

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	POLICY COMMITTEE		
DATE:	10 APRIL 2017	AGENDA ITEM:	14
TITLE:	PUBLIC HEALTH BUDGET 17/18		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
LEAD OFFICERS:	JO HAWTHORNE	TEL:	ext 73623
JOB TITLE:	HEAD OF WELLBEING, COMMISSIONING & IMPROVEMENT	E-MAIL:	jo.hawthorne@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 At its meeting on 5 December 2016 Policy Committee (Minute 64 refers) agreed the budget and programmes to be funded from the Public Health Grant for 17/18, it also noted the services impacted to deliver the service within budget allocation.
- 1.2 This report updates Policy Committee on the progress which has been made to meet the reduction in Public Health grant funding for 2017/18. It also includes the detail of the equality impact assessments (EIA's) undertaken as part of the exercise to reduce spending in line with the 2.5% grant reduction.
- 1.3 Appendix 1 provides a breakdown of the services impacted by the grant reduction and the progress made to deliver.
- 1.4 Appendix 2 is the completed EIA's for services impacted by the required reduction in spend.

2. RECOMMENDED ACTION

- 2.1 That the findings of the Equality Impact Assessments (EIAs), which had been carried out and the decisions by officers for not undertaking EIAs where it was not deemed necessary be endorsed.
- 2.2 That, having taken into account the findings of the EIAs, attached at Appendix 2 to the report, the work undertaken to implement the savings to meet the Public Health grant funding reduction, as agreed by Policy Committee at its meeting on 5 December 2016 (Minute 64 refers) and summarised in the report, be endorsed.

3. FINANCIAL/POLICY CONTEXT

- 3.1 The Council continues to operate in very challenging conditions and the Council's financial position has worsened during 2016/17. Since 2010/11 the Council has managed a significant reduction in resources available to fund services. By the end of the financial year 2016/2017, the Council had agreed savings of just over £70m from its budget since 2010. However reports to Policy Committee in July, September and December of 2016 have highlighted a deteriorating financial position during 2016/17 because of further emerging pressures on the budget with a consequent serious impact on the medium term budget gap.
- 3.2 In line with the Government's plans to reduce public health funding until at least 2020/21, the Department of Health confirmed the 2017/18 grant allocation in February 2016. Readings public health ring fenced grant allocation for 2017/18 is £10,016,000. We are not aware of any additional in year cuts, however we have previously been asked to reduce budgets in year.

4.0 OPTIONS

- 4.1 As reported in December 2016 all Public Health Grant spend for Reading was reviewed with the Director of Public Health, Officers across the council were also part of the process to review services. Appendix 1 details all services where spending was reduced or removed (please note figures are rounded).
- 4.2 Officers are currently working with finance to build the 2017/18 budget. The total expenditure against the grant for the next financial year is estimated at £9.9m, which should leave a small surplus.
- 4.3 End of year forecasting is currently taking place for 2016/17 as we begin to prepare year-end financial reporting for spend against the public health grant. A number of our mandatory functions are predicting an underspend for 16/17. Many of these services are demand led it is difficult to adjust budgets overall due to the very nature of a demand led service, particularly relating to our sexual health spend as there is not a consistent demand. Fortunately under the grant conditions the Public Health Grant can be carried forward into subsequent years.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The approach taken to deal with the Department for Health's Public Health Grant reduction should still enable the council, within available resources, to meet Corporate Plan priorities where there is a significant public health aspect, such as:
- i. Safeguarding and protecting those that are most vulnerable;
 - ii. Providing the best start in life through education, early help and healthy living; and
 - iii. Keeping the town clean, safe, green and active.

6. LEGAL IMPLICATIONS

- 6.1 The grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (“the 2006 Act”).
- 6.2 The functions mentioned in that subsection are:
- functions under section 2B, 111 or 249 of, or Schedule 1 to, the 2006 Act
 - functions by virtue of section 6C of the 2006 Act
 - the Secretary of State’s public health functions exercised by local authorities in pursuance of arrangements under section 7A of the 2006 Act,
 - the functions of a local authority under section 325 of the Criminal Justice Act 2003 (local authority duty to co-operate with the prison service with a view to improving the exercise of functions in relation to securing and maintaining the health of prisoners)

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Members are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act 2010. The relevant provisions are as set out below.

Section 149 (1) - A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Section 149 (7) - The relevant protected characteristics are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

In order to comply with the Public Sector Equality Duty, Members must seek to prevent discrimination, and protect and promote the interests of vulnerable groups who may be adversely affected by the proposal. Members must be therefore give conscious and open minded consideration to the impact of the duty when reaching any decision. The Public Sector Equality Duty (S.149) to pay ‘due regard’ to equalities duties is higher in cases where there is an obvious impact on protected groups. This duty, however, remains one of process and not outcome.

- 7.2 Our initial round of discussions regarding potential service reductions were in

response to the DOH reducing the Public Health grant allocation, requiring no choice but to make efficiencies. Managers met with all HOS/Service Managers whose services were funded by the grant to understand the impacts of reducing funding. This was also aimed at building a balance budget for 2017/18. Notes from those sessions were recorded.

- 7.3 A number of additional savings were suggested to support the councils financial pressure - with the exception of the domestic violence scheme, all were specific Public Health programmes. Equality impacts were considered throughout this process which contributed to the decision to cut or not (e.g. a proposal to make savings of £30k to breast feeding support was mitigated to £10k.
- 7.4 Equality impact assessments for the savings have been completed and accompany this report. (Appendix 2)

8. FINANCIAL IMPLICATIONS

8.1 Revenue Implications

The report confirms that the public health grant has decreased by 2.5% in 17/18 and identify areas where spending will be reduced. In 18/19 we expect the public health grant to reduce by a further 2.6%.

8.2 Value for Money

There is a requirement to ensure that public health service expenditure delivers value for money and this has been considered when identifying Public Health commissioned projects/services to reduced or decommission.

8.3 Risks

The Police and Crime Commissioner has confirmed a 10% reduction in overall financial support from 2017/18. We await clarity on the exact amounts that drug and alcohol funding will reduce by as it will create an additional budget pressure.

Any unexpected costs will create a budget pressure in year. There are a number of demand lead services funded by the public health grant, any significant increase in demand will create an over spend in 2017/18.

Appendix 1 - Breakdown of the services impacted by the grant reduction.

Service	16/17	17/18	+/-	Progress	RAG	EIA
MECC	£20k	£10k	-£10k	Reduced budget will be in line with spend in 16/17	G	Initial EIA 16th December 2016 Equality Duty not relevant
Physical Activity (BTS)	£53k	£0	-£53k	Joint service with CCG's who are also not funding in 17/18.	G	Initial EIA 16th December 2016 Equality Duty not relevant
Health Walks	£8k	£0	-£8k	Fix term contract post not renewed.	G	Not required existing walks will continue.
ASB sex workers and street drinking	£12k	£0	-£12k	Sarah Gee to provide	TBC	Sarah Gee to provide
Winterwatch	£75k	£60k	-£15k	Project management support removed, service will still be delivered.	G	Initial EIA 16th December 2016 Equality Duty not relevant
GP Alcohol Screening	£40k	£0	-£40k	Notice given.	G	Initial EIA 16th December 2016 Equality Duty not relevant.
Drink Aware Kits	£1k	£0	-£1k	No more kits will be purchased.	G	EIA not required surplus kits available for 17/18.
CALM	£2k	£0	-£2k	CALM is a national charity phone and online help services still available.	G	Initial EIA 16th December 2016 Equality Duty not relevant
Condom Distribution (TVPS)	£20k	£10k	-£10k	Plan to commission as part of wider TVPS HIV contract is looking less likely. Potential to fund from the sexual health underspend.	R	Initial EIA 16th December 2016 Equality Duty not relevant
Breast Feeding Peer Support	£40k	£30k	-£10k	Provision still viable but will be more targeted with no home visits	G	Initial EIA 16th December 2016 Equality impact identified and mitigation identified.

Domestic Violence GP Training & Awareness	£40k	£0	-£40k	Recommissioning domestic violence service without PH grant contribution.	G	Initial EIA July 2016, Full report to policy committee March 17. (please see individual report)
E4H Adult Weight Management (additional)	£85k	£46k	-£39k	No changes to contract budget for additional courses removed.	G	Initial EIA 16 th December 2016 Equality Duty not relevant
Transfer of Health Visiting service	£25k	£0	-£25k	Health visiting service successfully transferred.	G	EIA not required.
Health Visiting & Family Nurse Partnership	£2.8m	£2.6m	-£200k	0-19 service specification developed for procurement.	G	Initial EIA 15 th December 2016 EIA completed.
GP Data Collection (CSU)	£14k	£0	-£14k	Notice given and new process being developed with Bracknell.	G	Initial EIA 16 th December 2016 Equality Duty not relevant
Total	£3.2m	£2.8m	-£479k			

Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Beat the Street

Directorate: Adult Care & Health Services (*delete as appropriate*)

Service: Public Health

Name and job title of person doing the assessment

Name: Kim Wilkins

Job Title: Senior Public Health Programme Manager

Date of assessment: 16th December 2016

Scope your proposal

~~What is the aim of your policy or new service/what changes are you proposing?~~

This report updates proposal to cease £53,000 of Public Health Grant funding contribution for Reading Beat the Street (BTS)

Beat the Street (BTS) is a real life walking, cycling and running game for the Reading community, delivered by Intelligent Health on behalf of both Reading CCGs and RBC. People score points and win prizes by walking, cycling or running from point to point and tapping a registered and activated Beat the Street Radio Frequency ID card or Fob on sensors (Beat Boxes) which are placed on lamp posts across dedicated routes where the game is being played. A player taps their Beat the Street card or fob at various points on their way to and from work, school and to the shops. The more Beat Boxes you tap, the further you travel and the greater your chance of winning a prize. A focus has been given to engaging people who have a long term conditions and who had low levels of physical activity

Who will benefit from this proposal and how?

For the last 2 years (2015 and 2016) BTS has been jointly funded by North and West and South NHS CCGs and RBC via Public Health Grant Public Health. The costs have been split 50% RBC and 50% shared equally across the two Reading CCGs. CCGs have taken the lead on commissioning.

The cost of delivering BTS in 2017 would be £107,000 with the Public Health grant contribution £53,500 however, in order to deliver the project in its existing form and scale across Reading in 2017, and enable comparative data for the third year to be generated, the project is dependent on confirmed contributions from both South and North and West CCGs in addition to Public Health Grant Funding.

In October 2016, the Reading CCG Financial Recovery Group considered a proposal for funding 2017 Beat the Street and, whilst the Recovery Group considered and recognised the good work of the project, they were unable to approve any funding contribution.

Whilst initial Public Health discussions recognised that it would be beneficial to run the programme in 2017 and secure 3 years data to enable longitudinal impacts to be evaluated, with the funding not being committed from CCG's, grant cessation was therefore included in the budget report considered by policy committee.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health (RBC) - Achieve savings against the full Public Health grant budget.

The Reading Health and Wellbeing Board, including representatives from RBC and CCG, has previously indicated its strategic support for delivering BTS over a three year period of which 2017 would be the third year.

Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No *(delete as appropriate)*

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No (delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Alternative sources of funding are being pursued for BTS 2017. Beat The Street is a population level programme open to all. There is no evidence that grant cessation will affect some groups - racial, disability, gender, sexuality, age and religious belief - differently than others.

Signed (completing officer): Kim Wilkins

Date 16/12/2016

Signed (Lead Officer):



Date 23/02/2017



Provide basic details

Name of proposal/activity/policy to be assessed

CALM

Directorate: Adult Care & Health Services *(delete as appropriate)*

Service: Public Health

Name and job title of person doing the assessment

Name: Kim Wilkins

Job Title: Senior Public Health Programme Manager

Date of assessment: 16th December 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

That CALMZone continues for a further year using project underspend.

Reading Public Health Grant contributed to funding of the Campaign Against Living Miserably (CALM) - a registered charity, which exists to prevent male suicide in the UK. Funding was used to raise awareness of suicide and mental health issues in men, through branded campaign material, a support phone line and web-chat.

Who will benefit from this proposal and how?

Underspend on the project across Thames Valley resulted in 18K remaining.

Partners proposed to use the underspend to secure another year of the Thames Valley CALMzone i.e. the phone line, web-chat and reference to Thames Valley support agencies on the website and through help seeking calls. This funding would also cover campaign materials that public health teams can order directly from CALM.

.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health (RBC) - Achieve savings against the full Public Health grant budget.

Public Health Berkshire - support to maintain the Thames Valley as a CALMzone.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No (delete as appropriate)

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No (delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

The proposal will maintain the Thames Valley as a CALMzone with the remaining funds.

There is no evidence that grant reduction will affect some groups - racial, disability, gender, sexuality, age and religious belief - differently than others.

Signed (completing officer: Kim Wilkins

Date: 16/12/2016

Signed (Lead Officer): 

Date 23/02/2017



Provide basic details

Name of proposal/activity/policy to be assessed

Making Every Contact Count

Directorate: Adult Care & Health Services (*delete as appropriate*)

Service: Public Health

Name and job title of person doing the assessment

Name: Kim Wilkins

Job Title: Senior Public Health Programme Manager

Date of assessment: 16th December 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

Proposal to reduce the Public Health Grant funding contribution for Making Every Contact Count from 20K to 10K in 2017/18.

Making Every Contact Count (MECC) is an evidence based approach to behaviour change that uses the day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health and wellbeing at scale across organisations and populations. Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.

Who will benefit from this proposal and how?

During 2016 the Reading MECC project (Phase 1) has aimed to equip Reading Borough Council staff Reading with the confidence to provide simple, quick and brief lifestyle information about the support and help that could be available to them in the area via signposting to existing services where appropriate. Funding has

been used to deliver face to face training to internal staff and to staff in the voluntary and community sector.

In 2017/18 phase 2 of the MECC project will retain elements of face to face training and develop/promote online training approaches.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health (RBC) - Achieve savings against the full Public Health grant budget.

RBC -support for MECC as a corporate priority - hence retention of a funding allocation for this programme

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No *(delete as appropriate)*

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No *(delete as appropriate)*

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

MECC training will continue with a focus on promotion of online training supplemented by face to face/train the trainer delivery within available budget. There is no evidence that grant reduction will affect some groups - racial, disability, gender, sexuality, age and religious belief - differently than others.

Signed (completing officer: Kim Wilkins

Date: 16/12/2016

Signed (Lead Officer): 

Date 23/02/2017

Equality Impact Assessment

Provide basic details**Name of proposal/activity/policy to be assessed**

Directorate: Adult Care & Health Services

Service: Reading Breastfeeding Peer Support Service

Name and job title of person doing the assessment

Name: Kim Wilkins

Job Title: Senior Public Health Programme Manager

Date of assessment: 20th November 2016 and updated 16th December 2016 and 21st February 2017

Scope your proposal**What is the aim of your policy or new service/what changes are you proposing?**

The Reading breastfeeding peer support service (PSS) provides support for women who breastfeed in Reading so as to contribute to an increase in the numbers of women who initiate breastfeeding and continue to breastfeed until their baby is 6-8 weeks old (and beyond where possible). A peer supporter is a mother with experience of breastfeeding who is able to support other local mothers.

An initial proposal considered an option to reduce the Public Health Grant Funding contribution for the Reading Breastfeeding Peer Support Programme from 40Kpa to £10Kpa. In considering detail around this option it was evident that a viable community peer support service would not be able to continue to be offered. Following further review, and to mitigate impact on service delivery, the proposal was revised to reduce the Public Health Grant Funding contribution for the Reading Breastfeeding Peer Support Programme from 40Kpa to £30Kpa.

Who will benefit from this proposal and how?

The revised proposal will enable a continued service to offer help towards initiation of breastfeeding and maintenance at 6 - 8 weeks with a continued focus, as set out in existing arrangements, on vulnerable women living in low uptake areas.

All mothers residing in Reading will be eligible for support however, the service will continue to target engagement on women who are least likely to start and continue to breastfeed, for example young mothers, mothers with low education achievement and mothers from disadvantaged groups.

The service will provide information to all mothers about local breastfeeding support services and BfN Supporterline and BfN website)

All mothers in Reading will continue to be able to access breastfeeding support through local health visiting services and via the breastfeeding clinic at the Royal Berkshire Hospital.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health and Children's Services - support in place to deliver on high impact areas (breastfeeding) to support delivery of the Healthy Child Programme

RBH - support to maintain BFI accreditation and enhance support available via the RBH breastfeeding clinic

BHFT - support to maintain BFI accreditation and deliver on PHOF target on breastfeeding at 6-8 weeks

CCGs - support to reduce admissions to hospital and promote child and maternal health

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

Yes: gender/sex; pregnancy and maternity and disability

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer: Kim Wilkins

Date: 16/12/2016

Signed (Lead Officer):



Date: 23 /02/2017

Assess the Impact of the Proposal

Your assessment must include:

- Consultation
- Collection and Assessment of Data
- Judgement about whether the impact is negative or positive

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[My Home > Info Pods > Community Involvement Pod - Inside Reading Borough Council](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

Describe how this proposal could impact on Racial groups
The national infant feeding survey showed that that Breastfeeding was most common among mothers who were from minority ethnic groups. Breastfeeding support will be available to women across all ethnic groups and will continue to target engagement on women who are least likely to start and continue to breastfeed.

Is there a negative impact? No

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)
Is there a negative impact? Yes
This proposal has an impact on pregnancy and maternity.
To mitigate the potential impacts identified in the initial proposed funding reduction was reduced.
The revised proposal will enable a continued service to offer help towards initiation of breastfeeding and maintenance at 6 - 8 weeks with a continued focus, as set out in existing arrangements, on vulnerable women living in low uptake areas. The service will be targeted in the most deprived wards with low breastfeeding prevalence rates. These wards in Reading are Battle, Kentwood, Minster, Norcot, Southcote, Tilehurst, Whitley, Church.
All mothers residing in Reading will be eligible for support and the service will continue to target engagement on women who are least likely to start and continue to breastfeed, for example young mothers, mothers with low education achievement and mothers from disadvantaged groups. The service will provide information to all mothers about local breastfeeding support services and BfN Supporterline/NBH and BfN website)
All mothers in Reading will continue to be able to access breastfeeding support through local health visiting services and via the breastfeeding clinic at the Royal Berkshire Hospital.

Describe how this proposal could impact on Disability

Is there a negative impact?	No
-----------------------------	----

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

Is there a negative impact?	No
-----------------------------	----

Describe how this proposal could impact on Age

Mothers of all ages residing in Reading will be eligible for support and the service will continue to target engagement on women who are least likely to start and continue to breastfeed, for example young mothers.

Is there a negative impact?	No
-----------------------------	----

Describe how this proposal could impact on Religious belief?

Is there a negative impact?	No
-----------------------------	----

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

2. Negative impact identified but there is a justifiable reason

To mitigate the potential impacts identified in the initial proposal the funding reduction was reduced from £30K to 10K. The revised proposal will enable a continued service to offer help towards initiation of breastfeeding and maintenance at 6 - 8 weeks with a continued focus, as set out in existing arrangements, on vulnerable women living in low uptake areas. The service will be targeted in the most deprived wards with low breastfeeding prevalence rates. These wards in Reading are Battle, Kentwood, Minster, Norcot, Southcote, Tilehurst, Whitley, Church.

All mothers residing in Reading will be eligible for support and the service will continue to target engagement on women who are least likely to start and continue to breastfeed, for example young mothers, mothers with low education achievement and mothers from disadvantaged groups. The service will provide information to all mothers about local breastfeeding support services and BfN Supporterline/NBH and BfN website)

All mothers in Reading will continue to be able to access breastfeeding support through local health visiting services and via the breastfeeding clinic at the Royal Berkshire Hospital.

How will you monitor for adverse impact in the future?

The contractual outcomes Breastfeeding Peer Support Service will be closely monitored on a quarterly basis. Should there be any concerns, further action will be taken to mitigate/remedy this.

Signed (completing officer) Kim Wilkins

Date 21/2/2017

Signed (Lead Officer)



Date 23/02/2017



Provide basic details

Name of proposal/activity/policy to be assessed

Condom distribution scheme for vulnerable adults.

Directorate: Adult Care & Health Services (*delete as appropriate*)

Service: Public Health

Name and job title of person doing the assessment

Name: Melissa Arkinstall

Job Title: Public Health Programme Officer

Date of assessment: 16th December 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

This report updates proposal to merge the deliverables of two contracts that focus on HIV prevention to achieve efficiencies, which still contributing to Public Health Outcome Framework targets.

The current adult condom distribution scheme is aimed at contributing to the reduction in the spread of HIV and Sexually Transmitted Infections (STI) and unintended pregnancy through improved access to, and availability of, free condoms and health promotion information to identified high risk groups. These groups include commercial sex workers (CSW), men who have sex with men (MSM), people from communities with a high prevalence of HIV and ethnic minority groups'. Organisations working with adults with learning disabilities are also eligible to register with the scheme.

A separate contract held by the same provider is funded by Public Health that has recently been reshaped to ensure a stronger focus on prevention of HIV, for example, through increased community testing, Peer support, education and campaigns.

Who will benefit from this proposal and how?

By merging the two contracts, we aim to make efficiencies and deliver all preventative aspects of the service within the financial envelope currently

dedicated to the larger contract (42K). Alternative sources of funding are being sought to support the peer support element of the programme, thus allowing this

proportion of the programme to cover the cost of condom distribution and allowing a 10K saving to be generated.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, some programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health (RBC) - Achieve savings against the full Public Health grant budget. Ensure that all commissioned programme outputs are focused on preventative work as required by the conditions of the Public Health grant.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No, the programme is designed to focus on those at highest risk of contracting HIV and the provider is seeking alternative funding to support elements of the service that do not fall under the Public Health grant conditions. If the provider fails to secure this alternative funding, we would recommend a case review if there was risk of disadvantaging any extremely vulnerable individuals. *(delete as appropriate)*

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No, there is not currently concern, but please note risk highlighted above.

(delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

We will continue to provide and improve services to focus on HIV prevention, including condom distribution as detailed above.

Signed (completing officer) Melissa Arkinstall

Date 16/12/16

Signed (Lead Officer)

[Handwritten signature]

Date 23/02/2017



Provide basic details

Name of proposal/activity/policy to be assessed

Eat 4 Health

Directorate: Adult Care & Health Services (*delete as appropriate*)

Service: Public Health

Name and job title of person doing the assessment

Name: Melissa Arkinstall

Job Title: Public Health Programme Officer

Date of assessment: 16th December 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

This report updates proposal to cut the proposed increase in budget for the Eat 4 Health Programme that was identified to help meet high demand for the courses and make a greater impact on obesity rates in the borough.

61% of Reading adults are overweight or obese. Obesity is a significant factor contributing to the rise in type 2 diabetes, heart disease, fatty liver disease, some forms of cancer and mental ill health.

The purpose of Eat 4 Health is to provide an Adult weight management service to contribute to the reduction of weight and improvement in physical activity, fitness and healthy lifestyle amongst young adults (over 16) and adults in Berkshire.

The service aims to provide an evidenced based, accessible weight management and healthy lifestyle programme that allows sustained long-term movement towards and maintenance of a healthier weight & lifestyle among overweight or obese.

The current service has been highly successful and over-subscribed, particularly from GP referrals, therefore a recommendation was made to expand the number of courses offered.

Who will benefit from this proposal and how?

The proposal will allow Public Health to continue to commission Eat 4 Health at the current capacity and we are seeking to identify funding from the budget line for

delivery of the Healthy Weight Strategy to allow a modest increase in provision. We are seeking to further improve value for money when the service contract is out to tender in 2017.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, some programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health (RBC) - Achieve savings against the full Public Health grant budget.

CCGs - CCGs in Reading are fully supportive of the programme and referred a large number of overweight and obese patients in 2015/16 (almost double the number that can currently be accepted on to an Eat 4 Health course).

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No, excluding the defined referral criteria - this programme is suitable for those aged 16+ with a BMI of 25 and over. *(delete as appropriate)*

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No. *(delete as appropriate)*

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

The programme will continue to be commissioned at the current level of provision and alternative budget lines are being proposed to allow a modest increase in provision.

4 Health is a tier 2 community level programme open to all who meet the eligibility criteria. There is no evidence that grant cessation will affect some groups - racial, disability, gender, sexuality, age and religious belief - differently than others.

Signed (completing officer) Melissa Arkinstall

Date 16/12/16

Signed (Lead Officer) 

Date 23/02/2017

Provide basic details

Name of proposal/activity/policy to be assessed

Reading Walks Programme.

Directorate: Adult Care & Health Services (*delete as appropriate*)

Service: Public Health

Name and job title of person doing the assessment

Name: Melissa Arkinstall

Job Title: Public Health Programme Officer

Date of assessment: 16th December 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

This report updates proposal to cease £8,000 of Public Health Grant funding contribution for Reading Walks Programme.

Reading Walks Programme aims to encourage and increase opportunities for walking in the community and reduce barriers to physical activity across the population. To contribute to reducing health inequalities by having a particular focus on the least active segments of the population and those with physical and mental health conditions that can benefit from regular physical activity.

A Walks Co-ordinator has been employed on a fixed term contract to train volunteer walk leaders and establish a series of regular short and accessible walks and related activities. The co-ordinator has also established specific initiatives such as lunchtime walks for local employees.

Who will benefit from this proposal and how?

The Walks Co-ordinator was initially funded as a full time post for 18 months to prime the project and expand the small number of health walks in the borough. At this time, 3-way funding was provided from Public Health, Leisure and Transport. The post was then extended on a part-time basis with funding from Public Health and Leisure to help maintain momentum and focus on the sustainability aspects of

the project by training up a larger pool of volunteer walk leaders, particularly those who work with vulnerable groups in the community.

If funding for the co-ordinator role was not continued, it is likely that some of the well-established walks would continue, however, it is also likely that we would see natural attrition in the numbers that have built up and not have the capacity to further expand the programme.

In addition, we may need to run the walks as a Reading Programme as it is unlikely that we would have the resource required to maintain National 'Walking for Health' accreditation.

We are seeking alternative sources of funding to allow us to progress walking and cycling programmes in Reading; for example through contributing to the Access Fund bid that the Transport team have led on. However, we will be unlikely to know the outcome before February 2017.

What outcomes does the change aim to achieve and for whom?

The public health grant has been reduced by 2.7% in 17/18. In 18/19 the public health grant will reduce by a further 2.6%. In order to deliver services within the available budget for 17/18, some programmes of activity will need to be decommissioned.

The proposal takes account of the grant reduction (2.7%) and the action the council will take to manage the reduced allocation in funding.

Who are the main stakeholders and what do they want?

Public Health (RBC) - Achieve savings against the full Public Health grant budget.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No (delete as appropriate)

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No, there is not concern about discriminatory practices. (However it is important to recognise that there is political and public support for the programme which we needed to manage when there was previous uncertainty over the extension of the

Walks Co-ordinator Contract at the end of the initial 18 month term). (delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement


An Equality Impact Assessment is not relevant because:

Alternative sources of funding are being pursued to fund active travel initiatives; including walking and we would expect a number of the current walks to be self-sufficient and continue to run, even if the Co-ordinator was not in post. In the remaining months of the current post-holder's contract, we are focusing on training more volunteers and the sustainability of the programme.

Reading walks is a population level programme open to all. There is no evidence that grant cessation will affect some groups - racial, disability, gender, sexuality, age and religious belief - differently than others.

Signed (completing officer) Melissa Arkinstall

Date 16/12/16

Signed (Lead Officer) 

Date 23/02/2017



Provide basic details

Name of proposal/activity/policy to be assessed

GP data collection system (CSU)

Directorate: Adult Care & Health Services

Service: Public Health

Name and job title of person doing the assessment

Name: Wendy Everett

Job Title: Business & Projects Manager

Date of assessment: 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

This service provides GP data extraction and reporting services via the NHS commissioning support unit (CSU). Currently the council pays the CSU to extract performance data in relation RBC commissioned services through GP's. Local Authorities in the west of Berkshire currently use this service; however, those in the East get the information directly from GP's. Reading will in future ensure that contracts include the need for the provider to produce performance data, there is already an element of this within the contracts but this will be enforced.

Who will benefit from this proposal and how?

The council will save money with no impact to service users.

What outcomes does the change aim to achieve and for whom?

N/A

Who are the main stakeholders and what do they want?

GP's - contracts that we hold with GP's are in the process of being renewed in advance of April 2017. Clear contract requirements.

CSU - notice on the contract has been given, nothing further required.

Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No (delete as appropriate)

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No (delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

The data and performance can be provided free of charge directly from the GP's we commission services with.

Signed (completing officer) Wendy Everett

Date 16/12/16

Signed (Lead Officer)



Date 23/02/17



Provide basic details

Name of proposal/activity/policy to be assessed

Winterwatch

Directorate: Adult Care & Health Services

Service: Public Health

Name and job title of person doing the assessment

Name: Wendy Everett

Job Title: Business & Projects Manager

Date of assessment: 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

The change proposed is the removal of project management support to the service; service delivery is not expected to be impacted. As a result funding to the Winterwatch scheme budget will reduce by £15k.

Project management support is currently provided by the sustainability team but these duties will be picked up by the schemes Sustainable Homes Officer and their line manager. Please note that as part of a separate budget reduction proposal the post which the (Winterwatch) Sustainable Homes Officer currently reports to is deleted. This will lead to a change of line management for the officer.

Who will benefit from this proposal and how?

The council will benefit from this proposal in terms of delivering services within a reduced public health grant.

What outcomes does the change aim to achieve and for whom?

To support the council respond to the public health grant reduction by the department of health.

Who are the main stakeholders and what do they want?

N/A

Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No (delete as appropriate)

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No (delete as appropriate)


If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because: As the actual service delivered should stay the same.

Signed (completing officer) Wendy Everett

Date
16/12/16

Signed (Lead Officer) 
23/02/2017

Date



Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Alcohol Screening

Directorate: Adult Care & Health Services

Service: Public Health

Name and job title of person doing the assessment

Name: Wendy Everett

Job Title: Business & Projects Manager

Date of assessment: 2017

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

The alcohol screening contract aims to deliver a simple brief intervention to help reduce alcohol related risk in adults drinking at increasing or higher risk levels. Practices are required to screen both newly registered patients and existing patients aged 16 and over using the shortened version of the World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) questionnaire: AUDIT-C. AUDIT-C has three questions, and takes approximately one minute to complete. The current contracts in place with GP's are due to expire in March 2017. It is proposed not to renew these contracts because intelligence and performance data shows that these contracts do not provide value for money. For example the data tells us that during 2015/16, of those that were screened only 1.6% of people received a brief intervention by their GP, 0.15% of people were referred to specialist services. The low figures indicate that this service is not providing the intervention and reduction in alcohol related risk we had been expected.

Who will benefit from this proposal and how?

N/A

What outcomes does the change aim to achieve and for whom?

N/A

Who are the main stakeholders and what do they want?

N/A

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No *(delete as appropriate)*

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No *(delete as appropriate)*

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement


An Equality Impact Assessment is not relevant because:

Intelligence and analysis shows that from the number of screenings taken place in GPs, extremely low numbers (1.6 and 0.15% respectively) go on to receive a brief intervention or referral to the specialist service from the GP practices. The Audit C Screening contract does not provide effectiveness delivered through Primary Care.

Public Health are working in partnership with CCG's to develop more effective alcohol services to address adults drinking at increasing or higher risk levels.

Signed (completing officer) Wendy Everett
16/12/2016

Date

Signed (Lead Officer) 
23/02/2017

Date



Equality Impact Assessment

Directorate:	Wellbeing and Children, Education & Early Help Services
Service:	Wellbeing
Name:	Kim Wilkins
Job Title:	Senior Programme Manager
Date:	15 December 2016

What is the aim of your policy or new service/what changes are you proposing?

To reduce the Family Nurse Partnership budget by the full amount of £144,000

Who will benefit from this proposal and how?

Local families will benefit as we have reviewed all the services that we as a Council are now responsible for, and how we best deliver those services in the future. As part of that review all the recent available research and evidence on FNP was considered. Recent research indicates that the most cost effective approach is to offer all parents Health Visiting services rather than dividing support between Health Visiting and Family Nurse Partnership (FNP) programmes. The Health Visiting programme has been shown to provide excellent support and is very effective in meeting a wide range of needs.

Local families will also benefit from proposals to deliver health visiting services in an integrated way with children's services through the commissioning of an integrated 0-19s service. This will strengthen strategic and operational alignment with RBC's Children's Services, securing stronger integration with the Council's Children's Centres and Early Help Services and maximise skill mix based on the available evidence around early intervention and family focussed care - joining up services to benefit mum and baby in picking up a range of support and services when needed.

Improved communication will be achieved between maternity services; children's services and service users via the development of new pathways for all vulnerable parents.

What outcomes does the change aim to achieve and for whom?

The Family Nurse Partnership is a specialised programme aimed at first time young mums, aged 19 years or under. The programme as a whole is currently commissioned by wellbeing/public health Reading from Berkshire Healthcare Foundation Trust. The young mums are identified as prospective clients through either maternity services or Reading Children's Services. The service works 1-1 for a period of 2 years - 3months, ante-natal, through to the child reaching their 2nd birthday. The FNP programme aims to enable young mums to have a healthy pregnancy, improve their child's health and development, and plan their own futures and achieve their aspirations. The success rate of the service is dependent on the mums' compliance with the in-depth programme.

The change will result in the cessation of the Family Nurse Partnership service from 1st March 2017, with the outcomes it delivers being provided by the universal and targeted 0-5 elements of the 0-19(25) service.

Who are the main stakeholders and what do they want?

Families in Reading - who want seamless, universal services and, when needed, additional support to meet identified needs.

Local authority - officers and councillors - who want safe, cost-effective, high quality, integrated responsive services

Local health economy - as above

Provider/s - the ability to deliver safe, cost-effective, high quality, integrated responsive services to the local population.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

Yes (delete as appropriate)

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No (delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer)

Date

Signed (Lead Officer)

Date

Assess the Impact of the Proposal

Your assessment must include:

- Consultation
- Collection and Assessment of Data
- Judgement about whether the impact is negative or positive

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

Evidence collected nationally, as well in Reading’s JSNA, suggests that health outcomes for some groups are worse than others. This includes outcomes for ethnic minority groups compared to the general population, as well as groups on a lower income. Information on some protected groups, such as transgender, faith and vulnerable people, is not systematically collected to enable a comprehensive assessment of impacts. The experiences of families who have received the Family Nurse Partnership intervention were recently captured in a national academic study into the outcomes of the programme versus mainstream health visiting. The national randomised control trial on the Family Nurse Partnership programme showed that there was no significant difference in outcomes for those receiving this enhanced service, due to the universal nature of health visiting services in the UK.

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

Describe how this proposal could impact on Racial groups

Is there a negative impact? **No**

Describe how this proposal could impact on gender/transgender (cover pregnancy and maternity, marriage)

Women who may have been eligible for the Family Nurse Partnership (which targets young first-time parents) will no longer be able to receive the support offered by this intervention.

However, the universal and targeted health visiting offer is available. Plans for transitioning support from FNP services to Health Visiting services have been undertaken in consultation and partnership with the national FNP unit and 1-1 meetings have been undertaken between the national unit and local provider in relation to managing changes. In addition FNP client journeys for the families receiving FNP support have been systematically reviewed along a pathway which has enabled professionals to design a tailored package of support for each family for when the service finishes. After this date clients will continue to be supported through this individual plan, through local Health Visitor support services and the wider support available.

Is there a negative impact? **No**

Describe how this proposal could impact on Disability

Is there a negative impact? No

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

Is there a negative impact? No

Describe how this proposal could impact on Age

Evidence/risk assessment etc

Is there a negative impact? No

Describe how this proposal could impact on Religious belief?

Is there a negative impact? No

2. Negative impact identified but there is a justifiable reason

As detailed above, recent research indicates that the most cost effective approach is to offer all parents Health Visiting services rather than dividing support between Health Visiting and Family Nurse Partnership (FNP) programmes. Robust measures have been taken to mitigate impacts to clients in receipt of current FNP services, as described above.

How will you monitor for adverse impact in the future?

The contractual outcomes of the 0-19(25) integrated Public Health Nursing Service will be closely monitored on a quarterly basis. Should there be any concerns, further action will be taken to mitigate/remedy this.

Signed (completing officer) Kim Wilkins
15/12/2016

Date

Signed (Lead Officer)
23/02/2017



Date



Equality Impact Assessment

Integrated Public Health Nursing Service 0-19 (25)

Directorate:	Children, Education & Early Help Services / Wellbeing Adult Care and Health Services
Service:	Early Help Services / Wellbeing / Public Health
Name:	Emily Marmion
Job Title:	National Management Trainee
Date:	26 January 2017

What is the aim of your policy or new service/what changes are you proposing?

The current Public Health 0-19 (25) service is delivered as two separate contracts: Health Visiting and School Nursing. As of October 2017, these will be combined into a single contract, to create a more integrated service offer for young people in Reading (as decided at ACE Committee in December 2016).

Having a Public Health 0-19(25) years' service provides an opportunity to take a fresh look at ensuring coherent, effective, life course services for children and young people, maximise synergies with other children's services commissioned the Council and provide new opportunities for bringing together a robust approach for improving outcomes for children and young people aged 0-19.

A proposed integrated public health and children's 0 - 19 (25) service would be a combined skill mix service including qualified Health Visitors who work with 0 - 5 year olds and School Nurses who work with 5 - 19 (25) year olds. Within the service the 0 - 5 elements will ensure they follow the HCP as set out nationally and summarised below. All young people, schools and other partner agencies working with children and young people will have access to signposting and advice.

Who will benefit from this proposal and how?

The overarching aim of the local integrated Public Health/Children's 0-19 (25) service would be to ensure that all children and young people across

Reading receive the full service offer (Healthy Child Programme 0-19), including universal access and early identification of additional and/or complex needs, with timely access to specialist services.

The start of life is especially important in laying the foundations of good health and wellbeing in later years. The period from prenatal development to age 3 in particular is associated with rapid cognitive, language, social, emotional and motor development. A child's early experience and environment influences their brain development during these early years, when warm, positive parenting helps create a strong foundation for the future. New evidence about neurological and child development highlights just how important prenatal development and the first months and years of life are for every child's future. Events that take place during these early years, starting in the womb, have lifelong effects on many aspects of health and well-being; from obesity, heart disease and mental health, to educational achievement and economic status.

There are significant and lasting benefits to intervening early; responding to the first signs of risk to healthy child development can provide children with the vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and equip them to raise children of their own, to enjoy higher levels of well-being. Effective interventions in the early years can also generate significant financial savings at later stages, for example in terms of improvements in health, behaviour, reduction in violent crime, higher educational attainment, better employment opportunities and parenting of the next generation. Later interventions, although important, are considerably less effective where good early foundations are lacking.

What outcomes does the change aim to achieve and for whom?

The change aims to achieve improved outcomes for children, young people and families in Reading as described in the Health Child Programme (0-19):

- i. to help parents develop and sustain a strong bond with children;
- ii. to encourage care that keeps children healthy and safe;
- iii. to protect children from serious disease, through screening and immunisation;
- iv. to reduce childhood obesity by promoting healthy eating and physical activity;
- v. to identify health issues early, so support can be provided in a timely manner; and
- vi. to make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five.'

Who are the main stakeholders and what do they want?

Stakeholders include children, young people and families in Reading, the local authority, the local health economy and the commissioned provider.

National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people. In addition, every part of the country is required to have a locally led plan for Health and Social Care integration in place by 2017 which should be implemented by 2020.

Assess whether an EglA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

We do not have evidence that some groups (racial, disability, gender, sexuality, age and religious belief) will be affected differently than others as a result of the proposal. No negative impacts have been identified y from integrating the two children and young people's public health nursing services.

Signed (completing officer)

Emily Marmion

Date

26/01/17

Signed (Lead Officer)
27/01/2

A handwritten signature in black ink, appearing to read 'J. P. Smith', is written over a light grey rectangular background.

Date

