

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT AND HEALTH CARE SERVICES

TO:	POLICY COMMITTEE		
DATE:	29 OCTOBER 2018	AGENDA ITEM:	9
TITLE:	PUBLIC HEALTH AND WELLBEING BUDGET RE-PROFILING 2019-21		
LEAD COUNCILLOR:	CLLR GRAEME HOSKIN	PORTFOLIO:	HEALTH, WELLBEING AND SPORT
SERVICE:	PUBLIC HEALTH	WARDS:	BOROUGHWIDE
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets the context for the required re-profiling of the Public Health budget from 2018-19. The report summarises proposed budget changes for 2018-19 and gives some indications of options for further changes from 2019, subject to consultation feedback.
- 1.2 The total Public Health budget for 2018-19 agreed at Policy Committee on 9<sup>th</sup> April 2018 has not changed and services will be delivered within the agreed overall financial envelope.
- 1.3 Public Health commissioners have undertaken further work with providers since the overall budget was agreed, to explore options with providers whilst working within contractual constraints. This has resulted in positive negotiations with relevant providers in identifying ways to address the risks associated with funding reductions, and continued service delivery in some areas of priority for Reading.
- 1.4 The work to redesign services is based on collaborative working with relevant providers to deliver improved outcomes for specific target groups, which is focused on delivering greater sustainability through best value and good quality services. This lays the foundations for wider sub regional joint commissioning work to be undertaken, if deemed appropriate.
- 1.5 The following appendices are attached to the report:
  - Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19
  - Appendix 2: Equality Impact Assessment
  - Appendix 3: Consultation document

## 2. RECOMMENDED ACTIONS

- 2.1 That Policy Committee notes the re-profiling of the 2018-19 Public Health Grant budget.
- 2.2 That Policy Committee agrees to a consultation being undertaken on the achievement of Public Health outcomes by the local authority from 2019, including use of the Public Health Budget from 2019-20. This will include inviting stakeholder feedback on the broad range of activities undertaken by the Council which contribute to the achievement of Public Health outcomes.

## 3. POLICY CONTEXT AND BACKGROUND

- 3.1 The Health and Social Care Act 2012 (“the Act”) gave a duty to upper tier and unitary local authorities to take such steps as it considers appropriate, to improve the health of the people in its area. A Public Health Grant is provided to support local authorities in the discharge of these duties. This Grant is currently ring-fenced and comes with certain conditions on its use.
- 3.2 Reading’s current Health & Wellbeing Strategy and Action Plan sets out the borough’s strategic priorities based on local need:
  - Supporting people to make healthy lifestyle choices - focused on dental care, reducing obesity, increasing physical activity, reducing smoking
  - Reducing loneliness and social isolation
  - Promoting positive mental health and wellbeing in children and young people
  - Reducing deaths by suicide
  - Reducing the amount of alcohol people drink to safer levels
  - Making Reading a place where people can live well with dementia
  - Increasing take-up of breast and bowel screening prevention services
  - Reducing the number of people with tuberculosisHigh quality co-ordinated information to support wellbeing, recognising and supporting all carers, and safeguarding vulnerable adults and children are the underpinnings to the delivery of all strategic priorities.
- 3.3 Whilst responsibility for overseeing the delivery of the Health and Wellbeing Action Plan sits with the Reading Health and Wellbeing Board, governance arrangements within the local authority for the Council’s contributions to meeting these strategic priorities sits with a recently developed officer led Public Health (PH) Board. The PH Board’s role is to oversee the Public Health and Wellbeing budget and set future priorities, consulting and engaging with wider health and social care partners.
- 3.4 Public Health England has developed a prioritisation framework to support decision making around the use of the Public Health Grant. Evidence shows that prevention and early intervention are effective in improving or maintaining health and represent good value for money. The national evidence supports Public Health England’s premise that well-chosen interventions implemented at a scale help to avoid poor health and to reduce the growth in demand on the

NHS and social care. The resultant reduced pressure on other public services also supports economic growth.

- 3.5 A Public Health Grant budget profile for 2018-19 was brought to Policy Committee on 9<sup>th</sup> April 2018. This included some changes from the previous year's profile which caused concern to health partners. These concerns related to the reduction in funding for Stop Smoking services given the significant inequalities that smoking poses to both financial and health outcomes. Partners were concerned about the potential impact the change in service could have had on reducing the risk of respiratory, cardiac and other health conditions. Reading has previously demonstrated good performance in this area against the national figures - reflecting proactive work by the local commissioners and provider - in that smoking prevalence is reducing in Reading (See Appendix 1 - Figure 1). Demand for the stop smoking service is also declining. However, those that continue to smoke now are the most difficult in whom to effect a change in behaviour, and we now need to seek alternative solutions to positively change people's behaviour, through new and innovative approaches.
- 3.6 The local police also sought assurance that the drug related county border issues being faced by Reading remain a priority. The Council has now adopted a new 2018-22 Drugs and Alcohol Strategy for Reading which addresses these issues, and reflects the local authority's prevention duties.
- 3.7 In light of stakeholder concerns about Reading's Public Health budget profile as presented to Policy Committee in April 2018, commissioners have engaged with providers to identify ways to reduce risks and deliver agreed efficiencies. This has led to the development of an alternative profile for the use of Reading's Public Health Grant in 2018-19 whilst not altering the agreed total spend.

#### 4. THE PROPOSAL

- 4.1 In response to partners' concerns it is recommended that the Public Health budget agreed at Policy Committee in April 2018 is re-profiled as set out below, in order to minimise the potential health dis-benefits.
- 4.2 In summary, the changes proposed would mean a transfer of some funding from 0-19 Public Health Nursing services, into Smoking Cessation, Weight Management and Drug and Alcohol services. This will only be agreed after the Public Consultation and will not take place in 2018-19.
- 4.3 The work undertaken by officers to develop a re-profiled Public Health budget for the current financial year has involved significant exploration of alternative approaches, including exploring the principle of joint commissioning across the sub regional and pan Berkshire footprint, where appropriate. A collective approach will be used to review services going forward, to ensure provision is fit for the future and sustainable, offering best value for money, with a clear focus on early intervention and prevention, which will result in improved health and wellbeing outcomes. However, it is important to retain the ability to secure services within each authority's own budget envelope.
- 4.4 The Council will continue to face the challenge of discharging its health and wellbeing duties in an extremely challenging financial climate. Understanding

resident and partner priorities will help to inform future budget profiling, and for this reason it is proposed to carry out a public consultation on how best to achieve Public Health outcomes in Reading from April 2019.

#### Smoking Cessation: Position and Improvements

- 4.5 Smoking prevalence in adults continues to fall across Reading (now standing at 13.6%) and is lower than the England average (14.9%). This positive performance provides an opportunity to review the current service model and reframe our approach as people's behaviours change and different interventions are required. The Council views this as a positive opportunity to work with organisations and partners to develop a new approach, which can respond to people's lifestyle choices.
- 4.6 Reading's smoking cessation provider continues to perform well against annual targets; they are on track to achieve the 4 week quit target for Quarter 1. 12 week quits are difficult to predict at this stage. Quarter 1 data will be available in October when published nationally after data validation.
- 4.7 The re-profiled 20180-19 budget ensures that services to support smoking cessation will continue to meet local need and enable us to sustain the positive local position. Services will be offered at a reduced and more sustainable cost. Officers believe the approach will be successful as the current provider has been developing a combined approach of online support with face to face and group support, and is finding that it is having positive outcomes for people.
- 4.8 Reading's provider is currently developing an online platform to include other lifestyle and health related interventions which could benefit Reading Borough residents - for example, weight management support alongside stop smoking support. Many people whose lifestyle leads to health risks tend to have multiple unhealthy risk factors in their lives, and developing an approach that addresses more than one risk factor at a time could achieve improved outcomes as it takes a more holistic approach to people and is more in tune with the way people live their lives. The Council is keen to explore this approach, underpinned by research into national best practice, developing our model with and across Berkshire with a clear view to how we can implement change that focus on prevention of ill-health that best meets the changing needs of people in Reading.

#### Healthy Weight Management: Position and Improvements

- 4.9 Reading is similar to the England average in the % of population classified as overweight or obese for both children and adults. (Reception Children 22.9% - Reading and 22.6% - England, Adults 59.2% - Reading and 61.3% - England)
- 4.10 As of April 2018, the Eat4Health Weight service was performing well with 36% of participants achieving a weight loss of at least 5% of their initial starting weight (against a target of 35%) and 55% of participants taking 150 minutes exercise a week (against a target of 50%). In the previous year (2016/2017), 28% achieved a 5% weight loss (target 30%) and 53% achieved 150 minutes exercise a week (target 50%).

- 4.11 Again the current programme has improved weight outcomes for people, and had a positive impact, but if we are to continue to drive this improvement more innovative approaches are again required.
- 4.12 The re-profiled budget ensures that there is a child and adult weight management service after October 2018 albeit reduced. Instead of our service provider running group sessions, we are discussing more innovative online solutions similar to those used in Southampton, which have worked well. The University of Southampton has been undertaking research with a study called POWeR which stands for Positive Online Weight Reduction. The study is developing a nurse-delivered behavioural intervention to support weight loss in obese adults. The Southampton model uses an online platform which has successfully shown that service users lose weight - not to the same levels as through a face-to-face programme, but the results are promising.
- 4.13 It is proposed that the total budget for Smoking Cessation and Healthy Weight Support be combined in future to form part of an Integrated Health and Wellness Service covering the services listed.

#### Drug & Alcohol Service Position

- 4.14 The Reading estimate is that 30,000 residents are drinking to hazardous<sup>1</sup> levels and 4,500 are drinking to harmful<sup>2</sup> levels. Deaths from drug misuse in Reading in 2015-17 were 36 (7.9% per 100,000 in comparison to 4.3% per 100,000 for England)
- 4.15 In 2016, Reading performed well against the national average for Successful Completion of Alcohol and Drug Misuse treatment programmes. There is improving performance across all 3 outcomes (Appendix 1 - Figures 3a - 3c), with Reading performing significantly higher than England for the Successful Completion of the Drug Misuse treatment (opiate and non-opiate) programmes last year.
- 4.16 The re-profiled budget addresses the numbers in specialist treatment for drugs and alcohol. Numbers in specialist treatment for alcohol were 181 (2017/18). Those that successfully completed alcohol treatment were 81 (Reading 44.7%, England 38.7%) Numbers in specialist treatment for opiate drug misuse were 58 (2016). Those that successfully complete drug misuse treatment (opiate) were 5 (Reading 9.2% England 6.7%). Numbers in specialist treatment for non-opiates were 98 (2016). Those that successfully completed drug misuse treatment for non-opiates were 53 (54.4% Reading, 34.7% England (See Appendix 2 - Table 2). However, successful treatment does not necessarily mean that someone never needs treatment again. Currently we do not have numbers of individuals that re-present and how often they re-present.
- 4.17 The proposed remodelling of the service is in line with the priorities identified through public consultation to inform Reading's 2018 Drug and Alcohol Strategy.

#### 0-19 Public Health Nursing Service - Health Visiting and School Nursing

<sup>1</sup> A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences.

<sup>2</sup> A pattern of alcohol consumption that is causing mental or physical damage

- 4.18 Our 0-19 Public Health Nursing Services enables children and young people in Reading to access a range of services quickly to ensure they achieve their full potential as adults. The service delivers a universal Healthy Child Programme for 0-19s (up to age 25 for children with Special Educational Needs) which focuses on universal prevention.
- 4.19 The service offers advice and support around sexual health and emotional wellbeing, birth and infant feeding support, as well as wider health and wellbeing concerns, such as stopping smoking, alcohol/drug misuse, mental health, internet safety, aspirations and goals, confidence and self-esteem. Reading performs better than the England average for the Health Visitor Service Delivery metrics, particularly the 12 month Reviews completed within 12 months of age, i.e. 17% which is higher than England average.
- 4.20 The re-profiling of the 2018-19 Public Health budget does not change the funding allocated to 0-19 Public Health Nursing services for 2018-19, and commissioning officers are developing a revised model with the local provider to ensure more preventative and sustainable approaches ensue, which maximise wellbeing outcomes through changes to more positive lifestyle behaviours, which in turn will result in improved efficiencies and outcomes, for future years.
- 4.21 Going forward, officers will undertake a pre-contract extension review - which will mean working with the local provider and developing new early intervention and prevention models of support, that are more comparable with regional and national changes pertaining to 0 to 19, drawing on the expertise of the local provider, as well as consultation feedback. Commissioning officers will be seeking to develop a business plan in conjunction with our provider that will offer efficiencies resulting in better outcomes for children 0 to 19 (and young people up to age 25 who have special educational needs). This approach has been successful so far in agreeing an approach for the remainder of 2018-19, after which it is proposed to agree a formal variation to the current contract extending arrangements with the current provider for an agreed period that will bring us in line with our neighbours.
- 4.22 The longer term strategic plan would be to work with the sub regional public health team and West of Berkshire authorities to redesign the service, to realise economies of scale and efficiencies, resulting in a procurement of services in 2020. Different models in operation across the North West and North East have achieved greater savings with no reductions in outcomes for parents and their children, and therefore officers are confident this is achievable in Reading, by understanding better how these councils approached these challenges. New models of service are being developed in neighbouring boroughs for public health nursing services which are beginning to show positive outcomes for their residents at the same time as delivering efficiencies, and implementing such approaches could support Reading's residents in a more cost effective way.

## 5. SHARED TEAM AND INFORMATICS SUPPORT

5.1 The Shared Team and Informatics Support service provides five functions:

- Strategic Leadership - provided by the Strategic Director of Public Health with PH Consultant support of one day a week to be provided by

the Council which includes provision of support in kind for the appropriate Clinical Commissioning Group

- Health Protection leadership and support which includes support to commission and clinically manage sexual and reproductive health service contracts
- Public Health Contract Management and Contracting Support
- Public Health Informatics support which includes facilitating and maintaining access to key datasets. Database management, analysis and information governance and
- Children Death Overview Panel (CDOP) though the finance of this post is not included within the financial envelope of this contract

A Memorandum of Understanding (MOU) has been signed for each of the boroughs that are party to these arrangements (West Berkshire, Reading, Wokingham, Royal Borough of Windsor and Maidenhead, and Slough).

- 5.2 A set of key performance indicators has been approved which cover the five functions provided by the service. The Strategic Director of Public Health reports directly to the Chief Executives of each of the boroughs and informs them of progress in meeting the statutory responsibility of the Director of Public Health and ensuring governance arrangements are in place.
- 5.3 The budget for the shared team and informatics support is set to decrease by £25k in 2018-19. This reduction will not adversely affect Reading Borough Council as the changes have been made in light of workload and the contribution that the Reading Consultant in Public Health makes to the shared team as part of the MOU arrangements.

## 6. SEXUAL HEALTH SERVICES

- 6.1 Sexual health services involve contracts with multiple providers which provide services focused on improving the sexual health of our community e.g. long-acting reversible contraception, emergency hormonal contraception, HIV, Sexually Transmitted Infections (STIs), family planning and genito-urinary medicine. The services are open access which means Reading Borough Council pays for its residents who access services in other areas across England. The services are demand led.
- 6.2 Reading has higher diagnostic rates for STIs than the England average which indicates that prevalence of infection is higher. 19.8% of young people are screened for Chlamydia which is higher than the England average (19.3%). New diagnosis rates for STIs are 986/100,000 in Reading which is higher than the England average of 794/100,000. HIV testing coverage is 70.4% which is higher than the England average (65.7%). HPV vaccination coverage is 96.8% in Reading which is higher than the England average (87.2%).
- 6.3 The reduction that has been proposed is in line with the previous year's demand for services. It is possible that the requirement for services will increase - as previously indicated, this service is demand led. Having a public health reserve mitigates this potential risk.

## 7. COMMUNITY SUPPORT FOR WELLBEING - Narrowing the Gap II

- 7.1 Narrowing the Gap II is a commissioning framework for the Council's investment in voluntary and community services. It is designed to target investment where greatest need is evidenced, to strengthen local partnerships to offer residents the right support at the right time, and to divert demand away from statutory health and care services where this is safe and effective. Outcomes funded through Narrowing the Gap II are broadly in two categories.
- Outcomes which contribute to maintaining thriving communities; a vibrant third sector; tackling poverty; and supporting cohesion and integration. These will be achieved through services which potentially benefit the whole population, although some are targeted at particular population groups. These are funded via Corporate Support services budgets.
  - Outcomes which positively promote the preventative health and care agenda, i.e. supporting independence, re-enablement and wellbeing with the aim of managing demand for longer-term support. The services we aim to fund in this area are intended to benefit residents with identified health needs, or current or emerging care and support needs. This includes younger and older adults with physical disabilities, learning disabilities, long term health conditions or substance misuse issues, all older people and all adult unpaid carers. These are funded via Adult Care and Health Services budgets, including Public Health Grant.
- 7.2 As the first round of Narrowing the Gap contracts were coming to an end, the Council launched a consultation with stakeholders (principally the local third sector) on the shape of a new Narrowing the Gap commissioning framework which would align investment with updated evidence of local need, and achieve savings given the Council's financial situation. This was taken through Policy Committee in October 2017 with a summary of consultation feedback and an Equality Impact Assessment. The framework was re-shaped through this process e.g. combining some services and adding new ones. Previously published information was presented in terms of overall Council expenditure, however, rather than separating out specifically how the saving impacted on the use of Public Health Grant against other income streams.
- 7.3 Building on the first Narrowing the Gap framework, Narrowing the Gap II brought additional areas of community services into the framework and was supported by the Berkshire West Clinical Commissioning Group who are co-funding three contracts. The latest framework was developed with stakeholders, and the approach to engaging with community groups was well received - described by third sector partners as 'inclusive from the outset'. Contracts started on 1<sup>st</sup> June 2018.
- 7.4 Narrowing the Gap II as published would have led to a reduction of £49k per annum in Adult Care and Health Services (ACHS) expenditure on community preventative services (largely, but not exclusively from PH Grant). This funding is allocated through a bidding process: no bids were received for three of the Narrowing the Gap II lots, therefore the funding set aside for those was taken as additional savings. This means that ACHS expenditure on Narrowing the Gap reduces by £106k p.a. in total. As the contracts start part way through the year, most of the saving is delivered in 18-19 but some falls in 2019-20.

## 8. CONTRIBUTION TO STRATEGIC AIMS

8.1 The corporate priorities that are addressed by this proposal are:

1. To protect and enhance the lives of vulnerable adults and children
2. Ensuring the Council is fit for the future

8.2 The proposal will contribute to improving the safety and ensuring a healthy environment and the health of the residents of Reading.

8.3 The proposal contributes to the health and wellbeing priorities set out in Reading's Health and Wellbeing Strategy. For 2018-19, this particularly applies to Priority 1 (Supporting people to make healthy lifestyle choices, and to Priority to 5 (Reducing the numbers of people who drink to safer levels). It also applies to one of the underpinning principles of that strategy - high quality co-ordinated information to support wellbeing. Going forward, the public consultation on use of Reading's Public Health Grant will be used to identify the optimal use of this funding across all Corporate Plan and Health and Wellbeing Strategy priorities.

## 9. COMMUNITY ENGAGEMENT AND INFORMATION

9.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

9.2 The feedback from partners in relation to the previous budget decision has informed the changes listed in this report. This includes our partners from West Berkshire Clinical Commissioning Group and Thames Valley Police.

9.3 It is proposed to carry out a full public consultation from November to January to inform future Public Health Grant profiling in Reading, and how reducing budgets can still support the achievement of Public Health outcomes. This will include gathering feedback on services currently offered, options for alternative delivery models and partnership arrangements, and other ideas on priorities for support to stay well.

9.4 In addition to utilising the Public Health Grant allocation according to its terms and conditions, the Council provides a great many services which support healthy independent living. These benefit the 'well' population as well as those who are at risk of needing care or who are living with established long term health conditions. Individual wellbeing is affected by a range of factors, and RBC has long recognised the impact of the places where residents live, work and play - as well as local health and social care provision - on population wellbeing.

## 10. EQUALITY IMPACT ASSESSMENT

10.1 The local authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010).

In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. Many of those who would benefit from Public Health funded services in Reading will be in possession of 'protected characteristics' as set out in the Equality Act, and a preliminary Equality Impact Analysis indicates that a full Equality Impact Assessment should inform decisions about the Public Health budget profiling from 2019-20. The proposed consultation will provide an opportunity to develop an understanding of how the re-profiling might impact differently on protected groups.

- 10.2 An Equality Impact Assessment is relevant to the decisions regarding the 2018-19 Public Health budget re-profiling, and a completed Assessment is attached as Appendix 2.

## 11. LEGAL IMPLICATIONS

- 11.1 Legal advice has been sought and complied with relating to the budget changes proposed and where contract notice needs to be issued.

## 12. FINANCIAL IMPLICATIONS

- 12.1 The changes proposed in this report, will mean a transfer of funding from the Public Health Reserve to Smoking Cessation & Weight Management. Further details of the changes are included in Table 1 below.

Table 1 - Proposed Changes for Public Health Budget 2018/19

Service	Budget	Change	Budgets currently agreed	Change Proposed	Revised Budget position	Basis of change
	2017-18	2018-9	2018-19	2018-19	2018-19	
	£		£	£	£	
Smoking Cessation	355,000	-266,200	88,800	238,200	327,000	Concerns from partners have been taken on board
Weight Management	68,502	-68,502	0	34,251	34,251	Agreed due to partners
Health Checks	80,000	-60,000	20,000	0	20,000	No change from previous position
Drug and alcohol	1,468,158	0	1,468,158	0	1,468,158	No change from previous position
Contribution from Public Health Reserve				-238,200		Use of Public Health reserve to supplement Smoking Cessation budget in 2018-19
<b>Total</b>	<b>1,971,660</b>	<b>-334,642</b>	<b>1,576,958</b>	<b>34,251</b>	<b>1,611,209</b>	
Public Health Reserve change	536,000			-238,200	297,800	

The revised budget position for these services are different than the previous budget position, however, the overall financial envelope will not change from the budget that was agreed.

## 13. RISK ASSESSMENT

13.1 The further work undertaken to assess the budget and proposed adjustments to the Public Health allocation of funding, minimises the risks to the Council on the basis that services will be maintained and targeted to ensure maximum benefit to the residents in line with Reading's Health and Well Being priorities.

13.2 The Public Health Grant is monitored by Public Health England and following the reduction in the grant funding from central government the Council is confident that the above proposed adjustments in the redistribution of the grant will meet the requirements on the basis of the mechanisms locally to track performance in both the mandated and non-mandated services.

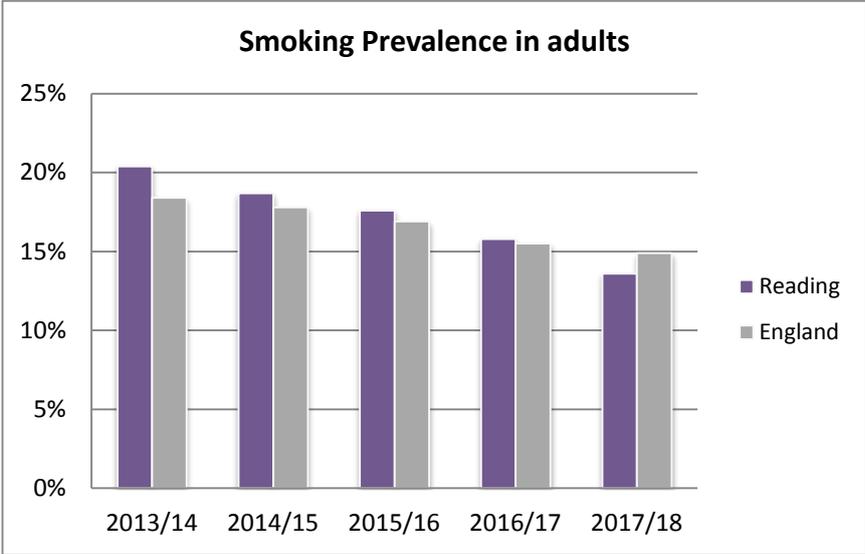
## APPENDICES

Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19

Appendix 2: Equality Impact Assessment

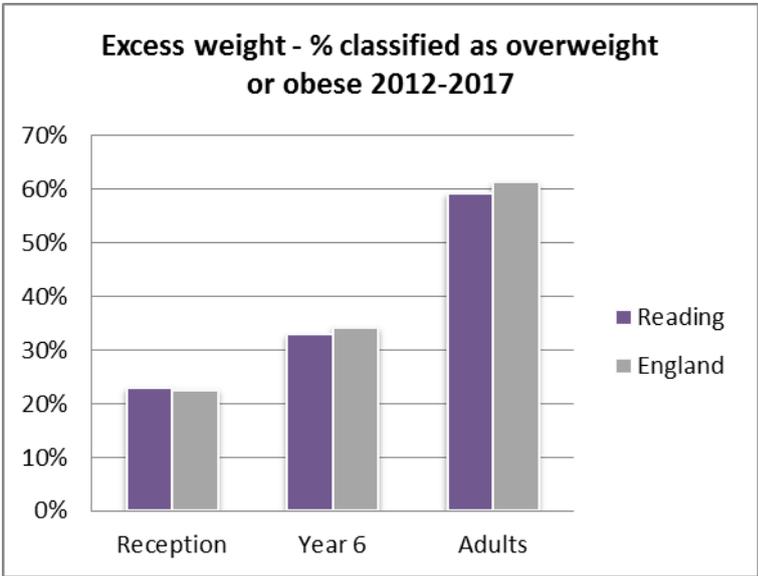
**APPENDIX 1: PERFORMANCE AND PREVELANCE DATA FOR PUBLIC HEALTH SERVICES AFFECTED BY THE BUDGET CHANGE**

**Figure 1: Smoking Cessation**



Smoking prevalence in adults continues to fall and is now lower than the England average.

**Figure 2: Weight Management**



Reading is similar to the England average in the % of population classified as overweight or obese for both Children and Adults.

Figure 3a: Drug & Alcohol Treatment

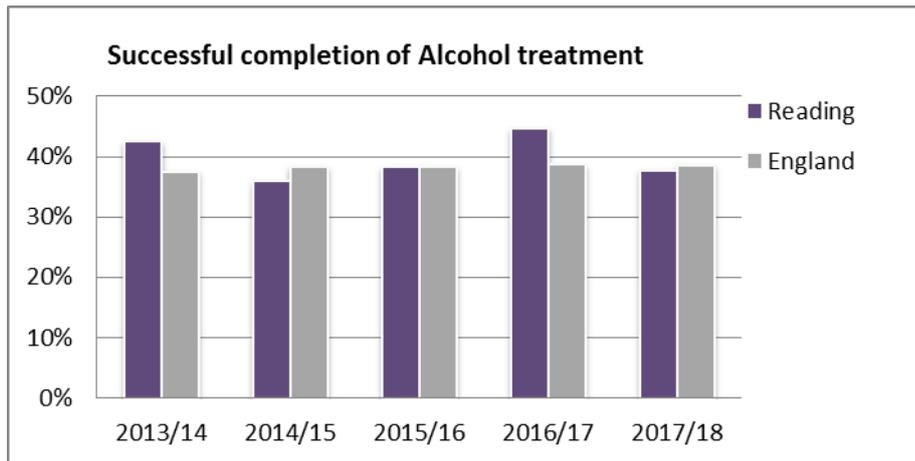


Figure 3b: Drug & Alcohol Treatment

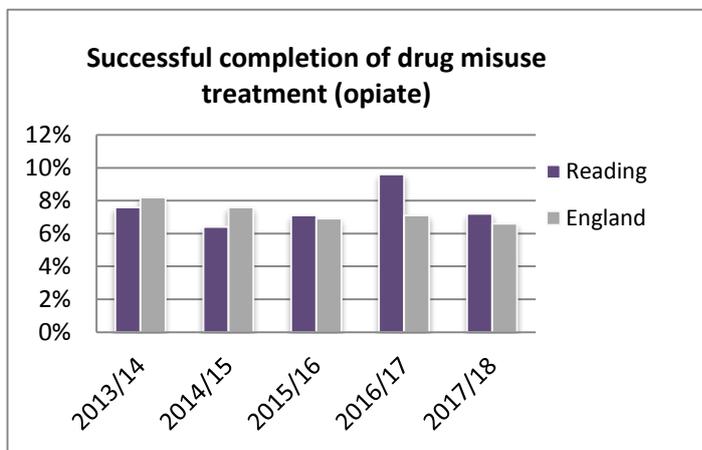
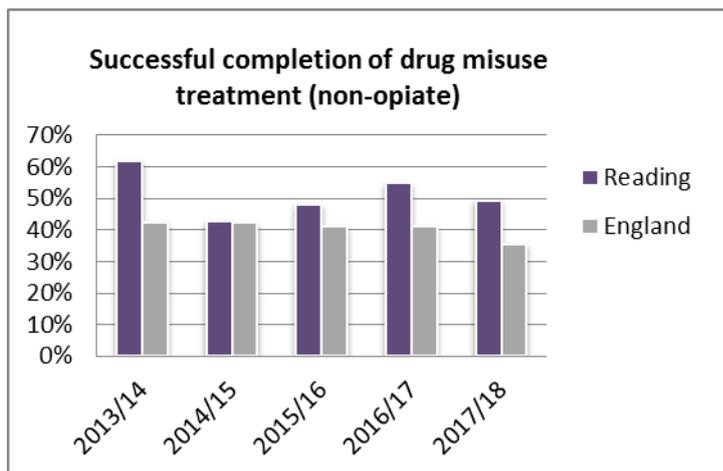
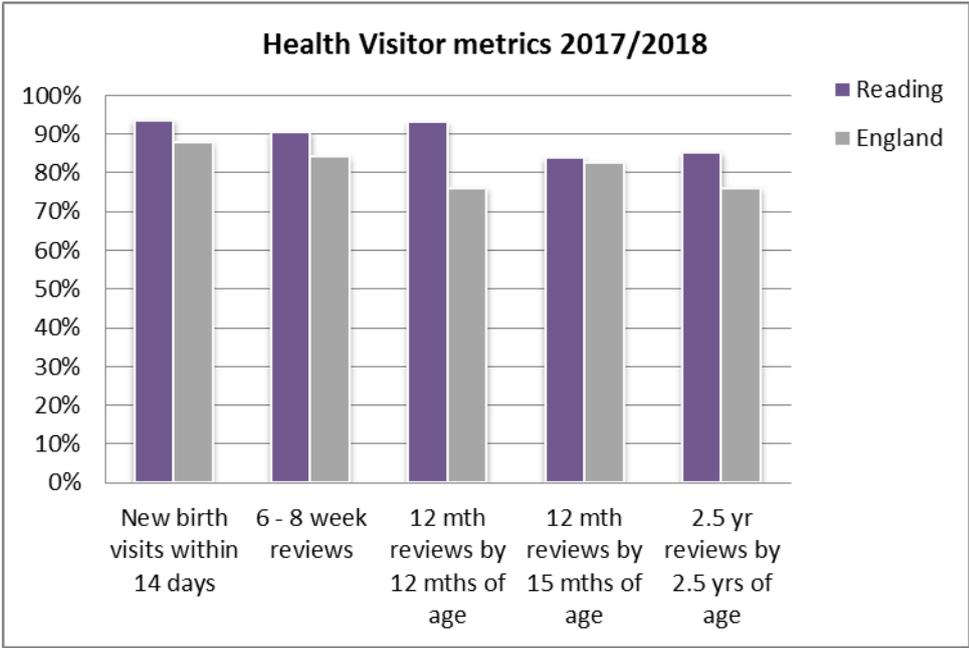


Figure 3c: Drug & Alcohol Treatment



In 2016, Reading performed well against the national average for ‘Successful Completion of Alcohol and Drug Misuse Treatment’ programmes. There is an improving picture across all three Drug and Alcohol treatment outcomes, with Reading higher than England for the Successful Completion of the Drug Misuse treatment for both opiate and non-opiate programmes for the last 3 years.

Figure 4: Health visiting (0-19 service)



Reading Health Visitor service performs better than the England average for the delivery metrics for 12 month Reviews completed within 12 months of age being 17% higher than the England average.

## Appendix 2 - Equality Impact Assessment

### Provide basic details

Name of proposal/activity/policy to be assessed

Public Health and Wellbeing budget re-profiling for 2018-19

Directorate: Adult Care & Health Services

Service: Public Health

Name of person doing the assessment

Name: Marion Gibbon

Job Title: Interim Consultant in Public Health

Date of assessment: 24 July 2018

### Scope your proposal

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

This assessment sets out potential equality impacts which have been identified as possible consequences of re-profiling Reading's Public Health budget for 2018-19. This analysis will be used to implement budget realignments in ways which are fair, transparent and - where possible - mitigate against the risks of adverse impacts or exacerbating health inequalities.

Local Public Health delivery was moved into the local authority in 2012-13 (having previously been the responsibility of Primary Care Trusts / PCTs) and from this date councils have received an annual allocation from Public Health England to be spent in accordance with conditions so as to ensure the delivery of mandated functions and the achievement of outcomes per the Public Health Outcomes Framework (PHOF). The move into local authority presented an opportunity to create a holistic social model in relation to the prevention of illness, the promotion of health, and addressing the wider determinants of health such as housing, the environment and neighbourhoods. In accordance with this aspiration, Reading Borough Council has and continues to manage its Public Health grant across directorates in order to achieve Public Health outcomes via a range of policies and services. Part of the Public Health Grant is managed directly by the Public Health and Wellbeing Team within the Directorate of Adult Care and Health Services. In other cases, Public Health Grant is disbursed by other teams working in partnership with the Public Health and Wellbeing Team to agree targets and manage performance.

In 2018-19, there is a reduction of £258,000 in the central grant from Public Health England received by Reading Borough Council, taking the local authority's income from this source down to £9,758,000. This allocation will be further reduced in subsequent years. The local authority's income from other sources is also reducing whilst demand pressures are increasing.

The changes proposed for 2018-19 are a re-profiling of Reading's Public Health Grant allocation to reflect the financial pressures faced, whilst continuing to address the priority health and wellbeing issues for Reading and the key health inequalities. This

will support a corporate approach to delivering on the agenda set out in the Public Health Outcomes Framework across the four domains of:

1. Improving the wider determinants of health
2. Health Protection
3. Health Improvement
4. Healthcare and preventing premature mortality.

The re-profiling of the Public Health budget will lead to reduction in the following specific services.

#### Smoking cessation

This service will be maintained at the current level in 2018-19 but with the expectation of a reduction thereafter. This will facilitate a managed transition to a new service offer which integrates smoking cessation support with other support to maintain healthy lifestyle choices, and has a greater focus on digital delivery.

Proposals to implement a reduction in the service sooner have been rejected as this would have limited opportunities to work with the current provider to develop a more targeted approach, drawing on local knowledge of where the health inequalities associated with smoking are greatest. The most significant differences in life expectancy and health inequalities between the richest and poorest people in the UK are attributable to smoking. On average, smokers lose 10 years of life by comparison with non-smokers. Smoking is twice as common amongst routine and manual workers than amongst those in managerial or professional roles. The higher prevalence of smoking in disadvantaged communities leads to it being more socially acceptable. Poorer smokers are likely to smoke more each day, increasing levels of nicotine addiction. Richer smokers, on the other hand, are more likely to succeed when they attempt to quit.

#### Weight management

Two weight management support programmes will be de-commissioned after September 2018 and there will be an increased emphasis on using other in-house or commissioned council services and points of contact with the public to provide information and advice about healthy weight as well as encouraging residents to be more physically active. The future expectation - subject to consultation feedback - is that a new service offer will be developed which integrates weight management support with other support to maintain healthy lifestyle choices, and has a greater focus on digital delivery.

Reading's levels of 4-5 year olds classed as overweight or obese is slightly above target this year after three years of slight reductions. Levels of overweight and obesity in older primary school aged children have fallen significantly this year. As nationally, in Reading there are clear links between obesity and levels of deprivation with men and women in unskilled, manual occupations are more likely to be obese than those in professional occupations. Work to prevent and reduce obesity needs to take account of and be accessible to those living in deprivation in order to help narrow the inequality gap.

### Drug & alcohol advice, referral and assessment (IRIS contract)

There will be a modest reduction in the value of the Council's drug and alcohol support services, with the expectation that further savings could be phased in gradually over the next two years aligned with re-commissioned in partnership with neighbours. Proposals to reduce this service more significantly or more quickly have been rejected because of the assessed health and wellbeing risks. A reduction in service availability could mean an increase in drug /alcohol abuse and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.

Budget reductions will be aligned with and managed via a new Drug and Alcohol Commissioning Strategy for Reading which includes children, young people and adults - whether they are consuming alcohol or drugs themselves or affected by other people using these substances. The strategy is built around three themes: prevention - reducing the amount of alcohol people drink to safer levels and reducing drug related harm; treatment - commissioning and delivering high quality drug and alcohol treatment systems; • enforcement and regulation - tackling alcohol and drug related crime and anti-social behaviour.

### Public Health Nursing (0-19 contract)

The Public Health Nursing contract for services for 0-19 year olds will be subject to a reduction. This contract covers the provision of Health Visitor and School Nursing support to all families - enabling early intervention to provide lower cost but high value services that can reduce the need for more complex, costly health and social care. The service identifies families requiring additional support and signposts them accordingly. It is an important gateway to more specialist support, particularly for communities which have historically been under-represented in the take-up of those services. As the value of the 0-19 contract is reduced, it will be important to consider how to retain a targeted approach to reach those families in greatest need.

### NHS Healthchecks

There will be a reduction in the level of funding available to support the NHS Healthcheck programme. This delivers health check-ups for adults aged 40-74 without an existing diagnosed health condition. The checks are designed to identify early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. The reduced budget means that the health check offer will not be promoted as currently, but eligibility has not changed, and GP practices will still be funded to respond to healthcheck requests. Other activity by the local authority will raise awareness of eligibility with residents likely to be at greater risk and so more able to benefit from the healthcheck, e.g. those with caring responsibilities, or living with mental health challenges.

It should be noted that changes to the Health Check service commissioned by Public Health does not preclude any individual concerned about their CVD risk factors consulting their GP practice for advice and assessment as part of routine clinical care. GP practices also offer regular health checks to people with various long term health conditions outside of the 40-74 programme.

### Mental Health First Aid

The re-profiled budget removes the dedicated allocation for Mental Health First Aid training, which is a means of building capacity within services or the wider community to identify and support people with mental health needs. From 2018-19, the Public Health grant will, however, be used to support Reading's Recovery College which delivers a wide range of courses to build resilience in those affected by mental health problems, including Mental Health First Aid. The Public Health grant will also continue to be used to commission a peer support service for adults who have experienced mental ill health.

### Flu vouchers for Council staff

The re-profiled budget removes the allowance for vouchers to be distributed to staff to enable them to access a flu vaccine. Staff would still be supported to access a vaccination through advice, guidance and signposting, with frontline staff working with vulnerable residents a priority group within this.

### Making Every Contact Count training

Although the re-profiled budget removes the separate line for Making Every Contact Count (MECC) training, this is mostly replaced by the inclusion of a requirement to offer MECC training as part of a commissioned social prescribing service from June 2018 plus Reading's inclusion in a Sustainability and Transformation Plan MECC programme.

### Sexual health

There are some reductions proposed to the allocation of funding for sexual health, affecting condom distribution and access to the morning after pill. Both services will remain available via community providers although the budget reduction will reduce the number of access points. This has the potential to impact disproportionately on those of lower means, including younger people.

### Oral health survey

The Council will continue to support the delivery of an oral health survey, but seek to achieve efficiencies to as to obtain results from a reduced level of expenditure. An oral health strategy for Reading is being developed on the back of the results of the last oral health survey, which will help to prioritise areas of enquiry and communication channels for the next survey.

### Community wellbeing services (Narrowing the Gap II)

The Council has re-commissioned a number of community services from 2018 for local people who face risks to their wellbeing or of care or support needs increasing because of age, frailty or long term health conditions. This includes peer support for managing various long term health conditions, support for unpaid carers, services to reduce social isolation, and help to re-settle at home following a period of hospitalisation. This has been done via a commissioning framework designed to target the Council's investment to meet priority needs, and which is funded in part from the Public Health grant. Funding allocations have been re-shaped to mitigate the adverse

equality impacts of budget reductions. This re-shaping reflects the need to promote equality of opportunity and the Framework therefore includes a number of services targeted on groups experiencing higher health inequalities, e.g. people with experience of mental ill health.

#### Free Swims for Children

The Council is continuing to offer free access to swimming facilities for children at designated times, which supports delivery of the Healthy Weight Strategy. This offer is not as extensive under the re-profiled budget as it was previously, but focused on times identified as being most likely to increase levels of physical activity amongst children.

#### WinterWatch

The WinterWatch service provides advice and help to older people, people with disabilities or long term health conditions and families with very young children whose health and wellbeing is most at risk because their homes are cold and damp. The service will continue to be supported from Public Health grant in 2018-19 but at a reduced level to reflect the cost of delivery after taking into account funding available from Housing Service budgets.

#### **Who will benefit from this proposal and how?**

There is a legal requirement on the Council to set a balanced budget each year. In order to be able to meet its responsibilities towards protecting the health and wellbeing of local residents, the local authority needs to follow robust plans to protect its own financial sustainability.

The proposed use of Public Health grant in Reading for 2018-19 and beyond covers services and campaigns which - taken together - impact on all age groups and areas of Reading. The Public Health budget has been reviewed by the local authority's Consultant in Public Health, in partnership with the Corporate Management Team and the Director of Public Health for Berkshire. Following this exercise, a number of services have been prioritised to be maintained at their current level given the current health needs of Reading. Reductions are proposed in other areas where these reductions can be managed safely and ensure that the Council continues to meet its statutory obligations.

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

The Public Health and Wellbeing service exists to improve the health of the whole population and to develop methods of promoting good health for the widest range of the population. This includes some work targeted on vulnerable groups.

The proposed re-profiling of the Public Health grant from 2018-19 supports the Council's achievement of a balanced budget whilst recognising and addressing health and wellbeing risks / potential adverse equality impacts. Some services will be delivered from a reduced budget going forward, and this will be achieved by:

- Targeting specific parts of the population in order to reach people who will most likely benefit
- Ensuring drug and alcohol services reach those that need them
- Re-designing services for children 0-19
- Devising new ways of working which are in accordance with the stated aims of Reading Borough Council, for example, digitisation, and online access where it is likely to be successful. This will focus on stop smoking services in the first instance and include healthy weight in future.

Reading wants to undertake transformational change in the way it provides services and will be working with its public health partners across the Berkshire West 10 area and the other Berkshire counties that are part of a shared public health team to investigate and use the best models and methods of public health practice.

### Who are the main stakeholders and what do they want?

The main stakeholders are communities and individuals who benefit from the services and activities provided by public health. Other stakeholders include public bodies in Reading such as the NHS, Police, Fire and Rescue Services; the voluntary sector, church and faith groups who work in partnership with the aim of improving health outcomes for the Reading population.

A series of health and wellbeing priorities for Reading were identified and endorsed by stakeholders as part of the development of Reading's Health and Wellbeing Strategy for 2017-20. These are:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, smoking, obesity and physical activity)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels
- Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

Reductions to Public Health services carry potential risks. Those which are aimed at preventing ill health may lead to an increase in demand for services at a later point - when an outcome which could have been prevented manifests. Reductions in public health services which are based on treatment of existing disease or illness risk more severe disease or people seeking treatment elsewhere in the health and social care system.

### 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.)

Most of the services described in this proposal take a universal but targeted approach. The services included in this proposal which have a focus on reducing health inequalities in many cases target groups with 'protected characteristics' per the Equality act 2010.

The impacts of budget reductions would apply across the various target populations. However, there is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.

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

Yes - the Reading Public Health Budget for 2018-19 has been re-profiled to mitigate some risks and concerns raised.

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:

This paper is re-profiling and is to mitigate some risks and concerns that have been raised. It does not increase risk.

Signed (completing officer) Marion Gibbon

Date 17/08/18

Signed (Lead Officer) Seona Douglas

Date

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### Assess the Impact of the Proposal

Describe how this proposal could impact on Racial groups

There are a number of areas in which people from minority ethnic groups have poorer health outcomes compared to the general population, and so reductions in service could compromise the local authority's ability to close the health gap. For example, Asian men are at a higher risk of cardiovascular disease and diabetes, and smoking prevalence also varies across racial groups. Reducing services may therefore impact

on some racial groups more than others because of them having a higher baseline risk and hence potential to benefit. The future targeting of reduced services will need to address potential adverse impacts for particular racial groups.

Is there a negative impact?      Yes      No      **Not sure**

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

Reductions in the 0-19 service could impact negatively on the ability of the service to support mothers during pregnancy and in the post-natal period. This includes support around maternal mental health and wellbeing, breastfeeding and early attachment, all of which impact upon the short and longer term health and wellbeing outcomes of children and their parents. However, the aim is to achieve savings on this contract through efficiency gains rather than reducing the outcomes achieved.

More men are impacted by problematic drug and alcohol use and therefore could experience greater impact of reductions to the drug and alcohol service, although this is being managed at a more gradual pace than previously envisaged, so as to mitigate this and other risks.

Is there a negative impact?      Yes      No      **Not sure**

Describe how this proposal could impact on Disability

Long term drug use is associated with a range of other chronic health problems, and people with disabilities are therefore likely to be over represented in the group using drug and alcohol recovery services and impacted by reductions in the service.

People with mental health disorders are also twice as likely to smoke as other members of the population, so could be disproportionately adversely affected by reductions in the smoking cessation service.

Is there a negative impact?      Yes      No      **Not sure**

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

LGBTQ (Lesbian, Gay, Bisexual, Trans and Queer) groups have a higher incidence of substance misuse than the general population so could be disproportionately affected by reductions in the drug and alcohol recovery service.

Gay men and men who have sex with men are groups with higher recorded levels of some sexually transmitted infections and any service reductions in sexual health may disproportionately affect men in these groups.

Is there a negative impact?      Yes      No      **Not sure**

Describe how this proposal could impact on Age

Younger people are higher users of sexual health services and the current proposals to reduce some sexual health activity may disproportionately affect this group, although a range of services will still be available.

Reductions in the 0-19 service could disproportionately affect young people, although there could also be an impact on parents. Savings are, however, being sought in ways which do not compromise service outcomes overall.

Obesity prevalence varies with age; the lowest levels in adults are seen in the 16-24 age group after which prevalence increases with age, up until 75+ years, where there is a decline. This pattern is evident in both males and females. Reductions in weight management support are therefore likely to impact differently on different age groups.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on religion or belief?

There is no evidence that this proposal would impact differently on different faith groups.

Is there a negative impact?	Yes	No	Not sure
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## 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)

1. No negative impact identified **Go to sign off**

2. Negative impact identified but there is a justifiable reason

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

Reason

3. Negative impact identified or uncertain

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

The general equality duty requires the Council to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations - when making decisions and setting policies. A number of services affected by the proposed re-profiling of the Reading Public Health budget are designed to address health inequalities and so benefit some parts of the community more than others. Where these groups overlap with the 'protected characteristic' categories set out in the Equality Act, budget reductions carry the potential for adverse equality impacts and these need to be considered and addressed as more detailed proposals are developed.

How will you monitor for adverse impact in the future?

The contracts described are all monitored regularly to include a service user profile. These monitoring reports will be scrutinised closely for evidence of adverse equality impacts in future so that remedial action can be taken as appropriate.

Signed (completing officer)

Date

Signed (Lead Officer)

Date

## Consultation: use of Public Health Grant for 2019-20 and 2020-21



The Council has a duty to protect the health of its residents, and it receives a specific allocation of funding from central government to do this – the Public Health Grant. Public Health responsibilities involve taking steps to help the local population stay well. These are different from the responsibilities of other parts of the health system to provide treatment to individuals who become unwell. In the past, the Public Health Grant has been used to commission a wide range of services to help people of all ages in Reading. Some examples include support to stop smoking, to achieve a healthy weight through a GP referral, school nursing, sexual health services such as contraception, support for people who are homeless, and assistive technology.

Beyond this, however, the Council provides a great many services which support healthy, independent living. These benefit the 'well' population as well as those who are at risk of needing care or who are living with established long term health conditions. Individual wellbeing is affected by a range of factors, and we recognise the impact of the places where we live, work and play as well as our health and social care provision. For example, where people live can have a significant impact on their wellbeing, and supporting people to access quality housing can prevent a decline in either physical or mental health.

Continuing to provide these services in the way we do now is becoming increasingly challenging for the Council. Government funding is failing to keep pace with the cost of paying for increases in demand for key services the Council provides. Government funding for Reading will have been cut from nearly £58 million between 2010 and 2020, leaving the Council with a grant of under £2 million. That grant may be removed entirely by 2020 and there still remains little clarity on how the Government will fund local authorities beyond that point. The Local Government Association predicts that nationally the main Government grant for local services will be cut by a further £1.3 billion – or 36% - in 2019/20. It means that between 2010 and 2020, local councils will have lost 60p out of every £1 the Government had provided for services.

Reading Borough Council is one of many local authorities with little option but to continue to make very difficult budget decisions in order to provide a balanced budget, which to has to by law.

As part of these funding reductions from central Government, the amount of Public Health Grant which Reading Borough Council receives is reducing year on year, and we have to review how we use the funding to make sure this is as efficient as possible and addresses the priority health issues for Reading. We are considering providing some Public Health support in different ways in future.

Firstly, this could mean having a service which **combines support to lead healthier lifestyles** in several ways – for example, one service to help people quit smoking, eat well, be physically active and in good emotional health.

Secondly, there are opportunities to offer more people support to help themselves by **providing services digitally**. This could mean the services reaching more people at times and in places which are convenient to them. For example, some people might prefer to get **support online** outside of normal office hours.

Thirdly, as the Public Health Grant is already used to commission services that are often delivered in partnership with other organisations, we would like to **strengthen this partnership working** so that there is health support at a range of sessions and settings rather than Public Health services necessarily being run separately. For example, some parents might like to be able to get child health advice at the same time as visiting a playgroup.

We would like to hear from residents and partners what they think about the Council's approach to supporting health and wellbeing, and the proposed changes to how we use our Public Health Grant allocation. This will help us to manage changes with a focus on what's most important to the people of Reading.

**This consultation will run from 1<sup>st</sup> November 2018 to 6<sup>th</sup> January 2019.**

A report on the response to this consultation will be presented to Reading Borough Council's Policy Committee on 18<sup>th</sup> February 2019.

Please contact us if you:

- have any queries
- would like to receive a hard copy of the consultation questionnaire
- require additional support to understand or complete the questionnaire

If you prefer you can write to us to let us know your comments:

Wellbeing Team, Level 2, Civic Centre, Reading RG1 2LU

## Consultation Questions

**Q1: Have you used any of the services currently funded (in whole or in part) by Public Health Grant in Reading? (Please tick all which apply, including services you have referred other people to as well as using yourself.)**

Summary of services funded or supported by Public Health Grant in Reading (2018)	I have used the service supported through Public Health Grant	I have used this sort of service but don't know if it was part of / funded by Public Health
Smoking cessation		
Weight management		
Sexual health, including contraception and sexual health testing		
Children's Death Overview Panel		
NHS Health Checks		
Oral health survey		
Healthy start vitamins		
Children's Public Health nursing: health visitors and school nursing		
Enuresis service (support for bedwetting in children and young people)		
Flu jabs for frontline health and care workers		
Support to end drug and alcohol misuse (adults)		
Support to end drug and alcohol misuse (children and young people)		
Social prescribing to help people with emotional and practical needs which are affecting their health		
Support to reduce loneliness and social isolation in vulnerable adults		
Peer support for people who are HIV positive		
Volunteer recruitment and training for suicide prevention		
Carers breaks (for adult carers)		
Carers information advice and support (for adult carers)		
Homelessness support		
Free Swims for Children		
Support for teenage parents		
Children's Centres		
Children & Young People's Mental Health		
Winterwatch project to help vulnerable people and families keep warm and well		
Education Welfare Officer		
Advice and guidance for young people Not in		

Education Employment or Training		
Compass Recovery College for Mental Health		

**Q2: Have you used any of the following services which the Council provides to support people’s health and wellbeing? (Please tick all which apply, including services you have referred other people to as well as using yourself.)**

<b>Summary of services provided or commissioned by the local authority which support Public Health outcomes but which are not funded from Public Health Grant in Reading (2018)</b>	<b>I have used the service funded by the Council</b>	<b>I have used this sort of service but don’t know if it was part of / funded by the Council</b>
Grants for home improvements		
Home adaptations		
Home fire safety check		
Regulatory Services (e.g. Trading Standards, Environmental Health, Food Hygiene, Air Quality)		
Supported housing (Supported Living, Sheltered Housing, Extra Care Housing, Residential or Care Home)		
Gym		
Swimming pool		
Exercise class		
Dance class		
Walks programme		
Sport in Mind leisure activities to support mental wellbeing		
Reading Museum, including Reminiscence Boxes		
Library Services – loans, group activities, or advice & information		
New Directions (Adult Learning)		
Transport services, including Readibus		
Reading Services Guide (online directory)		
Telephone or face-to-face information and advice to support wellbeing (e.g. Age UK, Citizens Advice, Healthwatch)		
Young Carers Service		
Parks and open spaces		
Street maintenance		

**Q3: Which of the services listed in Q1 and Q2 do you think are most important for keeping residents healthy and well, and why?**

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**Q4: Which services did you find most helpful for keeping healthy and well, and why?**

**Q5: What improvements could be made to the services which you have used for you to find them more helpful?**

**Q6: If there are there some services listed which you would have liked to access, but could not, please explain why this is.**

**Q7: Are there other things which affect your health and wellbeing which you would like more support with or earlier help to address? Please describe.**

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**Q8: Do you think that being able to talk about overall health and wellbeing with one service potentially in one place would be better for people than getting advice at separate points? (i.e. get all healthy lifestyle advice from one source, including quitting smoking, being physically active, healthy eating and keeping well emotionally)**

Yes		No		Don't know	
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**Q9: Do you own a mobile phone or device such as an iPad?**

Yes		No	
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**Q10. How do you use your mobile phone or device?**

Calls & texts only		Also download and use Apps	
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**Q11. Do you currently use any health related technology such as fitbit, online calorie counters, step tracker, mindfulness apps, alcohol use trackers, talking therapies**

Yes		No	
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**If so, what do you use?**

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**Q12. Do you own a VPA (Voice Personal Assistant - e.g. Alexa, Google Assistant, Siri, Bixby)?**

Yes		No	
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**Q13. How do you use your VPA?**

Music and radio only		Other uses, e.g timer, do-to lists	
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**Q14: Would you be likely to use a digital healthy lifestyle support service, e.g. through an App or VPA?**

Yes – definitely		Maybe	
No – I’d prefer to get support in other ways		No – I don’t feel I need a healthy lifestyle support service	

**Q15. If we introduce digital support for healthy lifestyles, we expect there will be some people who will still need to be able to get information through face-to-face contact. Which groups do you see this affecting? Or particular situations which make this more appropriate? Please describe.**

**Q16. Where have you accessed early help and support for health and wellbeing in the past? This could be through the school, pharmacy, hospital, community centre, children’s centres, or clinics in your GP surgery, for example.**

**Q17. Which settings do you prefer for accessing early help and support for health and wellbeing?**

**Q18. Are there other settings that you would like to see included in Reading's Public Health offer? If so, please describe.**

**Q19. What other information, advice or support would you find it useful to be offered alongside early help for health and wellbeing?**

**Q20. Do you have any other comments about the types of services that Reading Borough Council spends its Public Health Grant on?**

**Q21. In order to establish which areas your comments relate to, please give your home postcode:**

## About you

These questions are optional but will help us to see if there are differences between the views of different residents, and to check that we have heard from a representative sample. All the information you give will be kept completely confidential and secure.

Are you?

Male

Female

Which age group do you belong to?

Under 18

18 – 24

25 – 34

35 – 44

45 - 54

45 – 54

55 - 64

65 - 74

75+

**Do you have a disability, long-term illness or health problem (12 months or more) which limits your daily activities or the work you can do?**

YES

NO

DRAFT

**Which of these ethnic groups do you belong to?**

- White - British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other White background (Please specify below)
- Mixed - White and Black Caribbean Mixed - White & Black African Mixed - White & Asian
- Mixed - Any other Mixed background (Please specify below)
- Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Asian or Asian British - Chinese
- Asian or Asian British - Any other Asian background (Please specify below)
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Any other black background (Please specify below)
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group (Please specify below)
- Prefer not to say
- Don't know

Please give details of "Other"

**What is your religion or belief?**

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other

Please give details of "Other"

**Are you?**

- Heterosexual/straight
- Gay or lesbian
- Bisexual
- Prefer not to say

Other

Please give details of “Other”

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**Do you want to be kept up to date on future budget proposals and consultations and other council news?**

Yes

No

If yes – please provide your contact details

## Contact Details:

*If you provide your contact details any future participation will be entirely voluntary - there is no obligation*

Title		First name		Surname	
Address				Postcode	
Daytime Tel.		Email			

## Data Protection

Under the Data Protection Act, we have a legal duty to protect any information we collect from you. We use leading technologies and encryption software to safeguard your data, and keep strict security standards to prevent any unauthorised access to it.

We do not pass on your details to any third party or government department unless you give us permission to do so.

The information you have completed on this form will only be used in connection with your feedback.

I agree to my data stored by Reading Borough Council for the purpose of processing this form

**Thank you for taking part in this consultation**  
**Please return your completed questionnaire by 6<sup>th</sup> January 2019 to:**  
**Wellbeing Team, Reading Borough Council**  
**Civic Centre, Plaza West, Bridge Street**  
**Reading RG1 2LU**