

## READING BOROUGH COUNCIL

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

<b>TO:</b>	<b>POLICY COMMITTEE</b>		
<b>DATE:</b>	<b>8 APRIL 2019</b>		
<b>TITLE:</b>	<b>PUBLIC HEALTH BUDGET 2019-2021</b>		
<b>LEAD COUNCILLOR:</b>	<b>CLLR GRAEME HOSKIN</b>	<b>PORTFOLIO:</b>	<b>HEALTH, WELLBEING AND SPORT</b>
<b>SERVICE:</b>	<b>PUBLIC HEALTH</b>	<b>WARDS:</b>	<b>BOROUGHWIDE</b>
<b>LEAD OFFICER:</b>	<b>MARION GIBBON</b>	<b>TEL:</b>	<b>0118 9374538</b>
<b>JOB TITLE:</b>	<b>CONSULTANT IN PUBLIC HEALTH</b>	<b>E-MAIL:</b>	<b>marion.gibbon@reading .gov.uk</b>

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets the budget for Public Health for 2019/20, 2020/21 and 2021/22 including the required re-profiling of the Public Health budget between 2019/20 - 2021/22.
- 1.2 The Public Health budget for 2018-19 was agreed at Policy Committee on 9<sup>th</sup> April 2018 and an in-year re-profile was presented on 29<sup>th</sup> October 2018. Services are expected to be delivered within the envelope of the Public Health grant in this financial year without the need to draw down on the reserve as previously anticipated.
- 1.3 Public Health commissioners have worked with providers to explore both in year and future in-year options whilst working within contractual constraints. This has resulted in some positive negotiations with providers in identifying ways to address the risks associated with funding reductions, and continued service delivery in areas of priority for Reading.
- 1.4 The work to renegotiate services to date has been based on direct collaborative working with relevant providers and partners to maintain delivery of key outcomes for target groups. This work has focussed on sustainability and review against best value and quality principle. This work has involved the continued wider commissioning with other local authorities in West Berkshire and is aimed at maximising this approach if appropriate.
- 1.5 **LIST OF APPENDICES**
  - Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19
  - Appendix 2: Equality Impact Assessment

## **2. RECOMMENDED ACTIONS**

- 2.1 That Policy Committee agree the proposed use of the Public Health grant in meeting Public Health outcomes by the local authority from 2019/20 to 2021/22.**

## **3. POLICY CONTEXT AND BACKGROUND**

- 3.1** The Health and Social Care Act 2012 (“the Act”) passed 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 and, 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 tuberculosis
- 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 an officer led Public Health (PH) Board. The PH Board’s role is to oversee the Public Health and Wellbeing budget and ensure it is deployed effectively to meet health and wellbeing duties and priorities, consulting and engaging with wider health and social care partners as appropriate. A Memorandum of Understanding (MoU) is in place for use when Public Health Grant is being managed outside of the Directorate by other Council departments to meet public health priorities for Reading.
- 3.4** A Public Health Grant budget for 2018-19 was brought to Policy Committee in April 2018, followed by a report in October 2018 setting out a re-profiling of that budget within the same financial envelope. This profiling addressed partners concerns related to the significant inequalities that smoking poses to both financial and health outcomes: also drug related county border issues being faced by Reading. A review of commissioning options 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 partner and public feedback (from the Public Health Budget Consultation from 1 November 2018 to 6 January 2019) on the importance of support to prevent (or reduce) ill health, budget proposals have been prepared for 2019/20 through to 2021/22 which largely maintain the Council's level of expenditure on these services, but re-profile the budget to ensure financial sustainability. The proposed Public Health Grant budget for 2019-20 reflects the 2.6% reduction in the Grant from central government. The grant value is then expected at this stage to be maintained in 2020-21 and 2021/22.

### Smoking Cessation: Position and Improvements

- 4.4 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.
- 4.5 Reading's smoking cessation provider continues to offer and deliver community outreach smoking cessation services. From April to December 2018 they had supported 324 Reading residents to complete a 4 week quit and 147 people to complete a 12 week quit. They also continue to support innovation having launched a new online product, Bella, which has been made available to Reading residents - with 216 self-reported quits through this approach.
- 4.6 The current provider has developed a combined approach of online support with face to face and group support, and is finding that it is having positive outcomes for people which will be beneficial for our future commissioning.
- 4.7 Nationally, traditional health and wellbeing organisations, including Public Health England, are moving towards developing online platforms which target 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 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 focuses on prevention of ill-health that best meets the changing needs of people in Reading.

## **Healthy Weight Management: Position and Improvements**

- 4.8 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)
- 4.9 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%).
- 4.10 Again the current programme has improved weight outcomes for people, and had a positive impact, but with a drive for continued improvement in outcomes further innovative approaches will be needed.
- 4.11 The re-profiled budget would ensure that there is a child and adult weight management service after April 2019. The initial proposal will maintain the group sessions; however, our current provider is considering more innovative online solutions. For example, 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 University of Southampton model uses an online platform which has successfully shown that service users lose weight.
- 4.12 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 above.

## **Peer support to reduce loneliness and support self-management of long term health conditions**

- 4.13 From June 2018, the Council put in place a number of contracts to facilitate peer support services for residents particularly vulnerable to the health impacts of loneliness and social isolation, including barriers to social inclusion on account of long term health conditions. These services are performing well in developing people's skills and confidence to live healthier lives. However, results from the 2017-18 Adult Social Care user survey indicate that a higher proportion of respondents to the survey than previously have reported that they have less social contact than they would like. Furthermore, a larger proportion of respondents in Reading reported less social contact than they would like compared with elsewhere in England and amongst residents of councils similar to Reading.
- 4.14 Overall, the level of Public Health Grant invested in these services will continue to be targeted towards the most vulnerable residents. The re-profiled budget also promotes social inclusion by funding support for adults with a learning disability / in contact with secondary mental health services which allows them to live in stable and appropriate accommodation.

## Drug & Alcohol Service Position

- 4.15 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)
- 4.16 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.
- 4.17 The re-profiled budget addresses the numbers in specialist treatment for drugs and alcohol. Numbers in specialist treatment for alcohol were 166 (2016/17). Those that successfully completed alcohol treatment were 78 (Reading 46.99%, England 39.98%) Numbers in specialist treatment for opiate drug misuse were 616 (2016). Those that successfully complete drug misuse treatment (opiate) were 59 (Reading 9.58% England 8.11). Numbers in specialist treatment for non-opiates were 73 (2016). Those that successfully completed drug misuse treatment for non-opiates were 40 (54.79% Reading, 51.28% England (See Appendix 2 - Table 2). However, successful treatment does not necessarily mean that someone never needs treatment again, although currently we do not have performance data highlighting the numbers that re-present.
- 4.18 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. The re-profiled budget includes placement support for adults with mental health issues and funding for rehab for drug and alcohol users.

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

- 4.19 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.
- 4.20 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.
- 4.21 The Commissioning Team commenced a contract review with the provider from October 2018 to January 2019. This resulted in a positive outcome in a revised service specification that continues to deliver improved outcomes to 0 to 19

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<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

children and which allows the provider to work in a more flexible way in how it chooses to use its workforce to better target vulnerable groups and deliver good outcomes.

- 4.23 The longer term strategic plan for this service is to work with the sub regional public health team and West of Berkshire authorities to redesign the service and to realise economies of scale and efficiencies, resulting in a procurement of services starting in 2021. This will include a robust analysis of evidence, outcomes and models of delivery.

### **Shared Team and Informatics Support**

- 4.24 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).

- 4.25 A set of key performance indicators have 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.

- 4.26 The budget for the shared team and informatics support will decrease by £15k in 2019/20. 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 existing arrangements.

### **Sexual Health services**

- 4.27 Sexual and reproductive health services involve contracts with multiple providers which provide services focused on improving the sexual and reproductive 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 largest contract is an Integrated Sexual and Reproductive Health Service. The services are open access which means Reading Borough Council pays for its residents

who access services in all areas across England and promote a preventative and positive approach towards sexual health.

- 4.28 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%).
- 4.29 Reading is part of a re-procurement of an integrated sexual and reproductive contract which is due to be tendered for in 2019/20.

### **Early intervention and advice**

- 4.30 The Public Health Grant is also used to help fund some early intervention and advice services for particular groups of vulnerable residents to support wellbeing and reduce health inequalities:
- helping families to access services and support to manage insecurity of housing, food or other basic needs and to manage the stress and stigma of poverty and its impact on child health;
  - advising and supporting people who are at greater risk of health problems and premature mortality by virtue of being without a permanent fixed place of abode;
  - advising people at risk of fuel poverty so as to reduce excess winter deaths and supporting vulnerable residents to mitigate against the impact of cold weather.

## **5. CONTRIBUTION TO STRATEGIC AIMS**

- 5.1 Meeting 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
- 5.2 The proposal contributes to meeting the priorities set out in Reading's Health and Wellbeing Strategy. The proposed use of Reading's Public Health Grant set out in this paper particularly applies to:
- Priority 1 - Supporting people to make healthy lifestyle choices - focused on dental care, reducing obesity, increasing physical activity and reducing smoking
  - Priority 2 - Reducing loneliness and social isolation
  - Priority 5- Reducing the amount of alcohol people drink to safer levels

The proposals also apply to one of the underpinning principles of that strategy - high quality co-ordinated information to support wellbeing.

## **6. COMMUNITY ENGAGEMENT AND INFORMATION**

- 6.1 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".
- 6.2 The Council conducted a public consultation from 1<sup>st</sup> November 2018 to 6<sup>th</sup> January 2019 to identify and explore the issues of particular interest to Reading residents relating to the Council's Public Health responsibilities. This included previous allocations of Public Health Grant, and other services provided by the local authority to promote, protect or improve health, funded from other sources.
- 6.3 The service which most people highlighted in their responses was the maintenance of parks and open spaces, followed by health visiting, school nursing and children's centres. Support for mental wellbeing was also identified as a priority by a significant number of residents.
- 6.4 Most of the services currently provided to support health and wellbeing were held in high regard, but with people having concerns for their capacity in light of previous funding reductions and the prospect of further such reductions as local authority budgets remain under pressure.
- 6.5 People were invited to comment on the principle of offering certain 'healthy lifestyle' support services differently in future - to include an enhanced digital offer and a more holistic approach. This was broadly welcomed, but with some reservations as to how effective this might be for some sections of the community.
- 6.6 Whilst the recent consultation feedback provides an indication of resident and partner priorities with a view to achieving many of the public health outcomes, some areas require further exploration to inform how the Council will address the issues.

## **7. EQUALITY IMPACT ASSESSMENT**

- 7.1 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.
- 7.2 The recent consultation on Reading residents' health and wellbeing priorities has developed our understanding of how the Public Health Grant re-profiling might impact differently on protected groups. Potential adverse equality impacts have been identified, but these can be mitigated against by focusing on efficiency gains over absolute reductions in service delivery, and targeting services to promote equity of access.

7.3 An Equality Impact Assessment is relevant to the decisions regarding the 2019-21 Public Health budget re-profiling, and a completed Assessment is attached as Appendix 2.

## 8. LEGAL IMPLICATIONS

8.1 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.

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

## 9. FINANCIAL IMPLICATIONS

9.1 The table below the Public Health grant for Reading since 2014/15 with the amounts transferred to the Council from the NHS in relation to the Public Health Nursing Service. The service was transferred part way through 2015/16 with related funding transferred mid-year and at the start of 2016/17, this totalled £2.892m with the remainder of the service £0.321m from within the general public health grant.

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Initial Grant Value	8,212	8,212	9,060	10,269	10,016	9,758
Transfer of 0-19 Public Health Nursing Service Funding	N/A	1,446	1,446	N/A	N/A	N/A
PHE Reduction in Grant	N/A	-598	-237	-253	-258	-258
Revised Grant Value	8,212	9,060	10,269	10,016	9,758	9,500
% Grant Reduction	0.0%	-6.2%	-2.3%	-2.5%	-2.6%	-2.6%

9.2 The PHE reduction in grant line shows the reduction in the Public Health grant provided to Reading on an annual basis. The total value of this reduction in cash terms is £1.604m.

9.3 The table below shows how the budget has been reallocated to ensure funding is available to each service areas based on expected spend across the next three financial years. The money saved from the efficiencies generated across the main Public Health contracts have been reinvested in council delivered services which meet public health outcomes, further details are below.

**Table 1: Redistribution of Public Health Funding**

Row No:	Service Area	2018/2019 £000	2019/2020 £000	Change £000	2019/2020 £000	2020/21 £000	Change £000	2020/21 £000	2021/22 £000	Change £000
1	Staffing and Related Expenditure	399	399	0	399	399	0	399	399	0
2	Sexual Health	1,665	1,612	-53	1,612	1,512	-100	1,512	1,512	0
3	Wellbeing Services	163	187	24	187	157	-30	157	157	0
4	Shared Team	135	120	-15	120	120	0	120	120	0
5	Health Visiting	3,213	2,947	-266	2,947	2,860	-87	2,860	2,860	0
6	Drug and Alcohol Team	1,949	1,831	-118	1,831	1,831	0	1,831	1,831	0
7	Public Health Services Voluntary Sector support delivered by Adults Care and Health Services	373	358	-15	358	358	0	358	358	0
8	Public Health Services Non Voluntary Sector support delivered by Adults Care and Health Services	305	757	453	757	878	121	878	878	0
9	Public Health Services delivered by Environmental and Neighbourhood Services	583	583	0	583	583	0	583	583	0
10	Public Health Services delivered by Directorate of Resources	308	408	100	408	408	0	408	408	0
11	Public Health Services delivered by Brighter Futures for Children	497	497	0	497	394	-103	394	394	0
12	Contingency Budget	168	0	-168	0	0	0	0	0	0
13	Reserve Drawdown	0	-199	-199	-199	0	199	0	0	0
14	Total Expenditure	9,758	9,500	-258	9,500	9,500	0	9,500	9,500	0
15	Public Health Grant Value	-9,758	-9,500	258	-9,500	-9,500	0	-9,500	-9,500	0

**Explanation of re-distribution:**

The Contingency Budget of £168k (Row 12) available in 2018/19 has now been allocated in 2019/20 to ensure budget matches expected spend across the service areas. No further contingency is available in the budget for future years.

The Reserve Drawdown of £199k (Row 13) in 2019/20 has been agreed for one year whilst permanent efficiencies are finalised for 2020/21.

Row 8 relates to services in Adult Social Care that are meeting Public Health Outcomes (funding of £438k in 2019/20 and £121k in 2020/21). In particular services that:

- Support Adults with a learning disability / in contact with secondary mental health services to enable them to live in stable and appropriate accommodation.
- Support placements for Adults with Mental Health issues and funding for rehab for Drug and Alcohol users.

Row 10 relates to services funded from the Resources Directorate in the Council (funding of £100k in 2019/20) that are meeting Public Health Outcomes. In particular services that:

- Provide Advice Services relating to Children in Poverty
- Provide Advice Services for people that are homeless
- Provide Advice Services to people about Fuel Poverty.

## **9. RISK ASSESSMENT**

- 9.1 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 Wellbeing priorities.
- 9.2 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.

## **10. SUPPORTING DOCUMENTS**

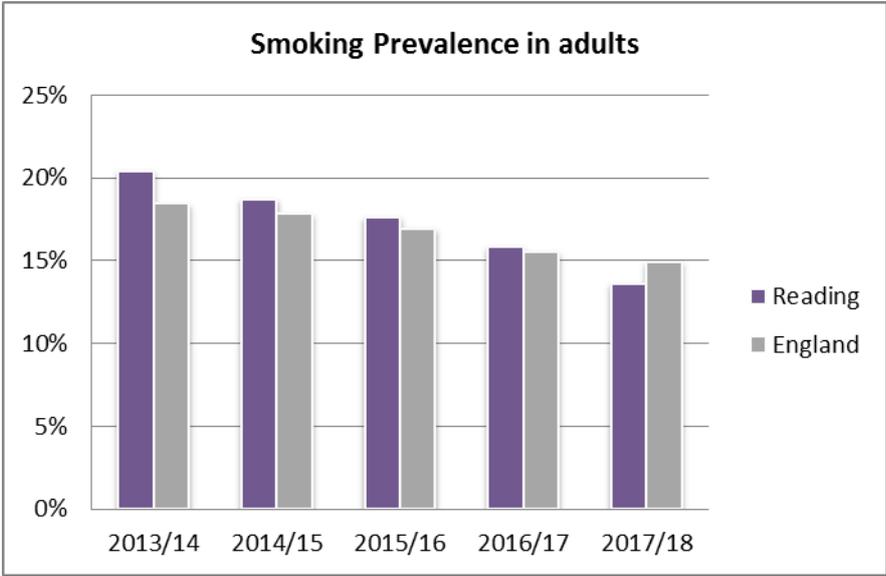
Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19

Appendix 2: Consultation report

Appendix 3: Equality Impact Assessment

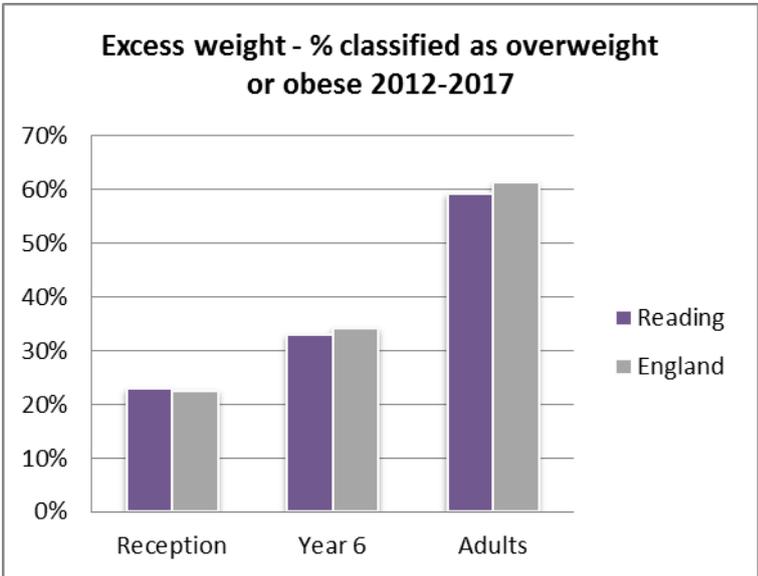
**APPENDIX 1: PERFORMANCE AND PREVELANCE DATA FOR PUBLIC HEALTH SERVICES AFFECTED BY THE BUDGET CHANGE**

**Figure 1: Smoking Cessation**



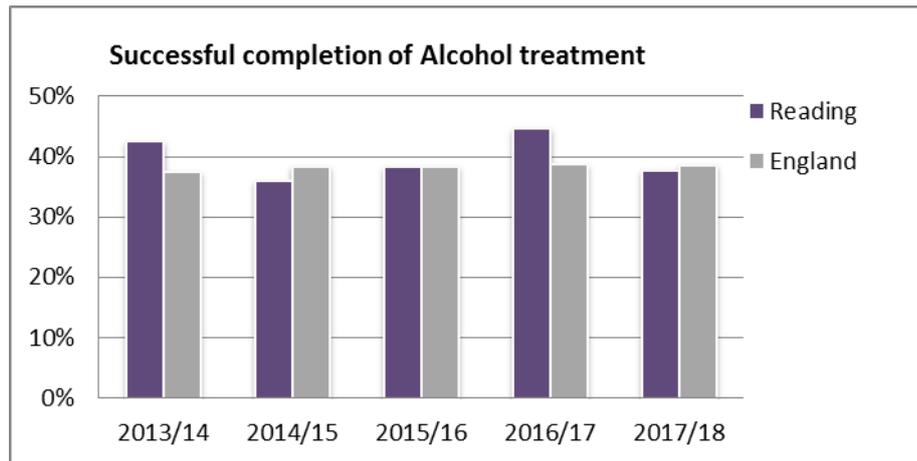
Smoking prevalence in adults continues to fall and is now lower than the England average.

**Figure 2: Weight Management**

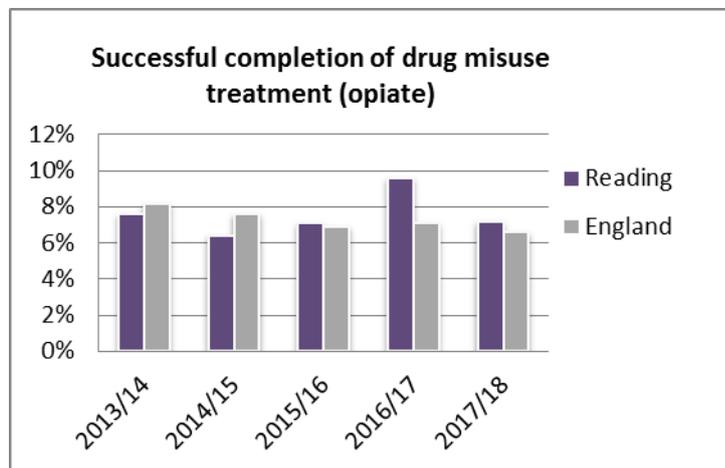


Reading is similar to the England average in the % of population classified as overweight or obese for both Children and Adults.

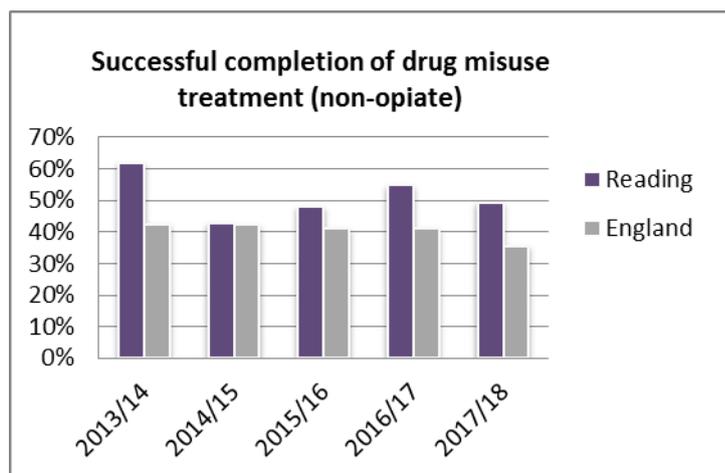
**Figure 3a: Drug & Alcohol Treatment**



**Figure 3b: Drug & Alcohol Treatment**

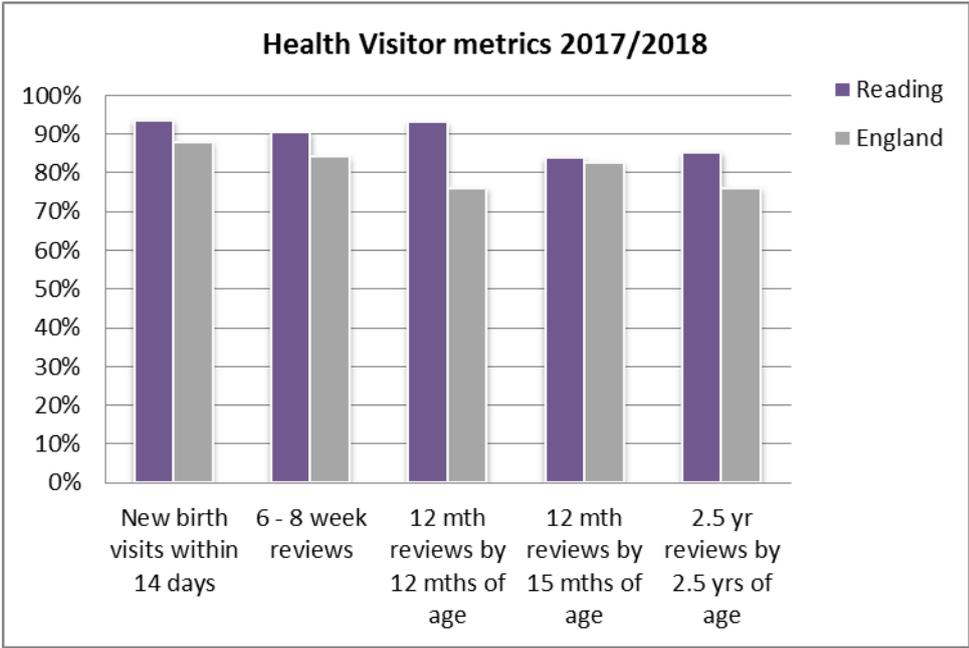


**Figure 3c: Drug & Alcohol Treatment**



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 Grant budget for 2019-21

**Directorate:** Adult Care & Health Services

**Service:** Public Health

**Name of person doing the assessment**

**Name:** Janette Searle

**Job Title:** Preventative Services Development Manager

**Date of assessment:** 18 March 2019

### 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 profiling Reading's Public Health Grant as proposed for 2019-21. 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 of 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 2019-20, 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 £9,500,000. This allocation could 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 2019-20 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 changes in the following specific services.

### Smoking cessation

This service will be maintained at the current level into 2019-20 but with the expectation of efficiency savings thereafter through a managed transition to a new service offer. This is intended to integrate smoking cessation support with other support to maintain healthy lifestyle choices, and have 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 were de-commissioned in September 2018, but will be reinstated in 2019-20. There is now 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 in conjunction with what might be offered by our provider in future. The future expectation - subject to further 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

There will be a modest reduction in the value of the Council's drug and alcohol support services in 2019-20 following the recommissioning of the service in line with a revised model. Proposals to reduce this service more significantly 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 are 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 has been renegotiated to deliver efficiencies. 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 families in communities which have historically been under-represented in the take-up of those services. As the value of the 0-19 contract is less, it will be important to consider how to retain a targeted approach to reach those families in greatest need.

#### NHS Healthchecks

A budget has been set to support the NHS Healthcheck programme, based on 2018-19 levels of demand but without any allowance for active promotion of the programme and the impact this could have. A consideration of the current model of delivery is being undertaken with a view to changing this if the evidence supports it. The programme currently 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 current budget means that the health check offer will not be increased to meet more than current demand, 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 the value of individuals taking stock of their health, but may be supported by other professionals outside of the NHS Healthcheck programme. The emphasis is on 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.

### 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.

### **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 2019-20 and 2020-21 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 for 2019-20 and 2020-21 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 EqlA is Relevant

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

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

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 18/03/2019

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.

Efficiencies being made in the 0-19 service could disproportionately affect young people, although there could also be an impact on parents. Efficiencies 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. How the weight management support is provided is 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): Janette Searle

Date 18.03.2019

Signed (Lead Officer): Marion Gibbon

Date 18.03.2019