

3. Public Health

Public Health funding pressures in 2016/17 come from increases in MTFP savings, to be delivered through "shadow funding" - existing spend in other directorates - (£4.4m), and from the in-year national budget reductions to the Public Health grant in 2016/17 (£2.2 million - 6.2%). In addition the Public Health grant is subject to a further year on year reduction which amounts to 9.6% in cash terms over the next five years. This will mean an additional reduction of £800,000 (2.4%) in 2016/17 bringing the total reduction to current public health spending in 2016/17 to £7.5m. This is currently planned to be achieved through:

- cancelling investments planned in 2015/16 (£0.79 million will have an ongoing effect in 2016/17);
- a one off amount of £2.1million carried forward from 2015/16 (PH reserve);
- efficiencies within the team budget (£0.35 million);
- pausing any non-contractual spend (£0.5 million);
- a move to a standard tariff based on activity from a block contract payment for sexual health services (£0.7million). This approach has also been adopted by other local areas and including a number of London boroughs;
- targeting and reducing the number of NHS health checks provided (£0.8 million); and
- renegotiation and reduction of contracted front line services (£2.3 million).

The most significant reduction to current spend is within the existing contracted public health services (£3.1million from health checks and contract renegotiation). This includes 0-19 health visiting and school nursing services, sexual health services, substance misuse services, smoking cessation, NHS health checks and mental health promotion services. The exact form that the savings will take is dependent on which contracts can be varied/cancelled without a prohibitively large fee, but the attainment of these reductions is considered to be achievable, albeit with significant impact on Surrey residents' wellbeing and on future demand due to the preventative nature of these services.

As the Public Health grant was only confirmed on 11 February and discussions are ongoing with regards to variations to existing contracts, the detail on the extent or specific impact of the reductions on each service is not yet fully identified. The equality impact analysis below will be taken into consideration as part of the negotiation process with existing service providers. This will be the basis of a full Equality Impact Assessment which will be completed before final decisions are made at the end of March 2016. Where possible, provision for at risk groups will be prioritised which in turn will mitigate potential impacts on protected characteristic groups. Existing contracts cover:

	Contract being renegotiated	Potential equality impact
1.	0-19 Public Health services	<p>A universal service provided for children and young people. It has targeted elements in areas of deprivation and children not in school (including home schooled) as health inequalities are known to be greater in these areas.</p> <p>Changes in this service impact on the early identification of physical, emotional and social problems and early intervention and family support. The 0-19 teams play a pivotal role in the safeguarding of children. It is anticipated that 0-19 teams are key to the development of the Surrey Multi-Agency Safeguarding Hub and the Early Help network. Reductions to funding pose significant risks to the ability of the services to fulfill this role.</p>

		<p>Such changes would have the potential to impact upon the following protected characteristics:</p> <ul style="list-style-type: none"> • Age • Pregnancy and maternity • Sexual orientation • Disability <p>While provision would be prioritised to mitigate the impact on protected characteristic groups wherever possible it is not possible at this stage to guarantee no negative impact.</p>
2.	Sexual Health	<p>A universal service with targeted activity to increase access for at risk groups such as men who have sex with men, young people, sex workers and black africans.</p> <p>Potential reductions in this service could impact on the following protected characteristics:</p> <ul style="list-style-type: none"> • Sexual orientation • Race • Age <p>While provision would be prioritised to mitigate the impact on these protected characteristic groups wherever possible it is not possible at this stage to guarantee no negative impact.</p>
3.	Substance Misuse	<p>A universal service with targeted activity to increase access for at risk groups.including women suffering domestic abuse, those with co-existing mental health and substance use problems, Lesbian, Gay, Bisexual and Transgender (LGBT) people and offenders and ex-offenders. An additional service is also provided for children and young people.</p> <p>Potential reductions in this service could impact on following protected characteristics:</p> <ul style="list-style-type: none"> • Sex • Sexual orientation • Age <p>While provision would be prioritised to mitigate the impact on protected characteristic groups wherever possible it is not possible at this stage to guarantee no negative impact.</p>
4.	Smoking	<p>This is a universal service with targeted activity for priority groups that are known to have a higher percentage of smokers. This includes those living in areas of deprivation, those working routine and manual jobs and those from a Black and Minority Ethnic population.</p> <p>Potential reductions in this service could impact on the following protected characteristics:</p> <ul style="list-style-type: none"> • Race • Pregnancy and maternity <p>With the recent award of a new contract the current provision is</p>

		<p>expected to continue to be provided in 2016/17 with a greater focus on the above target populations. No further reductions are currently planned.</p>
5.	NHS Health Checks	<p>This is a county wide service to all 40-74 year olds accessed through GPs, pharmacy and community providers. Priority groups include individuals with no known cardiovascular issues who are likely to experience poorer health outcomes. These include those from areas of deprivation, certain ethnic groups, those with unhealthy lifestyles, and those with a family history of cardiovascular disease. There is therefore a risk that older people and certain ethnic groups could be disproportionately impacted by the reduction to the service.</p> <p>However, while the current level of provision is likely to be reduced, the service is looking at how those most at risk of developing cardiovascular disease can continue to access a health check as a priority within the county. The Council hopes to develop plans to mitigate any impacts on protected characteristic groups.</p>
6.	Healthy Weight & Physical Activity	<p>This is currently targeted in geographical areas of the county with known higher levels of obesity and inactivity. Currently the majority of provision is targeted at children and young people /families.</p> <p>Current provision of services for children and young people within Public Health are anticipated to continue in 2016/17 with a remit to continue to target protected characteristic groups.</p>
7.	Public Mental Health	<p>First steps service is a universal mental health promotion service available to adults across the county with a targeted approach to promote access in areas/groups with known levels of higher mental health need.</p> <p>Groups known to be particularly at risk include:</p> <ul style="list-style-type: none"> • Physical Illness/Long Term conditions • Victims of Violence/Abuse • LGBT • BME • Carers • Veterans • Refugees <p>Potential reductions in this service could impact on the following protected characteristics:</p> <ul style="list-style-type: none"> • Race • Sexual orientation • Age • Disability <p>While provision would be prioritised to mitigate the impact on these protected characteristic groups wherever possible it is not possible at this stage to guarantee no negative impact.</p>