

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	POLICY COMMITTEE		
DATE:	8 APRIL 2019		
TITLE:	PUBLIC HEALTH BUDGET CONSULTATION 2018: FEEDBACK AND NEXT STEPS		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report summarises feedback gathered through a two month consultation to identify the issues of interest and concern to Reading residents relating to the Council's Public Health responsibilities.
- 1.2 This feedback has been taken into account as the Council has developed plans for the use of Public Health Grant in 2019-20 (detailed in a separate report presented today) and wider budget proposals (as agreed by Policy Committee in February 2019). In several areas, the feedback indicates the need for further engagement so issues can be explored in greater detail to develop solutions with and for the residents of Reading.

2. RECOMMENDED ACTION

- 2.1 That the Committee notes the public feedback on the Council's Public Health responsibilities, in particular the priorities and concerns highlighted by local residents; and plans for further public engagement on these issues.

3. POLICY CONTEXT

- 3.1 Since the implementation of the Health and Social Care Act 2012, local Public Health teams sit within the local authority, which has a duty to protect the health of its residents. Councils receive a specific allocation of funding from central government to support the discharge of this duty - the Public Health Grant. In addition, Reading Borough Council continues to provide or commission other services which support healthy independent living, many of which pre-date the Health and Social Care Act and are funded wholly or in part from other sources.
- 3.2 Council provided and externally commissioned services promote wellbeing in various ways, including services which 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. Services support health and wellbeing in the home, in the workplace and in the local area generally. Continuing to provide these services, however, is becoming increasingly challenging for the Council with funding from Central Government having been cut by nearly £58 million between 2010 and 2020.

- 3.3 The Public Health Grant for Reading Borough Council is £9.758m in 2018-19, having reduced by 2.6% in cash terms from the grant amount awarded in 2017-18. A further 2.6% reduction will be applied for 2019-20. In order to manage these reductions, the local authority has been reviewing how to use the Grant to make sure this is as efficient as possible and addresses the priority health issues for Reading.

4. CONSULTATION APPROACH

- 4.1 The Council conducted an open public consultation on the Council's approach to supporting health and wellbeing, running from 01.11.2018 to 06.01.2019. Within the consultation paper were: a list of services which had in the past wholly or partially been funded through Public Health Grant; and another list of Council services identified as supporting health and wellbeing but not currently funded from Public Health Grant. People were invited to identify which services they had used - or referred others to - and whether they recognised this as a Public Health or other Council area of activity. At a public meeting on 18th December, people were invited to comment on the role of the state (including the local authority) in addressing various health issues, and how the state's role linked to the roles of individuals and communities.
- 4.2 People were invited to highlight the most important and most helpful services in terms of keeping residents healthy and well, and to suggest any gaps or areas for improvement. As part of the consultation, the Council also asked for comments on proposals to offer support to lead healthier lifestyles in different ways in future - by combining support to help people quit smoking, eat well, be physically active and in good emotional health, for example, as well as improving digital access to such support and offering services through different settings.
- 4.3 The consultation was promoted through libraries, community centres and community groups, as well as to patient and service user forums & participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations. A press release was issued at the start of the consultation. Information promoting the consultation was also published as a news item on the Reading Voluntary Action and Healthwatch Reading websites. The consultation questionnaire was available on the Council's website, and in paper copy on request as well as in alternative formats. The Council worked through partners to promote the consultation, such as sharing information electronically with community services so this could be cascaded verbally at suitable opportunities.
- 4.4 At the public meeting, people encouraged the Council to offer more opportunities for face to face discussion of these issues, e.g. an evening slot for people who are usually at work during the day. In addition, those residents and partners who attended the public meeting were keen to see more outreach to gather feedback from a broader range of people, such as residents with disabilities or who were not currently in contact with services.

5. WHO RESPONDED

- 5.1 A total of 260 questionnaires were returned. Slightly under half of the total number were returned by members of the Council's Citizens Panel. In addition, there were three written responses to the consultation issues set out in a different format. Verbal feedback was gathered from 35 attendees at a public meeting to discuss the consultation issues.

5.2 Demographic analysis is available only from those who responded to the consultation by returning a questionnaire and completing the 'about you' questions - which were optional.

- 61% of respondents who identified by gender were female and 35% identified as male. 2 respondents claimed a gender identify different to that assigned to them at birth.
- The age band most strongly represented in the completed questionnaires was the 65-74 age group (22% of returns), closely followed by the 45-54 age group (21% of returns), and then the 35-44 age group (13% of returns). 2% of responses came from people under 25, and 9% were from people aged over 75.
- 26% of questionnaires were completed by people who identified as having a long term health condition.
- 77% of questionnaires were returned by people who identified as White British. 1% of respondents identified as being from another White background. A total of 9% of responses came from people who identified as either Asian or Asian British, Black or Black British, from a Mixed ethnic background or other ethnic group.
- 48% of respondents identified as Christian, whilst 33% stated they had no religion. Fewer than 1% of responses came from people who identified as Buddhist, Hindu, Jewish, Sikh or Muslim.
- 81% of respondents identified as heterosexual, fewer than 1% as gay or bisexual.

6. CONSULTATION FEEDBACK

Support for physical activity and healthy weight

6.1 There was strong support for encouraging physical activity, including play, and recognition of the health benefits, particularly for those who are currently inactive or living in more deprived parts of the borough. There were a number of references to the need for accessible and affordable leisure services generally, in order to encourage people to be physically active. People referred to the various health risks associated with physical inactivity, and also the opportunities for social contact which services can provide, linking this to mental wellbeing (see below). People thought it was important that facilities are actively promoted to people who may who need support to take more exercise.

6.2 The Council service which most people (57) mentioned as being important for keeping residents healthy and well was parks and open spaces. Respondents noted how versatile and accessible these places are, offering health benefits for everyone. They afford opportunities for all residents and across all socio-economic groups - opportunities which are often driven by partnership working led by the Leisure and Recreation Service. People felt it was important that people can access a form of wellbeing support which is free, and noted both the individual and the environmental benefits of green spaces. Parks provide residents with places to take exercise and breathe clean air, promoting both physical and mental health, as well as a sense of community. Parks are especially important for families and those on lower incomes to help them be active and get outdoors, and for any resident who doesn't have a garden, of which there are many in Reading.

- 6.3 People pointed out the importance of the Council having a role in maintaining these spaces, as they need to be safe, welcoming and inviting areas in order to deliver the many benefits which they can when well used. Some concern was expressed about a local arrangement which meant a tennis club had taken over maintenance of part of a park. Unfortunately, this restricted access for local residents.
- 6.4 31 survey returns referred to swimming pools specifically, and highlighted the range of health benefits associated with swimming, the suitability of water-based exercise for people of a range of abilities, and the social benefits of exercising in a group setting. 2 people specifically identified the free swimming offer for children as a priority. At the public meeting, several people highlighted recent pool closures in Reading as a cause for concern.
- 6.5 Equal numbers (17) listed gyms and exercise classes in their survey responses as being important in this area, and 11 people referred to walks programmes. At the public meeting, people commented that there seemed to be less information in Reading now than there was several years ago promoting walking. People suggested the Council's website could be a good place to offer information on routes to encourage walking.
- 6.6 12 people listed streetcare as a priority service for achieving public health outcomes as well maintained streets open up walking and cycling as cheap accessible ways for many residents to be able to enjoy the benefits of physical activity and being outdoors.
- 6.7 13 people included specific weight management support services in their priority list, noting the wide range of risk factors associated with obesity. There were mixed views as to how effective previously commissioned services had been, however, despite a consensus that this is an important area in principle. In addition, weight management was frequently mentioned as a reason for prioritising gyms, exercise classes, swimming and parks and open spaces, as described above. The Council has re-profiled its use of Public Health Grant for 2019-20 to reinstate some specific weight management support, a service which had been discontinued in late 2018.
- 6.8 The Council intends to commission some further research designed to find out what community members think about activity and exercise in general, their local leisure centres/facilities, and what would encourage them to use them to use these facilities in the future. It will also identify barriers to activity. This research will include an online survey, a 500 sample face to face street survey, followed by a series of ten in-depth focus groups. This approach will enable us to target particular groups of residents whose views are less often heard via traditional consultation routes, e.g. older people, BME groups, people with disabilities, inactive young women etc.

Mental wellbeing

- 6.9 There was a strong theme throughout the feedback of people wanting to see support for mental health and wellbeing being prioritised. There were several separate services listed in the consultation paper which directly came under this theme - and there were specific references to support for children's and young people's mental health (15), support for volunteer recruitment and training in suicide prevention (5), Sport in Mind (5) and the Compass Recovery College (7). However, most respondents tended to comment on the significance of mental health generally. People observed that poor mental wellbeing has wide repercussions, with low self-esteem being a factor in many unhealthy behaviours which can lead to physical as well as mental health problems.
- 6.10 18 people listed support to reduce loneliness and social isolation as a priority. This was seen as an underlying or contributory factor to a wide range of health problems.

On the other side, people noted the number of both physical & mental health benefits which come from having strong social connections. Several people suggested these services were an important investment to reduce health crises. There were some suggestions about which groups of residents were most vulnerable to the health impacts of loneliness, including older people, those living alone and people who have recently been bereaved.

- 6.11 The Council hosts a multi-agency steering group to oversee local work on reducing loneliness and social isolation. On behalf of this group, the Council has commissioned the University of Reading to carry out some research to improve our understanding of the impact of loneliness on particular groups of residents. This will be used to refresh action plans later in the year.

Information, advice and guidance

- 6.12 There was mixed feedback on the significance of campaigns to promote health and wellbeing. Some people saw this as a cost effective investment of resources as it supports people to help themselves. Others felt there was a lot of repetition of messages which are now well understood. There was widespread agreement that residents need to take some personal responsibility for their health, with differences emerging between people over the extent to which it is the Council's responsibility to drive this up.
- 6.13 31 people observed that libraries are important for delivering information to people about health and wellbeing as well as other topics. For similar reasons, 4 people listed the New Directions adult learning service, and 2 people mentioned the Reading Services Guide (online directory). Libraries were also seen as important for promoting social inclusion and mental stimulation - an essential service for adults who want to keep learning and for children who don't want to fall behind in school and who come from lower income families. 15 people listed libraries as a priority, and one person commented that libraries should be made a statutory service given the range of benefits they offer.
- 6.14 There were 8 references to information and advice services which can be accessed face-to-face or over the telephone, and 3 people listed social prescribing. This developed some of the more general feedback about the importance of helping people to help themselves by making sure they had access to accurate guidance about health and wellbeing issues. People commented that providing information and advice to the population as a whole is far cheaper than dealing with health crises, which good information and advice can help to avoid. For similar reasons, 9 people included NHS health checks amongst their top priorities. People commented that this is a good way to give people messages about steps they can take to stay healthy, as well as being a good way of spotting problems in their early stages.

Smoking, drugs and alcohol

- 6.15 19 people included smoking cessation services amongst the most important for keeping residents healthy and well. Most people referred to the seriousness and significance of the illnesses caused by smoking as their reason for including this service. Some also talked about the wider benefits, e.g. for families, in supporting people to give up smoking. However, several people suggested that this should be either an NHS treatment service or a privately charged service rather than part of the Public Health offer. Support for smoking cessation is maintained in the Public Health Grant budget for 2019-20, although with a view to developing a holistic wellbeing service going forward which offers smoking cessation support alongside weight management and other healthy lifestyle services.

- 6.16 15 people listed support to end drug or alcohol dependence, and their reasons were generally the extent of the wider impacts of dependency - on individual health, on families and on communities. There were slightly more comments about the importance of support for young people than for adults, with people referring to the importance of tackling problems early and offering young people separate provision. Again, some people suggested that support to manage these problems ought to be charged to individuals.
- 6.17 Drug and alcohol support services have recently been re-commissioned. A public consultation in 2018 informed a new Drug and Alcohol Strategy, and the priorities identified through that engagement were used to re-model the service. This re-modelling means that the Public Health Grant allocation to drug and alcohol misuse services in 2019-20 is reduced modestly from the 2018-19 level, but then maintained at the same level into 2021-22.

Supporting child health

- 6.18 Public Health nursing was mentioned by 35 people, who said that focusing on a good early start was the best way to invest in the health of the local population. People had concerns about the mental health of children and young people, in particular (see above), and felt that school nursing was an important part of supporting this. Health visitors were seen as an important part of encouraging breastfeeding, which needs face to face support alongside online information and campaign messages, and several people expressed concern that breastfeeding support had already been reduced in Reading after the Breastfeeding Network withdrew from local delivery. One person listed the enuresis service as a priority. Public Health Grant funding for Public Health nursing (health visitors and school nurses) reduces in 2019-20 following a contract review with the local provider to facilitate a more flexible and targeted approach, but the plan is to maintain funding levels at this level into 2020-21.
- 6.19 18 people included Children's Centres amongst the services they regarded as most important. Support for parenting was seen as important for supporting the mental health of parents as well as children. It was another example of people wanting to see a focus on young people so as to give people strong foundations for a healthy life. Others commented that health messages can be delivered effectively to whole families via children. 3 people highlighted the importance of the Education Welfare service.

Vulnerable groups

- 6.20 Support for people who are homeless or at risk of homelessness was listed by 13 people in their survey returns, and this was a group which was the focus of much discussion at the public meeting. There was a strong perception that this is a growing need and that homelessness makes people particularly vulnerable to poor health.
- 6.21 17 people commented that support for unpaid carers was an important part of keeping the population well. Most of these remarks were about carer support generally, but some picked out breaks provision and/or young carer support services as being particularly important. Unpaid carers were described as 'vulnerable', 'overlooked' and 'at risk' as well as key to keeping many people with existing health problems in a stable position and averting health crises. Several people said that carer support should be regarded as an investment given how much unpaid carers contribute to preventing worse health problems.
- 6.22 5 people made specific reference to the peer support service which the Council commissions to support people who are HIV positive. People commented on the particular vulnerabilities and risks faced by this group of residents, and the

importance of providing them with specific support to stay as well as they can and also to reduce the spread of infection.

- 6.23 Three people queried whether the particular needs of care home residents were recognised in the local Public Health offer.

Transport

- 6.24 20 people made specific reference to transport support, including accessible transport (Readibus). There were comments about how this is an important link between individuals and many of the other health and wellbeing services listed in the consultation paper. For some, public transport was described as a 'lifeline', without which people would struggle to access the community generally as well as specific healthcare services.

- 6.25 At the public meeting, recent discussions about changes to concessionary travel passes was raised as something which could contribute to health risks for disabled residents. The outcome of this consultation was reported to Policy Committee in February 2019, where there was agreement to maintain the current offer on concessions.

Housing

- 6.26 There were a number of references to housing services generally as being an important part of keeping residents well. 8 people picked out supported housing as a priority as this offers a safe and stable environment for vulnerable adults, which is likely to reduce the risk of health problems or crises. 7 people listed home adaptation as one of the most important services for keeping people well, and 3 people listed home safety checks. 5 people listed the Winterwatch service to help vulnerable people keep warm in their homes.

Feedback on service quality, areas for improvement and gaps

- 6.27 Most feedback about services used was positive, and the main criticism was lack of capacity, leading to delayed access or waiting lists. Again, the service which was commented on most often was parks and open spaces. Many people identified the benefits of walking and how accessible this is as a form of exercise for the whole family, but noted how much more attractive this is in green spaces. One suggestion about improving parks and open spaces was that it would be good to be able to move on travellers more quickly if they are spoiling other people's enjoyment of the space. Another person suggested that Prospect Park would benefit from better lighting.

- 6.28 Most suggestions for improvements concerned swimming, with people expressing concern about recent pool closures. People welcomed the rebuilding of Central Pool, but there were several comments about the town needing more swimming facilities, including longer hours and additional locations, such as in the University area and in schools (with public access out of hours). A couple of people noted particular difficulties in access to swimming for disabled people because of needing access to larger and/or unisex changing rooms where support can be given. People observed that some leisure facilities are looking run down and need to be refreshed and/or cleaned more regularly. Others suggested that some of the equipment is dated and needs to be replaced. Affordability is also a concern for some residents.

- 6.29 People felt that transport services are generally good in Reading, and support people to access other services. People commented that some parts of borough seem to be better served than others by public transport, however. For some, the radial

transport arrangement and need to change buses to travel between North and South Reading was problematic. One person suggested a partnership arrangement to promote walking at bus stops. This would involve advertising the time needed and calories burned by walking additional stops so as to encourage people to make fewer entire journeys by bus.

- 6.30 Feedback on the support provided by Children's Centres, School Nursing and Health Visitors was very good, including breastfeeding support. Many people felt these services had made a significant difference to their families at times of particular vulnerability. There was concern about the various reductions in Children's Services meaning potentially less support for young people at risk of health problems, including mental health issues. One person commented that the range of activities in Children's Centres is now very limited. Some people felt that health visitor training needed to be improved as staff didn't seem equipped to answer the queries put to them. Several people took the opportunity to give positive feedback on support for young people with drug dependency.
- 6.31 In terms of support for mental health and wellbeing, people were most positive about advice services which provided support with practical issues and causes of stress. The Compass Recovery College and Sport in Mind services were also well regarded. People suggested there needs to be greater counselling provision generally, more support for children and young people experiencing mental health problems, and more support after bereavement. Some people's experience was that they were unable to access mental health support without reaching crisis point.
- 6.32 There were several references to the value of New Directions courses - particularly for those over retirement age - in giving people access to mental stimulation and opportunities to meet others on a regular basis. Another observed that the work of Regulatory Services gave people confidence in eating out, which can be important socially. There were also various positive references to support to combat social isolation almost vulnerable groups, especially new parents, older people and unpaid carers. Both current and former carers talked about the benefits to them of being supported to take breaks. A number of people felt that more support is needed to address loneliness, as some of the people using existing services still go for several days at a time without speaking to anyone. Feedback was very positive about the library and museums services, with people commenting that it is important to retain these despite current financial pressures. Ideally, people would like to see libraries open for longer hours, but were generally appreciative of the Council having retained as much provision as it has in challenging financial times.
- 6.33 All of the feedback on the local smoking cessation service - from service users and referrers - was positive. One person had found the weight management service simplistic and patronising, and pointed out that services need to recognise that not all weight problems come from ignorance of what constitutes junk food. People were also positive about NHS healthchecks, and said these were helpful in supporting them to make lifestyle changes as they got older in order to maintain health. People commented that sexual health services generally and HIV support services in particular are both important sources of support as taboos prevent many people from being able to talk openly about these issues and so understand how to manage their health in this area.
- 6.34 There were various services which people felt needed to be promoted more effectively, giving examples of under-used services or valued services which people felt they had 'stumbled upon'. This included smoking cessation support, with several people observing that they hadn't understood how much more likely people are to quit with support until they were in touch with the service and experienced it themselves. Another example was support to access physical activity via GP referral.

Some people thought there were too often blanket approaches to advertising, rather than targeting services on people who need them most or who find it harder to access support. Although interpretation and translation support is available to support access to many services, this is not widely known which means that people with sensory needs or who speak little or no English may miss out. In general, people felt it was also important to consider access outside of office hours for residents who are in full time employment. Another general comment was that there is scope for more integration of services to encourage take-up - at libraries, GP surgeries and Children's Centres, for example.

- 6.35 Several people commented that they don't expect any more from the Council as they regard the further steps they need to take to improve their health and wellbeing as a personal responsibility. However, some went on to note that making positive lifestyle changes is often dependent on having personal assets to build on - financial, social and emotional - and that not all residents have these in place. The suggestion was made that any development of services should involve better identification and targeting of support on those in greatest need.

Next steps for healthy lifestyle support

- 6.36 Lifestyle factors make a higher contribution than anything else to rates of premature death, and are the factors which should be most in people's control. However, people make poor lifestyle choices for many reasons and may need support to change. We asked for specific feedback on the idea of introducing more digital support for healthy lifestyle choices, as well as integrating this support and offering it alongside other services or in alternative settings.
- 6.37 Feedback was overwhelmingly in favour of combining lifestyle support services in future. People gave several examples of locations where this approach was already being used very successfully. Some people pointed to efficiency gains as an expected benefit, but more people felt that this was simply an approach which reflected the reality of people's lives, with issues tending to go hand in hand. There was strong support for a holistic approach, supporting collaboration amongst a wide range of statutory partners, and enabling people to access various support through a single point of entry. A minority did express concern, however, that access to specialist support could be diluted.
- 6.38 97% of respondents owned a mobile phone or a device such as an iPad. 52% said they used this for calls or texts only, although actually 72% reported that they also used Apps. 48% said they weren't currently using any health-related technology. Of those who indicated they did use health-related technology, the devices most frequently identified were a Fitbit (51 examples) and a Step Tracker (48 references). 26% stated they owned a Voice Personal Assistant: 19% were currently using this to access music and radio only.
- 6.39 Many people agreed that there was a place for a digital offer as part of this service, and some said this would be their primary or sole route for accessing such support if it was available. However, some people thought this would not be an appropriate route at all, and felt it would exacerbate people's reliance in digital channels, which can have negative health impact in itself. On the plus side, people noted that digital access could take services to more people for a modest cost. However, respondents also identified a number of groups who would continue to require face-to-face access to this sort of support. The residents most people referred to here were people who were unfamiliar with digital technology and so would not be motivated to access services in this way, including people who were concerned about how private their digital interactions could be. Other feedback was that whilst some people could be supported to become more comfortable with technological support, some would

continue to find this uncomfortable or difficult to use, e.g. older people, or people with physical or cognitive limitations. People also pointed out that digital support alone would be insufficient for people who are homeless or living in deprived areas as their access to digital technology will be limited.

6.40 Some people suggested that digital support is inappropriate for getting people to take the first step towards a healthier lifestyle as they don't know what they don't know at that stage. Several people commented that, even for access to preventative information and advice, the point at which many people first access services may be when faced with some form of crisis. It was suggested that digital support is not appropriate then as emotions are running high and people need support to find their way through the information available to what is most relevant to them. Several people felt that face-to-face support was likely to be more effective in supporting people to quit smoking or recover from dependence on drugs or alcohol because of the need for challenge at key points. Others suggested that the social isolation which often accompanies these problems makes face-to-face support an important part of helping people towards a healthier life.

6.41 People suggested a wide range of settings which could potentially be used to offer support for healthier lifestyles - GP surgeries and health centres, Council offices, libraries, post offices, community centres, leisure centres, pharmacies, bars, nightclubs, schools, Children's Centres, churches, supermarkets and cafes. We invited people to suggest what services could be offered alongside one another effectively, and people suggested various 'clusters' - such as information about maintaining a healthy environment, a digital and assistive technology hub, a family and parenting support centre, a homelessness outreach service, a wellbeing newsletter, a voluntary sector services hub, a disability support centre, and an older people's information point. Several people pointed out the benefits of centralised one-stop hubs for health and wellbeing, including statutory and third sector organisations. Many people commented that the right setting would depend on the precise service and the circumstances of the individual being offered support. Sometimes there will be a greater need for confidentiality or restrictions on an individual's ability to visit settings so home visits may be necessary.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Noting public feedback on the Council's Public Health responsibilities promotes the development of a healthier environment and improved population health, which in turn supports meeting the priorities set out in the Corporate Plan 2018-21:

1. Improving access to decent housing to meet local needs
2. Protecting and enhancing the lives of vulnerable adults and children
3. Keeping Reading's environment clean, green and safe
4. Promoting great education, leisure and cultural opportunities for people in Reading
5. Ensuring the Council is Fit for the Future

6. EQUALITY IMPACT ASSESSMENT

6.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

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

- 6.2 An Equality Impact Assessment is not relevant to the action the Committee is recommended to take in relation to this report. However, the public feedback identifies some potential disproportionate impacts on 'protected' groups of residents in the event of changes being proposed to Council spending in support of its Public Health responsibilities. These would be considered further in order to develop Equality Impact Assessments in the event of specific proposals for change being recommended.

7. LEGAL IMPLICATIONS

- 7.1 There are no direct legal implications from the recommended course of action.
- 7.2 There is a legal requirement on the local authority to set a balanced budget each year, and in doing so consider the statutory advice of the Chief Finance Officer on the robustness of the budget and adequacy of balances. Public Health Grant may 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.

8. FINANCIAL IMPLICATIONS

- 8.1 There are no direct financial implications from the recommended course of action.