Appendix B Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes DRAFT v3

Title of spending review/service change/proposal	Budget reductions as a result of the central government autumn spending review 2015
Name of division/service	Public Health
Name of lead officer completing this assessment	Rod Moore
Date EIA assessment completed	EIA as at 7 March 2016
Decision maker	Assistant Mayor for Public Health
Date decision taken	To be added

EIA sign off on completion:	**Signature**	**Date**
Lead officer	Rod Moore	Draft completed
Equalities officer	Irene Kszyk	Draft completed
Divisional director	Ruth Tennant	Draft completed

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?
Savings required from now until 2020 The reductions in the public health budget proposed here are a direct consequence of the government's decision to reduce the public health ring fenced grant for Local Authorities announced in the November 2015 spending review. This indicated year-on-year cuts to the public health budget nationally, amounting to 2.2% of the budget in 2016/17, 2.5% in 17/18, 2.6% in 18/19 and a further 2.6% in 2019/20. These reductions are in addition to the in-year reduction required by central government in 2015/16. Based on the ring-fenced public health grant announced in 11 February 2016 the required savings over the three years 2015/16 to 2017/18 are set out below. Please note that the spending review also announced that the ring-fenced nature of the public health grant would cease from 2018/19 onwards and that the government will consult on public health being funded from local authorities' retained business rates. Thus the figures listed below for 2018/19 and 2019/20 are estimates only and work is underway to develop a medium term financial strategy. Savings In-year 2015/16 £1.621.9 million 2016/17 £621.1k 2017/18 £695k 2018/19 *£715k estimate* 2019/20 *£696k estimate*

3.3 Constraints on decision making

The timing of these budget reductions has acted to constrain the Division's capacity to approach the budget from first principles. The relatively short notice of the in-year reductions required in 2015/16 and then the announcement of reductions in further years as detailed above, combined with limited areas from which to make the required savings, has significantly influence the shape of the budget reductions proposed below.

Existing contracting arrangements for public health commissioned services have limited the areas in which savings can be sought in both 2015/16 and 2016/17. Seventy five percent of the available budget in 2015/16 and 80% in 2016/17 is tied up in contracts, and the first available break in these occurs in 2017/18, at which point it will be possible to make savings and efficiencies in that element of the budget. Two significant service reviews are now underway in connection with this, covering healthy lifestyle services and the 0-19 healthy child programme. Reductions are also proposed in Divisional staffing costs.

3.4 Approach

In summary, the savings proposed are based on the following:

- The need to continually modernise and drive cost-efficiencies across all public health services and programmes, including those provided in-house and externally, including by the NHS. This includes making reductions in management and overhead costs.
- The need to achieve rapid budget reductions in 2016/17, noting that significant amounts of spending are locked up in longer term contracts, reducing the scope for immediate compensatory action.
- The need to reshape, through three reviews, the way public health outcomes are delivered in order to maximise the impact on key health and wellbeing issues in the city.

Given the constraints identified above, there has been regard to the significant health issues affecting the city, evidence of effectiveness and performance in the reductions proposed below. Where it has been possible to do so impetus has been maintained in key areas, such as sexual health and NHS Health Checks, and in areas where there have had to be reductions consideration will be given to how we can use the resources of the division and partners to take forward other important agendas, including mental health and new divisional responsibilities for sports and leisure.

2. Equality implications/obligations Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic	The focus of public health is on reducing known health inequalities within the city's population. All savings proposals consider their potential impact on our ability to reduce health inequalities related to the service and seek to minimise negative impacts where possible.
Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	As set out above, public health practice seeks to reduce health inequalities as measured by specific outcomes for different protected groups, dependent on the inequality being considered. Our continued focus on the outcomes being achieved as a result of our service interventions, will ensure that we are still able to promote equality of opportunity for relevant protected groups.
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	Perceptions of inequalities between different groups not being addressed can create tensions between those groups that reduces good relations. Therefore achieving desired outcomes to reduce health inequalities between different groups, over time, contributes to this PSED aim.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

The table below shows the groups likely to be affected by the savings being proposed for 2015/16 and 2016/17

Reduction proposals	Age	Disability	Gender Reassignment	Pregnancy & maternity	Race	Religion or belief	Sex	Sexual orientation
1. Cease the weight management in pregnancy service provided by UHL				*			*	
2. NHS Health Checks.	*				*		*	
3.Halt planned investment in Healthy Tots and Healthy Schools	*							
4. Evaluation and intelligence								
5. Smoking and tobacco control								
6. Savings from drugs and alcohol services								
7.. Alcohol brief advice	*							
8. Recommission alcohol liaison at UHL as part of mainstream drug and alcohol services.	*							

9. Realigning funding responsibility with Leicestershire Partnership Trust re MARAC							*	
10. Withdrawal of budget support for small scale initiatives related to public mental health.	*							
11. Reductions in the workplace health programme by scaling back funding and using existing staff resource more efficiently.								
12. Staffing review across the whole division.								

7. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

Use has been made of the JSNA, the results of the Leicester Health and Wellbeing Survey 2015, service information, reviews, guidance on effectiveness and other reports.

8. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?

▪ How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)? ▪ Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?
The opportunities for consultation have been limited. The reductions indicated below do not fall directly on those with protected characteristics or mitigation actions are identified below and we have sought legal advice on the requirement to consult

9. *Potential equality Impact*

Reduction proposals	**Impact of proposal:** Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	**Risk of negative impact:** How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
1. Cease support for the weight management in pregnancy service provided by UHL and commissioned by Leicester City CCG.	Potential impact is on pregnant women who are obese. However the service has been reviewed and found to be significantly under performing and the provision to be in excess of the requirements of NICE guidance. NICE guidance recommends raising issue overweight with the woman at midwifery booking visit and then referral to a dietician or other suitably qualified health professional.	Potential impact is on pregnant women who are obese. Service has been reviewed and found to be under performing .	Other available services will be utilised to provide support to obese and overweight pregnant women in line with NICE guidance. Specifically, the provision of information to obese and overweight women about healthy eating and physical activity by community midwives as a routine part of their care, and the availability of the 'Bumps to Babies', a universal service providing antenatal care and support to women through children's centres and which includes healthy eating and physical activity information. It will be a lower level of service from what we wanted to offer but we are withdrawing the service because it is too underused to be cost effective. Use will also be made of the consultant-led clinic for obese women (BMI>40) who are morbidly obese at the Leicester Royal Infirmary, for

			medical planning and intervention for these women during their pregnancy and labour.
2. NHS Health Checks.	The proposal here is a reduction in budget and not to current service levels.	The NHS Health Check will continue to be available as currently to eligible people between the ages of 40 and 74 years.	Mitigation of impact is not therefore required. The NHS Health Check Programme has been audited three times in the last three years with regard to equity in relation to ethnicity, gender and deprivation and found that the programme is not delivered in a manner that potentially increases health inequalities. It should be noted that funding has been sustained to ensure that NICE guidelines [CG181, July 2014] can be implemented in full. This will introduce lower eligibility for a formal NHS Health Check assessment from a 20% to a 10% ten-year risk of a CVD event and increase access to earlier risk management.
3. Halt planned investment in Healthy Tots and Healthy Schools.	There is no service. Planned investment only.	None. There is no current service.	The aspiration has been remitted for inclusion in the 0-19 Healthy Child Programme review (see below).
4.Evaluation and intelligence. .	Evaluation and intelligence refers to provision internal to the Division providing high quality information , analysis, evaluation, surveys etc. within the Division, Council and with partners (eg CCG). Examples are Health and Wellbeing , preparation of JSNA sections , Pharmaceutical and other needs assessment, surveillance, ad hoc analyses and the preparation of reports and	The proposed reduction is in the funding available for research, surveys and evaluations (i.e., non-pay savings). This reflects (1) an element of over-provision of funding and (2) that major Health and Wellbeing surveys undertaken in 2015/16 will not be repeated for three or four years, during which time a lower budget is required. There will be no direct impact on	Mitigation will include undertaking some evaluations, reviews and small scale surveys within existing resources.

	summaries.	service users	
5.Smoking and tobacco control.	Funding has been reduced through a combination of savings from bringing the service in house, and a sustained fall (around 40% since 2011/12) in the uptake of smoking cessation services principally to the impact of e-cigarettes and a lack of national anti-smoking campaigns and is a national trend.. In this period of overall reduction Leicester has performed better than comparators or England as a whole.	No changes to levels of service provision to service users are proposed as a result of these reductions as these are a product of the factors indicated in the left hand box. The reduced budget has been accompanied by a measured reduction in targets	The Division will continue undertakes health equity audits of the service with regard to age, sex, ethnicity and deprivation.
6. Drugs and alcohol	Savings of £1 million for drugs and alcohol services will be realised in 2015/16. As set out the Council's 2016/17 budget these are subject to a separate savings plan and are not therefore included in this EIA.	As set out the Council's 2016/17 budget these have been subject to a separate savings plan and are not therefore included in this EIA.	
7. Alcohol brief advice.	Savings will be made by de-commissioning a GP scheme aimed at delivering brief advice to people who they identify as having alcohol related problems. We are proposing to end the scheme in its present form due to poor uptake which has led to substantial underspends in the allocated (fee for service) budget over a number of years.	The likely impact is across the spread of protected characteristics as well as the population without protected characteristics. Planned mitigation is to include alcohol brief intervention in the NHS Health Check. There is a risk of negative impact in that under 40 year olds may not be provided with an alcohol consumption audit.	Planned mitigation is to include alcohol brief intervention in the NHS Health Check (see above) which will obtain a better uptake than currently. It is estimated that around 100 of those currently offered a brief intervention are under 40 years and mainly associated with newly registered patients. GPs are required to screen newly registering patient and will normally provide brief intervention as a standard treatment to those who need it.
8. Recommission alcohol liaison at UHL as part	The Division contracts with University Hospitals of Leicester	The funding for this scheme will end on the 30 June 2016. The possible	To mitigate, the provision has been incorporated into the new Substance

of mainstream drug and alcohol services.	(UHL) the provision of an alcohol liaison service which works with Wards and A&E to identify patients where alcohol is a contributing factor to their admission. This is jointly commissioned with Leicestershire and Rutland County Councils.	risk is that there is reduced capacity to support hazardous and harmful drinkers in hospital .	Misuse Services specification for provision of a similar service on an in-reach basis. The service has therefore been included in a wider redesign of substance services within LLR, the procurement of which is in its final stages. This will ensure effective identification and advice within the hospital and a stronger continuity with patients referred or taken in to the community substance misuse services.

9. Realigning funding responsibility with Leicestershire Partnership Trust (LPT) re MARAC	The post was originally intended to provide training in Leicester in dealing with domestic violence for multi-agency front-line staff and to support the MARAC process in the city. In reality training has only been delivered to LPT staff (in city, county and Rutland) and the MARAC support has been far wider than for Leicester. Implementing safeguarding and engaging with MARAC are statutory obligations of LPT and the funding from the LA is therefore inappropriate and is being withdrawn.	The impact is on LPT in that they will not receive funding from the LA for this post. LPT have a statutory safeguarding duty and a statutory duty to cooperate and support the MARAC.	The mitigation is that LPT mainstream core staff training and health system support to MARAC as they think fit in line with their statutory duties.
10. Withdrawal of budget support for small scale initiatives related to public mental health.	Withdrawal of a number of small budgets which have supported small scale in-year projects and which have included development work, training for staff, cultural activities, media and promotion.	The impact of the budget reductions is reduced capacity of the Division. The impact of these reductions in budget is judged to be low as there are no contracts or commitments for these funds and use was largely restricted in 2015/16 once it was announced that there would be an in year reduction of £1.6 million to the Leicester ring-fenced public health grant.	We have sought where possible to mitigate loss of impetus with regard to the following: •Mental Health First Aid training and Members Training – we have trained our own trainer to deliver courses and have retained some funding to continue the roll-out. •The aspiration for a young people's initiative focusing on mental health/emotional resilience is being integrated in to the service review and proposals for the 0-19 age group. •The delivery of suicide prevention training is unaffected by these proposals.

11.Reductions in the workplace health programme by scaling back funding and using existing staff resource more efficiently.	Programme of staff health improvement activities supported by the Public Health budget. Typically consists of series of health fairs or events designed to promote better health for Leicester City Council employees.	The principal impact of the budget reduction will be on staff as a whole rather than any particular protected characteristic. Health Fairs and other events may no longer be available, or if so on a more limited basis.	Mitigation will be that contributions to support staff health to be drawn more widely within the city council. Greater use and promotion of web based resources and continuation of council provision of counselling services, muscular skeletal, eye testing, time-off to access smoking cessation assistance.
12. Staffing review.	Options for staffing to be identified through a formal staffing review.	Options will be developed and will be subject to separate EIA and consultation arrangements.	

Other groups	**Impact of proposal:** Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	**Risk of negative impact:** How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	There are potential impacts on household income in smoking cessation, alcohol and services and children 0-19 programmes, though there are no proposals for reduction in existing direct services or there is mitigation on place.	This round of reductions will not result in a direct impact.	The mitigation measures identified above aim to limit impact wherever possible.
Other vulnerable groups	There are no other targeted groups that we target and all of those affected are addressed above.		

Cumulative impact of savings proposals:

- Eight of the proposals relate to specific protected characteristics.
- The most frequently cited protected characteristic is age, followed by sex and then race.
- For age, the various proposals focus on different age groups, some exclusive to an age group (young children, younger or older adults) and others focus on a wide range of adult ages. In regard to sex, only one proposal is for a specific gender – the change in method of alerting pregnant women about weight management in pregnancy. The other two proposals related to the protected characteristic of sex fall across both genders and again are aimed at changing the way the service is delivered, in order to continue to produce the same outcome. In regard to race, the community focused programme takes into account the different racial groups across the city and the relationship between race and health in regard to service outcome.
- Therefore, for this set of proposals, no one particular protected characteristic/sub group within that protected characteristic, is being disproportionately and adversely affected by these savings proposals.
- This will be kept under review.

10. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities

- ensure that the EIA action plan (below) is delivered.

The service outcomes will continue to be monitored as featured in our commissioning/delivery process. The outcomes of the savings proposed will be monitored on this basis by the DMT.

11. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Monitor impact of reductions for unintended consequences and implementation of mitigation actions.	Ensure on agenda for quarterly at Performance Review Group	Rod Moore	31 March 2017