

Equality Impact Assessment / Equality Analysis

Title of service or policy	Public Health Community Services Transformation Programme Board – Programme 2
Name of directorate and service	Public Health and Prevention
Name and role of officers completing the EIA	Marcia Burgham, Public Health Principal & Heather Brumby, Development and Commissioning Manager
Date of assessment	October 2023

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council’s and NHS Bath and North East Somerset’s websites.

1.	Identify the aims of the policy or service and how it is implemented.	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>The Public Health Community Services Transformation Programme Board (Programme 2) is responsible for ensuring the future delivery and commissioning of Public Health services meet the Health and Social Care Act 2012 statutory requirements for Local Authorities following the expiration of the existing HCRG Care Group contract.</p> <p>Programme Two is one of three Community Services Transformation programmes working alongside:</p> <p>Programme One: Adult Social Care Redesign and Community Partners for consideration of a new operating model for statutory adult social care services and future strategic commissioning intentions of services delivered by community partners.</p> <p>Programme Three: Integrated Community Based Care for the future design of children’s and adults’ community health across B&NES, Swindon and Wiltshire (BSW)</p>

		<p>Following the decision not to extend the prime contract with HCRG Care Group, Programme 2 aims to achieve the following outcomes:</p> <ol style="list-style-type: none"> 1. To ensure future commissioning of public health services focuses on prevention and tackling health inequalities. 2. To review, redesign and optimise public health contract delivery to ensure future models are based on evidence of effectiveness and good practice. 3. Ensure public health services are able to meet both national requirements and emerging local priorities and needs in a timely manner. 4. To ensure that the commissioning of future public health services and programmes is person-centred and based on identified population needs. 5. To ensure statutory public health functions are undertaken. 6. To build on learning from successful initiatives and integrated ways of working delivered within existing public health contracts 7. To collaborate and consider ways to achieve positive population health outcomes across the system. 8. Collaboratively encourage innovation for sustainable solutions
<p>1.2</p>	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	<p>This assessment covers the following Public Health services which are included in the Community Services Transformation programme:</p> <ol style="list-style-type: none"> 1. Public Health Nursing Services 2. Wellness Service 3. NHS Health Checks 4. Sexual Health Services (General Practice and Community Pharmacy) 5. Children’s Community Safety Equipment 6. Substance Misuse <p>Under the 2012 Health and Social Care Act, all upper-tier and unitary authorities in England have a duty to take appropriate steps to improve the health of the people who live in their areas.</p>

		<p>Part of this duty is exercised through the requirement for the provision of certain public health functions as set out by regulations made under Section 6C of the NHS Act 2006; and The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, Part 4 Some of which are delivered by the services above:</p> <ul style="list-style-type: none"> • Public health advice service • Protecting the health of the local population • National Child Measurement Programme • NHS Health Check programme • Sexual health services • Oral health promotion and participation in surveys • Public health services for children 0-5
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	The updated service specifications and contracts will ensure each service is aligned with the Council's corporate strategy and priorities.
2. Consideration of available data, research and information		
<p>Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:</p> <ul style="list-style-type: none"> • Demographic data and other statistics, including census findings • Recent research findings (local and national) • Results from consultation or engagement you have undertaken • Service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation and age) • Information from relevant groups or agencies, for example trade unions and voluntary/community organisations • Analysis of records of enquiries about your service, or complaints or compliments about them 		

- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	This data is not currently available; however, requests will be made to current provider(s) to provide full details of the team(s) delivering each Public Health Service to inform future service specifications and ongoing provision.
2.2	What equalities training have staff received?	This data is not currently available; however, requests will be made to the provider(s) to provide full details of all relevant training systems and Continuing Professional Development and will be specified in future service specifications. Public Health Team attended in-person Equalities training on 10/10/23
2.3	What is the equalities profile of service users?	The Public Health services will be delivered across the whole population of B&NES, each individual service EIA will breakdown the overall profile further. Examples of some of equalities profiles of service users being considered are as follows: Strategic Evidence Base Bath and North East Somerset – published 8 th September 2022. Population <ul style="list-style-type: none"> • In 2021, the population of B&NES was estimated to be 193,400, a 9.9% increase since the 2011 census (176,016) - this increase is higher than the overall increase for England (6.6%) and the South West (7.8%) • Since 2011, there has been a 17.5% increase in people aged 65 years and over in B&NES, lower than the national increase of 20.1%. We have also seen an increase of 8.2% in people aged 15-64 years and an increase of 7.6% in children under 15 years

		<p>Ageing Population</p> <ul style="list-style-type: none"> • The population of B&NES is projected to increase by 8% from 2018 to 2028, from 192,106 to 207,919 • The working age population (15-64) is projected to increase by 7% by 2028 • The 65+ population is projected to increase by 15% over the same period • Within the 65+ group, the largest increase is projected to be in the 75-84 age range (33%), followed by the 85+ age group (20%) <p>Sexual Orientation</p> <ul style="list-style-type: none"> • In B&NES, 88.3% identified as straight or heterosexual, which aligns closely with the national figure of 89.4% for England & Wales. • 4.0% identified with an LGB+ orientation (“Gay or Lesbian”, “Bisexual” or “Other sexual orientation”), a higher proportion when compared to England & Wales (3.2%). • In B&NES, 2.0% identified as Bisexual, a higher proportion compared to England & Wales (1.3%) <p>Children and Young People</p> <ul style="list-style-type: none"> • Since 2017/18, the proportion of overweight or obese Reception aged children has been lower in B&NES than nationally (2021/22: 19% B&NES, 22% England). • The proportion of overweight or obese Year 6 children continues to be lower in B&NES than nationally (2021/22: 29% B&NES, 38% England). • The FSM attainment gap at all stages of education is higher in B&NES compared to England, both in 2021/22 and 2018/19 (i.e. the most recent year prior to any Covid-19 disruption). • In 2021/22, the FSM attainment gap worsens as children progress through the education system in B&NES and
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		nationally (28% at Age 5 vs 34% at Age 16 in B&NES; 20% at Age 5 vs 27% at Age 16 in England)	
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	Individual Public Health service EIAs refer to any known differences in experience and outcomes and are informed by a range of methods including satisfaction surveys. Further exploration of any emerging gaps will occur during future consultations.	
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	There is no requirement for consultation at this stage as there is no imminent change of service offer to residents. Once service specifications are confirmed, any required consultations will be carried out in line with our communications plans and aligned with consultations required for Programmes 1 and 3.	
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	There is no requirement for consultation at this stage as there is no imminent change of service offer to residents. Once service specifications are confirmed, any required consultations will be carried out in line with our communications plans and aligned with consultations required for Programmes 1 and 3.	
3. Assessment of impact: 'Equality analysis'			
	Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy: <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 		
		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	3.1 Issues relating to all groups and protected characteristics	The profile and characteristics of the activities to promote equality are	The individual service specific EIAs detail and monitor the steps taken to

		specific to each service and detailed within the individual service EIAs.	plan for and mitigate against any adverse impacts.
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4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Limited-service user demographic data available within some commissioned Public Health services	Improve service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation and age) so that it is consistent across all Public Health services.	Monitoring baseline agreed Monitoring baseline and requirements inform future service specification and clear in contract management framework Monitoring baseline received in quarterly reports by commissioner	Public Health Development and Commissioning Managers	February 2024 From April 2025
Limited equalities profile of some teams delivering some services/policy information available	Improve ongoing data around staff teams and equalities data as part of routine	Quality assurance standards around equalities and training confirmed	Public Health Development and	February 2024

	monitoring and quality assurance	Quality assurance framework agreed and specified as part of future contract management and oversight Quarterly and annual verification process in place and implemented	Commissioning Managers	February 2024 From April 2025
Information on risks to protected groups for each service is expected to be presented through the completion of individual Equality Impact Assessments	Service completion of EIA			

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Rebecca Reynolds, Director of Public Health and Prevention

Date: 23rd October 2023