

Title of proposed EIA	Public Health Grant
Reference No	EQUA432
EA is in support of	Amended Function
Review Frequency	Annually
Date of first review	23/11/2020
Directorate	Assistant Chief Executive
Division	Public Health
Service Area	
Responsible Officer(s)	<input type="checkbox"/> Elizabeth Griffiths
Quality Control Officer(s)	<input type="checkbox"/> Marion Gibbon
Accountable Officer(s)	<input type="checkbox"/> Justin Varney
Purpose of proposal	Rebasing of Public Health Grant
Data sources	Survey(s); Consultation Results; Interviews; relevant reports/strategies
Please include any other sources of data	Public Health Green Paper consultation, internal audit reviews (including health inequalities and JSNA), targeted focus groups, Joint Strategic Needs Assessment, stakeholder engagement, Public Health Outcomes Framework, benchmarked spend against core cities, Public Health England benchmark data.

ASSESS THE POTENTIAL IMPACT AGAINST THE PROTECTED CHARACTERISTICS

Protected characteristic: Age	Service Users / Stakeholders; Wider Community
Age details:	Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals took a life-course approach to public health, identifying key areas of need for maternity and children, working age adults and older adults. The rebasing of the budget ensures that the Council has appropriate specialist public health support to deliver its mandatory functions related to AGE:

NHS Healthchecks

National Child Measurement Services

0-5 early years health and wellbeing.
N.B. targeted consultation was undertaken in this area.

The reduction in funding for 0-19 services has been agreed through previous budget cycles and implementation has been agreed and planned with providers to ensure that there is no significant impact on service users.

There is a planned strengthening of commissioning support for 0-19 services to expand the current capacity from 1.0 WTE to 3.0 WTE as well as investment to support dedicated commissioning capacity for children's public health commissioning similar to the approach that is in place for adults.

The planned increase in staffing resources within the team, particularly boosting capacity within the children and young people team and within the adults and older people team will help mitigate adverse impact according to age.

Protected characteristic: Disability

Disability details:

Service Users / Stakeholders; Wider Community

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals including improving the health and wellbeing of our most vulnerable children, working age adults and older adults.

The rebasing of the budget ensures that the Council has appropriate specialist public health support to deliver its mandatory functions related to DISABILITIES:

NHS Healthchecks, particularly the low uptake in those with learning disabilities.

There is currently limited information on the uptake of other public health commissioned services.

The planned increase in staffing resources within the team, particularly boosting capacity within the adults and older people teams - the team that takes a lead for primary care and social care, and boosting capacity in the knowledge and evidence specialist team to improve the joint strategic needs assessment and deep dive capacity - this additional specialist capacity will help mitigate adverse impact according to disabilities.

Protected characteristic: Gender

Service Users / Stakeholders; Wider Community

Gender details:

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals including improving the health and wellbeing of our most vulnerable children, working age adults and older adults.

The Joint Strategic Needs Assessment in 19/20 has done some assessment of gender inequalities but this has been limited by the capacity of the current team.

The planned increase in staffing resources within the team, particularly boosting capacity within the communities and inequalities teams will help mitigate adverse impact according to gender as the increased capacity within these teams will allow for the collation of data and intelligence for a range of populations with a particular focus on gender.

For example the DPH Annual report focuses on adults with multiple

Protected characteristics: Gender Reassignment

Gender reassignment details:

complex needs and will look at the differences observed in terms of gender. This intelligence will form the basis of a range of recommendations to improve practice to better support these populations.

Service Users / Stakeholders; Wider Community

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals including improving the health and wellbeing of our most vulnerable children, working age adults and older adults.

Further work is planned to understand the needs of gender reassignment communities in Birmingham. The planned increase in staffing resources within the team, particularly boosting capacity within the communities and inequalities teams will help mitigate adverse impact according to gender as the increased capacity within these teams will allow for the collation of data and intelligence for a range of populations, for example, the increased capacity to the communities team will allow it to deliver an in depth review of tacit knowledge, intelligence and need within the LGBT community. This intelligence will form the basis of a range of recommendations to improve practice to better support these populations.

Protected characteristics: Marriage and Civil Partnership

Marriage and civil partnership details:

Not Applicable

No impact identified

Protected characteristics: Pregnancy and Maternity

Pregnancy and maternity details:

Service Users / Stakeholders; Wider Community

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health

Green Paper consultation. These proposals took a life-course approach to public health, identifying key areas of need for maternity and children, working age adults and older adults.

The rebasing of the budget ensures that the Council has appropriate specialist public health support to deliver its mandatory functions related to PREGNANCY AND MATERNITY:

0-5 early years health and wellbeing.
N.B. targeted consultation was undertaken in this area.

There is a planned strengthening of commissioning and specialist public health support for 0-19 services.

The planned increase in staffing resources within the team, particularly boosting capacity within the children and young people team and within the adults and older people team will help mitigate adverse impact according to pregnancy and maternity.

Protected characteristics: Race

Race details:

Service Users / Stakeholders; Wider Community

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals including improving the health and wellbeing of our most vulnerable children, working age adults and older adults.

Analysis of available data on BAME health inequalities has been undertaken but has been limited by capacity.

Further work is planned to understand the needs of specific different communities in Birmingham. The planned increase in staffing resources within the team, particularly boosting capacity within the communities and inequalities teams will allow for the collation of data and

intelligence for a range of populations. The increased capacity to the communities team will allow it to deliver an in depth review of tacit knowledge, intelligence and need within various communities defined by race. This intelligence will form the basis of a range of recommendations to improve practice to better support these populations.

Protected characteristics: Religion or Beliefs

Religion or beliefs details:

Service Users / Stakeholders

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals including improving the health and wellbeing of our most vulnerable children, working age adults and older adults.

The planned increase in staffing resources within the team, particularly boosting capacity in the communities and inequalities team will help mitigate adverse impact in this area.

Further work is planned to understand the needs of different religious communities in Birmingham. The planned increase in staffing resources within the team, particularly boosting capacity within the communities and inequalities teams will allow for the collation of data and intelligence for a range of populations. The increased capacity to the communities team will allow it to deliver an in depth review of tacit knowledge, intelligence and need within various communities defined by religion, such as the Sikh community. This intelligence will form the basis of a range of recommendations to improve practice to better support these populations.

Protected characteristics: Sexual Orientation

Sexual orientation details:

Service Users / Stakeholders; Wider Community

Local Authorities have a duty to reduce health inequalities. A three month consultation was undertaken on the proposed public health priority areas for action as part of the Public Health Green Paper consultation. These proposals including improving the health and wellbeing of our most vulnerable children, working age adults and older adults.

Further work is planned to understand the needs of LGBTQ communities in Birmingham. The planned increase in staffing resources within the team, particularly boosting capacity within the communities and inequalities teams will help mitigate adverse impact according to gender as the increased capacity within these teams will allow for the collation of data and intelligence for a range of populations, for example, the increased capacity to the communities team will allow it to deliver an in depth review of tacit knowledge, intelligence and need within the LGBTQ community. This intelligence will form the basis of a range of recommendations to improve practice to better support these populations.

Please indicate any actions arising from completing this screening exercise.

The screening has reinforced the need to strengthen the specialist capacity within the Public Health team to meet the diversity of the city's population.

Please indicate whether a full impact assessment is recommended

YES

What data has been collected to facilitate the assessment of this policy/proposal?

Public Health Green Paper consultation, internal audit reviews (including health inequalities and JSNA), targeted focus groups, Joint Strategic Needs Assessment, stakeholder engagement, Public Health Outcomes Framework, benchmarked specn against core cities, Public Health England benchmark data.

Consultation analysis

Public Health Green Paper analysis showed public support for a life course approach to public health and for the

priority areas identified. Targeted focus groups ensured that views of those under-represented in the consultation sample were considered such as younger people, faith groups and south asian women.

Adverse impact on any people with protected characteristics.

This proposal has a beneficial impact on health inequalities as it increases capacity within the public health team to respond to our most vulnerable populations.

Where contract values have been reduced this has been planned with service providers to ensure that any potential impact on specific minority communities are mitigated and this has included reviewing where there is existing targeted specialist provision e.g. within the sexual and reproductive health contract.

Could the policy/proposal be modified to reduce or eliminate any adverse impact? This proposal has a beneficial impact on health inequalities as it increases capacity within the public health team to respond to our most vulnerable populations.

How will the effect(s) of this policy/proposal on equality be monitored?

Public Health will need to strengthen the monitoring of public health contracts to ensure that the spending of the grant is addressing equality and inequality issues.

The Public Health specialist capacity will need to continue to build and strengthen the equalities content of the JSNA, targeted engagement activities via JSNA Deep Dives, Seldom heard voices focus groups.

What data is required in the future?

The PH team need to capture more granularity of equality data in service contract monitoring across the protected characteristics.

Are there any adverse impacts on any particular group(s)

No

If yes, please explain your reasons for going ahead.

Initial equality impact assessment of your proposal

The rebalancing of the public health grant will strengthen the ability of the

	<p>Council to address equality and inequality issues through expanding specialist capacity, especially addressing the capacity weakness in knowledge and intelligence and in 0-19yrs commissioning.</p> <p>There is more work needed to improve contract monitoring on equalities and inclusion across the public health contracts.</p>
Consulted People or Groups	<p>Public Health Green Paper consultation, internal audit reviews (including health inequalities and JSNA), targeted focus groups, Joint Strategic Needs Assessment, stakeholder engagement, Public Health Outcomes Framework, benchmarked specn against core cities, Public Health England benchmark data.</p>
Informed People or Groups	
Summary and evidence of findings from your EIA	<p>Proposed changes will reduce inequalities in health observed and will enable the public health division to better meet the needs of those within the protected characteristics.</p>
QUALITY CONTROL SECTION	
Submit to the Quality Control Officer for reviewing?	Yes
Quality Control Officer comments	<p>It is agreed that the EIA shows the need to build capacity for the JSNA with regard to the granularity of the equality data to consider under represented groups including the LGBT community, BAME, religious communities. A rebalancing of the PH grant to ensure that health inequalities are not exacerbated and there is specific support for pregnancy, maternity, early years and the 0-19 service</p>
Decision by Quality Control Officer	Proceed for final approval
Submit draft to Accountable Officer?	Yes
Decision by Accountable Officer	Approve
Date approved / rejected by the Accountable Officer	05/12/2019
Reasons for approval or rejection	<p>The EIA reflects the consideration through the PH grant rebalancing process to addressing inequalities</p>

through the role of the public health specialist function.

Please print and save a PDF copy for your records

Yes

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Close