, to ensure all topics raised are captured during analysis.

4. Survey results

In total, there were 236 responses to the online survey. No paper copies were requested.

4.1 Respondent Profile

Table 2 below shows the demographic profile of those who responded to the survey. The survey may have been more likely to be completed by groups that would be impacted by the proposal to enter a Section 75 agreement i.e. parents and carers (or other family) with younger children (those who access or have recently accessed the health visiting or FNP services), or those of the working population (professionals that wish to share their views).

Responses to the equalities monitoring questions (which were optional) show no responses from some groups, these included some specific ethnic backgrounds; those identifying as non-binary, agender, or gender-fluid; those who identify their religion as Judaism, and gay men. The survey was promoted widely, for example through the WCC Seldom Heard Engagement Group and the Cultural Inclusion Network (for more detail of promotional activity, see Table 1 above).

Table 2 Respondent demographics

Category	Sub-group	Total	Percentage
Age group	Under 18	3	1.27%
	18–24	6	2.54%
	25-34	31	13.14%
	35-44	71	30.08%
	45-54	39	16.53%
	55-64	37	15.68%
	65–74	25	10.59%
	75 +	17	7.20%
	Prefer not to say	6	2.54%
	Not Answered	1	0.42%
Disability, long term health condition or learning difference	Yes	30	12.71%
	No	194	82.20%
	Prefer not to say	10	4.24%
	Not Answered	2	0.85%
Ethnic background	Arab	1	0.42%
	Asian or Asian British - Bangladeshi		0.00%
	Asian or Asian British - Indian	5	2.12%
	Asian or Asian British - Pakistani		0.00%
	Chinese		0.00%

	Other Asian Background		0.00%
	Black or Black British - African	1	0.42%
	Black or Black British - Caribbean		0.00%
	Other Black Background		0.00%
	Mixed - Asian and White	3	1.27%
	Mixed - Black African and White		0.00%
	Mixed - Black Caribbean and White		0.00%
	Other Mixed Background	2	0.85%
	White British	197	83.47%
	White Irish	7	2.97%
	Gypsy, Romani or Traveller		0.00%
	Other White background	8	3.39%
	Prefer to self-describe	3	1.27%
	Prefer not to say	6	2.54%
	Not Answered	3	1.27%
Gender	Female (including trans female)	200	84.75%
	Male (including trans male)	26	11.02%
	Non-binary / agender / gender-fluid		0.00%
	Prefer to self-describe	1	0.42%
	Prefer not to say	5	2.12%
	Not Answered	4	1.69%
Transgender	Yes	1	0.42%
	No	226	95.76%
	Prefer not to say	4	1.69%
	Not Answered	5	2.12%
Religion	Buddhism	3	1.27%
	Christianity	117	49.58%
	Hinduism	2	0.85%
	Islam	1	0.42%
	Judaism		0.00%
	Sikhism	2	0.85%
	Spiritualism	1	0.42%
	Any other religion or belief	5	2.12%
	No religion or belief	94	39.83%
	Prefer not to say	8	3.39%
	Not Answered	3	1.27%

| Sexuality	Asexual	4	1.69%
	Bi / bisexual	5	2.12%
	Gay man		0.00%
	Gay woman / lesbian	3	1.27%
	Heterosexual / straight	207	87.71%
	Pansexual	1	0.42%
	Other	1	0.42%
	Prefer not to say	14	5.93%
	Not Answered	1	0.42%

What is your main reason for responding to this survey?

The first question in the survey asked, 'What is your main reason for responding to this survey?'. The responses to this question are shown in Figure 1. The category with the highest proportion of respondents was those responding in their professional capacity (n=89, 37.7%). The group with the lowest proportion of respondents was those who are currently or have been supported by the Family Nurse Partnership (FNP) (n=8, 3.4%). In total, 36.4% (n=86) of respondents said they had previously accessed, currently access, or are a family member of somebody who has accessed FNP or the health visiting service. A further 21.2% (n=50) identified themselves as a member of the public.

Where a respondent identified themselves as 'Other', they provided further information, shown in Table 3 below (some identifiable information has been redacted).

Table 3 – Other responses to 'What is your main reason for responding to this survey?'

Retired HV with 40yrs experience
I'm a contributing member of the South Warwickshire University NHS Trust
I am a parent currently with a child under health visiting and professional [details omitted]
I have been a health visitor and since retiring have helped families access the service and now as a grandparent have seen the service as it currently operates
Healthcare professional [detail omitted]
I have previously used the service but currently pregnant and about to use it again!
I work closely with parents of under 5 year olds and have also used the service in the past
I am now of an advanced age which may well require such a service in the future
Retired health professional and volunteer
County Councillor
Healthcare professional [detail omitted]
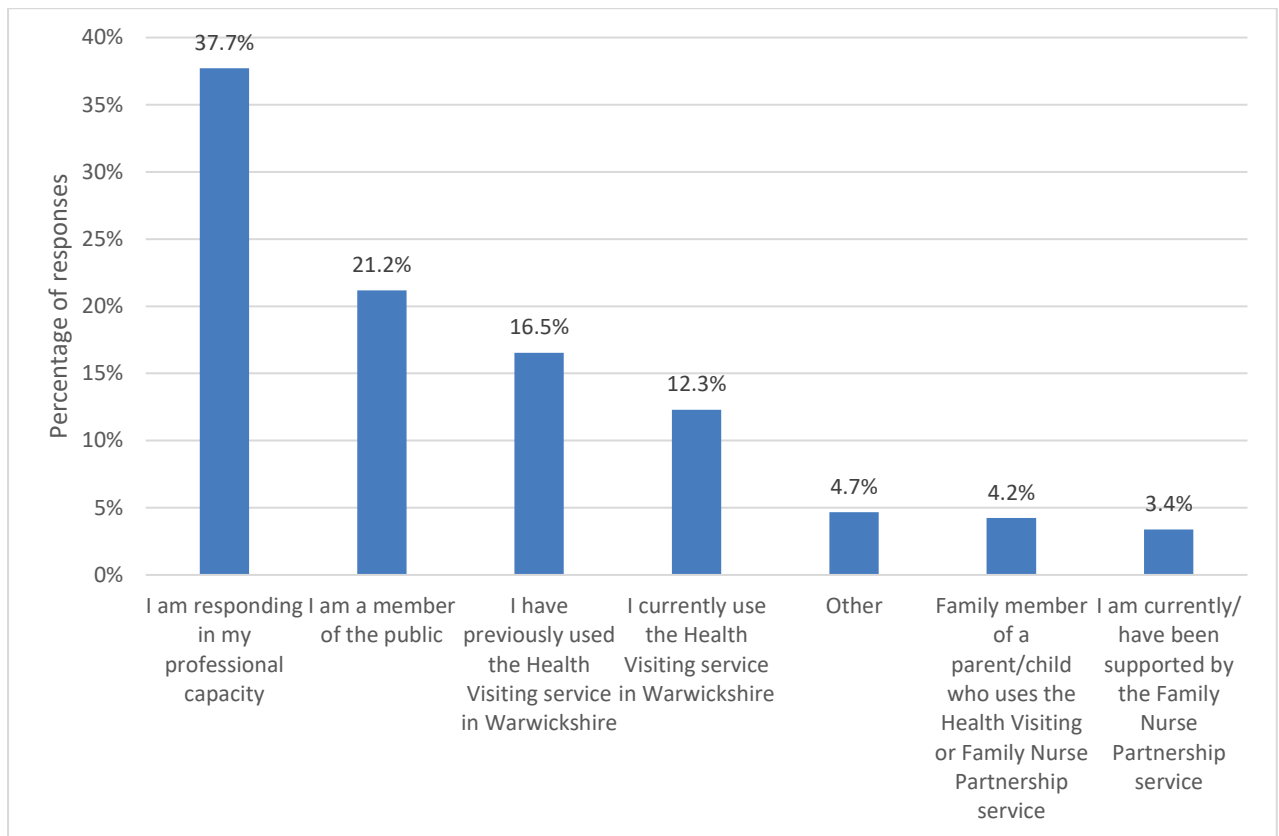
Figure 1- Responses to 'What is your main reason for responding to this survey?''

Respondents who had identified themselves as responding in their professional capacity, were then given the opportunity to specify their employee category. The responses to this are shown in Figure 2. The majority (64%, n=57) of professionals responding to the survey were employees of SWUFT (South Warwickshire University Foundation Trust). The category with the next biggest proportion of respondents was 'employee of WCC (Warwickshire County Council)', which accounted for 20% (n=18) of professional respondents. There were three categories provided that no respondents selected – these were 'employee of another local authority (not WCC)', 'Working in primary care', and 'Elected member of a council or Parliament (including parish and town councils)'. A small proportion (2%, n=5) identified themselves as 'Other' and gave further details. This included a healthcare professional, a previous employee of WCC, a previous health visitor and [omitted], an individual working with children, and an individual working in early years.
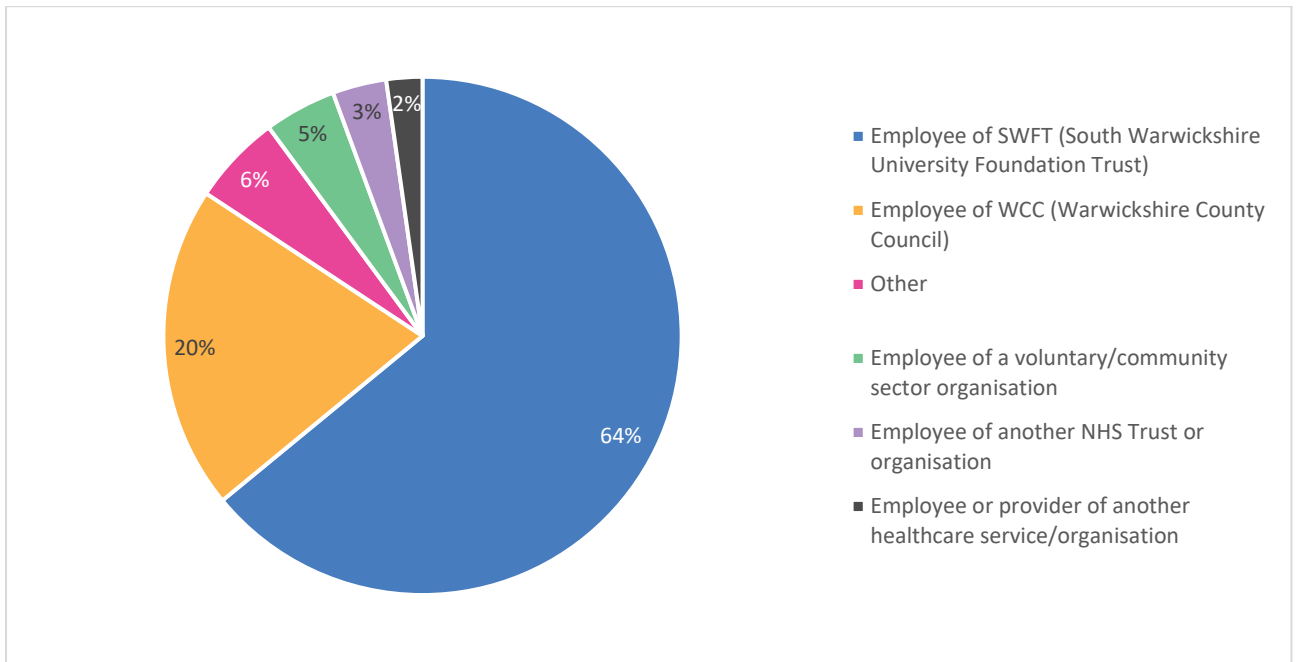
Figure 2 – Employment category of those responding in a professional category.

Please select the Warwickshire district where you live or undertake your role

Next, respondents were required to specify which district or borough they lived or worked in. The results of which are shown in Figure 3. The category where the highest proportion of respondents lived or worked in was Warwick District, whilst the categories with the lowest level of respondents was those living or working outside Warwickshire (2.5%, n=6) and other (2.5%, n=6). There were originally 9 (3.8%) respondents who selected 'Other', but three responses were recategorised into areas based on the additional detail provided. This left six respondents who selected other, of which 5 of provided additional detail (Table 4).

Table 4 – Other responses to 'Please select the Warwickshire district where you live or undertake your role'

I live in Solihull but have been treated in Warwick Hospital.
North Warks, Nuneaton, Bedworth, Rugby
[working in role] in South Warwickshire.
Rugby Borough, Stratford on Avon District and Warwick District.
Nuneaton and Bedworth as well as North Warks
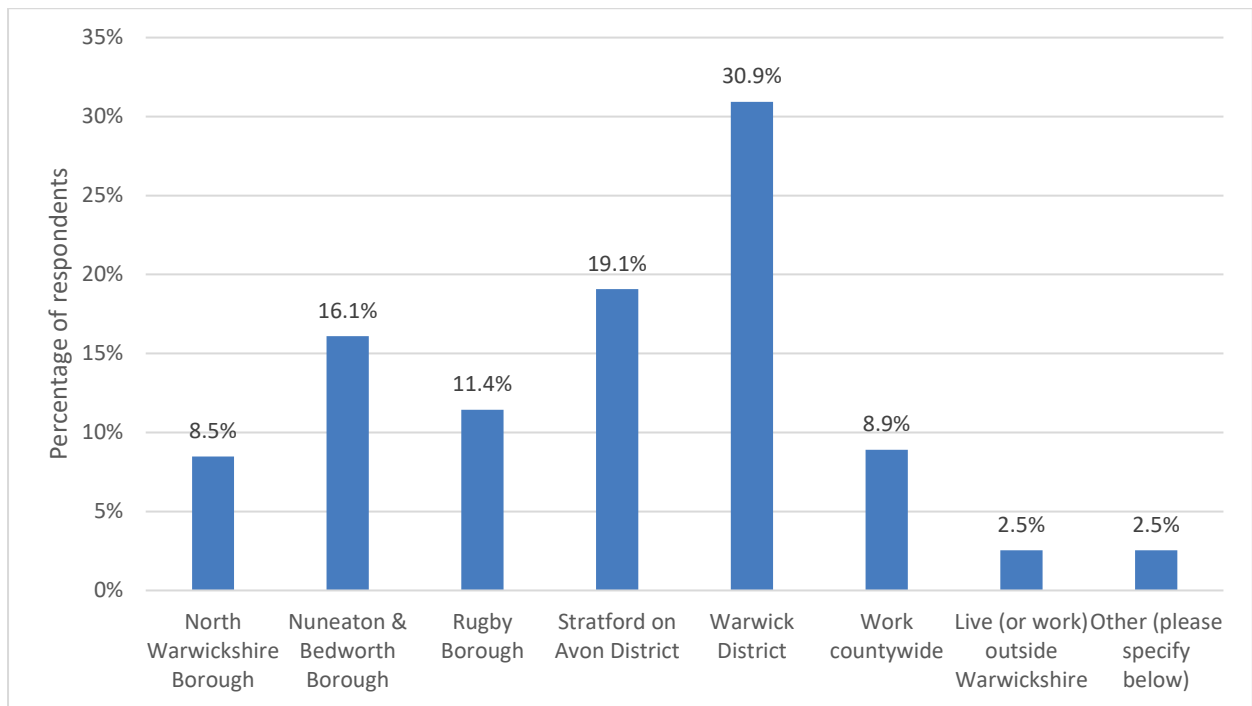
*Figure 3 – Responses to 'Please select the Warwickshire district where you live or undertake your role'.*

Are you providing a formal response on behalf of a group or organisation?

Respondents were asked if they were providing a formal response on behalf of a group or organisation. One respondent selected 'yes' to this, though no further details are provided in relation to this.

To what extent do you agree or disagree with the proposal to enter into a partnership agreement with SWUFT (South Warwickshire University Foundation Trust) for the 0-5 Public Health Nursing service (Health Visiting)?

Respondents were asked 'To what extent do you agree or disagree with the proposal to enter into a partnership agreement with SWUFT (South Warwickshire University Foundation Trust) for the 0-5 Public Health Nursing service (Health Visiting)?'. A range of information was provided on this page about the proposal, the options considered, how the proposal was developed, and the impact it will have on those who use services. The responses to this question are shown in Figure 4. The majority of respondents (70.3%, n=166) answered that they strongly agreed (27.5%, n=65), or agreed (42.8%, n=101) with the proposal. Almost a fifth of respondents suggested that they neither agreed or disagreed (18.6%, n=44) with the proposal. There were 10.2% (n=24) of respondents who strongly disagreed (5.9%, n=14), or disagreed (4.2%, n=10).
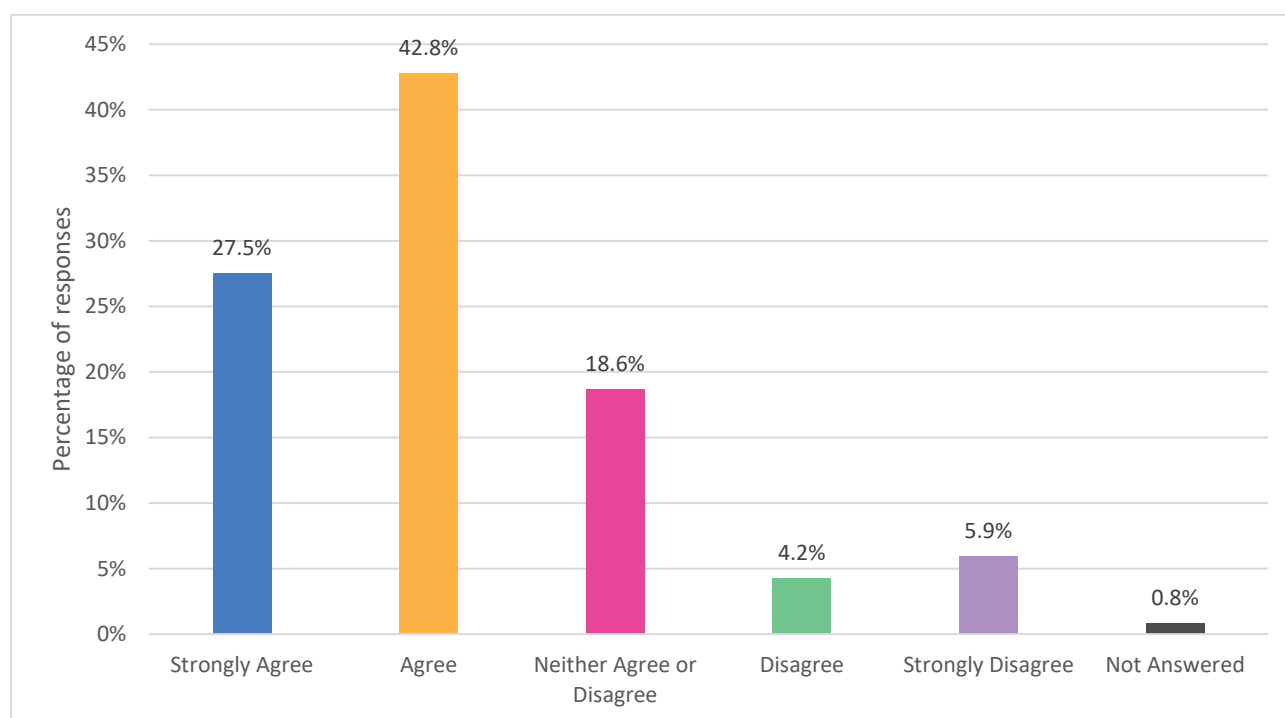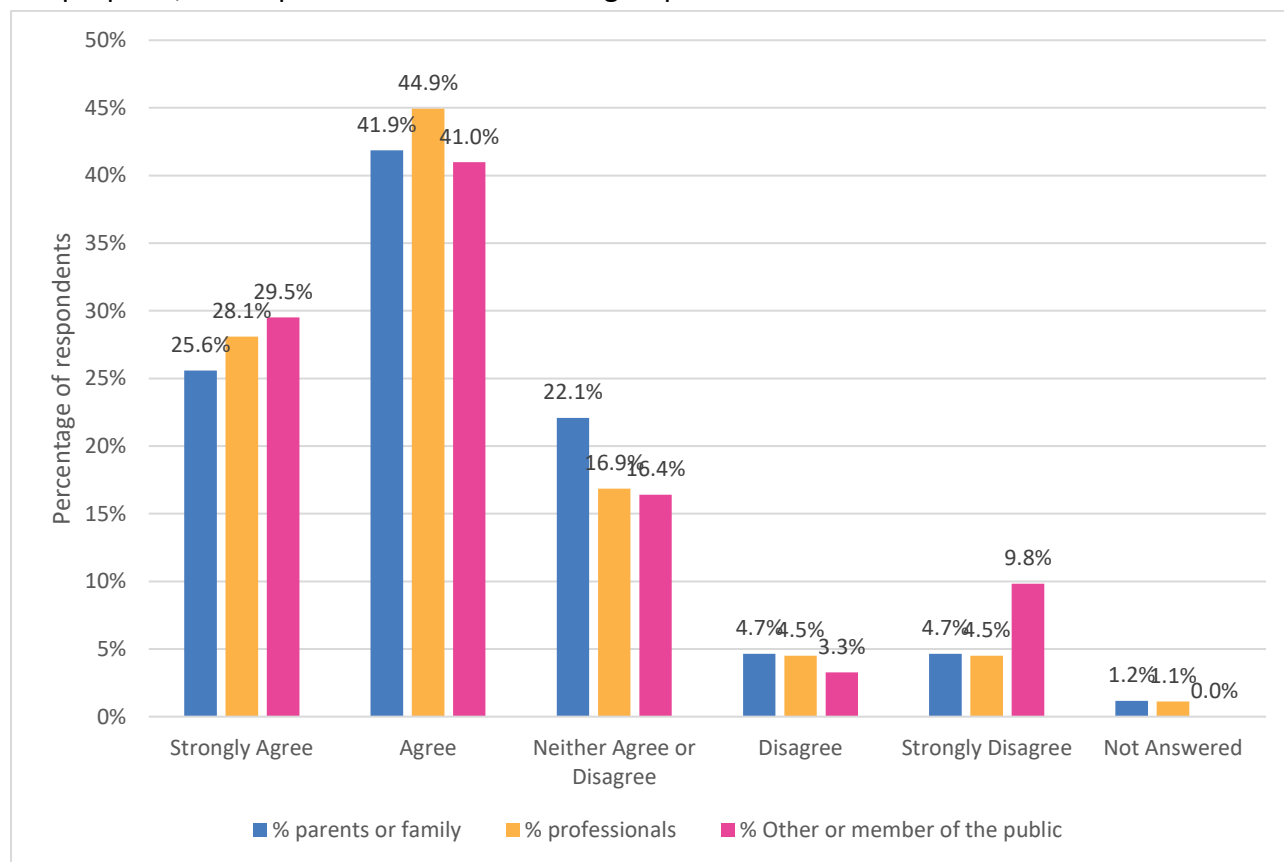

Figure 4 – Responses to 'To what extent do you agree or disagree with the proposal to enter into a partnership agreement with SWUFT (South Warwickshire University Foundation Trust) for the 0-5 Public Health Nursing service (Health Visiting)?'

Figure 5 shows a breakdown of responses to this question by professionals (n=89), service users (parents and family members) (n=86) and any respondent who selected 'other' or 'member of the public' (n=61). A higher proportion of service users (22.1%, n=19) responded neutrally by selecting 'Neither agree nor disagree', compared to professionals (16.9%, n=15) and members of

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the public and other respondents (16.4%, n=10). A slightly higher proportion of professionals (73%, n=65) expressed agreement with the proposal, compared to service users (67.4%, n=58) and members of the public and other respondents (70.5%, n=43). A higher proportion of respondents who selected other or member of the public (9.8%, n=6)), strongly disagreed with the proposal, in comparison to the two other groups.

Figure 5 – Responses to ''To what extent do you agree or disagree with the proposal to enter into a partnership agreement with SWUFT (South Warwickshire University Foundation Trust) for the 0-5 Public Health Nursing service (Health Visiting)?' by respondent type.

Respondents were then given an opportunity to provide further detail on their level of agreement or disagreement in a comments box. A total of 60 (25.4%) respondents added a comment - one comment only contained a letter and no further text. A number of themes were identified as outlined in Table 5. With each example quotation, the reason given for responding to the survey is included in bold, as this provides context to some of the comments (eg if the individual is responding in their professional capacity).

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Table 5 – Themed comments on agreement or disagreement with the Section 75 proposal

Theme	Sub theme (if applicable)	Count	Example comments
Potential positive service impacts of the partnership approach	Appropriate staff to deliver service	2	*"I think that having a shared vision and using the best placed/trained people to deliver care has to be a good thing."* **(professional)** *"… Staff currently doing the job have a wealth of experience and already know the local families. Sufficient funding needs to be provided to ensure there are enough staff to meet demand - integration means bringing two work streams together."* **(professional)**
	Collaboration	2	*"Sounds like a great way to collaborate and a positive step in aligning the work the council and NHS does…"* **(member of the public)** *"Anything to support a more collaborative approach with services and families is a positive step, so I fully support this partnership."* **(service user)**
	Stability and longer-term planning	3	*"This enables this service to implement long term plans without the pressures of frequently worrying about being re-commissioned…"* **(professional)** *"I understand this will provide stability and overcome the ridiculous tendering process, but I would like more information on the benefits and risks."* **(professional)** *"I feel it is important that the 0-5 service continues to be delivered by SWFT and the section 75 will support SWFT and WCC to work together on the new model and provide continuity of service."* **(professional)**
	Joined-up services/Transparent and seamless pathways	11	*"Coherent, integrated services provide the foundation for early and effective intervention and support through transparent pathways to services 0-5. Effective and efficient services, working through partnership in a timely manner, can maximise the opportunities for earlier success and minimise the barriers provided by fragmented, fragile, services. Partnership working can emphasise the sustained importance of overcoming barriers and maintaining solution focused strategies to make a difference in real time to children, young people and their families. As part of the repertoire of data collection, infilling missing information, seldom heard groups, case studies could provide insights into successes and challenges for services."* **(member of the public)** *"…If we can align more to a family hub model of collaboration and co production this should ensure seamless care for service users. Also thinking about the high impact areas and ensuring stopping smoking, infant feeding and family nurse partnership*

			are sat alongside Health Visiting again to ensure a holistic package of care." **(professional)**
			"I think a partnership agreement will provide a more cohesive and collaborative service to the community as a whole and families in particular." **(other)**
			"… However more accessible information sharing would support the seamless transition through services and allow a much more joined up approach" **(professional)**
			"It is really important that services are more coordinated and offer a better joined up approach to service delivery. Communication between services is always the biggest downfall and so I would hope that the Section 75 agreement may serve to support better communication." **(other)**
			"I feel it would be beneficial for the health visiting team to work directly with the services to which they may be referring patients. I also think it would make data sharing easier and more stream lined, less chance for error." **(service user)**
			"Joint working facilitates support offered and better outcomes for children & families." **(professional)**
			"children between 0-5 nowadays and families are having limited social support and impact of this on health is enormous. A more joined up method of support from 0-5 will improve hopefully needs of all children, protect children from significant harm and manage/recognise the vulnerable and support appropriately. the loss of childrens centres, lack of investment in parenting support is seen now in children not being ready for school and parents not being ready to support children later on, cope and enable their full potential." **(professional)**
			"Joined up social care and health visiting will provide a better communication before families reach crisis. Getting support to families earlier will keep them together..." **(professional)**
			"… I agree that a joined up working system should work better..." **(professional)**
			"The HV service was invaluable to us supporting us and referring our son onto IDS, SALT and WPAS. Anything that makes that referral process even smoother I think is great. Life is hard for parents with children with disabilities and SEN. It is a steep learning curve. Joined up working I think can only assist parents." **(service user)**
Wishes for future Health Visiting service	Access to services	3	*"It's important that this service is available to parents of this age group."* **(member of the public)**
			"Plus the ability for people to access these services, that are currently an issue for people with children and dependent on public transport" **(service user)**

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			"Services need to be easily accessible for families and they need to know where they can go to get the support they need when they need it, so I agree that a joined up working system should work better. …" **(professional)**
	Suggestions for better ways of working	5	*"It is far better to integrate services for the benefit of children and their families, as long as it doesn't result in a lack of cohesion and lack of coordination. Each service needs a clear mandate - with excellent organisation and strategising - not necessitating endless meetings and the need for too many managers so that, in the end, the services end up top heavy and less cohesive and effective."* **(member of the public)** *"To make the health visitors work in a better way"* **(family member)** *"I just hope that if the agreement goes ahead, it will be an 'open' cooperative relationship with no 'silo' attitudes."* **(member of the public)** *"Mostly agree, however it will need substantial and effective leadership and rigorous planning to ensure the benefits are realised against the challenging workforce capacity and healthcare sector environment the moment. Will need clear measures around how it will reduce inequalities and keep prevention at the heart of the health visiting service."* **(professional)** *"… We need a different way of working now that will not just encourage, but enforce, through contractual arrangements working relationships with all relevant partners and remove barriers."* **(professional)**
	Communication	1	*"It can be confusing for parents living in Warwickshire, as the connection with SWFT can potentially be misleading for those families who don't live in South Warks - this is with regard to things like communications e.g. certain websites/email addresses/some online resources/logos, etc. In our organisation we have had to have various conversations with families to assure them that the service is open to any family with children under 5y in Warks, even though the funding indicates that it may only be available in South Warks. It is especially confusing as from an antenatal perspective families become familiar with their maternity service, and as these are currently SWFT or GEH or UHCW, any family that is not under SWFT will then automatically assume that they may not be eligible to access a service that is so clearly under SWFT branding. Perhaps this is worth considering, to make it clearer?"* **(professional)**

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	Data sharing agreements	1	*"…if this is the route taken… data sharing agreements which are shared by other services supporting young children and families."* **(professional)**
	Links to other services	4	*"Please make sure there is a strong link to child welfare services as I am sure this service will pick up one of the main problems of many inadequate cases of poor parenting."* **(member of the public)** *"Health visiting should be strongly linked to health (NHS) rather than social care (council). Agree keeping the current part we is the best option"* **(service user)** *"we need to use all the powers we have to enable services such as Health Visiting and School Nursing to work together. Currently the work in isolation. Services such as Early Help & Childrens Social Care try and engage to work with Health Visiting services but this is very problematic…"* **(professional)** *"I think the health visiting service should be integrated with GP Practices. This is where people access the vast majority of their health services so why wouldn't they be more integrated with them? Also, our health visitor said "see your GP" a lot which seemed like a waste of a GP appointment as I think they could have sorted it themselves if they worked more closely with them."* **(service user)**
	Mental Health	1	*"…I'm also hugely concerned about the lack of provision for maternal/post natal mental health, and SWFT & HV should further partner with a MH service provider."* **(service user)**
	One point of contact	1	*"I think it's important that however the system is structured, parents do not fall through gaps, that they only have to reach out the one time to get the help they need and that services will then ensure they get them to where they need to be - even if that isn't with them. Parents don't want to be having to call numerous times and being passed around to get to the service they need."* **(other)**
Potential negative service impacts	Service costs/cost cutting	6	*"wary of service cuts…"* **(professional)** *"However hope it doesn't mean a dilution of current provision."* **(member of the public)** *"The concern is that integration of services sounds good and may well be more efficient.... but is it cost cutting first and foremost?"* **(member of the public)** *"Will combining the service to become county wide reduce the offering available to south Warwickshire residents. Moving hubs or resource centres should be avoided."* **(member of the public)** *"as long as local services stay local (children family centres, home visits, local hospital)"* **(service user)**

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			"The service is stretched for staff already. It is imperative that this doesn't result in fewer staff - babies are already being put at risk through the loss of the HV drop-in service, and by how few visits there are between 0-5…" **(service user)**
	Inefficiency	3	*"Reorganisation is the enemy of efficiency and competence"* **(member of the public)** *"Centralising and amalgamating support is not user friendly"* **(member of the public)** *"Another level of bureaucracy where the management needed to efficiently run this outweighs the benefit"* **(member of the public)**
	Using unqualified staff	2	*"wary of… offering families non qualified contacts rather than preserving the nursing role that health visitors provide and training more staff"* **(professional)** *"It depends on what is expected of each partnership service. I would want my health care needs to be assessed by the Health Visiting team. By a professional who has experience and training to identify my child's health needs. I wouldn't want someone ticking a box to questions asked and not having the knowledge or expertise needed to assess my child's holistic needs"* **(service user)**
	Less incentive to improve	1	*"…If the provider is sharing ownership rather than being a contractor, I feel that gives them less rather than more incentive to improve, since any urgency to improve would be ranked in their larger organisational list of improvement areas - which could lead to a demotion of focus rather than an increase. I think WCC must have clear evidence/ commitment/ confidence that SWFT is going to act in a materially different way. I would also be interested to understand the risks associated with exiting s75 agreements, and what options are open to WCC as the funder if it become apparent that the decline continues or worsens. WCC should not enter into a position where we have a limited and unpalatable exit strategy, or that the exit strategy is suppressed by Legal red-tape."* **(professional)**
Uncertain about partnership approach		9	*"Having no experience of working for SWFT it is difficult to be certain of their ability to improve the service."* **(other)** *"I have no statistical information from which to form an opinion"* **(service user)** *"It would be helpful to be explicit in how WCC and SWFT believe the partnership agreement would support reaching targets and outcomes or how it will tangibly improve on the service as is, or with a different commissioned provider. This would support*

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			advocating in either agreement or disagreement …" **(professional)** *"I neither agree nor disagree but have clicked disagree because the information provided does not provide assurance of the mitigation of risks if the s75 goes wrong. Based on the information available here I understand how the preferred position has been reached. This does not however balance out the concerns I have that simply having more of the same will achieve service improvements. We know nationally that these sort of services are struggling, but my impression is that we may be struggling more than others, and if this is the case we need to call out that difference, name it, and require action that drives improvement…"* **(professional)** *"Need more information."* **(service user)** *"I don't understand what this questions means"* **(service user)**
Negative view	Previous poor experience - needs change	5	*"From my understanding in researching matters the service seems to have become much more diluted and less parent focused since the arrangement changed with the Council. I am concerned that this needs to change because my experience last time wasn't great and I know many other mums I know feel the same."* **(service user)** *"As the grandmother of a premature baby the joined up approach to care has been lacking, services do not speak to one another, help & care is limited & for a child with additional needs this is a massive gap in care & support"* **(family member)** *"SWFT NHS providing an absolutely shocking level of service during the pandemic. The management refused to acknowledge that things could have been done differently, showed no compassion for parents and were dismissive of 100s of comments of feedback that was collated locally. I, along with a couple of other parents arranged a meeting with the Health Visiting leads to discuss the shortcomings and they really couldn't have cared less. … The whole service is at best badly managed, at worst, unsafe and unfit for purpose."* **(service user)** *"The children with disability team are useless"* **(service user)**
	Waste of money	3	*"None of the previous links WCC and WDC have entered into have worked just wasted a great deal of money"* **(member of the public)** *"However you configure it I have no faith in it based on previous experience. Also constant changes and*

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|			
			reorganisations waste public money." **(member of the public)** *"Waste of money"* **(member of the public)**
Supporting the partnership approach		7	*"Something that I always wanted!"* **(professional)** *"A partnership with SWFT sounds like a much better relationship than a contractual one. I am firmly against any tendering process and outsourcing health services to private companies or other non-NHS organisations, so I am pleased that the council favours working with SWFT on this."* **(member of the public)** *"I think it's crazy that a service with 'health' in the title isn't linked with the local health services and is run by a council which has lots of other services to consider. Therefore, I strongly agree with the proposal"* **(service user)** *"This agreement would help services to build on and enhance the partnership working that already exists."* **(professional)** *"Sounds a good idea from what i have read."* **(professional)**
Health visiting role		3	*"Health Visitors are highly trained nurses who are able to undertake holistic assessments and signpost families to health and other services. They are very good at identifying risk and central to identification of safeguarding concerns. They have already strong established links with local GPs, midwives, Barnados, social services. Crucially they have the opportunity to visit every home with a new baby and offer assessment and signposting/referral to a wide range of services. Maternal mental health assessment and support is a vital part of their role."* **(professional)** *"The shared vision sounds positive, however the only reluctance is to ensure the mandated contacts and roll out of the Healthy Child Programme is protected to ensure the vital and unique skills of the Heath Visiting Service is recognised…"* **(professional)** *"…Working with the health visiting team to develop this will be really important as we are the ones on the front line and seeing the needs of the families first hand."* **(professional)**
Monitoring of service		3	*I believe it to be crucially important that WCC are involved in monitoring what they are funding so that you can understand the services. There seems to be a lack of understanding of where money is going and thus why it is used up and then some in order to provide the services that are expected."* **(professional)**

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		"…However, if this is the route taken, there should be robust KPI's, performance management…." **(professional)**
		"Mostly agree, however it will need substantial and effective leadership and rigorous planning to ensure the benefits are realised against the challenging workforce capacity and healthcare sector environment the moment. Will need clear measures around how it will reduce inequalities and keep prevention at the heart of the health visiting service." **(professional)**

If you disagree or strongly disagree, to what extent do you agree or disagree with the alternative option: Going out to tender to see if another provider or the current provider can deliver the service?

Respondents were then asked 'If you disagree or strongly disagree, to what extent do you agree or disagree with the alternative option: Going out to tender to see if another provider or the current provider can deliver the service?'. Responses are shown in Figure 6. In total, 132 (55.9%) respondents provided an answer to this question. Some respondents answered if they had selected 'strongly agree' or 'agree' to the previous question.

Nearly a fifth (18.9%, n=25) of those responding to this question either strongly agreed (3.8%, n=5), or agreed (15.2%, n=20) with the alternative option (going out to tender). This was 10.6% of all respondents of the survey. Just over half of these respondents were service users and family (52%, n=13), with a further 20% (n=5) professionals and 28% (n=7) members of the public and other respondents.
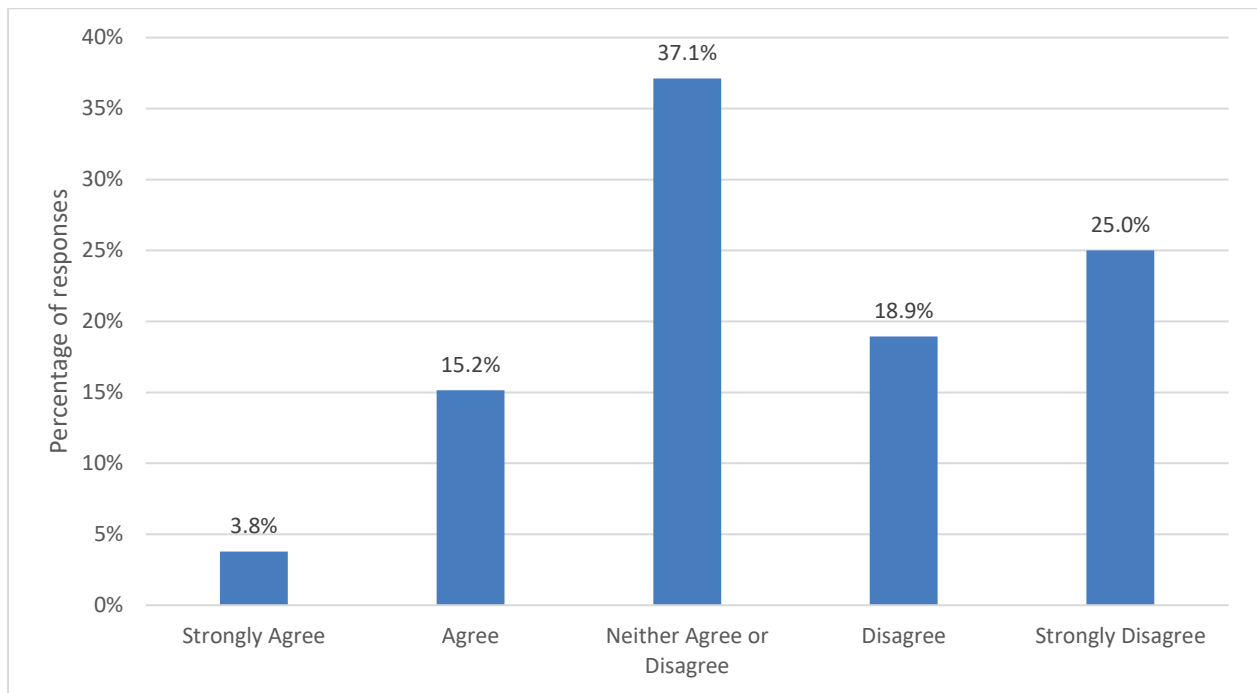
Figure 6 – Responses to 'If you disagree or strongly disagree, to what extent do you agree or disagree with the alternative option: Going out to tender to see if another provider or the current provider can deliver the service?

Respondents were asked to then provide any additional comments they wished to include – 28 comments were provided. One comment did not add further detail. Several themes were identified in the responses provided (Table 6). With each example quotation, the reason given for responding to the survey is included in bold, as this provides context to some of the comments (e.g. if the individual is responding in their professional capacity).

Table 6 – themed additional comments on agreement or disagreement of alternative approach

Theme	Sub theme (if applicable)	Count	Example comments
Disagree with tendering	Causes disruption and instability	5	*"If an external agency gets the tender this can result in more disjoined work, restrictions around data protection, transferring of materials and communication…."* **(professional)** *"Going out to tender ALWAYS provides instability in services as experienced at the front line. By the time a provider is identified and can start work on the provision, there has usually been a massive delay and the instability causes staff to feel unsettled and leave and so any current provision suffers too…"* **(other)** *"It is so costly and takes so much time to organise a bid for tendering…It gives rise to instability in the workforce"* **(professional)** *"constant tendering is disruptive to service provision"* **(professional)**

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			"I believe that going to tender for a new provider will result in loss of continuity and risk families falling through the gaps that open up with a handover." **(service user)**
	No alternative to health visitors	1	*"Health visitors are trained nurses who provide a holistic assessment of maternal mental health, family health and identify safeguarding concerns. They are in my view critical to the wellbeing of under 5s and their families and ensure families (some with very complex needs) are supported. I am not sure of another service that is trained to provide this level of assessment and support."* **(professional)**
	Risks of new provider	3	*"Going out to tender is fraught with danger because you end up with the cheapest price it needs monitoring. There are numerous instances where tender services have failed."* **(member of the public)** *"Tendering should mean the most appropriate and best placed service is awarded the contract, however I'm unsure this is a fair process because it can often be a private organisation, with more money, who wins…"* **(service user)** *"Other potential providers do not have local intelligence and the connections with SWFT/partner agencies would need to be developed."* **(professional)**
	TUPE	1	*"…Most staff working for nhs do not want to tupe over to another organisation…"* **(professional)**
	Waste of resource	2	*"It seems a waste of officer resource and money"* **(service user)** *"Tendering leads to additional cost and cuts in service…. and no real time accountability"* **(member of the public)**
Keep with current provider and improve		5	*"…If SWFT were to have the contract, we could continue working closely with all services as we do now, however I do also recognise the need for the service to change and evolve."* **(professional)** *"The service is already established it needs investment & joining together the other services within Warwickshire"* **(service user)** *"…With how slow the processes around tendering are in the NHS and LA (I've worked in both) I would strongly recommend you work with your current service provider to improve services rather than tendering which feels a useless process to all involved."* **(other)** *"I feel the service already exists and provides a service. If there is joint working with the LA then this should improve families experience and ensure all children are seen regularly so intervention can be put in place as required."* **(professional)** *"This never seems to work and should remain with SWFT"* **(professional)**
Benefits of alternative providers		4	*"other companies can provide value for money and be innovative"* **(professional)** *"The current provider is not delivering a quality child led service…Now is the time to do something different! If we*

			retender the same we will have the same poor service for another number of years.” **(professional)** *“…The narrative of this survey refers in several places to a s75 enabling 'us' to better join up to deliver seamless services. I can't really see a good reason why this isn't already the case, other than organisational entrenchment and culture - and will that really change if a s75 is put in place. What evidence is available to provide assurance that this will happen, and how long will that take to happen. Introducing a s75 in this space feels like rewarding bad behaviour, and while I read the options appraisal linked here, I am not sure the positives are as stable as the narrative suggests. It appears that we are opting for a risk averse option that requires the least work on our part and the parts of stakeholders in this space. Innovation involves risk, and this seems like a space in which we need to widen our thinking rather than defaulting to the lower-bother option. An alternative provider, or collective of alternative providers, might provide the sort of risk, innovation, and fundamental service rethink that WCC thinking appears unready to embrace.”* **(professional)** *“It might be worth trialling another provider to see if improvements could be made.”* **(professional)**
Section 75	Agreement	1	*“I feel the partnership proposed is the best option.”* **(service user)**
	Keep control within WCC	2	*“Keep control within.”* **(member of the public)** *“I think the council should run them to make them do a better job”* **(family member)**
	Cost viability	1	*“I would like a low cost investigation carried out to see if this is even viable”* **(member of the public)**
Uncertain		3	*“The information provided doesn't talk notably to alternatives - they may have been considered, but I can't tell. The questions I am asking myself as I read this include: 1) what portion of the services provided are statutory, and have to be delivered under a SOP/clinical governance model; 2) to what degree can the service be split into lots, with the intention of reducing burden on NHS staffing; 3) what does customer feedback say about the role of people and communities in delivery…”* **(professional)** *“Need more information.”* **(service user)** *“Don't understand question”* **(service user)**
Remain with NHS		2	*“I believe the tender should remain with the NHS. From my research, health visiting teams across the country that are still held by the NHS provide much more focused and parent focused support than those where it is tendered out to the local authority.”* **(service user)** *“…NHS services should remain within the NHS.”* **(service user)**
SWUFT management		2	*“…The current provider management have shown that they are unable to provide a service that meets the needs*

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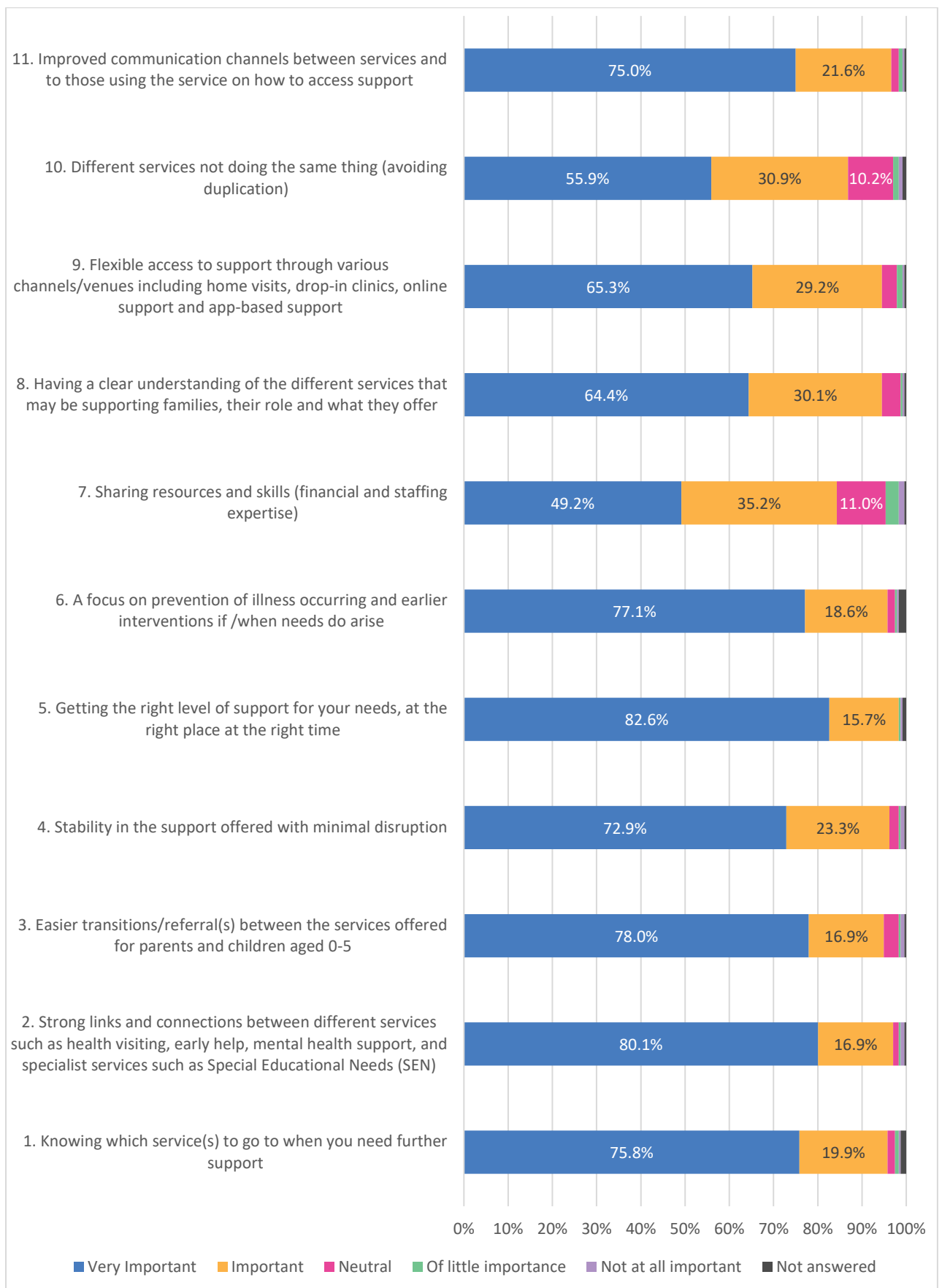|			
			of children whilst also working in partnership with others that can help…" **(professional)** *"There needs to be a change of senior management within SWFT - managers who will support staff not ignore them - we have lost so many colleagues due to poor management!"* **(professional)**
Other		2	*"Please don't ask the bullies in the children with disabilities team"* **(service user)** *"Plus the ability for people to access these services, that are currently an issue for people with children and dependent on public transport. Also to make sure that funding and services are not taken away from local services that are already available."* **(service user)**

4.3 Proposed benefits of the Section 75 Agreement

Respondents were then presented with a range of proposed benefits, and asked to provide their views on how important each aspect was to them. The following are the proposed benefits respondents were asked about:

- Knowing which service(s) to go to when you need further support.
- Strong links and connections between different services such as health visiting, early help, mental health support, and specialist services such as Special Educational Needs (SEN).
- Easier transitions/referral(s) between the services offered for parents and children aged 0-5
- Stability in the support offered with minimal disruption.
- Getting the right level of support for your needs, at the right place at the right time.
- A focus on prevention of illness occurring and earlier interventions if /when needs do arise.
- Sharing resources and skills (financial and staffing expertise).
- Having a clear understanding of the different services that may be supporting families, their role and what they offer.
- Flexible access to support through various channels/venues including home visits, drop-in clinics, online support and app-based support.
- Different services not doing the same thing (avoiding duplication).
- Improved communication channels between services and to those using the service on how to access support.

Respondents were asked how important each of the proposed benefits were to them – the results are shown in Figure 7. The majority of respondents expressed that each of the proposed benefits were either important or very important. The proposed benefit with the highest level of overall agreement was 'Getting the right level of support for your needs, at the right place at the right time' with 98.3% (n=232) of respondents saying this was either very important (82.6%, n=195) or important (15.7%, n=37). The proposed benefit with the lowest level of agreement was 'Sharing resources and skills (financial and staffing expertise)' with 84.3% (n=199) of

respondents saying it was either very important (49.2%, n=116) or important to them (35.2%, n=83).

11. Improved communication channels between services and to those using the service on how to access support: Very Important 75.0%, Important 21.6%

10. Different services not doing the same thing (avoiding duplication): Very Important 55.9%, Important 30.9%, Neutral 10.2%

9. Flexible access to support through various channels/venues including home visits, drop-in clinics, online support and app-based support: Very Important 65.3%, Important 29.2%

8. Having a clear understanding of the different services that may be supporting families, their role and what they offer: Very Important 64.4%, Important 30.1%

7. Sharing resources and skills (financial and staffing expertise): Very Important 49.2%, Important 35.2%, Neutral 11.0%

6. A focus on prevention of illness occurring and earlier interventions if /when needs do arise: Very Important 77.1%, Important 18.6%

5. Getting the right level of support for your needs, at the right place at the right time: Very Important 82.6%, Important 15.7%

4. Stability in the support offered with minimal disruption: Very Important 72.9%, Important 23.3%

3. Easier transitions/referral(s) between the services offered for parents and children aged 0-5: Very Important 78.0%, Important 16.9%

2. Strong links and connections between different services such as health visiting, early help, mental health support, and specialist services such as Special Educational Needs (SEN): Very Important 80.1%, Important 16.9%

1. Knowing which service(s) to go to when you need further support: Very Important 75.8%, Important 19.9%

Legend: ■ Very Important ■ Important ■ Neutral ■ Of little importance ■ Not at all important ■ Not answered

Figure 7 – Responses to 'To what extent are each of the below important to you?'

The responses to this question can be observed through the categories of service users and their family members, those responding in their professional capacity, and other respondents and members of the public. A breakdown of responses in these categories is shown below in Figures 8-18, for each proposed benefit. As the categories have different numbers of respondents, percentages are a more accurate comparison method.

1. **Knowing which service(s) to go to when you need further support.**
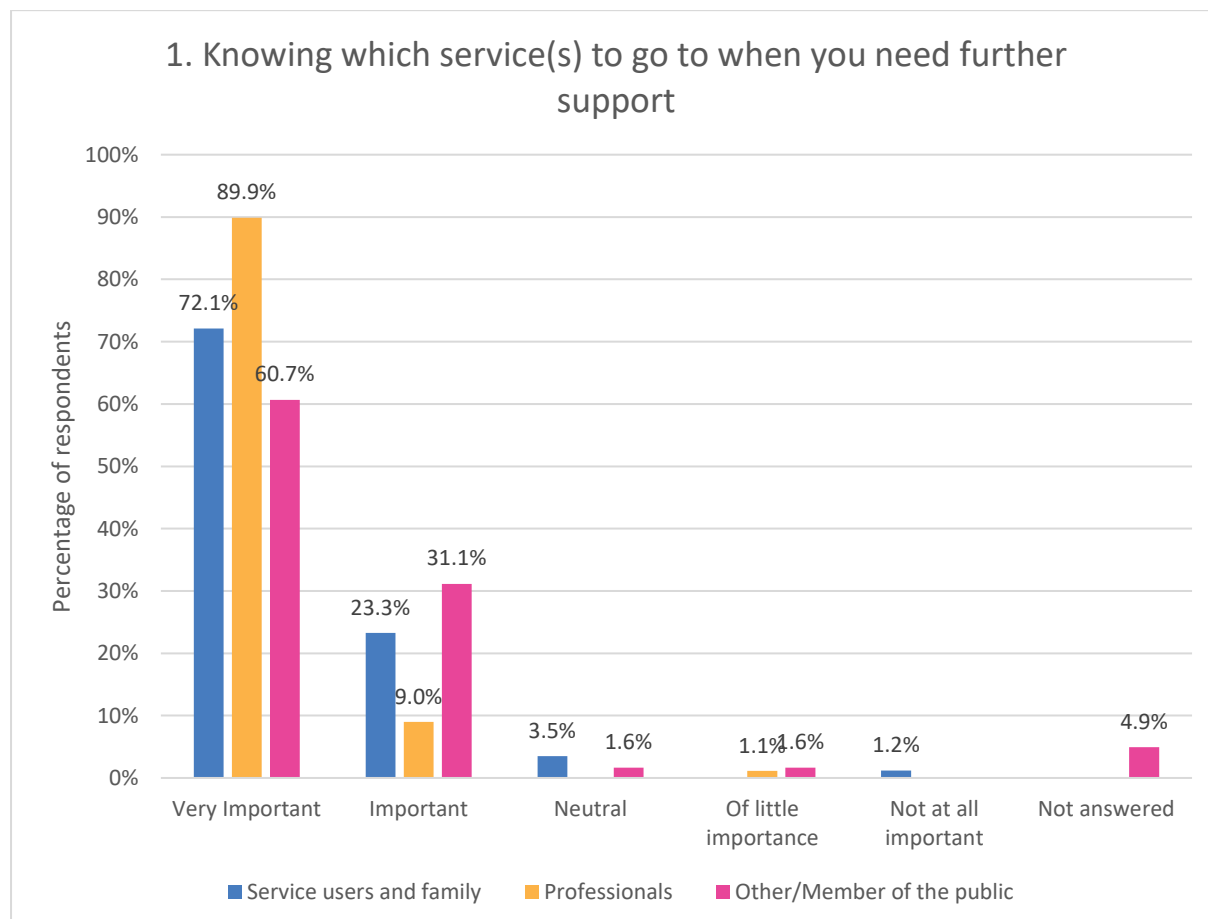
Figure 8 – responses to 'Knowing which service(s) to go to when you need further support' by respondent type
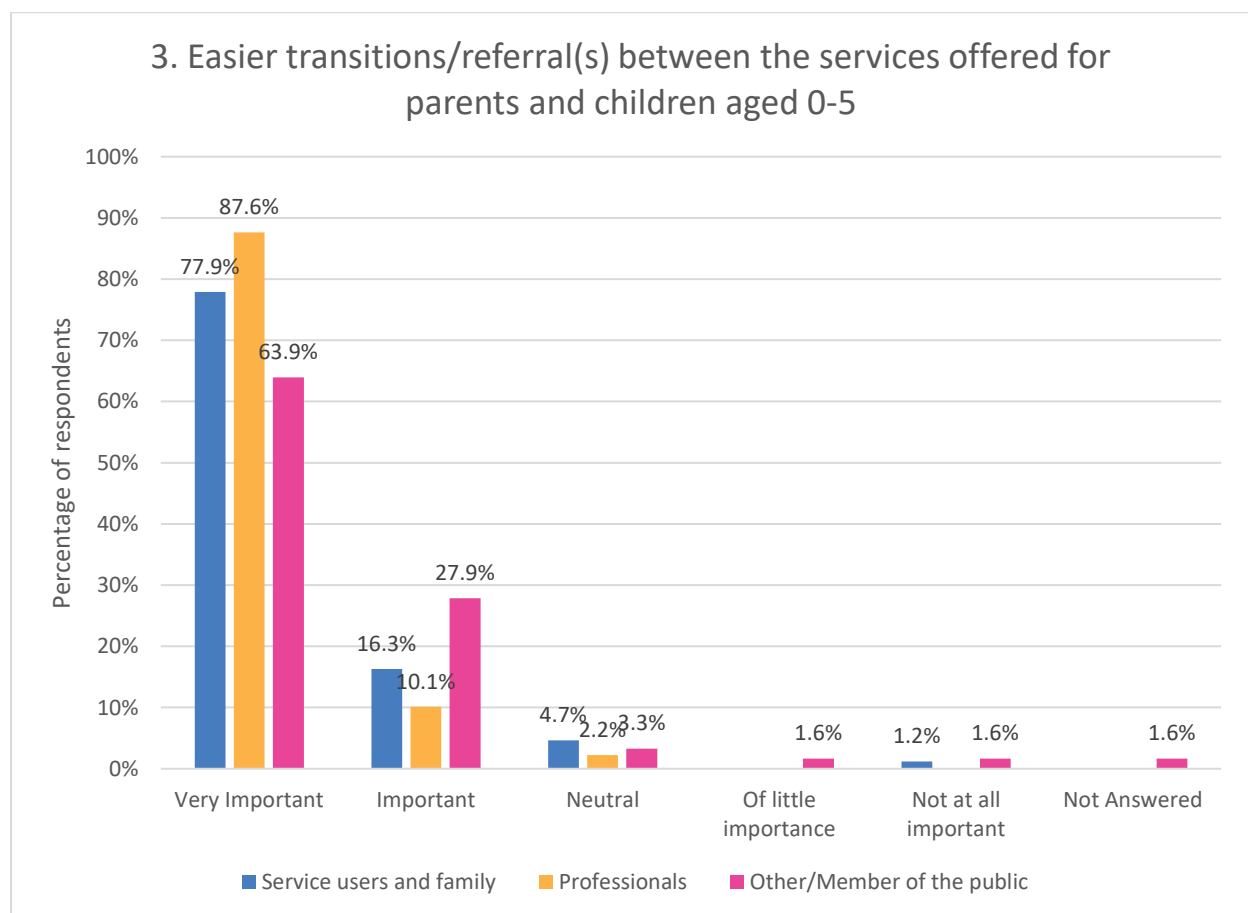
In total, 233 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 58 respondents who said they were a member of the public, or 'other'. In all three groups, over 90% of respondents said that this proposed benefit was very important or important to them (Figure 8). Within this, a higher proportion (89.9%, n=80) of professionals said the proposed benefit was very important, in comparison to service users and family (72.1%, n=62), and other respondents and members of the public (60.7%, n=37). A higher proportion of other respondents and members of the public (31.1%, n=19), and service users and family (23.3%, n=20), said the proposed benefit was important to them.

This suggests the degree of importance was higher for professionals. Two respondents overall said the proposed benefit was of little importance – this included one professional, and one member of the public. One respondent currently accessing the service (a service user) said the proposed benefit was not at all important.

2. **Strong links and connections between different services such as health visiting, early help, mental health support, and specialist services such as Special Educational Needs (SEN)**
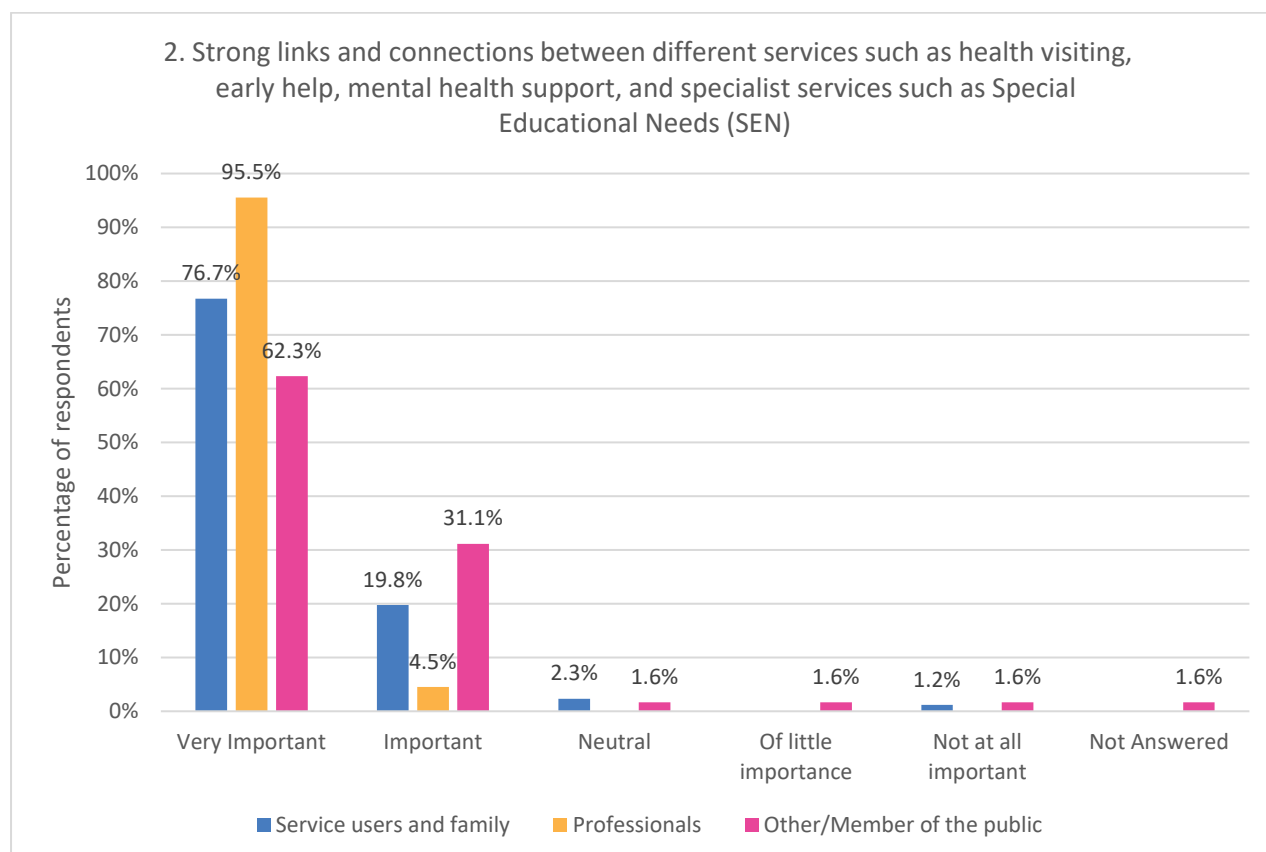
Figure 9 – responses to 'Strong links and connections between different services such as health visiting, early help, mental health support, and specialist services such as Special Educational Needs (SEN)' by respondent type

In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, over 90% of respondents said that this proposed benefit was very important or important to them (Figure 9).

A higher proportion (95.5%, n=85) of professionals said that this proposed benefit was 'very important' to them, in comparison to lower levels of service users and family (76.7%, n=66), and members of the public and other (62.3%, n=38). A higher proportion of members of the public

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and other respondents (31.1%, n=19) said the proposed benefit was 'important' in comparison to service users and family (19.8%, n=17) and professionals (4.5%, n=4). This suggests the proposed benefit was of some importance to nearly all respondents, but the degree of importance was higher for professionals.

One member of the public said the proposed benefit was of little importance, and two respondents said the proposed benefit was not at all important – this included a member of the public and a current service user.

3. Easier transitions/referral(s) between the services offered for parents and children aged 0-5

Figure 10 – responses to 'Easier transitions/referral(s) between the services offered for parents and children aged 0-5' by respondent type
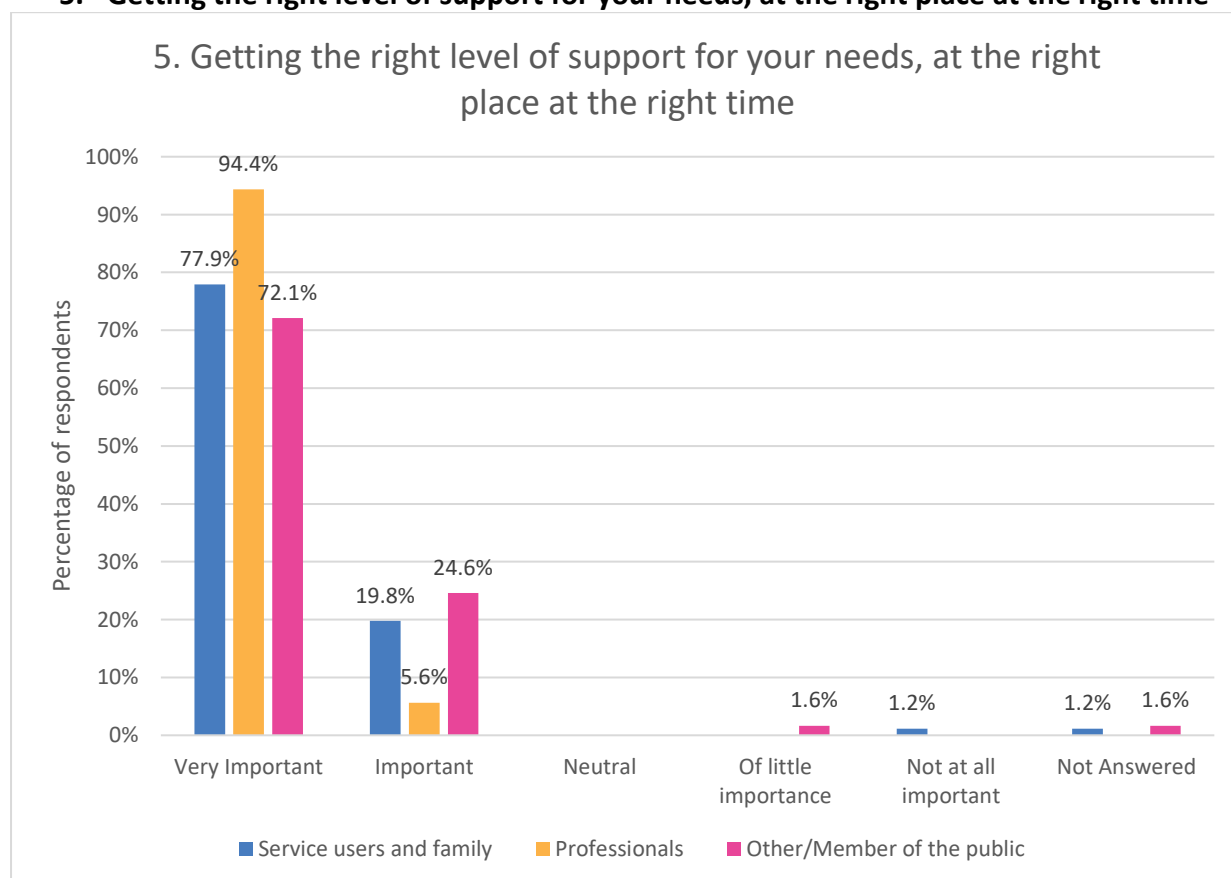
In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, over 90% of respondents said that this proposed benefit was very important or

important to them (Figure 10). A higher proportion (87.6%, n=78) of professionals said that this proposed benefit was 'very important', in comparison to service users and family (77.9%, n=67) and members of the public and other (63.9%, n=39).

Just over a quarter of 'members of the public and other' (27.9%, n=17) said this proposed benefit was important to them. This was higher than the proportion of professionals (10.1%, n=9), and services users and family (16.3%, n=14). Under 5% of all three groups expressed a neutral opinion. One member of the public said the proposed benefit was of little importance. Two further respondents said the proposed benefit was not at all important – this included a member of the public and a current service user.

4. Stability in the support offered with minimal disruption.
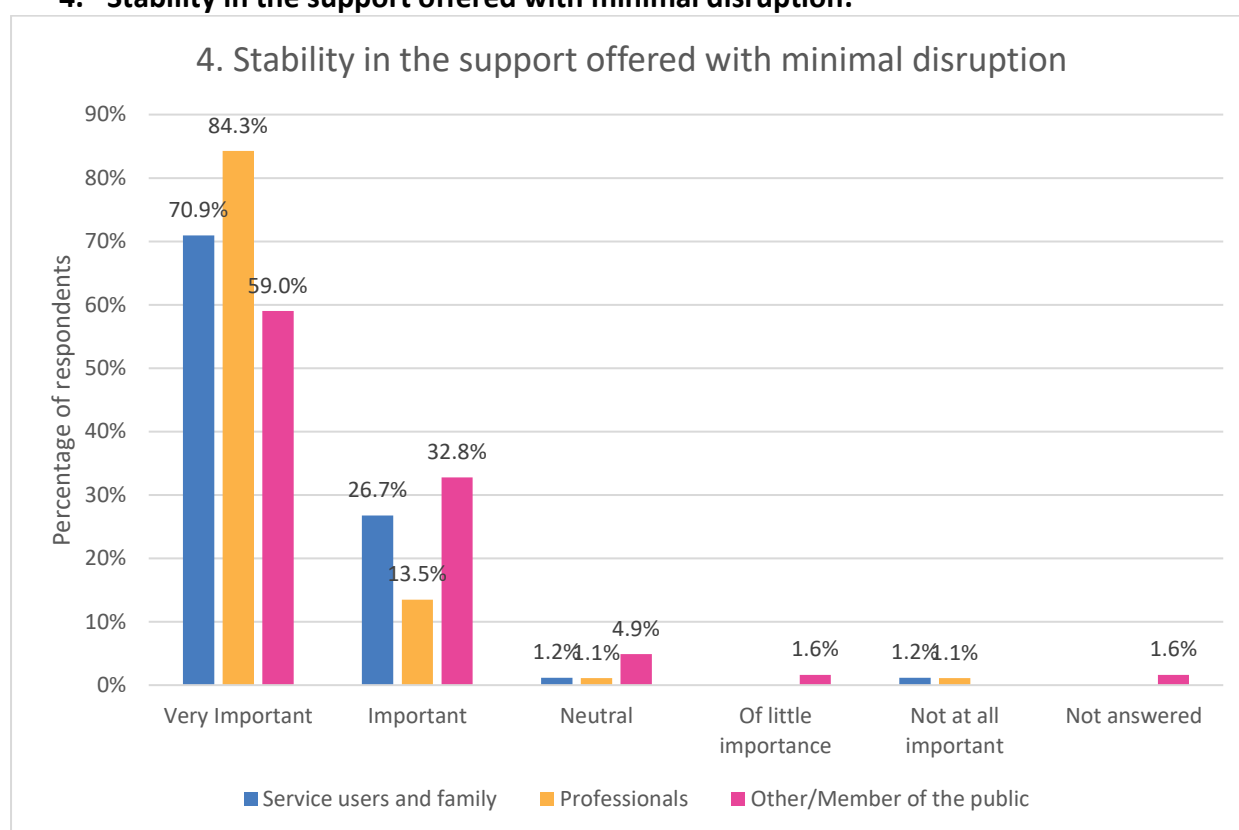
Figure 11 – responses to 'Stability in the support offered with minimal disruption' by respondent type

In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, over 90% of respondents said that this proposed benefit was very important or important to them (Figure 11).

A higher proportion (84.3%, n=75) of professionals said that this proposed benefit was 'very important' – this was more than the proportion of service users and family (70.9%, n=61), and the proportion of members of the public and other (59.0%, n=36).

A higher proportion of members of the public and other respondents (32.8%, n=20) said the proposed benefit was 'important' to them. This was in comparison to service users and family (26.7%, n=23) and professionals (13.5%, n=12). This suggests the level of importance was higher for professionals, but the proposed benefit is of importance to most respondents from all three groups.

One respondent, a member of the public, said the proposed benefit was of little importance. One professional and one current service user said the proposed benefit was not at all important.

5. **Getting the right level of support for your needs, at the right place at the right time**

Figure 12 – responses to 'Getting the right level of support for your needs, at the right place at the right time' by respondent type.

In total, 234 respondents answered this question – this consisted of 85 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In
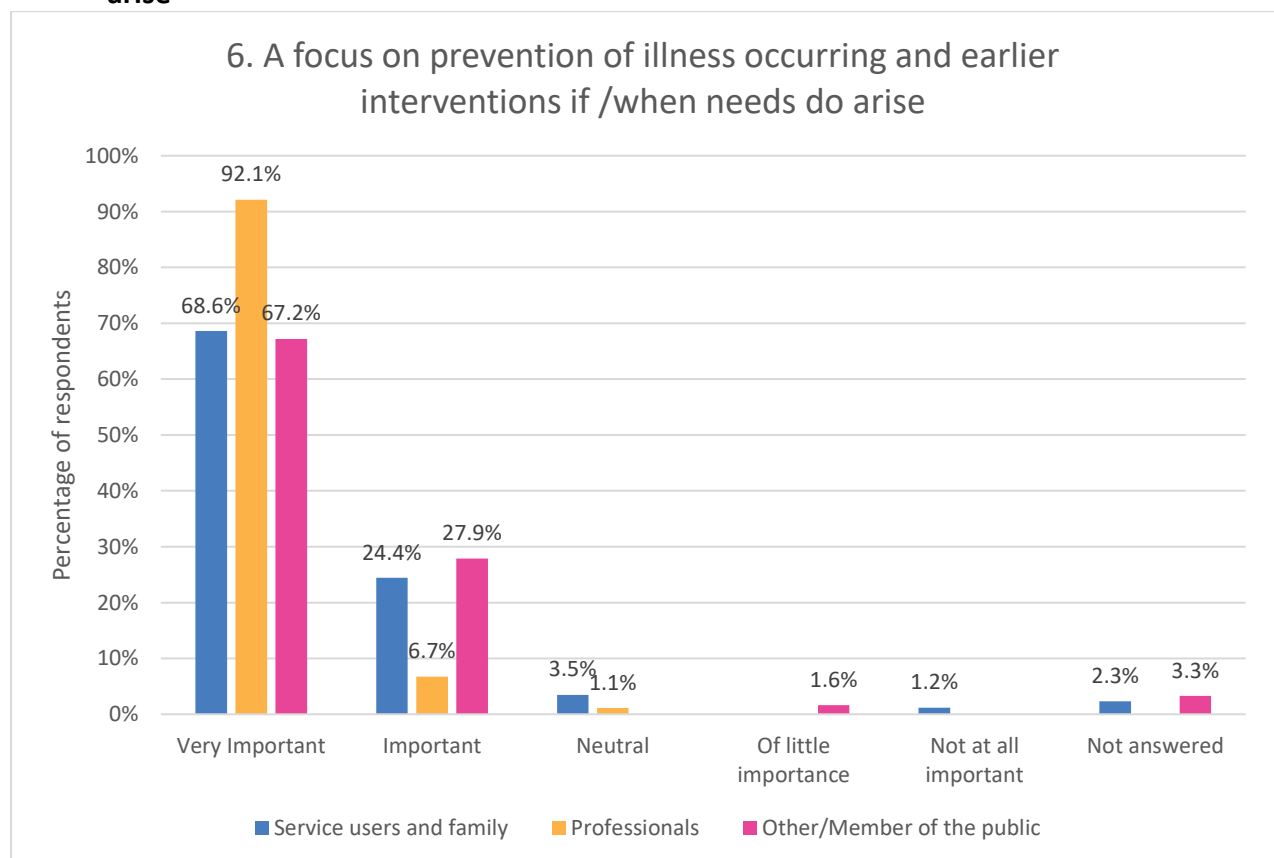
all three groups, over 95% of respondents said that this proposed benefit was very important or important to them (Figure 12).

All respondents in the professional category said this proposed benefit was important or very important. The degree of agreement was higher in this group, compared to the other two – 94.4% (n=84) of professional respondents said this proposed benefit was very important, compared to 77.9% (n=67) of service users and family, and 72.1% (n=44) of members of the public or other respondents.

A higher proportion of members of the public and other respondents (24.6%, n=15) said the proposed benefit was important, in comparison to a smaller proportion of service users and family (19.8%, n=17), and professionals (5.6%, n=5).

One member of the public said the proposed benefit was of little importance to them, and one current service user said the proposed benefit was not at all important. No respondents expressed a neutral response.

6. **A focus on prevention of illness occurring and earlier interventions if /when needs do arise**

Figure 13 – responses to 'A focus on prevention of illness occurring and earlier interventions if /when needs do arise' by respondent type.
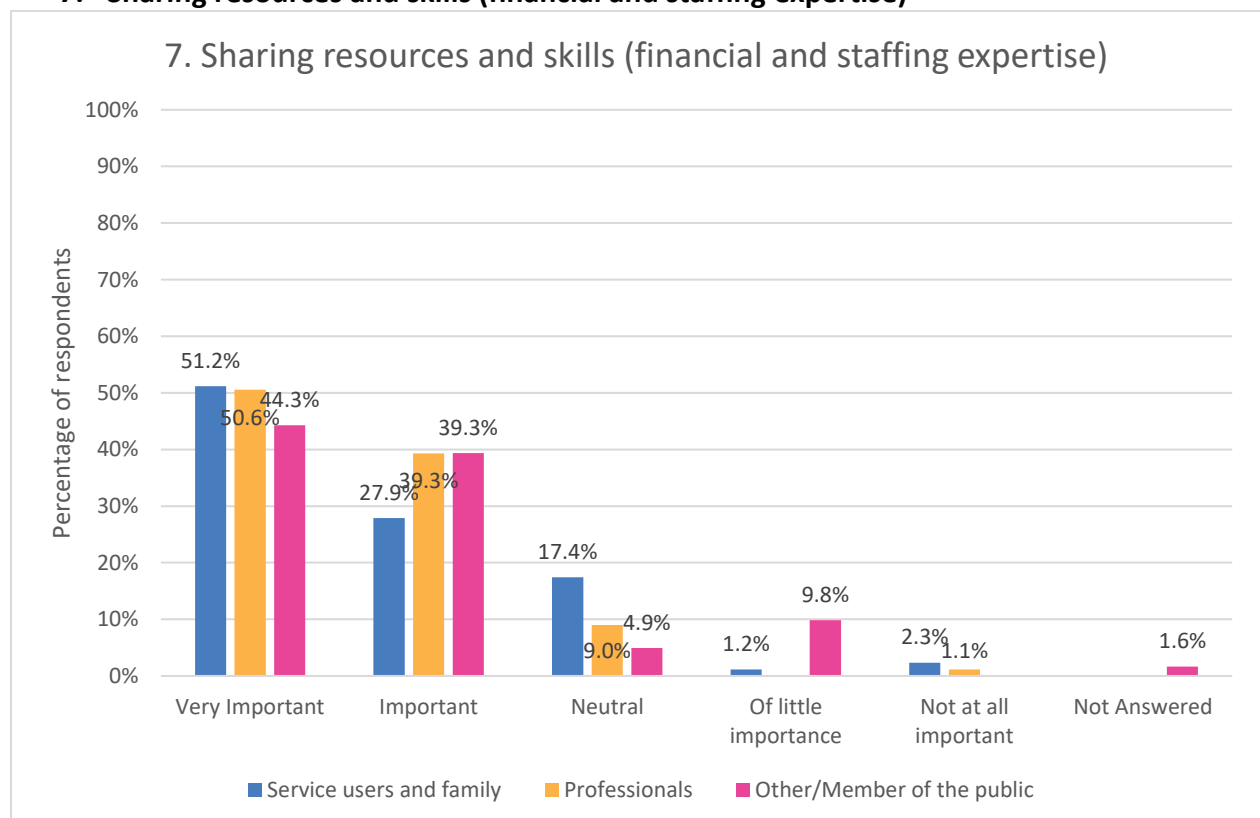
In total, 232 respondents answered this question – this consisted of 84 service users and family, 89 professionals and 59 respondents who said they were a member of the public, or 'other'. In all three groups, over 90% of respondents said that this proposed benefit was very important or important to them (Figure 13).

More professionals (92.1%, n=82) said the proposed benefit was very important to them, in comparison to the other two groups, which had similar proportions responding 'very important' (68.6% of service users and family, n=59, and 67.2% of members or the public and other respondents, n=41).

A higher proportion of members of the public and other respondents (27.9%, n=17) said the proposed benefit was important to them, in comparison to service users and family (24.4%, n=21), and professionals (6.7%, n=6). Most respondents from all three groups expressed that the proposed benefit was important to them, but the degree of importance appears higher for professionals.

There were three respondents who are current service users that responded neutrally to this proposed benefit, and one professional. One member of the public said the proposed benefit was of little importance to them, and one current service user said the proposed benefit was not at all important.

7. Sharing resources and skills (financial and staffing expertise)

Figure 14 – responses to 'Sharing resources and skills (financial and staffing expertise)' by respondent type.
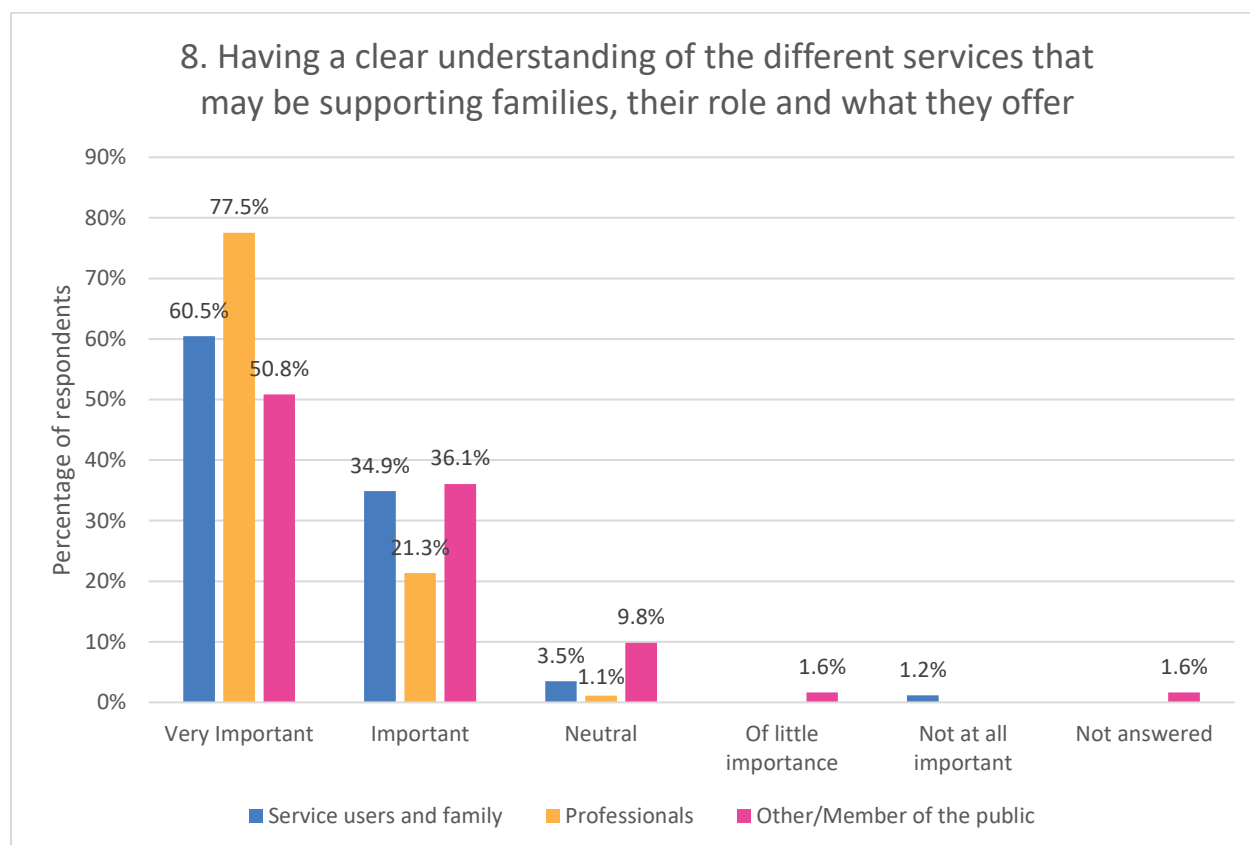
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In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, more than 75% of respondents said that this proposed benefit was either important or very important to them (Figure 14).

In response to rating the importance of this proposed benefit, more respondents overall expressed a neutral view, in comparison to the other proposed benefits – in particular, nearly a fifth of service users and family (17.4%, n=15), 9% (n=8) of professionals, and 4.9% (n=3) of members of the public and other respondents.

Around half of professionals (50.6%, n=45), and around half of service users and family (51.2%, n=44) said this proposed benefit was very important to them. Slightly less than half of members of the public and other respondents (44.3%, n=27) said the proposed benefit was very important. Just over a quarter of service users and family (27.9%, n=24) expressed that this proposed benefit was important to them – a higher proportion of the two other groups said the proposed benefit was important (39.3% of both groups, 35 professionals and 24 members of the public and other respondents).

There were 9.8% (n=6) of members of the public and other respondents that said this proposed benefit was of little importance. One current service user also selected this option. There were two service users, and one professional who said the proposed benefit was not at all important.

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8. **Having a clear understanding of the different services that may be supporting families, their role and what they offer**

Figure 15 – responses to 'Having a clear understanding of the different services that may be supporting families, their role and what they offer' by respondent type.

In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, more than 85% of respondents said that this proposed benefit was either important or very important to them (Figure 15).

When considering the eighth proposed benefit, the majority (77.5%, n=69) of professionals (and a higher proportion compared to the other two groups) said that this proposed benefit was 'very important'. Around half (50.8%, n=31) of members of the public and other respondents said the proposed benefit was very important. A higher proportion (60.5%, n=52) of service users and family said the proposed benefit was very important.

Around the same proportion of members of the public and other respondents (36.1%, n=22), and service users and family (34.9%, n=30) said the proposed benefit was important. A lower proportion of professionals (21.3%, n=19) said the proposed benefit was important.

There were 9.8% (n=6) of members of the public and other respondents, that responded neutrally to this proposed benefit. Three service users and one professional also responded neutrally. One member of the public said the proposed benefit was of little importance, and one current service user said the proposed benefit was not at all important.

9. **Flexible access to support through various channels/venues including home visits, drop-in clinics, online support and app-based support**

9. Flexible access to support through various channels/venues including home visits, drop-in clinics, online support and app-based support
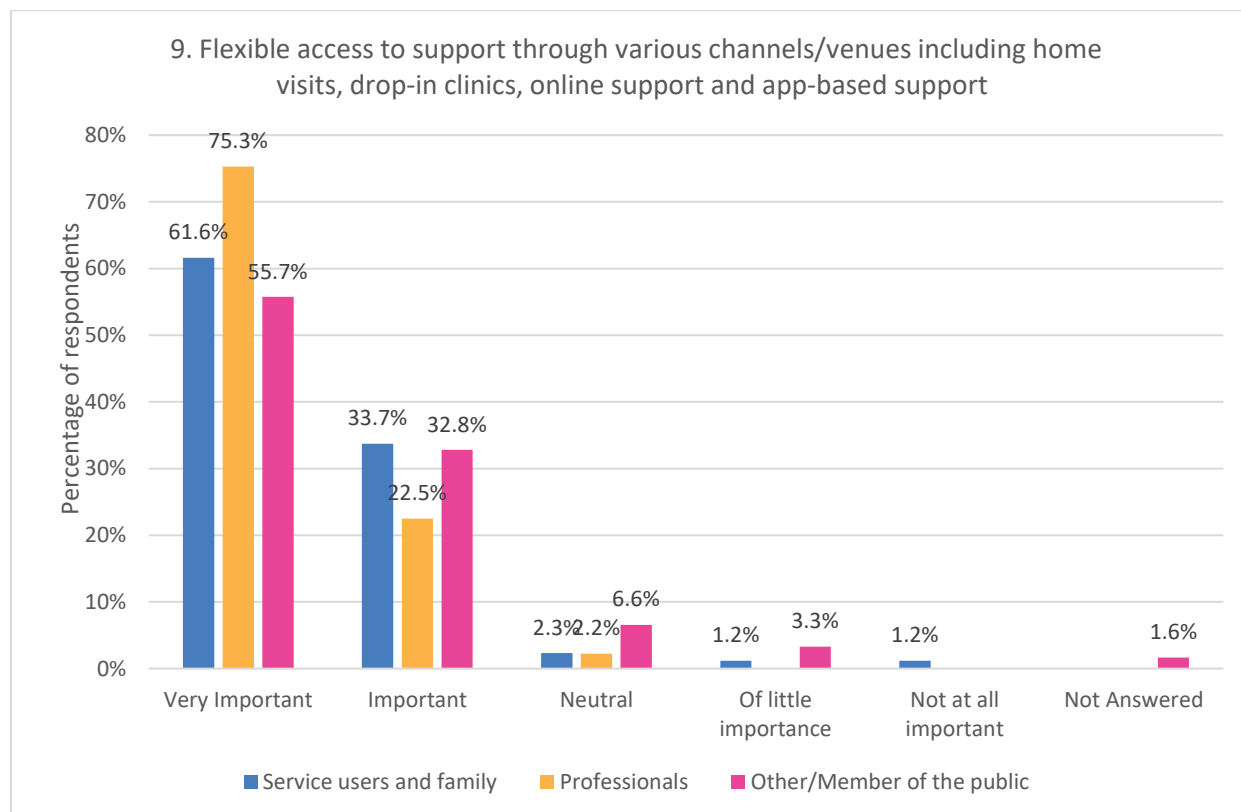
Figure 16 – responses to 'Flexible access to support through various channels/venues including home visits, drop-in clinics, online support and app-based support' by respondent type.

In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, more than 85% of respondents said that this proposed benefit was either important or very important to them (Figure 16).
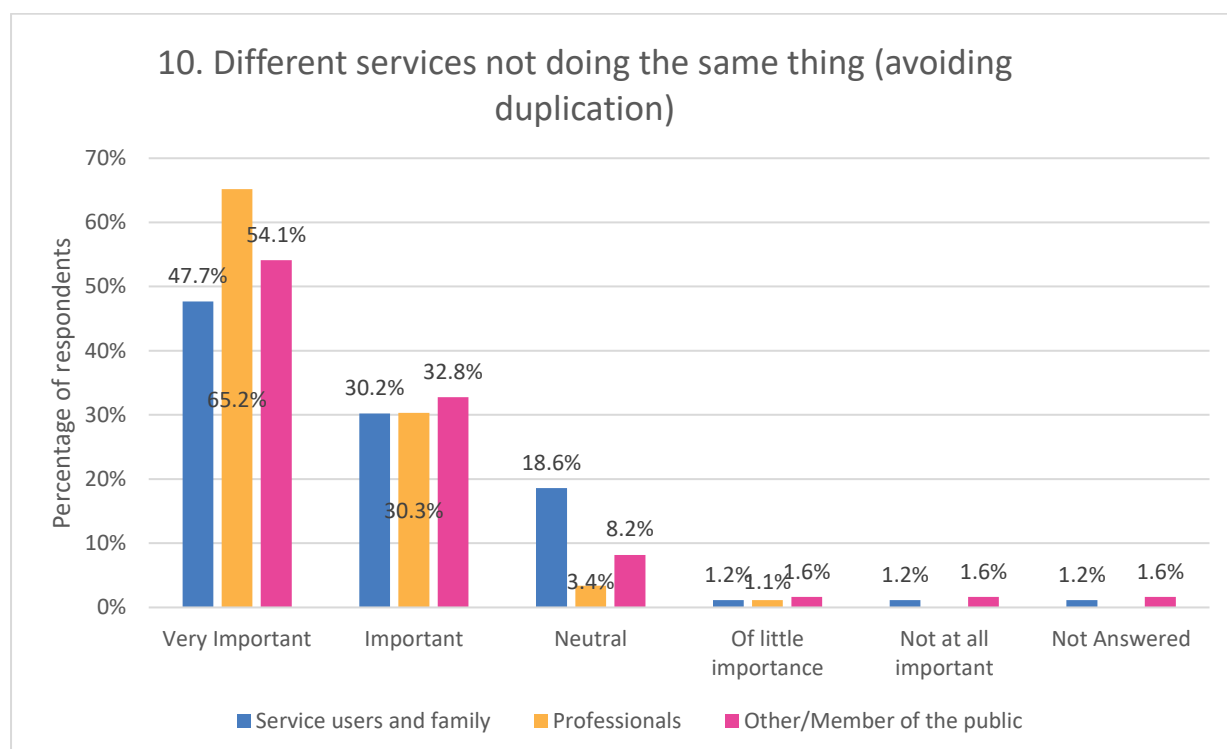
A higher proportion of professionals (75.3%, n=67) said that this proposed benefit was 'very important'. This was higher than the proportion of service users and family (61.6%, n=53), and members of the public and other respondents (55.7%, n=34).

A higher proportion of service users and family said the proposed benefit was 'important' (33.7%, n=29); this was slightly higher than the proportion of members of the public and other

respondents (32.8%, n=20). A lower proportion of professionals said this proposed benefit was important (22.5%, n=20).

There were four (6.6%) respondents from the group of members of the public and other respondents, who responded neutrally to this proposed benefit. A further four respondents said they were neutral about this proposed benefit – this included two (2.3%) service users and family, and two professionals (2.2%). Two members of the public and one current service user said this proposed benefit was of little importance, whilst one current service user said it was not at all important.

10. Different services not doing the same thing (avoiding duplication)

Figure 17 – responses to 'Different services not doing the same thing (avoiding duplication)' by respondent type
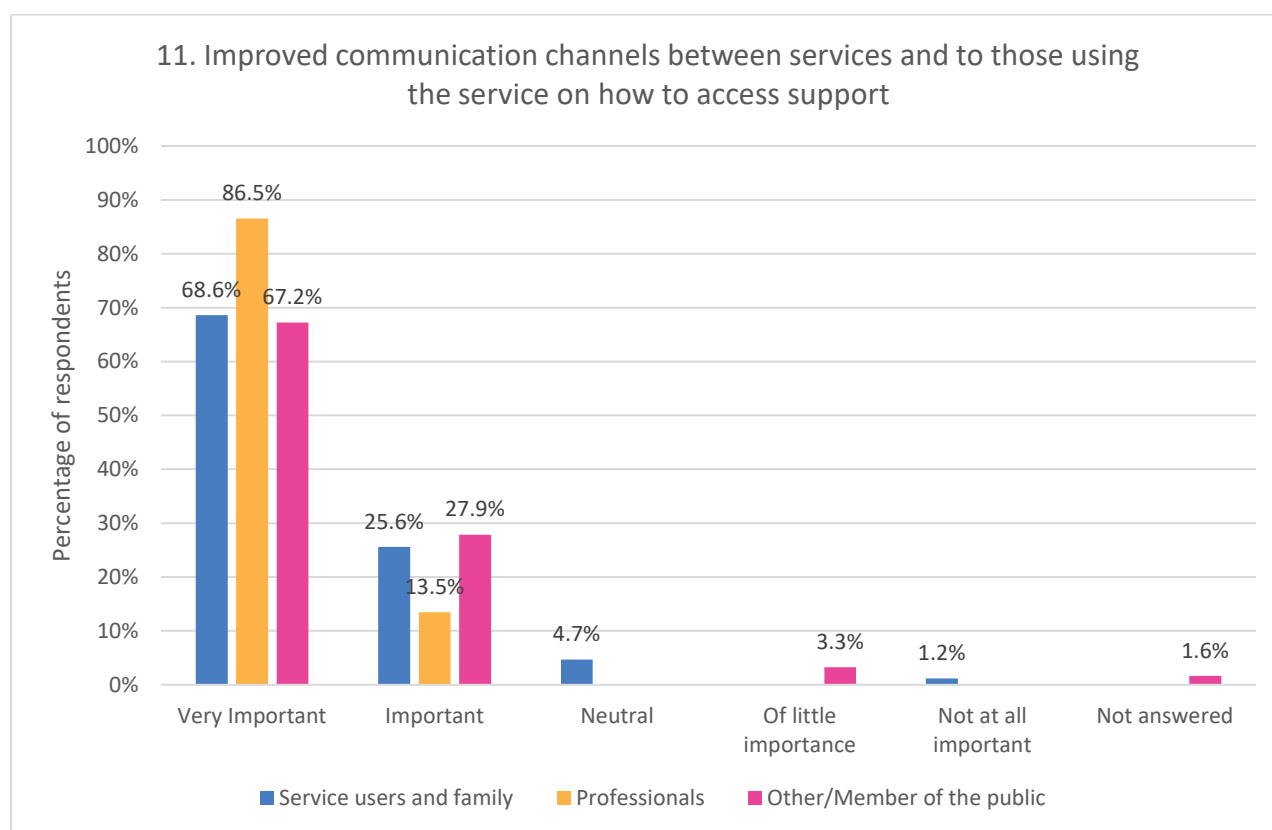
In total, 234 respondents answered this question – this consisted of 85 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, more than 75% of respondents said that this proposed benefit was either important or very important to them (Figure 17).

More than half of professionals (65.2%, n=58), and members of the public and other respondents (54.1%, n=33), said this proposed benefit was very important to them. This was higher than the proportion of service users and family (47.7%, n=41).

The proportion of respondents in each group that said the proposed benefit was important, was around the same, with slightly more members of the public and other respondents (32.8%, n=20). There were 30.2% (n=26) service users and family, and 30.3% (n=27) professionals who said this proposed benefit was important.

Nearly a fifth (18.6%, n=16) of service users and family responded neutrally to this proposed benefit. This was more than the proportion of professionals responding neutrally (3.4%, n=3) and members of the public and other respondents (8.2%, n=5). One respondent from each group said the proposed benefit was of little importance. One current service user and one member of the public said the proposed benefit was not at all important

11. Improved communication channels between services and to those using the service on how to access support

Figure 18 – responses to 'Improved communication channels between services and to those using the service on how to access support' by respondent type.

In total, 235 respondents answered this question – this consisted of 86 service users and family, 89 professionals and 60 respondents who said they were a member of the public, or 'other'. In all three groups, more than 90% of respondents said that this proposed benefit was either important or very important to them (Figure 18).

All respondents who identified themselves as a professional (100%, n=89) said this proposed benefit was either important or very important. The majority of professionals (86.5%, n=77) said the proposed benefit was very important. This was higher than the proportion of service users and family (68.6%, n=59) and members of the public and other respondents (67.2%, n=41).

A smaller proportion of professionals (13.5%, n=12) said that the proposed benefit was important – this was lower than service users and family (25.6%, n=22) and members of the public and other respondents (27.9%, n=17).

A small proportion of service users and family (4.7%, n=4) responded neutrally to this proposed benefit. There were two members of the public who said the proposed benefit was of little importance, and one current service user who said the proposed benefit was not at all important.

Are there any other potential benefits or further comments on the proposed benefits listed above that we should consider, in relation to the Section 75 agreement?

Respondents were then given the opportunity to say whether they felt there were additional benefits to the Section 75 agreement. The responses are shown in Figure 19. The majority (69.1%, n=163) of respondents responded 'no'. Almost a quarter of respondents (24.6%, n=58) selected 'yes'. Respondents then had the opportunity to comment on their answers. There were 58 respondents who provided a comment, from which a number of themes were identified, and are shown in Table 7.
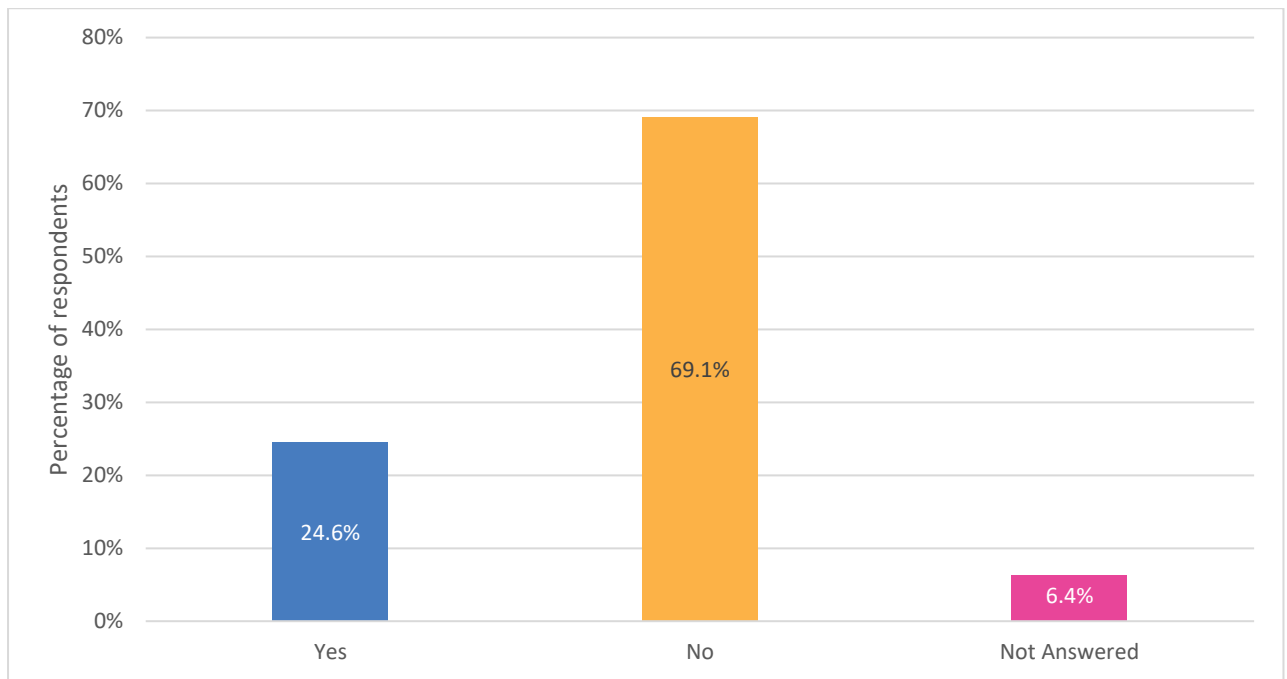
Figure 19 – responses to 'Are there any other potential benefits or further comments on the proposed benefits listed above that we should consider, in relation to the Section 75 agreement?'

Table 7 – Themes from comments from respondents that answered 'Yes' to 'Are there any other potential benefits or further comments on the proposed benefits listed above that we should consider, in relation to the Section 75 agreement?

Theme	Sub theme (if applicable)	Count	Example comments
Benefits	Joined up working	16	*"To work flexibly with families around their mandated service offers that provides consistent gaps in care rather service crossover or duplication within hours or days."* **(professional)** *"True integrated working is key."* **(professional)** *"…More multi agency working enabling parents to be supported know a range of issues."* **(service user)** *"Improved relationships with other agencies that provide support to our client group e.g Housing, P3"* **(professional)** *"More joined up working, working to staffs strengths"* **(professional)** *"If professionals are doing their job then people will know very clearly whose responsibility and clear boundaries…"* **(member of the public)**

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Theme	Sub theme (if applicable)	Count	Example comments
			"It will strengthen the locality working model and will provide an eco system of support in communities, supporting the children who need it most…" **(professional)**
			"Fostering and developing good relationships between different services. A one stop service for service users. Promoting positive interaction between different agencies" **(professional)**
			"streamlining communication processes for these providers for the end user so communication stay coherent, efficient" **(service user)**
			"Joined up services" **(family member)**
			"…Being together will aid communication… Needs to flow into the next life stage I.e paediatrics, school Nursing and other areas all being integrated" **(service user)**
			"Hopefully there would be a more transparent service which meets the needs of families and a mandate to work with all agencies supporting children and families in this age group." **(professional)**
			"… Multi disciplinary working means the families would receive a very holistic approach" **(professional)**
	Data and information sharing	6	*"Sharing information will be much better. Sharing records, vision, capacity, innovation. …"* **(professional)**
			"…Better use of IT and flow charts would allow better communication between all users. They wouldn't be able to hide between waiting lists, budgets and have clear expectations." **(member of the public)**
			"Families need only tell their story once when accessing support." **(other)**
			"…It is imperative all services on same computer systems…" **(service user)**
			"Shared information systems should provide vital patient information quicker and easier and avoid errors being made that could happen with I IT systems and information being collected and stored separately.

Theme	Sub theme (if applicable)	Count	Example comments
			For example mid wives working directly with health visitors would mean problems, concerns and histories are discussed and not just filed for someone else to access. Same with paediatric consultants, mental health teams and physiotherapists etc." **(service user)**
	Financial	4	*"There should be financial efficiency benefits from this proposed streamlined and "joined-up" service."* **(other)** *"It will require definitive demarcations to avoid overlap but could, if organised strategically, be super efficient and avoid wasting resources and money."* **(member of the public)** *"… It will enable us to create a pathway by which we claim Payment By Results through Supporting Families as we will be properly evidencing whole family working and therefore this will generate more income for WCC Early Help Services"* **(professional)**
	Avoiding issues with tendering process	3	*"Less bureaucracy and money wasted on the tender process"* **(service user)** *"I'm guessing it will be cheaper not to go to tender and families will it be without support if the transition occurs this way"* **(other)** *"…I would also say that when a provider changes, the communication in the public domain doesn't keep up and so families are left confused as to who they should contact and how – this plan would avoid that."* **(other)**
	Stability (in the workforce and service)	3	*"Within the organisations I would expect that you would have less staff turnover due to uncertainty of their positions, and staff would be clearer on how they can support families."* **(other)** *"… A Section 75 agreement might also support recruitment to this sector without the worry of constant changes that may be off-putting to a potential workforce."* **(professional)**
	Better/timely support	3	*"More support when needed and focused to what is needed."* **(service user)** *"It feels like a proper 'community' approach, using the best placed people at the right time to offer services."* **(professional)**
	Safeguarding	3	*"safeguarding"* **(professional)**

Theme	Sub theme (if applicable)	Count	Example comments
			"Integrated/joined up working gives the staff a greater relationship with the families, this is a benefit for safe guarding and making early referrals to other services." **(professional)** *"Perhaps better transparency re formal safeguarding processes"* **(professional)**
	Sharing location	2	*"Integrating will allow estate to be streamlined and well utilised..."* **(service user)** *"Sharing locations - I really benefit from the ability of the maternity services and health visitor services being able to use the children's centre. It is local, familiar and information about support is shared across."* **(service user)**
	Strategic thinking/decision making	2	*"To add to the stability point: by building a secure long term partnership between the council and SWFT, it enables greater strategic thinking about how the service can run sustainably into the future."* **(member of the public)** *"I think the section 75 agreement will facilitate shared decision making."* **(professional)**
Further considerations or wishes for service improvement	Specialised support/other types of support	7	*"The Infant Feeding Team in Warwickshire aims to deliver on all of the above points and continues to deliver high quality evidence based care around the family unit. Whilst the focus is on inition and duration of breastfeeding, it's also around the cross over and impact breastfeeding can have on all other high impact areas… There is a one to one support offer for Nuneaton, Bedworth, North Warwickshire and Rugby, however no funding in place to deliver the same model across South Warwickshire, where pockets of deprivation exist and high impact areas are present despite location. The service is cost effective and delivered by skill mix."* **(professional)** *"Given the issues around health visitor recruitment, we need to invest more in essential knowledge such as qualified breastfeeding counsellors who can provide a specialist service"* **(service user)** *"More group catch ups between parents in the area."* **(service user)** *"Infant feeding team provide such a valuable service to families at a time when they often can feel very vulnerable. Providing those families with evidence based advise and support via many means of*

Theme	Sub theme (if applicable)	Count	Example comments
			communication, telephone, video call, text message, face to face support groups and home visits. Offering this information in many forms means it can open the information to all learn style and needs." **(professional)** *"… more responsive support for children identified with delay development and disability and support in school. practical support for children with autism. nursery support and links to ensure school readiness. manage safeguarding better so that HV's can focus on other aspects of health and not writing reports for LA safeguarding"* **(professional)** *"There needs to be a focus on health inequalities and a model that addresses the needs of marginalised clients - a targeted approach."* **(professional)** *"making sure breastfeeding support is a priority to help reduce further illnesses and improve breastfeeding rates within the uk"* **(service user)**
	Workforce/ staffing	5	*"More HV's and CNN's needed for local families rather than signing to agencies with long waiting lists and we end up holding/supporting them whilst waiting."* **(professional)** *"Ensuring staff are supported and their concerns are listened to"* **(member of the public)** *"…There are clearly not enough health visitors and children are slipping through the net because any problems with baby or parents are not being picked up soon enough"* **(other)** *"…I have never experienced problems with any of the points asked. The problem is that there are not enough staff to meet demand, eg with CAMHS"* **(professional)** *"To look at all the different skills that staff have and put them to good use, in particular, band 4 staff are restricted by not having a pin number and therefore are unable to put all their developed skills into helping the parents and children, some of these staff have been in the job for 20 years and have so many skills that are not being utilised. I feel we need more specialised teams of staff for things such a SEND and perinatal mental health."* **(professional)**

| Theme	Sub theme (if applicable)	Count	Example comments
	Improved communication about service offer	5	*"important to ask families when they want to see health visitors. currently it is driven by commissioners with KPI's which does not always fit in with a family. for example KPI to complete New birth visit by day 14 , Why ? often parents are overloaded with midwife and hospital appointments and do not want a health visitor that early."* **(professional)** *"Let parents know, there is a support as my experience, I wasn't informed properly at right time,right way,right information."* **(service user)** *"....supporting them before they need real help and building a relationship of trust whereby parents feel able to reach out then further down the line should they need to."* **(service user)** *"It has been drawn to my attention that in some areas of Warks, families have not been made aware of who their local Health Visiting Team is, or how to contact them. Some families are also not aware of the ChatHealth service, which is a shame, as we know that many families use this and find it valuable. It is also worth flagging up that on the Warwickshire HV website (Health for Under 5s), for some South Warks/Stratford-based postcodes, the search engine gives no results (i.e. if you live in some Stratford area postcodes, the website does not identify any matches for HV Teams). This is misleading for some families, and I imagine could easily be fixed."* **(professional)** *"Making sure that information is right and up to date at all times."* **(service user)**
	Working with other services / networks	5	*"There is no mention of close working partnership with child protection services ie WCC/ Probation and support services in the community Mums net/ NSPCC/ Community links/ relevant religious organisations/ diverse community services etc"* **(service user)** *"To work with early help family support workers they helped my daughter with granddaughter and they were much better than the help from the health visitors. The support worker tried to get them involved and they wouldnt help so early help supported her"* **(family member)** *"...Needs to flow into the next life stage I.e paediatrics, school. Nursing and other areas all being integrated"* **(service user)**

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Theme	Sub theme (if applicable)	Count	Example comments
	Access to services / location	5	*"…need to look at virtual appointments too very effective on busy caseload during covid and parents love it"* **(professional)** *"Plus the ability for people to access these services, that are currently an issue for people with children and dependent on public transport."* **(service user)** *"I would ask health visitor access to be more aligned with my GP surgery. We can access our GP very easily but find it hard to get a health visitor."* **(service user)** *"We have access to local venues in the community we cover as we often can't find rooms.. this is very difficult especially in rural areas."* **(professional)** *"Offer must be developed and personalised to communities within each of the five districts and boroughs as Warwickshire is so large and needs will be different at local levels and the workforce in each areas and service delivery should match this."* **(professional)**
	Prevention/ early support	5	*"Ensuring parents have a preventative service from health visiting…"* **(service user)** *"Early intervention rather than fighting fires so important now especially as we face the tsunami of issues caused by Covid."* **(professional)** *"parenting support so that they are ready to be parents. management of basics eg, sleep , behaviour, toileting so ready for school…"* **(professional)** *"Some services are better when offered by early help. My son was better helped through them the health visitor did not see he had autism and early help put me in touch with the clinic who diagnosed him. His nursery also called in early support who helped him in [school] but this should have been with early help as we had it twice"* **(service user)**
	Childrens centres	1	*"Yes but hope children's centres can be reintroduced to underline this very important work and ensure delivery to maximum no. of families."* **(member of the public)**
Section 75 considerations/impl ementation		5	*"New approach, new opportunities, new timeline of agreed actions and outcomes requires commitment of quality time to capture timely progress checks so adaptive practice in partnership really makes a difference."* **(member of the public)**

Theme	Sub theme (if applicable)	Count	Example comments
			"Need more information… Also to make sure that funding and services are not taken away from local services that are already available." **(service user)**
			"I feel that all of the above questions are weighted to support what is being proposed. I would like reassurance that services will not be cut for other services to cover (as we are seeing in all areas) and for more focus on recruitment and retention in health visiting. Devolving the role further into generic apps and advice or other professionals taking up parts of the role will not help this. It needs investment." **(professional)**
			"My concern is the sharing of resources, finances and expertise. who decides this? Who is responsible for the overall health of my child. I don't want someone to complete an assessment on my child, who may have some knowledge but aren't experts in this field of practice, just because it's cheaper to give this service to another agency. Health Visiting has supported my family so well over the years. I'm not sure we would be where we are now, without their support. Early years should be about supporting children and families and providing individual needs to each family. Some need more, others need less" **(service user)**
			"Protecting stability in a service that is not performing as we would really prefer does not seem like a top priority. In fact disruption to the status quo might be of greater benefit. Similarly, black and white delineation between services may also not be wholly beneficial from a customer perspective as the implication is an increased number of connections to more services. Overlap is not necessarily bad, particularly where it reduces the number of service referrals and gateways that customers have to navigate. (No Wrong Door versus One Front Door ...). I think it is sad and worrying that the consultation benefits refer to improved opportunities for services to work together. Why are they not already. We are all working to benefit people, and it's the tackling of any culture that disrupts this that should be targeted by service managers and staff as a baseline attitude rather than because of a paper agreement between partners. I would really want to see a clear and unshakeable focus on making the customer/patient

OFFICIAL - Sensitive

Theme	Sub theme (if applicable)	Count	Example comments
			experience easier. Fewer interventions with fewer siloed services, and maximising opportunities to engage people with community-led opportunities. Of benefit would be a greater 'funded service' focus on securing support outside of public services where people require additional help, and the diversion of money within this contract to invest in, and increase, community and third sector services to strengthen that avenue of opportunity." **(professional)**
Other		3	*"we already know the health visitor and how to contact her - why the need for change ?"* **(service user)** *"Reassurance"* **(other)** *"The formation of the ICB should alleviate a lot of the above situations"* **(member of the public)**
Negative experience of service		2	*"From my experience, working with parents of under 5 year olds, the service is in dire need of change…"* **(other)** *"The service provided by Health Visiting over the past 6-7 years has been very poor and almost invisible. It seems very stretched and unable to cope with the demand and needs"* **(service user)**

Are there any issues or disadvantages of the Section 75 agreement that you think we should consider?

Respondents were then given the opportunity to say whether they felt there were any issues or disadvantages of the Section 75 agreement. The responses are shown in Figure 20.

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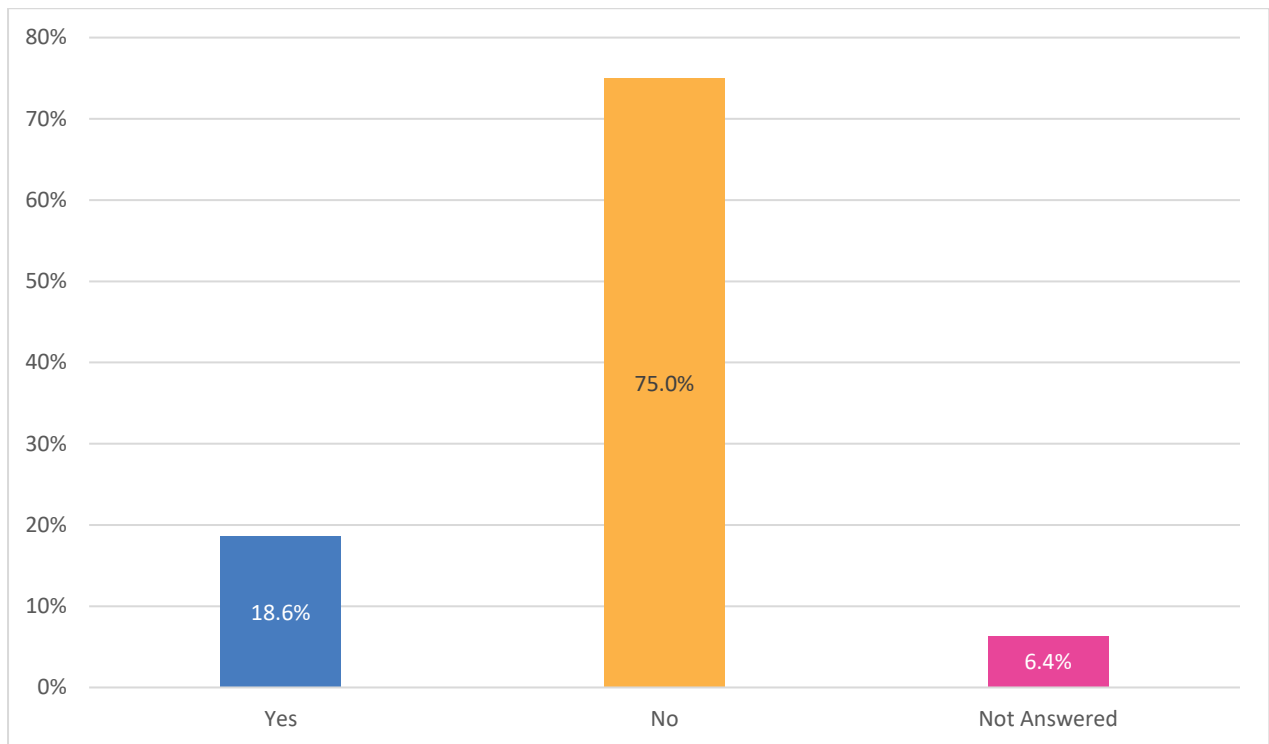
Figure 20 – Responses to 'Are there any issues or disadvantages of the Section 75 agreement that you think we should consider?'

The majority (75%, n=177) of respondents said there were no disadvantages or issues to consider (Figure 20). Just under a fifth (18.6%, n=44) of respondents said they felt there were disadvantages or issues to consider with the Section 75 agreement proposal. A small number of respondents did not answer (6.4%, n=15). Respondents were given the opportunity to add additional comments about issues or disadvantages, from which a range of themes were identified (Table 8).

Table 8 – Themed responses to comments on 'Are there any issues or disadvantages of the Section 75 agreement that you think we should consider?'

Theme	Sub theme (if applicable)	Count	Example comments
Operational considerations	Uncertainties around management and accountability	6	*"If all services were to be put together, who decides who is best to lead certain services. Just because some areas could provide a service, doesn't always make them the appropriate professionals to do so. Eg. Sleep or behaviour programmes can be done by family support workers, however the health visiting team, would use a different approach, that is holistic and digs deeper than it's a sleep problem. This can be seen with families suffering from domestic violence, the root cause isn't the actual problem they ask for help with in the first place."* **(professional)**

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Theme	Sub theme (if applicable)	Count	Example comments
			"Patients being told it's a WCC responsibility or NHS responsibility which can happen. If joint it Needs to be a seamless service. With all parties taking ownership. Not buck passing." **(member of the public)** *"…In my experience when things go wrong - to the detriment of the child - there isn't clear accountability. This 'Section 75' will need to be incredibly well organised."* **(member of the public)** *"…Allegations of bullying of senior management friends get swept under the carpet - please review the lovely colleagues that we have lost over the last 2 years and senior managers denial that there was no bullying. It would be pertinent for the LA to speak to colleagues that we have lost"* **(professional)** *"Will this give WCC a greater say in how services are delivered or will Swuft remain autonomous?"* **(professional)**
	Cohesion and partnership working	6	*"…Do you have faith that you have the personal and systems to prevent clients getting lost in the system or passed from pillar to post."* **(member of the public)** *"Liaison between those involved in providing the care is very important and ensures that families get the most appropriate care at the time when they need it. Networks need to be in place for this to happen, there needs to be a great willingness to work together and handover cases appropriately involving those more suitably qualified to deal with issues that arise. Unfortunately in the health and social sectors caseloads are large and staff have limited time."* **(other)** *"Just the concern about any lack of cohesion - but having to have endless discussions and meetings to avoid this would take away resources (human!) from the point of need…"* **(member of the public)** *"Compromise and altering ways of working to accommodate a new regime would be tough. The benefits to this system will only be realised if all parties from top to bottom have bought in, and cultural changes (on both sides) are made. These are neither easy or quick."* **(professional)** *"We understand each others role and we don't duplicate what's on offer."* **(professional)**

55

Theme	Sub theme (if applicable)	Count	Example comments
	Questions and concerns about governance and performance management	5	*"Interested to understand the review processes and multi-agency approach to development."* **(professional)** *"Devolving responsibility may mean WCC lose even more influence on quality and assurance requirements of the service."* **(professional)** *"On the information provided, I am unable to understand the issues associated with entering into a s75 agreement, the powers we expect to increase in terms of improving service performance and customer experience, and how long (and at what cost) it would take us to exit the agreement if things did not improve. I think we also need a line in the sand for improvements to be in place, with an evidence-base of what is working at the heart of the improvement plan. It may be that this is already in hand, but I am not able to see that from the info provided here…."* **(professional)** *"Without appropriate performance management, there may be complacency in the service with an inability from the LA to look at the service objectively."* **(professional)**
	Ensure shared priorities and goals/delivery	4	*"…Still delivering the healthy child programme, through mandated contacts and delivering on all other high impact areas."* **(professional)** *"Too focused on NHS services when families need support from many sources relevant to their ethnicity, religion, poverty and housing situation"* **(service user)** *"Sometimes NHS priorities are different to those of the council / social care E.g healthcare often has a very clinical focus whereas in my experience services commissioned by the county council have more of a health promotion slant and there is not very good understanding re existing clinical needs of the population. I think both clinical and health promotion approaches are needed."* **(professional)** *"Consider the key principles of the partnership and ensure that these do not get lost in translation when establishing HOW it will work and WHO it will work for..."* **(service user)**
Resource and finance	Concerns about adequate	10	*"Hospital trusts don't often have a good reputation for management of resources or staff."* **(member of the public)**

Theme	Sub theme (if applicable)	Count	Example comments
	resources to deliver		*"Capacity and budget challenges in both sectors already"* **(service user)** *"Lack of sufficient funding to make it work."* **(member of the public)** *"The demands on an integrated service will be more than separate services, this needs to be carefully analysed to ensure that enough staff can be employed to cope with the demand. This has been a failure when other services have integrated."* **(professional)** *"Will require effective governance and oversight to ensure these benefits are realised this may take a lot of resources and capacity…."* **(professional)** *"can you deliver"* **(professional)**
	Reduction in finance/cuts to services	7	*"I have some concerns about diluting the quality of the service that is currently provided. There is a risk that in order to save money persons with less experience and expertise may be used to fill vacancies and use of triage systems that don't offer a face to face contact when it is required could become common place."* **(professional)** *"Cut in staffing and finance"* **(professional)** *"Councils famously have less money than NHS and I'd be concerned services would be cut on this basis"* **(service user)** *"Avoid any reduction in the service as a result of the services being combined"* **(member of the public)** *"Staffing numbers should not be 'shaved down' whilst being amalgamated. The health visiting service is already stretched too far so the numbers employed should remain the same or increased, not decreased and merged into someone else's role."* **(service user)** *"…Also to make sure that funding and services are not taken away from local services that are already available…"* **(service user)** *"…Ensure not diluted or funds moved"* **(professional)**
	Increased cost	3	*"Costs. If it's anything like pfi initiatives it needs careful watching for high costs"* **(member of the public)**

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Theme	Sub theme (if applicable)	Count	Example comments
			"…at what cost… it would take us to exit the agreement if things did not improve…" **(professional)** *"The cost."* **(member if the public)**
Communication and information	Issues with communication/information sharing	6	*"If communication fails or is not embedded then gaps in care and continuity, failure to contact or implement effective well focused care or timely interventions or support may ensue…"* **(Member of the public)** *"Transference between digital/paper records particularly given the usage of different EPN systems at different hospitals within the trust. Great to have continuity of care and everything in one place, but will digital notes really all be in one place for different healthcare professionals to access?"* **(Service user)** *"Young people will be less inclined to be transparent and get the support they need if they know that NHs staff are so closely linked to children services, who are more directive, pushy, demanding and elicit fear"* **(family member)** *"multiplication/ duplication of communication channels and potential risk of information getting lost between providers"* **(service user)** *"It will only work if communication between services improve. I am retired now and consider that despite modern technology currently it is extremely poor as is helpful signposting for users of the services…."* **(member of the public)** *"…Making sure that information is right and up to date at all times…."* **(service user)**
	Listen to /communicate with all stakeholders	6	*"…building trust with families"* **(professional)** *"… it will only work if the clinicians involved are respectfully listened to throughout. Over the years there has been too much tokenism where this is concerned meaning it is then difficult to get them properly on board when changes are made."* **(member of the public)** *"As part of this I would hope you are reviewing with staff and families how services are being currently offered and working to identify any gaps in services and thinking about how best to ensure continuity of care for families. This is a prime time to change 'how things have always been done' but in a collaborative way with*

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| Theme	Sub theme (if applicable)	Count	Example comments
			staff who can truly tell you what works and what doesn't - rather than a top down approach from managers who don't really understand how the service works on a day to day running level." **(other)**
			"…Making sure that everyone communicates with each other and the public understand their rights and it is explained to them in a way they can understand." **(service user)**
			"The main focus is on health visiting and it may be difficult for the other 0-5 services to be heard." **(professional)**
			"…It also needs to hear the voices of health visiting staff so that they do not feel change is being 'done to them' but rather they are active agents in this process and have a voice in continually feeding back issues that arise in the initial stages of deploying this agreement." **(professional)**
Staffing and contract issues		7	*"TUPE issues and staff from NHS loosing their NHS conditions of employment if council takes over contractual agreement with staff employment"* **(professional)**
			"staff uncertainty" **(professional)**
			"As mentioned previously protecting the unique skill set of the Health Visiting service, stop smoking service, FNP and Infant Feeding team." **(professional)**
			"A disadvantage may be an unsettling within the current human resource causing stress and a low morale because of concerns about contracts and pensions and current agenda for change banding." **(other)**
			"The issue will be the Health Visitor management and transition of staffing - but I still think that a section 75 is the way forward. Health Visitor management will not be keen on this as they will see it as a loss on control of their autonomy and there will be a narrative that will need to be counteracted with the benefits. To enable and help Health Visitors to recognise that this is not a bad thing but a crucial step forward to provide the very best service to children and families" **(professional)**
			"Who will ultimately be the managers the local authority or SWFT? - staff need to know if it's the LA

Theme	Sub theme (if applicable)	Count	Example comments
			what support do they offer staff. Will it be a culture like the current one where friends of managers get jobs to the detriment of the teams." **(professional)** *"Health visiting is a specialist public health nursing role . There are shortfalls in staffing, recruitment and training of HVs. HVs are highly skilled professionals and their experience, assessments and work cannot be replaced easily"* **(professional)**
Issues accessing services		5	*"Services need to be available locally especially to new mothers who may not have own transport or who cannot access public transport. Someone based in Coventry would be little use to a young mother in Shustoke."* **(service user)** *"it needs to be clearer that even though funding is via SWFT, the Health Visiting Service is available to ALL families in Warwickshire, not just those who have been under SWFT for their pregnancies."* **(professional)** *"Important that access should be readily available in locations close to where people live. So services can be available without the need to access public transport or use a car"* **(other)** *"…Plus the ability for people to access these services, that are currently an issue for people with children and dependent on public transport…."* **(service user)**
Other		4	*"I think this is a really good solution. This means that we can continually negotiate to work out services to suit clients in a timely way."* **(professional)** *"Professionals are reluctant to put children's rights before parents.eg. they should not be fobbed off from seeing a child regularly if need be."* **(member of the public)** *"Current provider (SWFT) gives a poor level of service"* **(family member)** *"…I am also not able to understand from this form what the commissioner thinking is around the growth of prevention activity as a long-term, upstream alternative. If we pursue the s75 I can't see how this can do anything other than take us even further away from investing the Public Health grant into prevention, since the money will be eaten up by public sector costs."* **(professional)**

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An initial Equality Impact Assessment was developed as part of the proposal which did not identify any anticipated negative impacts of the proposal. A copy of the full assessment was included for respondents to consider.

Do you think this Equality Impact Assessment has considered the relevant impacts of the proposal to enter into a Section 75 agreement?

Respondents were asked 'Do you think this Equality Impact Assessment has considered the relevant impacts of the proposal to enter into a Section 75 agreement?' (Figure 21). Half of respondents (50.0%, n=118) said they weren't sure or didn't know. Most of the remaining (44.5%, n=105) respondents answered 'yes', whilst 3% (n=7) of respondents said no.
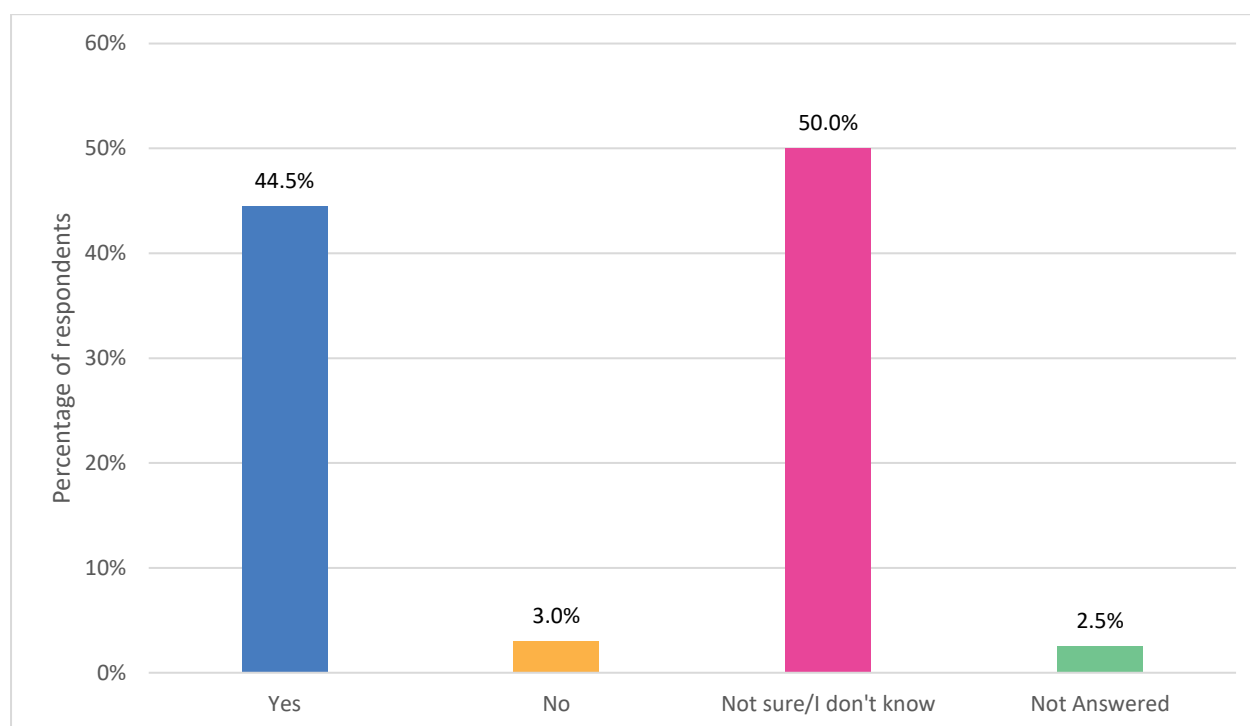
Figure 21- Responses to 'Do you think this Equality Impact Assessment has considered the relevant impacts of the proposal to enter into a Section 75 agreement?'

Respondents were then given an opportunity to add additional comments if they wished to. There were 15 comments provided, which varied in topic– these are shown below. One excluded comment relates to being unable to access the document on their device.

- *"I don't believe the proposal really takes account of those parents who are less likely to actively seek out help and support and these parents will get missed."* **(Service user)**
- *"Disappointed to see socioeconomic background as a sub point of homelessness/living in temporary accommodation. Low socioeconomic families should be their own group*

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given that it is so important. While housing is a part of the challenge, there is more to it than that." **(member of the public)**

- *"It leaves clear spaces where there are gaps in knowledge/information that must be completed to strive to achieve the vision for this endeavour. Clearly improved success is essential. Managed risks must be tackled."* **(member of the public)**
- *"The equality impact assessment considers all needs and inequalities."* **(professional)**
- *"Once you start assessing the equality of an applicant how do you stop bias creeping in. Eg give all of this category preference over that category. Let all applicants be treated the same."* **(member of the public)**
- *"I would hope that you are aware of the significant numbers of children in the Warwickshire area who have SEN, live in deprivation, and come from minority backgrounds (travellers, armed forces). These children are still disproportionately accessing services and this would be a prime time to consider why and how the services may be adapted to support those groups."* **(other)**
- *"It may have been helpful to have placed this document at the start of this consultation as it supplies information that can support the narrative responses to previous questions. Broadly the EqIA appears to suggest that there are few impacts because the service will not particularly change. That is my fundamental question - is limited change really the best option."* **(professional)**
- *"Need more information.(unable to read it.) Plus the ability for people to access these services, that are currently an issue for people with children and dependent on public transport. Also to make sure that funding and services are not taken away from local services that are already available. Making sure that information is right and up to date at all times. Making sure that everyone communicates with each other and the public understand their rights and it is explained to them in a way they can understand."* **(Service user)**
- *"Sorry, I don't understand this enough to comment."* **(professional)**
- *"It's imperative that data on same-sex parents and parents with a physical disability is collected and those voices and experiences are included. An EIA doesn't do its job if the needs of the most marginalised groups in society aren't even being highlighted or considered, let alone met."* **(Service user)**
- *"You should summarise the key points Its not fair to expect respondents to read this in full."* **(Service user)**
- *"Recruitment and retention of staff needs to be considered as currently there is insufficient staff to deliver any of this."* **(professional)**
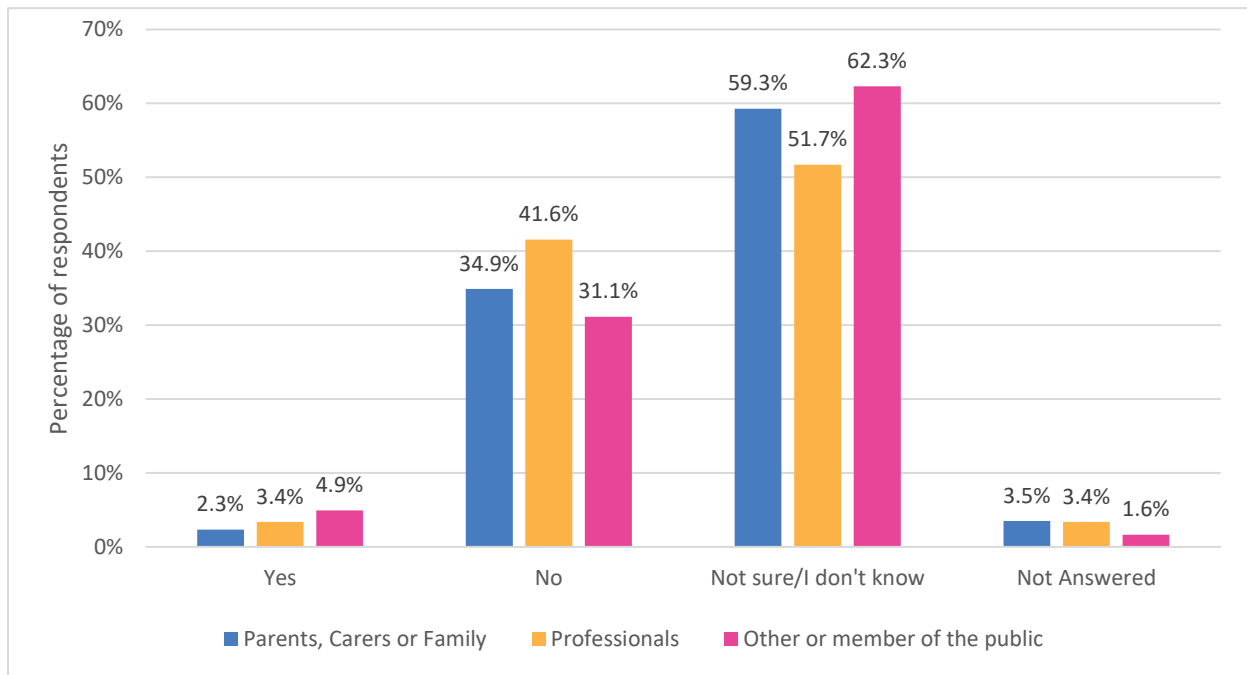- *"The document looks complicated"* **(professional)**

Do you think there is anything missing from the Equality Impact Assessment?

Respondents were then asked if anything was missing from the equality impact assessment (Figure 22). The majority (57.2%, n=135) of respondents said they weren't sure or didn't know. A further 36.4% (n=86) said 'no'. A small number (3.4%, n=8) of respondents said 'yes'.
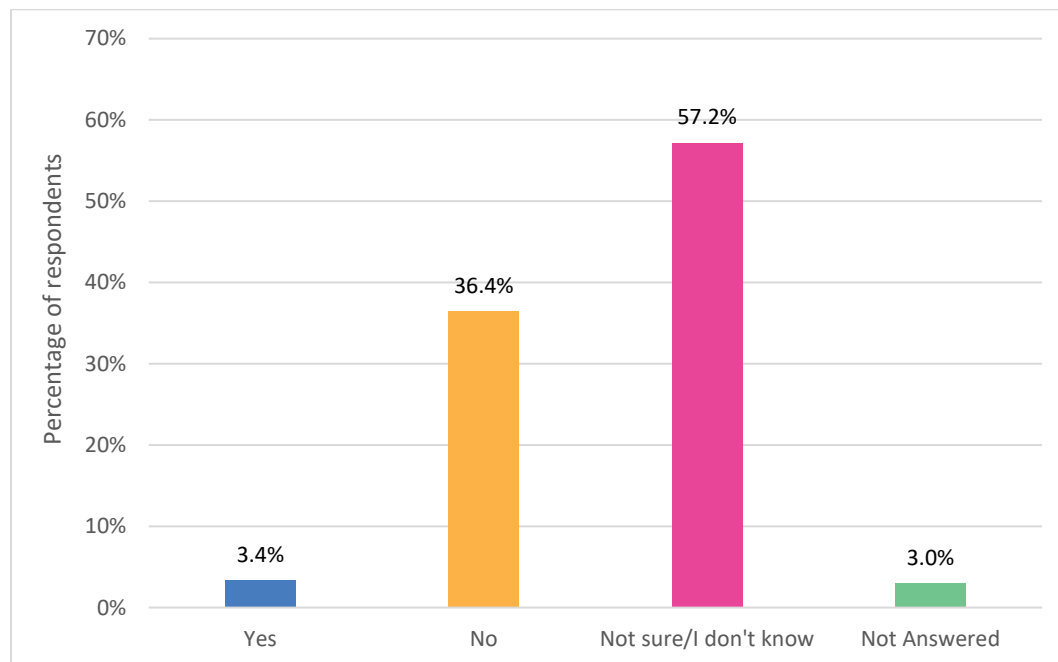
Figure 22 - Do you think there is anything missing from the Equality Impact Assessment?

Figure 23 shows that more members of the public, and respondents selecting 'other' (62.3%, n=38) responded 'not sure /I don't know', compared to professionals (51.7%, n=46) and service users and family (59.3%, n=51). Less members of the public, and respondents selecting 'other' (31.1%, n=19) said no in comparison to, parents, carers and family (34.9%, n=30) and professionals (41.6%, n=37). Less than 5% of all three groups said 'yes' to indicate that something was missing.

Figure 23 – Do you think there is anything missing from the Equality Impact Assessment? By respondent type

All respondents were also then given an opportunity to add further comments if they wished to; in total, 13 respondents added further comments. These are included below (two comments are not included as they are repeated from the previous question).

- *"Not sure but it is a very useful and interesting document"* **(professional)**
- *"Not at this stage."* **(member of the public)**
- *"I am a parent but also* [professional working with parents -omitted identifiable detail]. *Some of the trickiest families to engage with services are professionals and these are often missed and rarely considered when it comes to considering parents who may be missing from services. They are parents who are used to being in control and very busy. When they have a baby they are busy but in a very different way and they find this hard along with the concept that they no longer have any control at all over anything. This makes their transition to parenting hard. However, because they often have no prior engagement with any healthcare services, including their GP's even, they often won't change this habit upon having a baby. Therefore these parents won't engage and won't be attending the usual family venues you might expect to see services advertised. I think it would be good to consider how we engage these families in services."* **(other)**
- *"More focus on Infant Feeding and the reduction on health inequalities. Breastfeeding is the single most effective way in which we can reduce the health inequality gap and result in less morbidity and mortality for families. However it is still underfunded and misunderstood.* ‘*Breastfeeding is a natural safety net against the worst effects of*

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poverty…exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those vital few months in order to give the child a fairer start in life and compensate for the injustices of the world in which it was born' James P Grant Executive Director to UNICEF 1980 to 1995" **(professional)**

- *"It is long and complicated and my fear is it exemplifies what could happen to the service. Could anyone adequately sum it up into a succinct statement? I've seen so many documents like this - full of verbosity (albeit well considered) and challenging to summarise and remember.   Might the Section 75 agreement similarly lack clarity and focus?"* **(member of the public)**

- *"As above - I think some focus groups or time spent with spokespeople from those communities would help consider engagement and how to better provide a service that is accessible for all."* **(other)**

- *"It has been completed in line with guidance, so on that basis, no specific omissions. The completed form clearly references where there is insufficient information on which to focus as assessment of benefit/harm, and that is something that I would hope any future service offer seeks to address. I am sure this has already been considered and factored in to reporting and performance improvement requirements going forward."* **(professional)**

- *"The apology the useless children with disability team apology for being useless"* **(service user)**

- *"ensuring service is provided across all geographical area. infant feeding team do not cover south Warwickshire area"* **(professional)**

- *"As above, there is clearly data missing around same-sex families, people living with disabilities and neurodivergence."* **(service user)**

- *"There needs to be a specific focus on health inequalities - access to services is not equal and marginalised clients have the greatest health needs and poorest outcomes."* **(professional)**

Respondents were then given the opportunity to express any final thoughts or comments.

Please tell us about any other impacts, positive or negative, you feel the Section 75 agreement proposal may have.

The first question of this section asked about other impacts the Section 75 agreement proposal may have. There were 56 comments included from 23.7% of the total respondents. Themes were identified and are presented with example comments in Table 9.

Table 9 - Please tell us about any other impacts, positive or negative, you feel the Section 75 agreement proposal may have in the space below

Theme	Sub theme (if applicable)	Count	Example comments
Positive about Section 75 proposal	General agreement	12	*"At the moment, everything looks good,but as services are progressing, there is a room for improvements always."* **(service user)** *"If it is well structured and organised, and exhibits a willingness to show accountability, it could be brilliant - cohesive and logical and therefore beneficial to the 0-5s and their families."* **(member of the public)** *"I feel that Health visiting services should always come under NHS. Going to tender destabilises the workforce and also the services they are able to provide."* **(member of the public)** *"good that help will be earlier"* **(family member)** *"Don't know a huge amount about it but seems a good approach."* **(professional)** *"provides a focus but also gives autonomy for the service to meet the needs of clients in a bespoke way."* **(professional)**
	Streamlined /Integrated services	11	*"Section 75 agreement proposal means that it is time for change to make a sustained difference. This requires courage and commitment to transparent integrated pathways for services….. the time for parallel, infrequent service is over."* **(member of the public)**

			"Absolutely needed, health visiting team are becoming more distant from other professionals in comparison to a few years ago." **(professional)** *"The Health Visiting service as it currently delivered are not meeting the needs of vulnerable children (in my opinion)… Current Management in HV have taken a position that they do not get involved in Early help. They instead suggest that they provide early intervention but this is not the same thing as formalised intervention to prevent escalation to social care. Data recorded by the front door shows that "health services" have made 16.20% of referrals into the Front door and are responsible for 27% of contacts too.* *This gives the LA and NHS an opportunity to streamline processes which add pressure into the system, educate HV to do the right things much earlier on, and create clearer and more cohesive information sharing to prevent duplication and to support families by acting earlier. I think families will get a much better service"* **(professional)** *"More support and links to services at the hospital eg infant feeding, tongue tie assessments etc Hopefully more equitable cover across warwickshire, we had a shortage in our area so I had to be seen by an out of area HV so minimal support locally. Hopefully links to the hospital will improve coverage"* **(service user)** *"I feel the Section 75 agreement proposal would be very beneficial - I can see there being huge benefits to having more integrated working with less duplication and clear expectations when receiving the right support at the right time."* **(professional)** *"Overall this seems like this seems like a good idea and will reduce the feeling of a 'them and us' between County and Health Visiting which often exists when services are commissioned."* **(professional)**
	Financial benefits	3	*"There is some symbiotic financial benefit possible by limiting the number of organisations involved."* **(member of the public)**

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			"…Ensuring we are avoiding where possible the duplication of services is essential and cost effective…" **(professional)**
			"In terms of continuity, it would be more economical to continue with the current arrangement, rather than going out to tender/changing to a different provider. This sort of change has a huge impact on staff capacity, so I believe that it would be better to stay with SWFT, as this funding arrangement has been very effective over recent times." **(professional)**
Uncertain/reservations about Section 75 and further considerations	Further delivery detail required	8	*"I understand that the equality impact should ensure the service offered to families is just and proportional to need. However I have not seen statements to ensure a minimum of face to face contact is to be provided , that liaison between all agencies is essential and registered."* **(service user)**
			"I welcome the opportunity to further develop working relationships with Health Visiting colleagues in the identification of the needs for children and families in the Early Years and ensuring the right support is provided at the right time. It will be important for some aspect of whole family working to be considered… Flexible agreement to enable the service to change in response to the needs of the children and families of Warwickshire and national guidance." **(professional)**
			"As current staff at SWFT we need reassurance. Some of our teams are trying to come to terms with going through a period of poor management and not being supported through this, how will section 75 support us? … " **(professional)**
			"As per my other comments - this is a good plan not to tender the service, however it is also a key time to review what is currently delivered and how…" **(other)**
			"Need more information" **(service user)**
			"More information should be available and not hidden to save money" **(member of the public**

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	Monitoring and performance	3	*"Whilst KPI's and measurable outcomes are important to show progression and cost effectiveness, we also need to focus on patient stories and the lived experience of families…"* **(professional)** *"…It is simply not acceptable to outsource a service and not have Key Performance Indicators in place to track to track effectiveness of the contract and user satisfaction with the service provided."* **(member of the public)** *"…That if services are sub contracted to private providers they are monitored effectively to ensure standards and safety of service. Anecdotally I hear of parents not being visited at home, children's bedrooms not being assessed . Where there are substance misuse concerns or domestic violence prompt decisions and services are provided to protect and ensure the child and family health and development is properly assessed , protected ,relevant tests provided and medical care given"* **(service user)**
	Implications on existing or other services	2	*"I am worried about this taking away resources from other families with older children rather than just boosting under 5s - hope it is not robbing peter to pay paul"* **(service user)** *"…Also to make sure that funding and services are not taken away from local services that are already available …."* **(service user)**
	Leadership and management	2	*"To make the impact positive, the management structure needs to be strong and effective. I am a professional in industry and I know that the management and HR practices in SWFT are inadequate and tantamount to bullying"* **(member of the public)** *"My concern is who will be the responsible lead for health provisions in Health Visiting?* *The need to progress the service should be someone who fully understands the needs of the services, not some financial person, who only see it as a business or an early help lead who feels they are capable of delivery the services but don't have the knowledge or accountability should things go wrong"* **(service user)**

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	Engage with staff	2	*"…but please don't forget to actually ask the staff who work on the frontline and have daily frustrations and spend significant time with them on the frontline to consider how to do this rather than just a survey of them which the majority won't have time to complete!"* **(other)** *"…I would like to see an anonymous route for Health visitors to voice our concerns regarding how we currently feel and our future. We just want to be heard…"* **(professional)**
	Prevention aspect of service missing	1	*"The agreement has the possibility of huge benefits but both parties must keep primary prevention as a priority while remembering that health is not just the absence of disease but the physical, mental and social well-being of the individual. SWFT must be wary of falling into the 'medical model' trap."* **(other)**
	Unsure	2	*"unsure"* **(Professional)** *"Too long & complicated to understand for a member of the public"* **(member of the public)** *"It hasn't really give detail on service delivery for me to comment"* **(service user)**
Negative about Section 75 proposal	Will not drive improvements	1	*"Without repeating my responses to other questions, I have concerns that a s75 will not drive improvements but merely permit more of the same, with watered down powers to compel improvement. If the appetite to make the sorts of proposed improvements existed, it would already be in train. The limited reference to shifting to prevention is also of concern. We could keep pouring money into public services on an assumption that this would lead to improvements eventually. I understand why our current system makes 'the status quo' seem like the most viable/deliverable option. My concern is that this sort of thinking enables systemic dysfunction."* **(professional)**
	Resource concerns	4	*"I'm afraid that this is yet another change that will waste a huge amount of time and valuable resources as introducing more layers of middle management will be likely to facilitate effectiveness of the new agreement. However the end result will more than likely be pockets of*

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			improvement but overall losses of services that are currently available!" **(professional)**
			"I think its just another opportunity to cut services and very short sighted." **(member of the public)**
			"Will be a waste of money." **(member of the public)**
			"My main concern that 0-5 budget may get taken to support deficit in LA own budget putting certain services at greater risk of cuts or ceasing altogether. With a risk this will impact the most disadvantage group especially young parents. Are there plans in place to prevent this?" **(professional)**
Negative previous experience		3	*"I think I've made my feelings clear about the shortcomings of SWFT over the past few years. The worst thing has been lack of accountability. We complained to the Health Visitor management and our concerns were dismissed."* **(service user)**
			"Support has been spasmodic and chaotic since Covid" **(family member)**
			"I had my first baby during Covid. I have had little support from professions with interactions all being online. I have not heard from a health visitor since her two year checks…" **(service user)**
Service accessibility		2	*"Critical for me is a clear and effective single point of access service. Multi-mode access is acceptable but an effective 24/7 phone support service is absolutely fundamental. The Service Level Agreement with the service provider must strictly define response and call-back times - to apply out of hours. The authority must put in place monitoring and control mechanisms to demonstrate that the terms of the Service Level Agreement are met at all times. Regular direct verbal feedback should be sought from service users to confirm that Service Levels are being delivered…"* **(member of the public)**
			"…Plus the ability for people to access these services, that are currently an issue for people with children and dependent on public transport….

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			Making sure that information is right and up to date at all times. *Making sure that everyone communicates with each other and the public understand their rights and it is explained to them in a way they can understand."* **(service user)**
Impact/ experience of health visitors		2	*"…We could talk about countless times where Health Visiting services have gone above and beyond to support families. They are driven in a belief they can make a change, and have an impact on families life's. We feel all of this, from the child taken into care, to the mom with severe mental health issues, to the young parent trying to change, to the mom who had to stop breastfeeding before she wanted to. We walk on their journey's with them, emotionally and sometimes physically. Even after reading here all the information about a changing service, I still don't fully understand the process, but what I do know is these services need protecting at all costs."* **(professional)** *"A dedicated health visitor is vital to a mother with a newborn as they have seen the child from it's first week and would know of any history straight away without having to consult notes etc."* **(service user)**
Other		4	*"Make the health visitors work better with other people"* **(family member)** *"…Over subsequent years covid will undoubtedly impact on children wellbeing (physically & emotionally). It would therefore be beneficial to invest further NOW to proactively engage with families and intervene now rather than wait for problems to reach the Level of needing end of line support. We need to stop our under 5's being service users in future years"* **(service user)** *"Cwd influence"* **(service user)** *"Have more staff to help you when you go to the operation"* **(member of the public)**

Do you have any further comments relevant to the future design of the Health Visiting service?

Respondents were asked for any additional comments relating to the design of the health visiting service. Almost half of respondents (44.9%, n=106) provided comments; six of these comments did not add further detail (for example, saying no comment). Respondents were specifically told 'In particular we are keen to hear about areas such as how best to access the service (clinics, website, home visits etc), how the service communicates with you and other services you may use for support alongside health visiting.' These responses covered a very wide range of themes as presented in Table 10 .

Table 10 – themed responses to the question 10'Do you have any further comments relevant to the future design of the Health Visiting service?'

Theme	Sub theme	Count	Example comments
Contact – methods of contact	Face to face e.g, home visits and clinics	22	*"Baby clinics are always welcomed by parents as the nature of the face to face drop in give many the reassurance they require and offer support on a regular basis for those who feel they need it. Many families are fed up with the online do it your self approach as they require discussion, interaction and often need to jointly problem solve with a professional person and require on going reassurance and support to make necessary changes."* **(professional)** *"As a health visitor I know that being visible within the community was very important to families. I do not think that families understand what we offer anymore. Clinics were vital for building relationships and allowing families to discuss issues with us. They were easily accessible and parents could come to see us about weight but being skilled professionals we could ask appropriate questions and pick up on additional needs - often domestic abuse or maternal mental health.* *Also more universal home visiting is essential. We have seen in the pandemic the impact on families who would have been Universal who are now becoming Targeted. Even Universal families gain from seeing the Health Visiting service. Many people do not know how to interact in a way that stimulates their child's brain development. Accessing our service with health promotion and*

prevention was priceless. We are seeing now, so many referrals to specialist services, many of which I believe could have been prevented if we could still advise and educate families on ways to promote development. It is also easier to detect post-natal depression when we are seeing families more frequently. We know that this can have a detrimental affect on babies development. As Health Visitors we can monitor mothers, detect it early and offer non-stigmatising support, rather than waiting until mothers are at rock bottom and require medication and/or secondary services." **(professional)**

"Home visits are very important as many new mothers can't leave the house easily." **(service user)**

"In my experience, it is extremely important that home visits continue so that any issues in the home are picked up including post natal depression, health issues etc. Women are not as likely to leave the house if they are not well, or will hide any mental health problems when out of the home. I know this from my own post natal experience." **(other)**

"Clinics were vital to my early years with a newborn. These times can be very isolating for new mothers so having a place to go for advice, well being and just social interaction is very important. Also health visitors visiting new mums at home is very important to both mums and baby's well being. You can become very insecure and anxious about leaving your home so having someone come out to see you and baby is crucial…" **(service user)**

"Home visits are crucial in identifying neglect and abuse. No health visitor came near my daughter when she had her babies. Luckily her children were safe. Different to when I had mine and they visited several times. Working from home,

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			telephone appointments etc do not provide a satisfactory service." **(member of the public)** *"ensures they are all getting the key mandated contacts face to face where the parent would like them face to face. I hear of parents who tell me they wanted a face to face but were told they had 'run out' of face to face."* **(other)** *"A blended approach to service delivery, including virtual and face to face contact should be included"* **(professional)**
	Chat health	4	*"…have used Chathealth - to text - great when I am at work."* **(service user)** *"…The ChatHealth service also needs to be promoted more widely, as again, not all families are aware of this additional offer, which is very valuable…"* **(professional)** *"…I'm uncomfortable with the advice given over the text line, that took none of my details and so cannot possibly be linked back to my child's notes. It also contradicted world health organisation guidance."* **(service user)**
	Virtual/online contact	5	*"use of IT and use of teams will suit alot of busy parents…"* **(professional)** *"Drop-in baby clinics need to be reinstated at the proper frequency, home visits. Stop video calling, stop telephone contacts."* **(service user)** *"…Online, telephone and video calling is too impersonal and also easy to hide things. I strongly believe health visiting services need to be face to face, consistent and relevant."* **(service user)**
	Text message	3	*"…Text reminders for appointments as life is very busy for our families and this would help cut down on the DNA/WNB rates. Currently text reminders have to manually sent by staff but a system that does this automatically would be really good."* **(professional)**

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			"Via phone/texts etc" **(family member)** *"…Text messages are a useful way of communicating so there's a written record of appointment details rather than forgetting what was said over the phone. I missed the weaning webinar because of issues over emails. I know a lot of my friends also missed the weaning webinar which should be a service everyone can access."* **(service user)**
	Offer a range of contact methods / flexibility	10	*"I think it's a positive move to offer flexibility in the way the service is accessed and in how it communicates. To put it simply - it's more likely to grab a wider audience than a more limited approach."* **(member of the public)** *"The offer of multiple access points (drop-in clinics, home visits, ChatHealth, named Health Visitors) is much-needed, and should definitely continue…"* **(professional)** *"Much better communication is required. Flexibility in arranging appointments."* **(service user)** *"Health visiting should be mainly face to face but have an option for online access ie chat health use of MST teams etc, update to date website"* **(professional)**
Contact - general	Importance of regular contact	9	*"Regularly being in touch with parents, through phone, home visit and Regular check ups at health clinic really benefit parents and NHS and council to provide right support at right time."* **(service user)** *"See children for checks more than just up to the 2 year check."* **(service user)** *"Do they still do weekly checks …I doubt it. Hence we see children dying through bad parenting."* **(member of the public)** *"It does seem a long time between scheduled check ins from 2 weeks after birth until the first official check which I suspect can cause issues/ allow issues to go unnoticed."* **(service user)**

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			"It may also be useful to have regular (annual/bi-annual) updates on contact details for HV teams, via email or text (I appreciate family contact details often change). Annual contact from the HV team to 'touch-base' with families could be beneficial, for those who are not currently 'in the system', or families who don't need regular support from services. Most families won't realise the HV team is there to support from 0 to 5 years, assuming it's only there during the 'baby' stage." **(service user)** *"key contact need to be changed - we duplicate a lot of information and visits, below would be ideal for universal obviously those requiring additional support would be supported / signposted to relevant services* *1) antenatal contact - give the information before baby is born, identify needs, give contact details-plan telephone at 14 days* *2) midwifery continue visits postpartum and infant feeding involvement, perinatal mental health involvement as identified antenatally* *3) 14 days HV telephone call- invite to clinic for weight - discharge by midwifery at 28 days- weight* *4) 6/52 home visit - mental wellbeing is more apparent- weight* *5) 8/52 gp immunisations and postnatal check-weight* *6) 12/52 HV home visit - weight, weaning advice-invite to open baby clinics* *7) 5/12 zoom weaning advice* *8) 10-14mth development review* *9) 2-2.5 yr review* *10) 3.5 yr school readiness contact - telephone - support as needed"* **(professional)**
	Relationship with the health visitor	5	*"In my experience families have benefited most from having a named health visitor that knows their family well, particularly those families who are most in need."* **(professional)** *"Home visiting is essential, for families to enable them to build a rapport with the Health Visitor. Also having the same Health Visitor and not having a different one every time you need support…"* **(service user)**

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			"The importance of a therapeutic relationship with client, especially marginalised clients is integral to achieving positive outcomes for children. Services need to focus on the 1001 critical days." **(professional)** *"...Building a positive rapport with families is key to increasing and supporting better health outcomes."* **(professional)** *"I have a 2 year old and i have no idea who my health visitor is"* **(service user)**
	Issues with contact	16	*"The Health Visiting service badly let down my family, didn't return phone calls, didn't support or offer other advice when one child had a serious medical condition. Didn't recognise ND in a child and explained a young child's extreme behaviours as being because of her [identifiable detail] .I think that the Health Visiting Service needs to be closely monitored and be accountable for when it fails families."* **(service user)** *"Not wanting to visit when needed to help my daughter and had to wait till the school saw my daughter was struggling with her young ones behaviour before anyone helped. They should have helped sooner but early help family support worker helped instead"* **(family member)** *"Long wait to answering the phone calls. Then long wait to be seen"* **(service user)** *"Clinics and open drop ins for 'well baby' support are severely lacking. I felt like a burden asking for essential support, in a core area of their support (breastfeeding). And I was told very firmly they didn't need to see me again, in a way that I felt meant I shouldn't access their services."* **(service user)** *"You must take account of lack of technology and poor literacy. This means having people to contact and talk to."* **(member of the public)** *"Very poor communication and support offered. From friend's experience sounds like a post Covid problem. Needs improving!*

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			Delays in visits/assessments and No communication about when these will be." **(service user)** *"It felt like the HVs were desperate to turn up at the least convenient time when the babies were tiny, giving lots of advice which you already knew, without adding practical input. Later on it was difficult to get any help…!"* **(service user)** *"I would also say a lot of health visitor appointments are duplicated elsewhere. It would be better to spend less time doing routine checks on healthy babies and so have more time for families that need them (we had 3 healthy children and felt like we wasted the health visitors time except for when we had a feeding issue and they told us to go to GP for medications..."* **(service user)** *"IDS the communication was poor with parents."* **(service user)** *"…Some families have told us that they struggle to make contact with their local Health Visiting Team/named Health Visitor. This is definitely a variation across Warks and seems to be a postcode lottery issue, which would be good to tackle - I am aware that this is likely due to staffing issues, but it is a shame as very often families lose trust in the Health Visiting Service if after repeated attempts they cannot get hold of the team."* **(professional)** *"…I think it would be helpful for expectant parents to have written information on the schedule of appointments and written contact information. The initial home visit after giving birth was very long and I couldn't process any information and had no idea when I would hear from health visitors again. I also think this happened after the 2 week period where my partner had paternity leave so he couldn't help me process any information…"* **(service user)**
Contact - methods of information sharing	Website	6	*"good website, clear information."* **(service user)** *"…Website must be really user friendly…"* **(member of the public)**

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			"…The website has some brilliant information on and is a very helpful resource - this could potentially be developed and promoted further, as many families are not aware of it…" **(professional)** *"…Websites are great for minor information but not great when you're suffering from depression and anxiety. You need someone physically there to support you, not just a face on a screen."* **(service user)** *"Useful to have dedicated webpage with all health visiting information."* **(professional)**
	Use of technology	8	*"Maximise the use of technology"* **(member of the public)** *"Do not rely solely on apps and internet access. Many people cannot work or afford them"* **(member of the public)** *"Any home visiting service needs to make intelligent use of modern navigational processes and tools to facilitate effective visiting. Use of "What 3 words" or a similar high resolution navigation tool should be built in to the service specification. It is too easy for service providers to waste significant time finding addresses they are attending for the first time."* **(member of the public)** *"I would be keen to look at how modern technology may be built in - apps, messaging services etc. … Children are 24/7 and a parents desperation or time to ask questions and seek support is going to be mainly outside of 'office hours'. This is where technology could build a gap to provide information, allow them to message professionals and allow them to bridge the gap between 9-5 working and the rest of the time families needs support."* **(other)** *"Maybe a parent booking system for the mandated contacts to help fit in around things such as work/nursery…"* **(professional)**

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			"…Some sort of online portal/app that ties all these services together and where there is parity between services would have been so helpful..." **(family member)**
	Social media	3	*"…The switch to one universal Facebook page was a great move – this also needs to be promoted widely and should be a key communication offer to families in terms of sharing information and services…."* **(professional)** *"Need to move away from Facebook being the main comms channel."* **(service user)** *"…Also think about how you are getting the information to families themselves - this needs to be through proactive social media, marketing campaigns, communication with early years providers etc…"* **(other)**
Information content		6	*"Drop in session in clinics … could be theme based"* **(member of the public)** *"more communication on when you will be visited, how you can contact inbetween, more sites for support groups/clinics. having breastfeeding support in all boroughs not just a postcode lottery"* **(service user)** *"I believe there should be one nhs endorsed website / directory that covers the country for new parents where we can access reliable, up to date information* *- breast feeding* *- signposting* *- videos* *- education podcasts* *- Links to external support* *- Play groups"* **(service user)** *"Need more information… Making sure that information is right and up to date at all times. Making sure that everyone communicates with each other and the public understand their rights and it is explained to them in a way they can understand."* **(service user)**
Contact – between services		2	*"easier lines of communication between SWFT emails and warwickshire.gov emails - e.g from SWFT account I am unable to search by name*

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			employee/colleague who has warwickshire.gov email." **(professional)** *"Having used a mix of services for both my children including infant feeding team, tongue tie clinic, paediatric consultants, SALT, dietitian, GP, health visitor etc I found it all very disjointed and stressful to access services. ... Having to constantly update each specialist with the other specialists views adds to the already heavy load of early parenthood when extra support is necessary."* **(family member)**
Location	Access to services - Better/equitable access for all areas	14	*"Health Visitors should be visible in children and family centres, working with colleagues from Social Care, family support workers, speech and language, physiotherapy. Not just based in one area that benefits only the occupants of that community, so all are child focused, and communication improves. Nuneaton and Bedworth both have high areas of deprivation, so why are the main sources, eg CGL, social care based in Nuneaton. There doesn't seem to be the same outlook for families in Bedworth and at times, it feels as if their health needs are forgotten."* **(professional)** *"I think it's crucial that any service moving forwards avoids a postcode lottery for parents,"* **(other)** *"I currently have a 3 year old, any groups or classes that were offered when my child was younger were never anywhere near where I live. I live in [omitted], all classes offered were [omitted]. This is not local especially if you have to rely on public transport. Need more links to the outer villages and not just focus resources in [specific towns]."* **(service user)** *"Having better access to clinic's in the area, staff currently struggle to find space to hold appointments especially for the mandated contacts. A site where all services are available at one place would benefit families especially if travel is difficult for them, similar to the children and families centre but with more health services on site e.g. speech and language."* **(professional)**

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			"It is vital that all services are easily accessible. Many clients find it challenging to access services. Timings , venues are all important. Clients need to be building trusting relationships with all staff" **(professional)** *"...Clinics are great if accessible, where I live the buses don't run very often and there are no clinic available...."* **(service user)**
	Flexible provision /venues to meet needs of communities	6	*"Be flexible - use community places to arrange sessions so it is easier for people to access them"* **(service user)** *"I would be interested to hear about what type of explorations and conversations around accessibility have taken place, and what sort of innovation this is generating. Opportunities to look at supermarkets and town centre retail/open spaces as service points could improve engagement, widen interest, and reach people in a different way."* **(professional)** *"I am hopeful that partnership working will allow more fluid access to venues that Health Visitors and the teams can 'drop in to'."* **(professional)** *"Health visitors need to be seen in their communities. The service needs to reflect its community offering enhanced early support to those families that need it and support to those families in times of challenge and an offer that is reliable to families that are doing well but know where to go, at present i dont this is happening."* **(professional)** *"Clinics should be community based and accessible. Health visitors should be community based ie hubs, GP surgeries not in large corporate buildings. Clinics being drop in would allow more foot fall"* **(professional)** *"Whilst there has to be consistency across Warwickshire - there needs some flexibility as one size does not fit all communities."* **(professional)**
	Children's centres	5	*"Bring back Children's centres for universal servicing for all mothers."* **(member of the public)**

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			"...Families tell us that they want to access clinics in a CFC where other services are available. Although this is happening in some areas, it is still too patchy." **(professional)** *"The children and family centres were a life-line and the HV team being embedded in there (at the time) was so beneficial."* **(service user)**
	Location - other	2	*"The Infant Feeding team needs funding to deliver the same proactive model to the South of the county."* **(professional)** *"Also use of the service should be linked to GP surgery rather than home address otherwise support is disjointed. This is a common problem in the Bidford area where some home addresses are support the Evesham Health Visitor team."* **(service user)**
Workforce	Staffing levels	8	*"… Staff retention should be a priority in order to ensure effective communication and service to parents"* **(member of the public)** *"investment is key into this service as well as a review of staffing as too little number of staff within the service"* **(service user)** *"There just needs to be more health visitors, so we can focus on early intervention and providing public health information. More Health visitors would mean that we can offer all the contacts suggested in the healthy child programme… There is the potential to help every child reach their full potential. We just need more staff to be able to offer more visits."* **(professional)** *"Staffing needs to be addressed. Coventry needs to be made an attractive place to work and current staff, working at the coal face need to feel more valued and listened to. they are crucial to the delivery of this and very much want to deliver a high quality service to all families."* **(professional)** *"Health visiting in addition to delivering key contacts should be bespoke to the needs of the family and not limited in its intervention by excessive caseloads and lack of staff and having to*

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			pick up the shortfall from other services for example to lack of provision for addition needs, long waiting lists for PMH." **(professional)**
	Health visiting profession/role	6	*"An integrated service would be amazing. As a current HV I feel totally de skilled with FNP and parent mental health team. We struggle whilst those have 3 on their caseload. Health visitors supported mum and families appropriately before they came along . Please look into the costing of them against the cost of a health visitor who can do the job and hold a lot more on their caseload. As Health visiting team we resent these so called 'professional' the titles have made them elitist with very little impact on the community in which we all serve . But unfortunately current senior management love them."* **(professional)** *"Allow health visitors to be able to support all families through the good and bad. Their expertise and knowledge is often tied up with the most challenging situations such as safeguarding and they should be able to still do weigh in clinics, weaning clinics, developmental checks etc. to build relationships with ALL of their caseload. The nursery nurses do a brilliant job but cannot replace the skills and knowledge of a qualified health visitor."* **(service user)** *"Health visiting has worsened over the years and i have seen colleagues with such low morale. Health visitors need to get back to health visiting - searching for health needs and offering a tailored service to families based assessment and need. This is what health visitors have trained to do, they need this back and families too, also we need a happy workforce."* **(professional)** *"The use of the skill mix in Health Visiting has reduced, minimising the expertise of nursery nurses just using them for development checks is a waste of their skills. Also the FNP service is a high cost service that could be changed to an early intervention team."* **(professional)**
	Training	4	*"Health visitors should relieve more training around breastfeeding to support mothers and their partners"* **(service user)**

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			"I would recommend feedback from the " service users" is mandatory at point of service and then used to improve the services - support and training is provided to the service providers ie nurses etc…." **(service user)** *"Joint training with other 0-5 staff should be part of the agreement so that staff learn together and are consistent with their support. Improved Skill mix within the HV team enables the HV to focus on clients with most need…"* **(professional)** *"Health Visitors need training - on children with allergies/intolerances - how to spot the signs, how to support the parent before and after diagnosis, weaning for children with allergies. Health Visitors need more training on spotting physical developmental delay, when babies are not moving in the ways that they should. More training on complex medical conditions - we are seeing more pre-term baby survival and genetic conditions causing severe disability."* **(professional)**
	Specialist teams and knowledge	4	*"I also think the trust needs to employ IBCLC lactation consultants as part of the early years specialists as these are only available privately. The outcomes for both babies/toddlers and maternal health and mental health would be vastly improved by these changes from my experience."* **(family member)** *"Specialist targeted services for the most vulnerable eg FNP must continue in order to effectively tackle health inequalities."* **(professional)** *"The Infant Feeding team needs funding to deliver the same proactive model to the South of the county. The proactive model (for 8 weeks) is gaining more evidence base through work completed on the ABA feed model, it's effectiveness is demonstrated through patient feedback and collection of data. More funding needs to be given if this service is to open up to post 8 weeks and offer a specialist service to longer term feeding issues. The team is skill mix and cost effective..."* **(professional)**

			"The Warwickshire Infant Feeding Service sits within the Health Visiting Service and is a vital part of the offer to families. The promotion of sustained breast feeding addresses the High Impact Areas such as the health and well being of our young children, preventing obesity and diabetes, reducing the incidence of post natal depression and reducing health inequalities…" **(other)**
	Management	2	*"…bullying from management or others is prevented by access to an independent body which will act to support the complainant and improve service delivery and training."* **(service user)** *"Redesign of management to ensure the support of staff…"* **(member of the public)**
Links to other services		8	*"Data sharing agreements* *Shared use of systems* *Co-location where possible"* **(professional)** *"There are small pockets of HVs across the county that are very supportive of Early Help,* *However, the HV management direction is counter to that that we would want as a collective partnership - which is to intervene early to prevent escalation* *Quotes by 2 current managers* *"we will not allow our HV to attend family Support Meetings - its a waste of our time"* *"we will not be doing Early Helps, sad, but there we are""* **(professional)** *"A joined up approach where services share information safely securely & taking into account the child's needs & requirements, investing money & resources to enable this to happen"* **(family member)** *"It is also extremely important that there is a link with general health care. The percentage of overweight adults and children is very worrying and health eating / health education is important from birth."* **(other)** *"With these families in mind, it would also be good if concerns were shared with other commissioned*

			agencies working to support children and families eg Children and Family Centres (CFC). Since the re-design of CFC, this has simply not happened despite the fact that we have supposedly all been working towards the same goals." **(professional)** *"Greater joint working would be welcomed, but ultimately requires more funding."* **(professional)** *"The integration of early help into HV/FNP teams to best meet the needs of children - the current offer does not work effectively."* **(professional)** *"…There could be more joined up working between nurseries and HV but recognise they don't have much time to do this. There can be a lot of duplication."* **(service user)**
Other support consideration		7	*"Breastfeeding support* *Post natal checks* *Post natal groups and the children's centres* *Speech and language assessments* *Mental health"* **(service user)** *"need of client group in FNP is increasing, more safeguarding issues, and younger people experiencing pregnancy."* **(professional)** *"- I think it's important to keep links with the Warwickshire council services such as the Baby Time groups. I only heard about this and Rhyme Time via word of mouth - I think health visitors should tell new mothers about free groups they can attend."* **(service user)** *"The emphasis should be on child development and health & any safeguarding issues should be left to social services."* **(service user)** *"more mental health support for families is needed and more Sen support too!!"* **(professional)** *"More advice on helping families to prevent illness or injury is very important"* **(service user)** *"More emphasis needs to be placed on talking health inequalities."* **(professional)**

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Negative experience/views	Mental health	3	*"I found that the service often couldn't be bothered to support me when I needed it. I'm sure it wasn't the case and it was more linked to resource but it was how their attitude made me feel. When I called for support with my mental health after having my baby they told me "mental health wasn't their remit" and advised I see my GP. It delayed me getting the help I needed because I felt embarrassed and it had taken a lot to call them. When I did eventually see the GP and got support they told me the health visitor was the right person and I should have been given help."* **(service user)** *"Found service lacking in supporting maternal mental health. Was never asked about my health (mental or physical). Partner's mental health was asked about multiple times.Found no use at all in service."* **(service user)** *"I think there needs to be robust monitoring of mental health in new mothers - I never filled in the mental health questionnaire. I attended one of my appointments in tears and cried throughout the whole appointment and the health visitor basically said 'you'll get over it' so I definitely think mental health of new mothers is an area that needs improvement. I also think mental health of fathers is important too and is a huge area that needs addressing. I don't think my husband has ever met the health visiting team"* **(service user)**
	Limited support	2	*"I had very little support when my son was born from the Health visitor. As he grew up his behaviour and sleep was really bad and my friend knew about early help and they helped me. They made referrals to the hospital about his eating and the family support lady helped about sleep. The Health visitor didn't help with those things. It would have been better if the health visitor had helped me sooner and made those referrals for early help"* **(family member)** *"I never had a health visitor for 3 yrs due to staff shortages and my child missed 2 yr and pre school checks which would of highlighted asd and therefore saving … yrs of school based trauma occurring"* **(service user)**
	Other	1	*"Please whistle blow on cwd vile lot"* **(service user)**

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Suggestions for inclusion		5	*"I also think HV team need to be more inclusive of both parents, and not just with a focus of mum. This has been raised by multiple dad's who feel they have been excluded."* **(professional)** *"Research suggests PACT therapy is only intervention for potentially Autistic children proven to help - but is not commissioned in Coventry & Warwickshire. This MUST be included in this review as increasing need for support is very evident. Dr Google is also not helpful!"* **(service user)** *"all aspects of clients learning style, needs, language barrier needs to be considered in access to resources"* **(professional)** *"It is essential that universal access is maintained to Health Visiting services. It must recognise the need for families to be protected from the effects of poor mental health as well as economic deprivation."* **(professional)** *"…there should be more free antenatal classes availability to those on low income. We could afford to pay privately for antenatal classes. The content of these classes really helped."* **(other)**
Positive experience		4	*"I think the Feeding Team that works out of Warwick hospital is an excellent service, they have provided excellent timely support to my new grandsons parents, they more than anyone… have been a great support in the early days. I am not sure how easy it is to access this service or whether parents can be referred back to them once they have been discharged from the midwife… the service should be easily accessed by everyone."* **(other)** *"When I had my son in … I had a fantastic experience with my local health visiting service. I am now due to have another baby and I am sure I will have the same experience."* **(service user)** *"I feel the infant feeding support service offers an excellent level of support using skill mix well, and use of digital technology, improving access to*

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			service, by offering various platforms for support, YouTube, telephone and video calls face to face contacts in clinic settings." **(professional)** *"For us, the Hv service was essential when the children were younger (0-1). The advice then shifted to community eg toddler group leaders...We are grateful for the HVs (and CNNs) who have supported us with care and professionalism. Thank you"* **(service user)**
Other comments		4	*"Not a service that impinges on me or my social/age group personally"* **(member of the public)** *"I think something similar is needed for … the over 80s too."* **(member of the public)** *"More information should be available and not hidden to save money"* **(member of the public)** *"Innovation and progression is required to improve outcomes for 0-5. Change needs to be managed not delegated."* **(professional)**

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Appendix 1 – paper copy of survey