

Equality Impact Assessment & Analysis

Public Health & Wellbeing Review

Introduction

Purpose

This report identifies and describes the potential impacts in respect of Protected Characteristic Groups living and working in South Gloucestershire, in relation to proposed savings outlined as part of the Public Health & Wellbeing review.

The Public Sector Equality Duty sets out what the Council must do to ensure that it is compliant with the requirements of the Equality Act 2010, including:

- taking positive and proactive steps to identify areas of potential inequality before they have a chance to impact on people;
- making changes to ensure that potential impacts are reduced;
- taking steps to improve equality of opportunity for all people.

The Equality Impact Assessment and Analysis process supports the Council in discharging its responsibilities under the Public Sector Equality Duty.

Background

Like other local authorities, South Gloucestershire Council has a legal duty to protect and improve the health of the local population and reduce inequalities in health outcomes. Within the Council, the Director of Public Health is the responsible lead officer for this function and is accountable for prioritising expenditure of the ring-fenced grant in addressing local health needs and priorities. The Public Health & Wellbeing Division provides the core capacity for this agenda, working closely with other council departments and external stakeholder organisations.

Reductions to the national ring-fenced public health grant announced by the Treasury in 2015 have resulted in cuts to the South Gloucestershire Council allocation for the next three years followed by no increase in funding in the fourth year (see table 1 below). In-year cuts applied in 2015/16 required savings of £557,000.

Since the transfer of public health to local government following enactment of the Health and Social Care Act 2012, the funding for this function has reduced by about a third. In order to achieve this level of savings, it is felt that the most appropriate way forward is to undertake a comprehensive review across South Gloucestershire Council's Public Health & Wellbeing Division. This is to ensure that our priorities, our structure and the services we deliver, both directly and through our commissioning arrangements, continue to be fit for purpose and meet the needs of our population.

Table 1: Change in public health grant allocation by financial year

Year	Change
2016/17	-£228,000
2017/18	-£242,000
2018/19	-£288,000
2019/20	-£288,000
2020/21	No change

Proposal

Local authorities are responsible for improving the health of their local population and reducing health inequalities. The allocations to local authorities for public health spending come from a ring fenced grant set by central government. The value of the grant for the next four years was announced in the Comprehensive Spending Review in October 2015. As a result, South Gloucestershire faces a 17% reduction in its public health grant over the next four years.

The main consultation document describes the proposed cuts to the Public Health & Wellbeing budget and can be found in the main consultation document (<https://consultations.southglos.gov.uk/consult.ti/publichealthandwellbeing2016/consultationHome>).

The current review of public health in South Gloucestershire is seeking to provide a longer term sustainable position for the division whilst at the same time delivering the required reductions in funding over the next four years. About half of the proposed savings relate to reductions in the contract value of the main commissioned services which are: public health nursing; drug and alcohol services; and sexual health services. These services comprise approximately 70% of the public health budget and each of these contracts is currently subject to separate public consultation and equality impact assessment and will be published here upon completion - <http://www.southglos.gov.uk/jobs-and-careers/equal-opportunities-information/equality-impact-assessment-and-analysis/>.

A joint contract with Public Health Action ended in June 2016 and was not recommissioned, resulting in further savings.

Savings made through reduction in the public health workforce would result from a proposed restructuring of the division around the priorities detailed in the main consultation document.

Further savings will be made by ceasing provision of the current Exercise on Prescription scheme.

Finally, efficiency savings are proposed by the division over the first two years of the savings programme – these relate to professional training, discretionary projects and annual running costs.

The likely impacts of each of these savings proposals are considered within this report.

Monitoring

The Public Sector Equality Duty closely aligns to the role of reducing health inequalities under the Health and Social Care Act 2012.

The Public Health & Wellbeing Division uses a range of tools to help prioritise how to allocate resources and activities. Each of these has a role in examining the impact of different determinants of health, including this proposed reduction in services.

- **Health needs assessments** are technical reports which help to identify and assess local health needs and how they can be met. The **Joint Strategic Needs Assessment** or JSNA is a critical resource for everyone working across the public health, health and social care system to ensure that common issues are identified and addressed. Each chapter of the JSNA includes information about inequalities identified in relation to that particular topic or disease.
- **Health impact assessments** are undertaken in response to specific proposals and help professionals predict their potential impacts and identify actions that can be taken to reduce them.
- **Health equity audits** are used to check whether services are accessible to and used by all groups, particularly those most in need of them.

Routine monitoring of performance data will allow commissioners to identify and review changes and trends in indicator measures which may be associated with this proposal. Additionally, external organisations that are commissioned to provide public health services in South Gloucestershire are required to show how they reduce inequalities and ensure existing inequalities do not widen.

Equalities issues and impacts

Drugs and Alcohol

Alcohol and drug misuse is a complex issue. The number of people with a serious drugs dependency is relatively small, with bigger numbers dependent on alcohol or drinking at risky levels. In both cases, someone's misuse and dependency affects everybody around them, including their families, friends, communities and society.

The Drug & Alcohol Action Team aims to improve the health and wellbeing of the people of South Gloucestershire and reduce health inequalities through the provision of high quality, effective, efficient, and evidence-based substance misuse services in community and custodial settings.

Further information about local drugs and alcohol services can be found here:

<http://www.southglos.gov.uk/health-and-social-care/staying-healthy/drugs-and-alcohol/>

The prevalence of drug dependence is known to vary with both ethnicity and income. UK data suggests shows higher levels of drug dependence in those with black and South Asian ethnic origins. The prevalence of drug dependence is greater in men and women from lower income groups.

Some groups have been found to be at higher risk of harm caused by alcohol consumption. There is a strong association between alcohol related harms and measures of social deprivation. Alcohol dependence is more common in white men and women than those from minority ethnic groups.

Children growing up in households where there is problematic alcohol use are at risk of poor health and wellbeing due to neglect, abuse and violence. Other vulnerable groups may also be affected by alcohol related domestic abuse.

Over one in ten current users of alcohol treatment services in South Gloucestershire also receives care from mental health services for reasons other than substance misuse.

The commissioner and providers of substance misuse services in South Gloucestershire regularly review the impact of their work across all groups of service users. The main provider organisation includes an engagement team which aims to identify and work with 'hard-to-reach' groups. There are two separate strategies agreed for mental health and wellbeing of both adults and children and young people. Each of these has been subject to comprehensive Equality Impact Assessment and Analysis.

The reduction in funding for drug and alcohol services will impact on a number of commissioned services such as family and carer services and service user advocacy and feedback. However, the proposed service model for substance misuse recommissioning in South Gloucestershire will improve geographical access to services across South Gloucestershire to better meet local need. The ongoing re-procurement process will also include separate public consultation and Equality Impact Assessment and Analysis.

Sexual Health

Sexually transmitted infections, including HIV, remain one of the most important causes of illness due to infectious disease among young people. They also affect older adults. If STIs, including HIV, are not diagnosed and treated early, there is a greater risk of onward transmission to partners and of complications.

There is a clear relationship between sexual ill health, poverty and social exclusion: the highest burden of sexually related ill-health is borne by groups who often experience other inequalities in health, including gay men, teenagers, young adults, black and minority ethnic groups, and more deprived communities. There is a long list of groups who are most at risk of poor sexual health:

- young people;
- asylum seekers and refugees;
- black and minority ethnic groups;
- single homeless people;
- men who have sex with men¹;
- sex workers
- young people who are being sexually exploited;
- looked after young people and care leavers;
- intravenous drug users;
- people with learning difficulties;
- young people with low educational achievement;
- people in prisons and youth offending institutions;
- young offenders;
- young people not in education, training or employment.

Provision of sexual health services is complex and there is a wide range of providers. Further information about the sexual health services available to South Gloucestershire residents can be found here:

<http://www.southglos.gov.uk/health-and-social-care/staying-healthy/sexual-health/sexual-health-services/>

The ongoing re-procurement of specialist sexual health services delivered in South Gloucestershire, North Somerset and Bristol provides an opportunity to mitigate potential impacts by redesigning services to better meet local needs. For example, the new model will require specialist sexual health services to be made available locally, rather than being wholly centralised within Bristol – this should help mitigate impacts by increasing accessibility. Digital access to services is likely to reduce barriers faced by high risk and hard to reach groups and should help to improve health outcomes.

¹ The rate of STIs in men who have sex with men in South Gloucestershire is much higher than the South West average

Public Health Nursing

Ensuring every child has the best start in life is one of the national priorities for public health. Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are established in early childhood.

Public Health Nursing includes the services provided by both Health Visitors and School Nurses in South Gloucestershire. This is sometimes referred to as the '0-19 Public Health Nursing Service' or just '0-19 service'. The overall aim of the 0-19 service is to promote the physical and mental health and wellbeing of children and families. Specifically, it aims to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all child care, early years and education settings

The 0-5 element is led by health visiting services and the 5-19 element is led by school nursing services. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. You can access the service specification – a document which sets out what the 0-19 Public Health Nursing Service is required to do – here:

<https://www.yourhealthyfuture.org/>

The services provided by public health nurses can be:

- **community** based and accessible to everyone;
- **universal** for every child and their family;
- **responsive** to specific needs;
- **targeted and ongoing** for more complex issues.

Some groups of children and their families are at an increased risk of poor health outcomes, including:

- children in poverty;
- children with disabilities;
- children with learning disabilities or special educational needs;
- children with long term health conditions or life-limiting conditions;
- looked after children;
- young offenders;
- children in families affected by drug and alcohol use;
- children exposed to environmental tobacco smoke.

In addition, the 0-19 service has an important role in safeguarding vulnerable children and young people from harm, abuse and neglect.

As the 0-19 service specifically aims to reduce health inequalities by supporting children and their families from birth, there is a risk that reductions in funding for this service may result in poorer outcomes for some specific groups – particularly those considered to be at greatest risk, as identified above. The recent re-procurement process has identified areas where potential efficiency savings can be made. An Equality Impact Assessment and Analysis was undertaken as part of this process.

Public Health Action

Whilst smoking rates have declined over past decades, smoking is still the biggest cause of preventable illness and premature death in the country. Higher smoking prevalence is strongly correlated with areas of socio-economic deprivation. Smoking is responsible for half the difference in life expectancy between the richest and the poorest.

Smoking during pregnancy can cause serious pregnancy-related health problems, and babies from less affluent backgrounds are more likely to be born to mothers who smoke. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, and sudden unexpected death in infancy. Smoking prevalence among people with mental health problems is much higher than in the general population. Nationally, smoking is highest amongst younger males from the routine and manual occupations. It is highest amongst communities of mixed-heritage and minority groups including lesbian, gay, bisexual and transsexual people.

Public Health Action was commissioned by local authority public health teams across the South West region. It aimed to deliver an evidence-based programme to create a Smokefree future for children by accelerating the reduction in smoking and making tobacco-use less desirable and accessible. More recently it supported other behaviour change programmes, including those targeting alcohol related harm. The decision to decommission this service was taken jointly by the Directors of Public Health and the service came to an end from June 2016. Further information about Public Health Action can be found online here:

<http://publichealthaction.org.uk/>

Smokefree South Gloucestershire Services continue to be available in all GP practices and some community pharmacists. Specialist stop smoking services are available in community settings across South Gloucestershire. Information about services available from Smokefree South Gloucestershire can be found here:

<http://www.southglos.gov.uk/health-and-social-care/staying-healthy/smokefree/>

It is difficult to identify the specific contribution made by Public Health Action on the prevalence of smoking and incidence of alcohol related harm in South Gloucestershire and the impact of tobacco-related harm. Given the association between smoking and demographic groups listed above, it is likely that a reduction in funding for tobacco control (specifically the decommissioning of the Smokefree programme delivered by Public Health Action) may impact on efforts to reduce health inequalities. Options to commission a localised tobacco control programme are being actively pursued and proposals are being discussed with the South Gloucestershire Council Safe and Strong Communities team. Any proposals developed through these discussions will be subject to a separate Equality Impact

Assessment and Analysis process which will specifically investigate those groups identified above.

Exercise on Prescription and Lifeshape

Physical inactivity is a significant risk factor for disease and poor health, associated with diabetes, cardiovascular disease, hypertension and obesity. South Gloucestershire's Physical Activity Strategy 2015-20 emphasises the need to promote physical activity in all domains of life and across society.

The Exercise on Prescription (EOP) and Lifeshape service currently delivers a referral pathway for health professionals to support inactive patients in the management of a range of medical conditions by increasing their physical activity.

Further information about the schemes can be found here:

<http://www.southglos.gov.uk/health-and-social-care/staying-healthy/getting-active/exercise-on-prescription/>

The evidence for the effectiveness and cost-effectiveness of exercise referral schemes in encouraging behaviour change and adherence to physical activity is uncertain, especially in the medium-to-long-term. Whilst this service has good initial short term results, there is no evidence that it results in a sustained longer term increase in physical activity for the majority of patients. A recent evaluation of the service found that the existing model of delivery and management of the service is no longer sustainable and we do not have the capacity to manage the volume of referrals. Therefore, in the face of a reduction in available funding and the need to have evidence that interventions and services we provide have sustained public health benefits, the council will cease provision of the Exercise on Prescription scheme. This would result in a net saving, which can be redirected in line with our public health priorities.

Although the council is ceasing to offer this service and is not outsourcing it, a commercial provider of leisure facilities may choose to offer services directly to customers, or approach GPs to see if they could provide a useful link between patients and provider.

Reallocation of the current Exercise on Prescription budget to fund more sustainable interventions with greater evidence of longer term effectiveness should have beneficial impact for target groups of residents. Should a commercial provider offer similar social prescribing programmes in future, these could potentially improve access and choice of activity.

Other efficiency savings

Further potential savings have been identified by reducing the budget allocated within the division to support operational activities. These include:

- 20% total reduction in funding for training and development for our own staff over two years (10% saving on the baseline allocation each year)
- 40% total reduction in running costs in each public health programme area over two years (20% saving on the baseline allocation each year);
- ending funding for discretionary projects awarded in 2015/16.

Efficiency savings will need to be identified by the respective Programme Leads.

The impact of the proposed efficiency savings would be variable according to each programme area and programme leads will need to investigate and mitigate these as operational decisions are made.

Staff

Savings identified through restructuring of the Public Health & Wellbeing Division workforce are not included in this initial public consultation, but will be outlined in full in a staff consultation later in the year. An additional Equality Impact Assessment and Analysis will be undertaken as part of the staff consultation; this will detail any differential impacts on specific groups with protected characteristics.

Research and consultation

First phase of the review: Research

The Public Health & Wellbeing review has been undertaken in two phases. The first phase of the review required a rapid application of in-year funding cuts at the end of the 2015/16 financial year in response to the 2015 Autumn Budget Statement. There was no opportunity for public consultation on the decisions made in the first phase although staff and unions were informally consulted on the proposals.

A report on the first phase of the review was submitted to the Council's Adults, Housing & Public Health Committee on 9 March 2016, including a detailed Equality Impact Assessment and Analysis. The reports can be downloaded from the Council website here:

<https://council.southglos.gov.uk/ieListDocuments.aspx?CId=412&MId=7348&Ver=4>

Second phase of the review: Consultation

The second phase of the review aimed to address the annual reduction in public health grant allocations announced by the Treasury as part of the last Comprehensive Spending Review.

In order to achieve the level of savings required, it was felt that the most appropriate way forward was to undertake a comprehensive review across the whole division to ensure that the priorities, structure and services continue to be fit for purpose.

To enable the review to be managed effectively, a number of specific work streams were established, each led by a member of the Senior Leadership Team and supported by staff from the division. Each work stream submitted a summary report on one of the following topics:

- Priorities and strategic objectives;
- Service provision (including an assessment of the value for money and opportunity costs of in-house and commissioned services);
- Organisational effectiveness (including a review of the structure and operating model);
- Financial modelling.

The Senior Leadership Team referred to these reports throughout the review process, and the proposals outlined in the consultation document are largely based on their contributions.

The public and key stakeholders were consulted on the proposals, including the draft Equality Impact Assessment and Analysis document, over an eight week period from 25 July through to 18 September 2016. The consultation sought the views and opinions of residents, groups and organisations and wanted to find out if all relevant areas are being considered and whether there are any specific impacts or alternatives that the council should consider. The full consultation report contains details of the consultation methodology, including data collection and analysis.

There were two consultation questions which were relevant to the Equality Impact Assessment and Analysis:

- Q6: Is our assessment and analysis of the impact of the review on specific groups accurate?
- Q7: Do you think the recommended actions to offset the potential impacts of the review identified in the Equality Impact Assessment are appropriate and proportionate?

Respondents were invited to provide comments in relation to either question. A summary of the analysis of responses to these two questions is provided in the following section.

Summary of consultation findings

A comprehensive analysis of the findings from the consultation is provided in the main consultation report. Summary of the key findings relating to the Equality Impact Assessment and Analysis is outlined below:

- In total 72 responses to the consultation were received, of which 71 were made online. Only one representation was received in an alternative format.
- 16 responses (23%) were made by representatives on behalf of organisations whilst 49 (69%) were received from local residents.
- A large majority of responses (51, 72%) were made by women.
- The majority of responses from women (78%) were made by local residents, whereas half of the responses from men were made on behalf of an organisation.
- 87% of responses were made by people identifying as 'White British' - this compares favourably to the census figure of 91.9% of the population of South Gloucestershire. 10% preferred not to disclose their ethnicity and 3% identified as being from a BAME group. This compares to 8.9% of the population of South Gloucestershire being from a BAME background. Given that nearly a quarter (23%) of respondents commenting did so on behalf of an organisation directly working in the areas covered in the proposals, it is reasonable to state that respondents have a sound level of knowledge in regard to the diversity of customers using and in need of the services covered within this report, and as such, the needs of diverse groups within society have been identified through both the research and consultation activity informing this Equality Impact Assessment and Analysis.
- 5.5% of respondents identified as having a disability.
- In response to Q6, almost half (49%) of all respondents stated that they did not know whether the draft Equality Impact Assessment and Analysis was accurate and a similar proportion (51%) said that they did not know whether the recommended actions to mitigate the impacts were appropriate (see Table 2: Analysis of responses to Q6 and Q7).
- There were some demographic patterns to the responses to Q6 and Q7.
 - A majority of male respondents (57%) stated that assessment was accurate compared to less than a quarter (22%) of female respondents. More female respondents (51%) than male (36%) said that they didn't know whether the assessment was accurate. A minority (20%) of women who responded to the survey said that they felt the assessment was not accurate, but no men.

- Similarly, nearly twice as many men (43%) than women (24%) stated that the recommended actions were appropriate. However, more men (21%) than women (14%) stated that the recommended actions were not appropriate, in contrast to the results from the previous question.
- Of the respondents identifying as having a disability, half felt that the assessment was appropriate and half said they didn't know (none of the respondents identifying as having a disability felt that the assessment was not appropriate).
- All respondents aged 18-25 agreed that the assessment was accurate and the recommendation were proportionate. Only adults aged between 26-55 felt that the assessment or recommendations were not accurate or appropriate.
- The majority of responses received on behalf of a stakeholder organisation agreed that the assessment was accurate (63%) and the recommended actions were appropriate (56%). However, this contrasted sharply with the opinion of residents where the majority didn't know in either case (57% and 59% respectively). The proportion of residents who disagreed with findings of the Equality Impact Assessment and Analysis was approximately three times the proportion of organisational representatives which may have been related to a lack of familiarity with this process.
- One fifth of responses (20%) provided comments in response to Q6 compare with just under one sixth (16%) for Q7.

Table 2: Analysis of responses to Q6 and Q7

		Q6: Is the assessment and analysis accurate?				Total
		Yes	No	Don't know	(Blank)	
Q7: Are the recommended actions appropriate?	Yes	23%	3%	1%	0%	27%
	No	3%	7%	4%	0%	14%
	Don't know	3%	4%	42%	1%	51%
	(Blank)	0%	0%	1%	7%	8%
	Total	28%	14%	49%	8%	100%

A number of key themes emerged from the comments received in response to consultations questions Q6 and Q7 and these are summarised below:

- Seven respondents to Q6 specifically commented on the level of detail included within the draft Equality Impact Assessment and Analysis. Of these, one felt that such analysis was always distorted and therefore unreliable.
- Three respondents to Q6 suggested that as services provided or commissioned by the Public Health and Wellbeing Division inherently aimed to address inequalities, any cuts to this budget were likely to have a disproportionate impact on vulnerable groups and risk worsening existing health inequalities.
- A number of comments related to perceptions and attitudes in relation to personal choice, lifestyle and individual responsibility in relation to how savings should be apportioned making an apparent distinction between those whose health status was self-inflicted or not.
- Differential potential impacts across the life-course were identified by a number of respondents, but with different perceptions of where these impacts would be concentrated. Three respondents felt that infants and children were likely to be at

particular risk, whereas one respondent argued that whilst there would be specific impacts for older people, other specific vulnerabilities were more prevalent in this age group which would amplify the potential impacts. Another respondent specifically suggested greater consideration of generational impacts within this assessment.

- A number of responses to Q7 were fatalistic about the proposals, indicating broad agreement or acknowledgement that there was very little choice about how savings could be applied. However, one notable exception to this suggested opposing and protesting against the cuts, whilst another advocated increasing income generation to fund service provision.
- Breastfeeding was specifically mentioned in six comments across both Q6 and Q7, with particular reference to adverse impacts on children from more socioeconomically deprived backgrounds. However there are no current proposals to reduce funding available to breastfeeding support services in South Gloucestershire.

Some specific comments, whilst not grouped into distinct themes, carried specific resonance with regard to public health priorities:

- One respondent to Q7 emphasised the need for applying 'proportionate universalism' rather than focussing solely on the needs of the most vulnerable and at risk.
- Another respondent noted that there would likely be "unintended and unexpected consequences" which has not been taken into account in the impact assessment.
- Other comments advised that many efficiencies would have already been realised, queried how services could be improved if training and staffing were cut and suggested protesting against cuts.

Outcome

There are four possible outcomes for an Equality Impact Assessment and Analysis:

- **Outcome 1:** No major change required.
- **Outcome 2:** Adjustments to remove barriers or to better promote equality have been identified.
- **Outcome 3:** Continue despite having identified potential for adverse impact or missed opportunities to promote equality.
- **Outcome 4:** Stop and rethink.

Proposal	Outcome	Notes
Drugs and alcohol	Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality	Separate Equality Impact Assessment and Analysis for the re-procurement of these services should help to mitigate risks to health inequalities (this has already been evidenced via the ongoing EqIAA aligned to Sexual Health services which has identified clear opportunities to improve impacts by redesigning services to better meet local needs whilst still meeting savings requirements.).
Sexual health		
Public health nursing		
Public Health Action	Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	Options to commission a localised tobacco control programme are being actively pursued.
Exercise on Prescription and Lifeshape	Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	Potential to improve access and choice for eligible patient and residents
Other efficiency savings	Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	Programme Leads will need to consider the potential differential impacts of operational decisions relating to efficiency savings with due regard to the potential for adverse impacts of different protected characteristic groups.

Recommended actions

Recommended actions in relation to the potential impacts are listed below.

1. Providers of commissioned services whose funding may be reduced as a result of the proposals should attempt to achieve savings through efficiency measures, use of budget underspends, vacancy management to ensure overall impacts on health are minimised. This is a key way in which any negative equalities impacts in relation to service users can be mitigated.
2. Where changes in service provision are necessary providers will be required, through Equality Impact Assessment and Analysis, to take a targeted approach to ensure no disproportionate impact in respect of protected characteristic groups.
3. Elements of commissioned services which aim to reduce health inequalities should receive relative protection during changes to service provision.
4. Commissioners should closely monitor changes to outcome indicators following any reduction in funding to identify and manage possible impacts associated with the review.
5. Commissioners should undertake Health Equity Audits where specific issues or concerns are raised through routine performance monitoring.

No additional recommended actions were suggested during the public consultation exercise.

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References

A wide range of evidence has been used in undertaking this Equalities Impact Assessment and Analysis, including the following key references:

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Additionally, this report has drawn heavily on previous unpublished work undertaken by Sarah Weld, Locum Consultant in Public Health at South Gloucestershire related to previous reductions in funding during the 2015/16 financial year.

Annex A: Summary of impacts

The table below provides a summary of the possible impacts for each group by protected characteristic.

Equality Group	Comments
Women/Girls	Women tend to use health services more than men, particularly services provided by 0-19 service (although this is targeted at whole family). Women identified as being at particular risk from alcohol related harms.
Men/Boys	Large proportion of drug and alcohol service users are male. Less capacity in 0-19 service may affect engagement with fathers. Greatest health gain from NHS Health Checks considered to be in younger white men. High proportion of young offenders are male. Gay men at particularly high risk of poor sexual health outcomes.
Lesbians, gay men & bisexuals	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Gay men at particularly high risk of poor sexual health outcomes. Higher prevalence of smoking.
Transgender people	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.
White people (including Irish people)	Alcohol dependence is more common in white men and women than those from minority ethnic groups
Asian or Asian British people	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Those from Asian communities are known to be at particularly high risk of diabetes and cardiovascular disease and therefore the risk of those from these communities missing a NHS health check is potentially greater. Some BME groups are at particularly high risk of poor sexual health and therefore any change in access to and provision of services has potential to impact negatively on this group.
Black or Black British people	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Some BME groups are at particularly high risk of poor sexual health and therefore any change in access to and provision of services has potential to impact negatively on this group.
People of mixed heritage	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Higher prevalence of smoking. Some BME groups are at particularly high risk of poor sexual health and therefore any change in access to and provision of services has potential to impact negatively on this group.

Equality Group	Comments
Chinese people	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Some BME groups are at particularly high risk of poor sexual health and therefore any change in access to and provision of services has potential to impact negatively on this group.
Travellers (gypsy/Roma/Irish heritage)	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.
People from other ethnic groups	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.
Physical impairment	0-19 service specifically targeted to children and young people with disabilities and long term health conditions.
Sensory impairment	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.
Mental health condition	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. There is a strong link between drug, alcohol and tobacco use and mental health conditions and thus those with poor mental health are likely to be overrepresented amongst service users. Mental health and wellbeing a high impact area for the Health Visitor service. Women with mental health problems a particularly vulnerable group.
Learning disability/difficulty	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Children with learning disabilities, difficulties and special educational needs may be particularly vulnerable to the impact of reductions to the universal 0-19 services.
Long-standing illness or health condition	Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced. Children with learning disabilities, difficulties and special educational needs may be particularly vulnerable to the impact of reductions to the universal 0-19 services. Outsourcing Exercise on Prescription and Lifeshape schemes may help to improve accessibility for a wider range of individuals by removing restrictions on conditions that are currently excluded in the referral criteria.
Other health problems or impairments.	The proposed changes may affect a range of service for patients with various health problems, including sexually transmitted infections and other sexual health issues.

Equality Group	Comments
Older People	<p>Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p> <p>Evidence of high levels of alcohol use in older age groups. Higher prevalence of specific vulnerabilities related to other protected characteristics may be higher amongst older people further exacerbating any potential impacts.</p>
Children and Young People	<p>Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p> <p>0-19 service specifically targets this age group and their families so there is a real risk of disproportionate impact to this group. Some groups of young people are at particularly high risk of poor sexual health and therefore any change in access to and provision of services has potential to impact negatively on this group.</p> <p>Public Health Action aimed to ensure smokefree environment for children and future generations.</p>
Faith Groups	<p>Risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p>
Pregnancy & Maternity	<p>Health Visitor (0-5) service targets and supports this group of people, particularly those considered to be vulnerable or at higher risk.</p>
Marriage & Civil Partnership	<p>It is not clear whether there would be any disproportionate impact on this group within the population.</p>
General impacts:	<p>A reduction in funding for continuing professional development and training of the public health workforce may negatively impact on the capacity of the division to effectively identify and address health inequalities and inequity in access to, use of and quality of services.</p>