SHEFFIELD CITY COUNCIL
Cabinet Report

Report of:	**Jeremy Wight, Director of Public Health**
Date:	**8th May 2013**
Subject:	**Sheffield's Public Health Budget allocation for 13/14**
Author of Report:	**Imogen McLean/Liz Orme**

This report sets out Proposals for the effective use of Sheffield's Public Health Budget for 2013/14 in support of Sheffield's vision and ambitions for Public Health. Public Health leadership moved from NHS Sheffield (NHSS) to Sheffield City Council (SCC) on 1st April 2013, when the Primary Care Trust creased to exist and was replaced by the Clinical Commissioning group (CCG). This change was a response to national legislation as set out in the Health and Social Care Act 2012 and associated national policy. This transition has been the subject of long-term planning and was built on a foundation of positive joint working between the Council and the Public Health Directorate in Sheffield PCT, to address the root causes of ill health and health inequalities and designed to ensure a smooth transition for staff, providers of Public Health services and service users.

Sheffield City Council is now responsible for a Public Health budget to cover Public Health staffing, service commissioning (accounting for the vast majority of spend) and related overheads. In January 2013 the Department of Health confirmed that the 13/14 settlement figure for Sheffield was £29.7m. The Grant will be used to fund services delivered by the NHS, Voluntary and Community Sector and Sheffield City Council. Five specific services are mandatory for local authorities to provide, namely sexual health services, the national child weighing and measuring programme, 'health checks', specialist Public Health advice to the local clinical commissioning group (the 'core offer'), and a general duty to protect the health of the population, including ensuring that appropriate emergency plans are in place. Otherwise the use of the PH Grant is at the discretion of the Council, and progress in improving Public Health within Sheffield will be monitored using the Public Health Outcomes Framework (PHOF), which comprising 68 indicators across the four domains of Public Health activity (see summary at appendix 4). It is National

Government's intention that some element of the Public Health Grant will in future years be dependent on progress made against these indicators.

As a ring-fenced budget, all of this resource will be used in support of support Public Health outcomes for Sheffield residents. Officers have undertaken detailed work to confirm commitments for 13/14 and have entered into a dialogue with provider organisations of Public Health services around the potential for securing savings on contract value during the year. This will allow the Public Health Grant to support a broader range of Public Health activity and services than was the case previously and support activity that tackles some of the wider determinants of health and well-being, building on the previous successes of Public Health in Sheffield when it was hosted within the NHS.

In February members delegated responsibility for the management of the 13/14 Public Health budget on an interim basis to Executive Directors to be spent on current Public Health activity pending a further Cabinet report. This report seeks formal member approval for the use and management of this budget in line with Sheffield's distributed model. Officer delegations are sought to finalise outstanding negotiations with providers on in-year savings, notably with the Sheffield Teaching Hospital. A member-led review is proposed for 13/14, which will shape Public Health investment in 14/15 and beyond in line with the City's ambitions.

Reasons for Recommendations:
A guiding principle for Sheffield's Public Health Transition was to ensure a smooth transfer for staff, providers of Public Health services and service users. For this reason (and in line with the HR staff transfer scheme) existing contractual commitments to the staff that transferred must be honoured.

With some exceptions determined the PCT in consultation with relevant Executive Directors, the majority of Public Health services have continued into the 13/14 financial year, but with the Council as the lead commissioner. These include both commissioned treatment services (substance misuse treatments and sexual health) and Public Health programmes.

In order that Public Health funding can be used to support a broader range of Public Health activity and services, and tackle the wider determinants of health a reduction in the value of some contracts is proposed later on in the financial year. The changes proposed have been subject to impact assessments and informed by provider feedback through equalities impact assessments and consultation. Delegations will allow for outstanding negotiations with providers on how required savings are achieved in-year. The proposed member-led review will build on member work to date and allow for elected members to consider Public Health investment in the round and will inform priorities and funding proposals for 14/15 onwards.

Recommendations:

1 That Cabinet approves the use of Sheffield City Council's £29.7m Public Health Budget for 13/14 in support of Public Health outcomes

and in line with Sheffield's distributed model of Public Health. This will cover staffing, commissioned Public Health services and related overheads.

2 That decisions on the use of any unallocated Public Health Grant (subject to negotiations on contracts) be delegated to the Executive Director for resources in consultation with the Cabinet Member for Health, Care and Independent Living

3 That for the purposes of finalising detailed in-year savings, the Director of Public Health and relevant Executive Directors be authorised, in consultation with relevant cabinet members to negotiate detailed arrangements with providers in support of the overall savings envelope included in the report.

4 That Cabinet gives support for Elected Members to undertake a fundamental review of all Public Health investment during 13/14, which will determine the use of this budget post April 2014. The review will be supported by the Director of Public Health and relevant Executive Directors with subsequent proposals and decisions on the ring-fenced Public Health grant to form part of the Council's 14/15 Budget planning process.

Background Papers:

1. Budget summary paper
2. Equalities Impact Assessment
3. Roles and responsibilities for the Public Health Grant in Sheffield
4. Overview of the national Public Health Outcomes Framework

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
YES Liz Orme
Legal Implications
YES Lynne Bird
Equality of Opportunity Implications
YES Michael Bowles
Tackling Health Inequalities Implications
YES Jeremy Wight

Human rights Implications
NO
Environmental and Sustainability implications
NO
Economic impact
NO
Community safety implications
NO
Property implications
NO
Area(s) affected
City-wide
Relevant Cabinet Portfolio Leader
Cabinet Member for Health, Care and Independent Living
Relevant Scrutiny and Policy Development Committee if decision called in
Healthcare and Independent Living
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
YES

Report to Cabinet: Sheffield's Public Health Budget allocation for 13/14

1. SUMMARY

This report sets out Proposals for the effective use of Sheffield's Public Health Budget for 2013/14 in support of Sheffield's vision and ambitions for Public Health. Public Health leadership moved from NHS Sheffield (NHSS) to Sheffield City Council (SCC) on 1st April 2013, when the Primary Care Trust ceased to exist and was replaced by the Clinical Commissioning group (CCG). This change was a response to national legislation as set out in the Health and Social Care Act 2012 and associated national policy. This transition has been the subject of long-term planning and was built on a foundation of positive joint working between the Council and the Public Health Directorate in Sheffield PCT, to address the root causes of ill health and health inequalities and designed to ensure a smooth transition for staff, providers of Public Health services and service users.

Sheffield City Council is now responsible for a Public Health budget to cover Public Health staffing, service commissioning (accounting for the vast majority of spend) and related overheads. In January 2013 the Department of Health confirmed that the 13/14 settlement figure for Sheffield was £29.7m. The Grant will be used to fund services delivered by the NHS, Voluntary and Community Sector and Sheffield City Council. Five specific services are mandatory for local authorities to provide, namely sexual health services, the national child weighing and measuring programme, 'health checks', specialist Public Health advice to the local clinical commissioning group (the 'core offer'), and a general duty to protect the health of the population, including ensuring that appropriate emergency plans are in place. Otherwise the use of the PH Grant is at the discretion of the Council, and progress in improving Public Health within Sheffield will be monitored using the Public Health Outcomes Framework (PHOF), which comprising 68 indicators across the four domains of Public Health activity (see summary at appendix 4). It is National Government's intention that some element of the Public Health Grant will in future years be dependent on progress made against these indicators.

As a ring-fenced budget, all of this resource will be used in support of support Public Health outcomes for Sheffield residents. Officers have undertaken detailed work to confirm commitments for 13/14 and have entered into a dialogue with provider organisations of Public Health services around the potential for securing savings on contract value during the year. This will allow the Public Health Grant to support a broader range of Public Health activity and services than was the case previously and support activity that tackles some of the wider determinants of health and well-being, building on the previous successes of Public Health in Sheffield when it was hosted within the NHS.

In February members delegated responsibility for the management of the

13/14 Public Health budget on an interim basis to Executive Directors to be spent on current Public Health activity pending a further Cabinet report. This report seeks formal member approval for the use and management of this budget in line with Sheffield's distributed model. Officer delegations are sought to finalise outstanding negotiations with providers on in-year savings, notably with the Sheffield Teaching Hospital. A member-led review is proposed for 13/14, which will shape Public Health investment in 14/15 and beyond in line with the City's ambitions.

2. WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 The Council's intention is to target the Public Health resource at the most effective interventions to address and prevent the underlying causes of poor health. Better well-being is the key to being a successful city, as poor health and inequality undermines Sheffield's ability to fulfil its social, economic and cultural potential at an individual, community and city level. Our ambition is to be a leading city for health and wellbeing with a committed City Council that is a high achieving, Public Health organisation. Sheffield's Public Health budget is ring-fenced for activity/interventions that support Public Health outcomes and all of this resource will be used for this purpose.

2.2 Sheffield City Council has always played a role in addressing the health and wellbeing needs of the population, whether that be through housing, environmental health, education, Children and Young Peoples' Services, adult social care or services which improve and maintain street and community environments. The transfer of NHS Public Health is an opportunity to integrate staff and resources with existing skills and structures. As requested by elected members, Sheffield's approach to Public Health commissioned activity in 13/14 has been designed to support a smooth transition for service providers and users. The majority of services continued from 1st April, but with new contracts with the Council as lead commissioner. During 13/14 elected members will be undertaking a fundamental review of all Public Health investment, which will form part of the Council's 14/15 Budget planning.

3. OUTCOME AND SUSTAINABILITY

3.1 The health and wellbeing of a city's population is fundamental for the success of that city. In Sheffield, we have made significant steps forward with life expectancy increasing and deaths from cancer and cardiovascular diseases falling, ensuring that Sheffield is healthier than ever before. Between 2000 and 2010, life expectancy increased by 2.7 years for men and 1.5 years for women; a 37% reduction in deaths from cardiovascular disease and a 17% reduction in deaths from cancer.[1]

3.2 Whilst we have had success in improving wellbeing, the city still faces

[1] NHS Sheffield (2012)

significant challenges and some communities are blighted by socioeconomic inequalities which remain the main cause of ill health. Both health and socioeconomic inequalities perpetuate the higher levels of poverty, unemployment, welfare dependency and lower wages in those communities. Sheffield's ambition is to use the additional expertise and resource from NHS Public Health within the council to transform well-being in Sheffield and ensure that resources are targeted to address the root causes of poor health.

3.3 The Council's overall vision for Public Health is described in the vision statement approved by Cabinet in January 2012. Public Health being led from the City Council will bring with it the opportunity to broaden the scope of Public Health activity, and so to have an impact on a much wider range of factors that determine health and ill health for the people of Sheffield. We will take up the opportunity presented so as to make the biggest possible impact on the health of the citizens of Sheffield. The Council's aims are both simple and ambitious: to promote good health; to prevent and tackle ill-health; to enable all of us as citizens to make healthier lifestyle choices; and to develop Public Health capacity and know-how across organisations and communities so as to make a real difference.

3.4 The vision is that the whole Council should become a Public Health organisation, so that every contact that the Council has with the people of Sheffield should contribute to promoting health. This underlies the distributed model of Public Health which has been adopted, which puts specialist Public Health expertise into each Portfolio, and makes each Portfolio accountable for the delivery of some of the PHOF indicators.

4. Sheffield's Public Health Budget 13/14

4.1 Strategic Ambitions/objectives

The transfer of Public Health leadership and resources to the Council is a once in a generation change, and an opportunity for a new start for Public Health in Sheffield. With our partners on Sheffield's (Shadow) Health and Wellbeing Board (HWB), we have developed an ambitious Joint Health and Wellbeing Strategy (JHWS) which makes tackling the wider determinants of health central to the city's new approach to commissioning and delivering health and wellbeing services to ensure we make full use of the resources available to address the causes of poor health.

4.1.1 Sheffield's first Joint Health and Wellbeing Strategy (JHWS) sets out a bold joint commitment from Sheffield's Clinical Commissioning Group (CCG), Sheffield City Council and Sheffield Healthwatch to deliver a holistic approach to improving health and wellbeing in the city, tackling the problems which make people experience poor wellbeing, supporting people to take greater control of their own wellbeing and commissioning a range of services which deliver a sustainable health and wellbeing system for Sheffield. The principles which will shape the approach to

health and wellbeing in Sheffield include tackling inequalities; focusing on the wider determinants of health; preventing health and wellbeing problems from occurring in the first place; and maximising people's independence. A joint strategy for the City brings an opportunity to utilise the totality of council and NHS spend to improve wellbeing outcomes and make better, health-focused decisions. The proposed use of the Public Health Grant will directly support these ambitions.

4.2 Portfolio Commitments/Ambitions

Sheffield's distributed model for Public Health sees Public Health expertise and budgets integrated into each of the Council Portfolios in order to work with and influence all services to deliver against key outcomes from the Public Health Outcomes Framework (PHOF).

4.2.1 Director of Public Health Office (DPHO)

The DPHO will comprise of a small team which will be responsible for the 'Core Offer' to Sheffield NHS Clinical Commissioning Group, and some cross cutting Public Health issues including housing and health and employment and health. The DPH also has a number of statutory responsibilities including for health protection (working with Public Health England) and will provide professional supervision for Public Health Consultants and ensure that continuing professional development arrangements are in place for Public Health staff. The DPH Office will also have oversight of clinical governance for Public Health activity. Indicators from the Public Health Outcomes Framework for which the DPHO is responsible include overarching indicators such as life expectancy and all cause mortality, as well as some specific indicators relating to health services, which will be addressed collaboratively with the Clinical Commissioning Group, and screening programmes, which will be addressed with Public Health England and the NHS Commissioning Board.

4.2.2 Communities Portfolio

With the largest volume of contracts and levels of spend, the Communities Portfolio has three dedicated Public Health teams with responsibilities spanning health improvement and community development (the healthy communities team), mental health and wellbeing and older and other vulnerable people's health (the communities commissioning team) and drugs, alcohol and domestic violence (DACT). PHOF indicators for which the Communities Portfolio will be responsible include those relating to mental health and wellbeing, those relating to drugs and alcohol treatment services, violent crime and offending, and those related to root causes of ill health and health inequality.

4.2.3 Children, Young People and Families Portfolio

Public Health responsibilities of the CYPF Portfolio include commissioning health and well-being services for children, and young people, and sexual health services. This involves working with families,

early years settings, Foundation Trust Hospitals, primary care, Sheffield CCG, schools and voluntary sector providers to commission interventions with a particular focus on reducing health inequalities, child poverty and targeting vulnerable children, young people and families. The team also commission sexual health services for young people and adults though Sheffield Teaching Hospitals. A number of programmes previously funded by the Council within CYPF will now be funded through the Public Health Grant, including breastfeeding peer support, the Family Nurse Partnership, the healthy child programme, early intervention workers and the doula programme. PHOF indicators for which the CYPF portfolio will be responsible include all those relating to infant and child health, including breastfeeding rates, and those relating to maternity, including infant screening programmes. Some of these will need to be addressed in collaboration with the CCG, PHE and the NHSCB.

4.2.4 Place Portfolio

The Portfolio leads on Public Health in key policy areas including tobacco control, interventions to help people to live smokefree lives, obesity and food, and environment and sustainability. Investment will be used to commissioning specific frontline health services for the population, such as Stop Smoking Services, weight management services, and community dieticians for the city. Resources will also be focused on driving improvements where we can prevent health problems and address health inequalities, for example in air quality and promoting physical activity through active transport (walking and cycling).

The PHOF indicators for which the Place Portfolio will be accountable are those that relate to the wider environment (including sustainable development), physical activity, diet and obesity, and smoking,

4.2.5 Public Health Intelligence

Part of the Policy, Partnerships and Research Team the Public Health Intelligence Team provides specialist information and advice about identifying, analysing and evaluating health and wellbeing needs, interventions and outcomes in the Sheffield population. This relates to all the key areas of health and wellbeing such as causes of ill health and early death, healthy lifestyles, health inequalities, children and young people's health and health of vulnerable people.

4.3 Staffing

Public Health teams transferred formally to Sheffield City Council on 1st April. These teams are now part of Sheffield's management structure, embedded within Council portfolios and working alongside existing Council staff in support of Public Health outcomes. The organisational structure, endorsed previously by Cabinet, reflects an ambition to harness the combined expertise of NHS Public Health specialists and existing Council staff who deliver Public Health improvement to put health and wellbeing at forefront of our services. In line with Sheffield's distributed model the budget for staffing and overheads will be allocated to Portfolio, Policy, Partnership and Research and DPH Office budgets.

Salary commitments are determined by the legal basis of the Public Health staff transfer scheme, through which staff have transferred on current terms and conditions and are subject to protection. Details of staffing commitments by portfolio are provided at the financial appendix 1.

4.4 Commissioned Public Health Services

As part of the transfer arrangements, responsibility for commissioning, procurement and contract management for a range of Public Health services transferred to Sheffield City Council on 1 April 2013. Some transferred as part of a formal transfer order from the Secretary of State. Those contracts/services due to end on 31st March 2013 with the PCT were, in the main, renewed with the Council as commissioner. In Sheffield the total value of the contracts (covering around 85 services) for the financial year 2012/13 was approximately £23m.

4.41 Members expressed a wish to see a smooth transition of these services into SCC. As such, and with the exception of those previously terminated by the PCT, existing PCT Public Health services continued in force with the Council as the lead commissioner from 1st April 2013. Responsibility for the commissioning and contract management of many Public Health services is now being managed from within the Council's service portfolios in line with their focus and outcomes. Procurement is centralised within the Council's Commercial Services Team, who also manage some higher value contracts. Dental Public Health and health checks will be led by the Director of Public Health Office

4.42 The Public Health Grant is under considerable pressure. The Council is managing reductions in resource at a time of significantly increasing demand for some statutory services. As such it is critical that investment is focussed on tackling the real causes of ill health and making targeted, evidence-driven interventions in the key things which will improve the health and wellbeing of local people.

4.43 The Public Health budget is ring-fenced budget for the use of activity in support of Public Health outcomes, but this does not mean that all previous Public Heath commitments will be ring-fenced. Indeed, in order to utilise this important resource to support the ambitions above it is proposed that there be a level of disinvestment in some previous/current Public Health activity in order that this budget can support a broader range of activity. The 13/14 Sheffield City Council budget made significant savings to Council activity in line with reduced resources. The budget report included 3.4 million of additional existing Sheffield City Council spend in support of Public Health activity, which will now be funded through the Public Health Grant.

4.44 For the majority of Public Health contracts it is recommended that some savings in contract value be secured over the 13/14 financial year. The recommended distribution of these savings has been guided by a consideration of the following impacts:

- Impact on Public Health outcomes framework & what they are set out to do.
- Impact on groups with protected characteristics under equalities legislation using services.
- Impact on Strategic and Portfolio objectives re health and wellbeing.
- Impact on organisations and their ability to deliver services including cumulative impact.

This process has shaped detailed financial proposals as set out at 4.8.

4.45 Sheffield City Council is currently in negotiations with the Sheffield teaching hospitals regarding a reduced financial value for sexual health services in 2013/14. The council is seeking to make a reduction of approximately £600,000 (full year effect) in total expenditure on sexual health services provided by STHFT. Contract and commissioning discussions are underway. SCC has put forward a number of recommendations for how it expects a proportion of the these savings to be achieved. These include a suggestion to move to paying for GUM services based on reference costs (actual costs STHFT incur from delivering GUM services) rather than paying on a higher national non mandatory tariff. Alongside this there is a view that implementing a new fully integrated model of service delivery will release further efficiencies and STHFT has been asked to recognise and report on the anticipated level of savings this will generate. SCC has offered to work with STHFT to review the current service specification to plan a phased and sensible approach to achieve the intended level of savings without impacting on accessibility of services or sexual health outcomes.

4.46 A summary of overall 13/14 spend on Public Health commissioned services is provided at the financial appendix 1.

4.5 Elected Member Review of Public Health

This report sets out an interim position for Public Health in 13/14 following transition and reflects the Council's ambitions for a change in our Public Health approach. It does not yet fully represent our longer term ambitions and aspirations to make Sheffield City Council a Public Health organisation. We know that there are more opportunities to ensure that the Public Health grant is fully aligned to the overall Public Health objectives we have as a Council.

In summer 2012 Elected Members were provided with an overview of Public Health activity, both that funded by the NHS and the Council, in order to start thinking about what the Public Health priorities for the Council should be. Building on this, a review is proposed during this financial year through which members will be reviewing Public health activity and talking to GPs and communities about Public Health issues. This will inform priorities for future Public Health investment.

4.6 Finance

Appendix 1 summarises the proposed allocation of the 2013/14 Public

Health ring fenced grant, the allocation for Sheffield was £29.665m. The Department of Health (DoH) conditions for the grant are that the grant should be spent on Public Health activity and that any underspends in the year will be ring-fenced to Public Health and carried forward into the following year. However if there are on-going significant underspends the Department of Health will give consideration to reducing future allocations.

At this stage not all the grant has been allocated as there are still some risks and uncertainties around the contract negotiations and the finer detail around the DoH settlement. For this reason there is an unallocated balance of £560K which will be held subject to a review in the early part of the new financial year (see recommendation 2).

4.7 Legal and Governance

The Management of Public Health, including its budget, will be dealt with in line with the Councils Constitution, procedures and Schemes of delegations. Any changes will be subject to consultation when required and will be carried out with due regard to the Council's statutory duties including its equality duties.

4.8 Equalities Impact

As a Council under the Equality Act 2010, s. 149, we have a Statutory Public Sector Equality Duty (PSED) to pay due regard to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

As part of our approach to demonstrate how we act fairly and meet our Duty we use Equality Impact Assessments (EIAs) as our vehicle to assess impacts on staff and customers of policies, proposals and functions. The proposals detailed in this report have been informed by significant work to understand the material impact of future savings on provider organisations and protected groups. To inform this process, providers of Public Health services have been asked for feedback on the impact of potential changes and face to face discussions have been held in order to gather further information. This has helped us to ensure that the proposals put forward have been shaped by people who may be affected by decisions taken as part of the budget, and to ensure that they have had an opportunity to put forward other ideas for consideration. This feedback has shaped the detailed proposals, which reflect a range of savings in contract value later in the financial year, from 0 reduction to 12% In some cases the impact of savings would have meant an absence of provision for protected groups or risked the sustainability of a VCF organisation and this lead to a proposal to leave funding at current levels of reduce the savings target.

Rather than seeking to impose savings from April 1st, SCC has taken an approach that gives providers notice of our intentions in line with Best

Value guidance and the Sheffield Compact. As such, it is expected that reductions will largely take effect from 1st August for VCS providers and 1st May for non-VCS. (NB: Update depending on STH status) Relevant providers were written to in January 2013 confirming arrangements for contract renewals, seeking feedback on potential reductions and outlining the plans for a member-led review of Public Health investment. Further development of EIAs are planned for contracts that are still subject to negotiation, notably Sheffield Teaching Hospitals.

The overall impact on protected groups of Public Health budget spend will be positive because we will continue to fund a range of services across the city. However the proposed VCS budget reductions will have a negative impact across protected groups (and affected VCS organisations), as outlined above and in the detailed EIA impact analysis.The full EIA to accompany this report is provided at appendix 2.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Sheffield City Council has the option of maintaining current spending levels on existing (previous PCT) Public Health commissioned services throughout the financial year. However, this would not allow for the Public Health resources to be employed to support a broader range of activity in support of Public Health outcomes. This would mean ending other valuable Public Health activity altogether and would undermine the Council's 13/14 budget commitments.

5.2 The Council also had the option of seeking to secure savings from 1st April 2013. However, in line with the Sheffield Compact and our Best Value Duty it was agreed that providers would be consulted on proposals and given notice of the Council's intentions.

5.3 The legal basis of the staff transfer means that Sheffield City Council must honour the contracts/ terms and conditions of the staff that have transferred to us through the transition.

5.4 It should be noted that there is no overall reduction on Public Health spend in 13/14. This is a ring-fenced grant and will all be used in support of Sheffield's Public Health outcomes. Where proposed, the savings on contract value will free up capacity for a broader range of activity in support of Public Health outcomes.

5.5 Regarding delegations, the alternative is to take individual contract decisions through the Cabinet process. Given the timescales involved and the pressure to identify savings this is not recommended.

6. REASONS FOR RECOMMENDATIONS

6.1 A guiding principle for Sheffield's Public Health Transition was to ensure a smooth transfer for staff, providers of Public Health services and service users. For this reason (and in line with the HR staff transfer

scheme) existing contractual commitments to the staff that transferred must be honoured.

6.2 With some exceptions determined the PCT in consultation with relevant Executive Directors, the majority of Public Health services have continued into the 13/14 financial year, but with the Council as the lead commissioner. These include both commissioned treatment services (substance misuse treatments and sexual health) and Public Health programmes.

6.3 In order that Public Health funding can be used to support a broader range of Public Health activity and services, and tackle the wider determinants of health a reduction in the value of some contracts is proposed later on in the financial year. The changes proposed have been subject to impact assessments and informed by provider feedback through equalities impact assessments and consultation. Delegations will allow for outstanding negotiations with providers on how required savings are achieved in-year. The proposed member-led review will build on member work to date and allow for elected members to consider Public Health investment in the round and will inform priorities and funding proposals for 14/15 onwards.

7. REASONS FOR EXEMPTION (if a Closed report)- N/A

8. RECOMMENDATIONS

1 That Cabinet approves the use of Sheffield City Council's £29.7m Public Health Budget for 13/14 in support of Public Health outcomes and in line with Sheffield's distributed model of Public Health. This will cover staffing, commissioned Public Health services and related overheads.

2 That decisions on the use of any unallocated Public Health Grant (subject to negotiations on contracts) be delegated to the Executive Director for resources in consultation with the Cabinet Member for Health, Care and Independent Living

3 That for the purposes of finalising detailed in-year savings, the Director of Public Health and relevant Executive Directors be authorised, in consultation with relevant cabinet members to negotiate detailed arrangements with providers in support of the overall savings envelope included in the report.

4 That Cabinet gives support for Elected Members to undertake a fundamental review of all Public Health investment during 13/14, which will determine the use of this budget post April 2014. The review will be

supported by the Director of Public Health and relevant Executive Directors with subsequent proposals and decisions on the ring-fenced Public Health grant to form part of the Council's 14/15 Budget planning process.

Appendix 1

Summary of 2013/14 Public Health Grant

	DPH Office	CYPF	Communities	Place	Resources	Total
	£000's	£000's	£000's	£000's	£000's	£000's
Salaries	657	473	1,767	381	349	3,627
Commissioned Services						
NHS	931	7,810	4,778	2,076	0	15,595
VCF & Other	102	306	4,651	444	61	5,564
SCC	221	1,411	2,050	537	0	4,219
Supplies and Services	64	36	447	24	11	582
Overheads	315	0	0	0	0	315
Unallocated	560	0	0	0	0	560
Income	0	0	-972	0	0	-972
Total Spend	**2,850**	**10,036**	**12,896**	**3,462**	**421**	**29,665**

Note: The above Commissioned Services figures are predicated on successful negotiations with providers. Note reductions to contracts are proposed to apply from 1st May for NHS and other statutory bodies and 1st August for VCF and other contracts.

Public Health Commissioned Services 2013/14

DPH Office		
	Service Provider	**Service Description**
NHS	**NHS IN SHEFFIELD - STH**	
	Sheffield Teaching Hospitals	DESMOND - support for Diabetic Services
	NHS IN SHEFFIELD - OTHER	
	CCG	Community Infection
	Sheffield Health & Social Care Trust	Non Portfolio Research Governance
	Local Enhanced Service with GP's	Health Checks
	Sheffield Teaching Hospitals	Screening/Fluoride Varnish, Dental Surveys, Dental Health Education & Oral Health Promotion
VCF and Other Contracts	Sheffield Occupational Health Advisory Service (SOHAS)	Occupational Health
SCC	Sheffield City Council	Health Partnership Team

CYPF		
	Service Provider	**Service Description**
NHS	**NHS IN SHEFFIELD - STH**	
	Sheffield Teaching Hospitals	Teenage Pregnancy
	Sheffield Teaching Hospitals	Centre for HIV & Sexual Health
	Sheffield Teaching Hospitals	Chlamydia Screening Programme
	Sheffield Teaching Hospitals	Central Health Clinic
	Sheffield Teaching Hospitals	GUMed (Sheffield Teaching FT)
	Sheffield Teaching Hospitals	Support to Gay and Bisexual men
	NHS IN SHEFFIELD - OTHER	
	Sheffield Children's Hospital FT	School Nursing

	Sheffield Children's Hospital FT	School Entry Eye Screening
	Sheffield Children's Hospital FT	Enhanced Community genetic work
	Primary Care - Chlamydia Screening	Enhanced Service - Chlamydia Screening
	Primary Care - Implanon/nexplanon	Enhanced Service - Implanon/nexplanon
	Primary Care - IUCD	Enhanced Service - IUCD
	Community Pharmacists	Enhanced Service - Sexual Health
	NHS OUTSIDE SHEFFIELD	
	Barnsley FT	GUMed (Barnsley FT)
	Chesterfield Royal FT	GUMed (Chesterfield Royal)
	Derby FT	GUMed (Derby Hospitals)
	Doncaster & Bassetlaw FT	GUMed (Doncaster & Bassetlaw)
	Leeds Teaching Hospitals	GUMed (Leeds Teaching)
	Leicester University Hospital	GUMed (Leicester University)
	Nottingham University Hospitals	GUMed (Nottingham University)
	Rotherham FT	GUMed (Rotherham)
VCF and Other Contracts	Sheffield Sickel Cell & Thal Foundation	Support to patients with sickel cell & thal
	Working Women's Opportunities	Sexual Health outreach
	Young Carers Project	Support to Young Carers
	Action for Children	Breastfeeding Peer Support
	Sheffield Wellbeing Consortium	Community Health Champions (Pregnancy, Birth and Beyond)
	Homestart	Early Years Family Support
Sheffield City Council	Sheffield City Council - CYPF	C&YP Substance Misuse
	Sheffield City Council- CYPF	Breast feeding support
	Sheffield City Council- CYPF	Doula programme
	Sheffield City Council- CYPF	Family nurse partnership for teenage mothers
	Sheffield City Council- CYPF	Early engagement workers
	Sheffield City Council- CYPF	Healthy child programmes and speech and language therapy
	Sheffield City Council- CYPF	Early intervention workers

Communities		
DACT		
	Service Provider	**Service Description**
NHS	**NHS IN SHEFFIELD - STH**	
	Sheffield Teaching Hospitals	GP Deputising, GP Shared Care Support, Pregnancy Clinic
	NHS IN SHEFFIELD - OTHER	
	Sheffield Health & Social Care Trust	Tier 2 + SEAP - alcohol misuse
	Sheffield Health & Social Care Trust	Secondary Care Medical Prescribing
	Sheffield Health & Social Care Trust	Secondary Care Specialist Prescribing Drugs
	Sheffield Health & Social Care Trust	Harm Reduction Service
	Sheffield CCG	Prescribing
	Primary Care - Community Pharmacists	Community Pharmacy (100+ contracts)
	Primary Care - GPs	GP Drug Treatment Activity (15 contracts, LES)
	NHS OUTSIDE SHEFFIELD	
	RDASH	Carers' Pilot
VCF and Other Contracts	Addaction	Drug Interventions Programme (DIP) for drug offenders
	Crime Reduction Initiative	Tier 2 Open Access, Assertive Outreach, Needle Exchange etc
	South Yorkshire Police Service	Police Team Sole Tender Waiver
	Turning Point	PSI Drugs, PSI Alcohol, Structured Day Care
Sheffield City Council	Sheffield City Council	Independent Domestic Violence Advocacy Service
	Sheffield City Council	Residential Rehabilitation packages for substance misuse
	Sheffield City Council	Hidden Harm - Safeguarding
Health Communities and Mental Health		
VCF and Other Contracts	Sheffield Wellbeing Consortium	Health Champions (Wellbeing Consortium)
	Bridge Employment	Find and Stay in Employment - Bridge
	Health & Wellbeing Consortium	Carer Support

Making Space	Carer Support Respite
First Step Trust	Employment Support - MH Problems
SOAR	HCP - New Parsons Cross, Old Parsons Cross, Southey Green, Longley, Shirecliffe
SOAR	HCP - Burngreave, Abbeyfield, Fir Vale, Firshill, Woodside
SOAR	HCP - Flower, Shire Green, Stubbin Brushes
SOAR	HCP - High Green
Darnall Wellbeing Group	HCP - Darnall, Tinsley and Acres Hill
Darnall Wellbeing Group	HCP - Communities of Interest
Gleadless Valley Community Forum	HCP - Gleadless Valley & Hemsworth
ZEST	HCP - Langsett, Netherthorpe & Upperthorpe
The Terminus	HCP - Lowedges, Batemoor & Jordanthorpe
Sharrow Community Forum	HCP - Sharrow & Highfield
Sharrow Community Forum	HCP - Broomhall
Sharrow Community Forum	HCP - City Centre
St Johns Church	HCP - Winn Gardens
Manor & Castle Development	HCP - Manor, Park Hill, Woodthorpe and Wybourn
Manor & Castle Development	HCP - Norfolk Park and Arbourthorne, Manor & Castle
Sheffield Chinese Community Centre	Support to the Chinese Community
Somali Mental Health Project	Mental Health Support to the Somali Community
Sharrow Community Forum	Health Trainers - Sharrow; Highfield; Broomhall
Netherthorpe & Upperthorpe Community Alliance	Health Trainers - Upperthorpe
Manor & Castle Development	Health Trainers - HCP Manor, Park Hill, Woodthorpe & Wybourn; HCP Norfolk Park, Arbourthorne
SOAR	Health Trainers - Burngreave
SHIELD	Support for HIV patients
Darnall Wellbeing Group	Health Trainers - Darnall, Acres Hill, Tinsley
Gleadless Valley Community Forum	Health Trainers - LBJ
Gleadless Valley Community Forum	Health Trainers - Gleadless Valley, Hemsworth

	SOAR	Health Trainers - North PBC
	Your Voice Magazine	Magazine for Mental Health Service Users
	Age Concern Sheffield	Advocacy for Older People with Mental Health Problems
	Sheffield Mental Health Citizens Advice Bureau Ltd	Independent Mental Health Advocacy
Sheffield City Council	Sheffield City Council - Communities	Mental Health Advice and Information & social café
	Sheffield City Council - Communities	Housing Related Support inc intensive, one to one key worker support
	Sheffield City Council - Communities	Preventative work in partnership with community based BME organisations
	Sheffield City Council - Communities	Equip & adapts - promote self-care, recovery from illness and accidents
	Sheffield City Council - Communities	Reablement service to reduce needs, build confidence in the home and wider community
	Sheffield City Council - Communities	Public Sector Housing - addresses category 1 hazards
	Sheffield City Council - Communities	Safer Neighbourhoods - addressing substance misuse

Place		
	Service Provider	**Service Description**
NHS	**NHS IN SHEFFIELD - STH**	
	Sheffield Teaching Hospitals	Community Dietetics Service
	Sheffield Teaching Hospitals	Tier 2 Weight Management Service (adults)
	NHS OUTSIDE SHEFFIELD	
	South West Yorkshire Partnership FT	Citywide Smoking Cessation Service
VCF and Other Contracts	East End Quality of Life	Independent advocacy for health and environment issues
	Sharrow Shipshape	Community Stop Smoking Service- Sharrow
	SOAR	Community Stop Smoking - Southey Owlerton
	The Furnival Community Projects	Community Stop Smoking - Burngreave
	Darnall Wellbeing Group	Community Stop Smoking - Darnall, Tinsley & Acres Hill
	ZEST	Children and families weight management service
	Healthy Living Centre (ZEST)	Physical Activity
Sheffield City Council	Sheffield City Council - Place	Stop smoking campaign
	Sheffield City Council - Activity Sheffield	Active for Life - Walking Programme: Health inequalities programme

Resources		
	Service Provider	**Service Description**
VCF and Other Contracts	Voluntary Action Sheffield	Infrastructure support to Third Sector

Sheffield City Council
Equality Impact Assessment

Guidance for completing this form is available on the intranet
Help is also available by selecting the grey area and pressing the F1 key

Name of policy/project/proposal: Sheffield's Public Health Budget allocation for 2013/14

Status of policy/project/proposal: New

Name of person(s) writing EIA: Adele Robinson

Date: Cabinet date May 9th 2013 **Service:** Council wide **Portfolio:** Corporate

What are the brief aims of the policy/project/proposal? Background and Context:

From April 1st 2013 the public health function in Sheffield transfers from NHS Sheffield to Sheffield City Council (SCC). To implement the new distributed model of public health within SCC, public health staff, associated activities, budgets and contracts have been aligned to different SCC Portfolios and a new Director of Public Health (DPH) office has been created.

In January 2013 the Department of Health confirmed that the settlement figure for Sheffield will be £29.7m. Alongside the process of establishing a new structure for public health, SCC has undertaken an exercise to consider how the ring-fenced public health budget will be utilised in 2013-14. Significant work has been undertaken to understand commitments for 13/14. The vast majority of this budget (approx 23 million) is spent on commissioned public health services. Based on elected member commitments to ensure a smooth transition for staff, service providers and the public, the majority of existing public health services will continue in force from 1st April, but with the Council as the lead commissioner. However, in order that this important resource can be used to fund important public health work previously funded by the City Council, but which would otherwise be at risk, it is proposed that efficiency savings to be made across some existing services later in the year in order for funding to be redirected.

The public health budget is ring-fenced budget for the use of activity in support of public health outcomes, but this does not mean that all previous public heath commitments will be ring-fenced. Indeed, in order to utilise this important resource to support the Council's ambitions above it is proposed that there be a level of disinvestment in some previous/current public health activity, in order that this budget can support a broader range of activity which supports the wider determinants of ill-health. The 13/14 Sheffield City Council budget report included a figure of £3.4 million of previously existing Sheffield City Council spend for which replacement funding would be sought from the Public Health Grant.

There is also an overarching Equality Impact Assessment of the Public Health Transition which contains background information in relation to the move of Public Health from NHS Sheffield (NHSS) to Sheffield City Council (SCC) following the passage of the 2012 Health and Social Care Act. This change took place in April 2013, at which time NHS Sheffield (the Primary Care Trust (PCT)) ceased to exist.

The Council's Plan '*Standing up for Sheffield*[1]' sets out the Council's strategic direction and priorities. The Plan was developed and formally agreed by the Council's Cabinet in 2011 and the Council's budget proposals 2013/14 have continued to be demonstrably shaped by this. The Councils budget 2013/14 agreed in March 2013 also provides background and context.

[1] https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan.html

The transfer of public health leadership from the NHS to the City Council is a once in a generation change and opportunity for Public Health. Public Health being led from the City Council will broaden the scope of public health activity, and enable us to have an impact on a much wider range of factors that determine health and ill health for the people of Sheffield. We will build on this change so as to make the biggest possible impact on the health of the citizens of Sheffield. Public Health expertise will also be active and visible in local communities, amongst GPs, in the NHS, in wider public services, in the voluntary, community and faith sector, and in local businesses.

As part of the public health transfer arrangements, responsibility for commissioning, procurement and contract management for a range of Public Health services transferred to Sheffield City Council on 1 April 2013. Some transferred as part of a formal transfer order from the Secretary of State. Those contracts/services due to end on 31st March 2013 with the PCT were, in the main, renewed with the Council as commissioner, as members expressed a wish to see a smooth transition of these services into SCC. As such, and with the exception of those previously terminated by the PCT, existing PCT Public Health services continued in force with the Council as the lead commissioner from 1st April 2013. However, in order to allow investment to support a broader range of public health activity, the Council has been negotiating reductions in contract values across a number of contracts later in the financial year.

For most Voluntary and Community Sector (VCS) contracts, each portfolio agreed to develop proposals for an 11% contract value reduction pro-rated to 8 months (commencing August 1st 2013, reflecting six months notice being given at the end of January). Rather than a uniform 11% reduction, the distribution of these savings would be shaped by EIAs and provider consultation. This took into account part-year effect as, under the Joint COMPACT agreement, all VCS providers need a minimum 6 months notice of changes to contract. In late January letters were sent to affected providers notifying them of the proposed reductions and stating that, once agreed, the reductions will be applied from 1st May for stautory providers and 1st August for the VCS.

SCC has undertaken initial EIAs of the proposed VCS reductions. Providers were also invited to complete eqiality impact analysis and submit that to SCC, and the majority did so. SCC has completed combined EIAs to reflect provider feedback.

Separate negotiations are underway between the Council and the Sheffield Teaching Hospital regarding savings and decisions will be subject to a separate EIA.

Separate EIA's have also been produced on public health workforce/staffing, as part of the transition, and also for the Sheffield Drugs and Alcohol / Domestic Abuse Co-ordination Team (DACT) provision January 2013.

There are a small number of contracts from which no reduction in contract value has been proposed. These include the mandatory provision of 'Health Checks' by local GPs, and some sexual health and contraceptive services by both GPs and pharmacies. The Council had the opportunity of rolling forward the NHS contracts with these providers for one year, and to have sought to renegotiate these at this stage would have required the agreement of a completely novel contract format (as new contracts could not use the existing NHS contract format), which would have required significant amounts of managerial input with no certainty of any consequent reduction in contract costs. It also includes the funding of the Council's Independent Domestic Violence Advocacy Service, the Children and Young People Drug Misuse Services, funding by the Drug and Alcohol Action Team (now DACT) of residential rehabilitation, and DACT funding for the safeguarding team.

In addition, there are a number of priority services from which only the standard NHS efficiency savings ('QUIP' savings) of 1.3% (made up of a 2.7% inflationary uplift offset by a 4% efficiency saving) are being sought. These include school nursing, adult weight management services and the stop smoking service. Additional reductions have not been sought from these contracts because of the clear evidence that in each case the demand for the services significantly outstrips the current capacity, and any reduction in capacity would be likely to have an immediate impact in terms of the health of the population.

The overall impact of the Council continuing to spend the PH grant in this way is that the beneficial impacts of these services on the various protected groups will continue.

Cabinet will agree final contract values in May as part of a broader report on the use of Public Health Budget for 13/14. Commercial Services will then communicate with providers on decisions and undertake contract variations.

Under the Public Sector Equality Duty, both the Council and the NHS have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations." More information is available on the council website

Section 149, of the Equality Act 2010, the Public Sector Equality Duty says a public authority must, in the exercise of its functions, have due regard to

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity
- Foster good relations.

This means we need to understand the effect of our policies and practices on equality. This will involve looking at evidence, engaging with people, staff, service users and others and considering the effect of what we do on the whole community. One of the ways in which we do this as a Council is through conducting Equality Impact Assessments (EIAs).

This Council-wide EIA and the individual service EIAs on public health budget proposals that underpin it are focussed on the impact on the protected characteristics in Equality Act 2010. These include age, disability, race, sex, sexual orientation, religion/belief, transgender, pregnancy & maternity. In Sheffield we have also decided to assess the impact on the voluntary, community and faith sector (VCF), socio economic disadvantage, carers and cohesion.

Also a commitment to fairness and social justice is at the heart of the Council's values and is reflected in the budget options 2013/14. We believe that everyone should get a fair and equal chance to succeed in Sheffield. However we recognise that some people and communities need extra support and help to improve their health and so to reduce persistent health inequalities, and to reach their full potential, particularly when they face multiple layers of disadvantage and discrimination.

The action plans for individual EIAs are designed to ensure that the services concerned implement reductions with as little negative impact as possible for the customers involved. There will be careful management and control of each reduction.

Impact assessments are made available to all Members and senior officers in advance of any decision being taken at Cabinet, including briefing all relevant cabinet members on impact assessments related to proposals in their area of responsibility.

Many of these reductions or changes in provision will occur during the next year and therefore the impacts on individuals and groups will be monitored to ensure that any potential negative impact is reduced as far as possible. EIAs are live documents and will be subject to change, as proposals or evidence of impact changes.

We are confident that our budget proposals will mean services for those that most need our help and support will be prioritised but there will be an impact on frontline service delivery.

Consultation and Evidence to support EIAs

Tackling inequality is crucial to increasing fairness and social cohesion, reducing health problems, improving wellbeing and helping people to have independence and control over their lives. It will underpin all that we do.

As part of the development of options for the 2013/14 budget, officers have undertaken consultation activity with partner organisations. This has helped us to ensure that the proposals that we are putting forward have been shaped by people who may be affected by decisions taken as part of the budget, and to ensure that they have had an opportunity to put forward other ideas for consideration

Letters were sent to Provider organisations notifying them of the proposed reductions and VCS Providers were asked to undertake impact analysis on any proposed reductions. SCC used those and other evidence to undertake initial EIAs of the proposed reductions. A total figure of 11% contract value reduction pro-rated to 8 months was proposed. Each portfolio has then taken into account individual impact assessments to propose the individual revel of reduction, if any. However in order to reflect the priorities identified each portfolio has made a recommendation about how the reductions will be applied across the identified contracts and this must match the reductions required overall. Portfolios have also been tasked with assessing SCC proposals for public health investment and the benefits that proposed programmes will deliver.

The evidence on public health has also been supported by the findings from the overall work over the last twelve months by both budget and non-budget related activity. This includes consultation on the Health and Wellbeing Strategy, early years and engagement with the voluntary, community and faith sector. We have protected spend, in relative terms, on outcomes such as better health and wellbeing, and tackling poverty and increasing social justice, which make a large contribution towards protecting those who most need our help and support.

Evidence - What do we already know – Sheffield Demographics

As well as consultation evidence, we have used a range of information including customer data regarding health inequalities and target populations we already hold in services to help us identify possible impacts and to help shape and inform the EIA process. This has included the joint strategic needs assessment (JSNA) and the health and wellbeing strategy consultation.

Contextual information from the recent Census and other data shows:

- Sheffield's population has grown above the national average and the City Region, rising from 513,000 in 2001 to 552,698 at the time of the 2011 census. This is currently projected to increase to around 600,000 by 2020. This has resulted from increases in births, net inward migration and longer life expectancy. Resident live births in the city rose from 5,530 in 2002 to 6,510 in 2010, with the largest increases occurring in the three wards of Firth Park, Southey and Burngreave.

- Sheffield has a geographical pattern of communities that experience differing levels of deprivation and affluence. Generally, the most deprived communities are concentrated in the north and east of the city whilst the most affluent are located in the south and west. There are 29 (out of 100) neighbourhoods in the city that are included within the most 20% deprived within England, in total accounting for 28% of the city's population.

- Around 12 % of all households, 28% of over 60's and 24% of dependent children live in households reliant on Housing and/or Council Tax Benefit. These figures are likely to change as a result of the Welfare Reform changes being introduced during 2013.

- In line with national change, there has been a sharp increase in the number of smaller households in Sheffield. There are also greater numbers of females than males in the population, due largely to higher life expectancy for women. While the pay gap between men and women has been reducing, there is still evidence that in general men are paid more than women, with the pay gap standing at around 9.6% for work of equivalent value.

- Although the city is becoming healthier for most people, health inequalities across neighbourhoods remain and are in some cases widening, with some individuals and groups remaining or increasingly vulnerable, in particular older people, the young, disabled people, some women and some ethnic minority groups. People in the most deprived parts of Sheffield still experience poorer health and die earlier than people living in the rest of the city.

[2][1] https://www.sheffieldfirst.com/key-documents/state-of-sheffield.html

Area of Possible Impact, explanations, and evidence

Overall Impact

The overall impact of the proposed use of the Public Health Grant by the Council will be to reduce ill health and work to address the root causes of ill health in deprived communities and disadvantaged population groups. This includes positive impacts for all the defined protected groups. Since the overall pattern of spend of the public health grant will not change significantly as compared to the previous public health spending by Sheffield PCT, and the previous funding of some programmes by Sheffield City Council, the overall impact of the proposed use of the grant will not differ greatly from previous years.

Sheffield City Council has always played a role in addressing the health and wellbeing needs of the population, whether that be through housing, environmental health, education, children and young

people services, adult social care or services which improve and maintain street and community environments. The transfer of NHS Public Health is both the addition of a wholly new set of functions, responsibilities and staff, as well as giving rise to the need to integrate a team and resources with already existing skills and structures. A major opportunity is to combine the expertise of NHS Public Health specialists with the wide reach of existing Council services, to put health and wellbeing at forefront of all our services. As part of this, we will continue to develop people-led approaches with ambitions and impacts for Public Health activity designed by and with communities.

The health and wellbeing of a city's population as a whole and for those who currently experience poorer health, is fundamental for the success of that city. We are committed to making Sheffield City Council a 'public health organisation' with a strong public health ethos, impacting across the Council's and the City's strategic outcomes, commissioning and service delivery. Our key design principle is that the success of the transfer will be very much about integrating Public Health expertise within the everyday work of the Council so as to achieve better outcomes for the people of Sheffield.

Distinct from the 'lift and shift' approach being employed in some areas, Sheffield's model is that Public Health expertise and resource is embedded into Council portfolios where they can make the biggest impact and there are the greatest synergies with existing Council activities impacting on public health.

Whilst we have had success in improving wellbeing, the city still faces significant challenges. Some communities are blighted by socio economic inequalities which remain the main causes of ill health. Both health inequality and socio economic inequality perpetuate the higher levels of poverty, unemployment, welfare dependency and lower wages in those communities. Sheffield's ambition is to use the additional expertise and resource from NHS Public Health within the council to transform well-being in Sheffield and ensure that resources are targeted to address the root causes of poor health.

This is a summary of potential areas of impact. Further details of the impacts are contained in individual service EIAs.

In order make the most effective use of the resources available as part of the transfer arrangements, responsibility for commissioning, procurement and contract management for a range of Public health services transferred to Councils from 1 April 2013.

In Sheffield there are now currently 85 public health services contracts in place between the Council and other agencies. The total value of these contracts for the financial year 2012/13 is approximately £23m. In the main the terms and conditions of contracts and service specifications have been provided and these set out funding and performance requirements. The Council's intention is to use this opportunity to transform well-being in Sheffield and ensure that the resources we do have available are targeted at the most effective interventions to address and prevent the real underlying causes of poor health and minimise disadvantage and inequality.

Alongside the process of establishing a new structure for public health, SCC has undertaken an exercise to consider how the ring-fenced public health budget will be utilised in 2013-14. Inevitably, in reflecting SCC and NHS priorities towards reducing health inequalities, the new proposed budget for public health requires savings to be made across some existing services in order to enable funding to be redirected to priority areas.

As noted in the introduction, one of the mechanisms proposed by SCC to release funding from existing public health commitments is to negotiate a reduction in contract value across a number of contracts. In doing so, an initial exercise was undertaken to identify contracts which could potentially be reduced. A working group with representatives from across Portfolios and Public health consultants assessed impacts across four criteria to help ensure a consistent, transparent and fair approach:

a. impact on people who use the service especially from equality groups

b. Impact on SCC strategic and portfolio objectives and outcomes

c. Impact on public health outcomes framework and what they are set out to do

d. Impact on provider organisations and their ability to deliver services including the cumulative impact of funding reductions.

The inclusion of equality impact, informed by consultation with providers in scoring of contracts, and the resulting recommendations about proposed level of cut has been a key way of understanding and mitigating impact. In general, contracts that scored 'highest' (and were therefore recommended to have a lower % cut), did this on the basis of the impact on protected groups and the organisation's ability to continue to deliver services following proposed cuts. The scoring also takes into account how provider impact analysis has identified ways to partially mitigate specific impacts.

Overall, the proposed reductions in contract value have the potential to impact negatively in some areas and service EIAs have sought to mitigate this. However the EIA also highlights positive impacts through ensuring any 'savings' continue to fund a wider range of Public Health activity, including for protected groups.

Multiple Impact

There are a number of areas of activity where the initial impact assessment on Provider contracts highlighted a risk of differential impact across a number of protected characteristics (including age, disability, race, gender) , and voluntary and community sector (VCS) organisations and therefore the need for an in-depth EIA. The assessment also illustrated that the maintenance of current SCC investment in a range of areas will also have positive impacts on a range of vulnerable groups.

In the **Communities** Portfolio, contracts impacting upon several protected groups include the Health Champions - Wellbeing Consortium, Healthy Communities Programme (SOAR, Darnall Wellbeing Group, Gleadless Valley Community Forum, ZEST, Terminus, Sharrow Community Forum, St Johns Church, Manor & Castle Development Trust), Sheffield Occupational Health Advisory Service (SOHAS), Health Trainers projects in various parts of the City, support for HIV patients, and a range of mental health projects. Reductions have been proposed across a small range of contracts. Contracts that scored highest on the set of criteria outlined above were recommended to have a lower percentage. This was on the basis of the impact on protected groups and the organisation's ability to continue to deliver services following proposed cuts.

As a result of the savings made in public health contracts a range of vulnerable groups will be positive impacted through maintaining the current investment in housing related support programmes, delivery of residential rehabilitation packages for substance misuse (drugs and alcohol), and supporting the provision of alcohol treatment places.

Sustaining investment in the Community Access and Reablement Service (CARS) will have a positive impact on the independence of older people and people with a physical disability and/or sensory impairment under 65, providing advice, information, signposting and support to access a range of community based opportunities, and maximising benefits uptake. It is an inclusive service that also works with vulnerable adults and other people with chaotic lifestyles (including substance misuse problems), who do not engage with traditional services to promote independence and prevent further deterioration.

Further positive impact will come via the Enhanced Housing Options service providing intensive, one to one key worker support to the most complex and vulnerable customers of 'Care and Support - Housing Related Services', many of whom are trapped in a cycle of homelessness, enabling them to find and maintain settled accommodation appropriate to their individual needs and minimise risks of tenancy failure. The client group typically have multiple and complex needs including mental health issues, current or historic substances misuse issues, learning difficulties and physical health problems or disabilities and a history of being unable to sustain either supported or general needs housing.

Sustaining investment in prevention activities that work across agencies to prevent, delay or reduce the

need for crisis response services and reduce the need for medium to long term health and social care services and funding will also have a positive impact. Work will be commissioned through Adult Social Care and Housing Support and from Independent Sector partners and has links and dependencies across all adult health and wellbeing investment in NHS, Council and VCF sector.

Sustaining investment in the Private Housing Standards Team will have a positive impact on the basic housing conditions for some of the most deprived and vulnerable citizens – young people, families and older people - in the city, including people from the BME communities.

In the **Place** Portfolio there are only 3 relevant public health contracts with the VCF, however it has been determined that there is likely to be a range of impacts. These include a reduction in the value of East End Quality of Life Initiative contract that will impact on the delivery of work in the parts of the city that include those communities with higher levels of ethnic minority communities particularly Darnall and Tinsley.

Changes to the ZEST contract to provide a weight management service for children and families aged 7-15 years until August 2014, would also impact within CYPF portfolio. Reductions in service capacity would impair the future delivery of this service and the council's ability to meet the identified need for childhood obesity treatment within the city. As a result of the EIA process, it has been decided not to recommend any reduction in the contract value for the child weight management service commissioned from ZEST.

Changes to the Upperthorpe Healthy Living Centre Contract will impact on the provider as a number of other contracts have been reduced. Work is underway to consider how best to mitigate these risks.

Public health investment via Activity Sheffield will provide a city wide physical activity referral programme targeted at Adults (16+) and will offer a weight management service which will include behaviour change support around diet and psychological support in addition to physical activity. This will also attract match funding from Sport England. Positive impacts will be on people with long term health conditions, people who are overweight or obese (including pregnant women) and vulnerable groups, many of whom live within the poorest areas of the city. The programme also links to the current adult weight management service, the healthy Communities programme (led through Communities Portfolio), and the children and families weigh management service. The match funding from Sport England will be used to deliver structured activity for vulnerable groups including, looked after children and young carers; refugees, asylum seekers and new migrants; BME communities; young women with young children.

In the **Children, Young People and Families Portfolio (CYPF)** there are 6 VCF contracts impacted. As noted in the 2013/14 Budget EIA there are a number of voluntary, community and faith sector projects where funding will be reduced such as Sheffield Young Carers Project (SYCP) and Homestart. Outside of this current process is consideration of a reduction of the Sheffield Teaching Hospital (STH) sexual health contract. Discussions are currently on going with STH. It is important to note that we will ensure that any reduction in contract value does not lead to any reduction in service provision, and so has no negative impact on any vulnerable groups.

Many of these reductions or changes in provision will occur during the next year, and we will be monitoring any adverse impacts on individuals and groups to ensure that any potential negative impact is reduced as far as possible. Our EIAs are 'live' documents and will be subject to change, as proposals or evidence of impact changes. We are committed to involving providers, service users and communities as part of the decision making process for implementing some of the budget proposals.

Age

In 2011 Sheffield also had a higher proportion of its population aged 65 years or over (16.7% or 85,700 people) than the other English Core Cities. The proportion of Sheffield's population aged over 65 is also projected to increase, with the largest increases in the number of people aged over 85.

In **Communities** the proposals in relation to public health contracts could potentially result in negative impacts for older and younger people, with a greater proportion of age related impacts being on older people. Contracts which support older people include: Healthy Communities Programme, Support to the Chinese community, Health Trainers and Advocacy for Older People with mental health problems. Services which support younger people include the Healthy Communities Programme and Shield HIV Support.

A range of providers have identified potential negative impacts in reducing funding. Some provider analysis also identified some ways in which they can mitigate impacts e.g. through prioritisation of existing funding. These impacts/mitigations have been considered as part of scoring.

Proposed investment from the savings made will have a positive impact for older people, including improving mental health, through sustaining funding for the Muslim Elder Support Project (MESP) involving community based BME organisations. This enables a programme of activities and information to improve awareness of services and interventions, providing screening for key illnesses and conditions, improving lifestyles, enhancing independence and addressing social isolation.

In **CYPF** individual EIAs have highlighted a potential risk of negative impact on young people. These include Sheffield Young Carers Project (SYCP), Homestart, and Sheffield Sickle Cell and Thalassemia Foundation (SSCATF). The proposed reduction of funding to Sheffield Working Women's Opportunities Project (SWWOP) identified a potential negative impact in a range of areas to girls aged under 16 working on the streets. Having explored the options, the only scope for mitigation would be lesser or zero reduction to their funding, which has been recommended.

A funding reduction to the SYCP is likely to negatively impact on the 100+ young carers of the estimated 2000 young carers in the city. The SYCP response to the consultation highlighted that the proposed reduction will result in the closure of at least one young carer support group. The highest negative impact will be on 16-21 age range. Over 18s can access adult carers support but SYCP feel that they are less able to do so than older carers. The provider response highlighted no mitigation to the reduction, however, the commissioner view is that support could be reviewed and restructured in order to become more cost effective

A reduction to funding Homestart support to families is likely to result in a small reduction in service.

A reduction to SSCATF is likely to negatively impact on children and young people who are who are affected by Sickle Cell and Thalassemia as this group of service users are particularly vulnerable. In order to avoid the total loss of service, it had been proposed to mitigate by offering the current provider a short term contract extension at the current contract value until the procurement of a new contract is finalised.

The proposed reductions for the delivery of the Sheffield Integrated Sexual Health Services may negatively impact on all ages that currently use the open access services. There may be specific impacts on the 16-25 age ranges, for example in terms of reducing Chlamydia which is prevalent in this age group. We will ensure that reductions in contract value are obtained by efficiency savings without any reduction in service.

Positive impacts via CYPF investment will be in the areas of:

- Commissioned speech and language service to deliver early engagement work. Targeted at those children and families in most need to of the service, it contributes to improved educational attainment

- Intervention work delivering intensive support programmes with families on issues such as boundaries, parenting and behaviour to prevent families escalating to a stage where they require social care intervention.

In **Place**, changes to the ZEST contract to provide a weight management service for children and families aged 7-15 years would impair the future delivery of this service and the council's ability to meet

the identified need for childhood obesity treatment within the city. As a result of the EIA process, it has been decided not to recommend any reduction in the contract value for the child weight management service commissioned from ZEST.

Disability

There are over 105,000 adults with a long term limiting illness, equivalent to around 20% of the population. At the city level, Disability Living Allowance claimants in Sheffield have increased from 26,450 in 2002 (5.1% of the population) to 32,790 in 2011 (5.9%) in 2011.

The service EIAs in most Portfolios have identified a potential risk of negative impact on disabled people and noted mitigations to be put in place

In **Communities**, the proposals on VCS provider contracts could potentially result in negative impacts for disabled people, particularly for people with mental health problems and people with chronic long-term /limiting health conditions. A range of providers have identified potential negative impacts in reducing funding. Some providers have also identified some ways in which they can mitigate impacts, e.g. through prioritisation of existing funding. These impacts / mitigations have been considered as part of scoring. In the case of the Somali Mental Health Project, provided by Maan, the EIA identified that withdrawal of funding at the level proposed would jeopardise their continued existence, with loss of service to the client group. It is therefore been recommended that funding for this should be continued at the previously existing level.

All 34 contracts support disabled people, some in a specialist capacity e.g. Age Concern: Independent Mental Health Advocacy; others as part of more general work e.g. Sharrow Health Trainers: 1:1 support for BME people with long term limiting health conditions; Healthy Communities Programme Norfolk Park: diabetes programme.

Positive impacts from public health spend include the Enhanced Housing Options service which provides intensive, one to one key worker support to the most complex and vulnerable customers of 'Care and Support - Housing Related Services', many of whom are trapped in a cycle of homelessness, enabling them to find and maintain settled accommodation appropriate to their individual needs and minimise risks of tenancy failure. The client group typically have multiple and complex needs including mental health issues, current or historic substances misuse issues, learning difficulties and physical health problems or disabilities and a history of being unable to sustain either supported or general needs housing.

SCC spend will also have a positive impact through the provision of an information service and 'social cafes' activity targeted at people who have low level mental health problems and people with dementia and their carers to prevent them requiring more intensive health and social care interventions. A range of activity is provided from a number of organisations including Sheffield Mind and the Alzheimer's Society.

In **CYPF ,** funding reductions to voluntary, community and faith sector projects such as to the Sheffield Young Carers Project (SYCP), Homestart and Sheffield Sickle Cell and Thalassemia Foundation (SSCATF) is likely to negatively impact on young carers of disabled people, disabled parents or parents of disabled children and disabled people in general.

A reduction in outreach services run by the integrated sexual health services could negatively impact on some disabled people who may have particular access needs. Care will be taken to ensure that this does not happen. The proposed reduction of funding to Sheffield Working Women's Opportunities Project (SWWOP) identified a potential negative impact as many women working on the streets have significant mental health issues. SWWOP is also currently working with some disabled women. Having explored the options, no reduction to their funding has been recommended.

A funding reduction to the SYCP is likely to negatively impact on young carers of disabled people. The provider's consultation response highlighted that the majority of service users care for someone with a

disability or mental health problem, a reduction of funding will result in less capacity to support these young carers and this will negatively impact on the cared for person. It was highlighted that young carers of disabled people will be put under further pressure due to welfare reforms so the support provided by SYCP was seen as being increasingly important. SYCP has been awarded funding from the BIG Lottery to work with the families of young carers; this is a continuation of an existing project that was due to come to an end. This will enable SYCP to continue to support people with disabilities and may mitigate some of the impact of the reduction in core funding.

A reduction of funding for SSCATF is likely to negatively impact on people with a disability. Though the actual numbers of service users are low, the impact of a reduction in service would be disproportionate due to the vulnerability and social exclusion experienced. Given the risk of no service provision being available until the outcome of the competitive tender process for provision post 2013-14, the revised mitigation of maintaining the value of the current contract at current levels is being considered.

A reduction in the number of clinics and outreach services ran by the Integrated Sexual Health Services could negatively impact on some disabled people who may have particular access needs. In their consultation response, Homestart didn't perceive that there would be a negative impact on disabled people by the proposed reduction, whereas the commissioner did.

Positive impact will come through SCC sustaining existing services that improve the health and well-being of people with a learning disability who are at significant risk of increased health inequalities. Activity will include developing a sustainable increase in the numbers of people wilt a learning disability accessing and maintaining paid employment. SCC will be commissioning activity through both **Communities and CYPF** Portfolios.

Pregnancy/maternity

In **Communities**, a small number (3) of providers identified potential specific negative impacts based on pregnancy and maternity: Sheffield Occupational Advice Service, Somali Mental Health Project, and Sharrow Community Forum Health Trainers. None of these contracts have had recommended cuts above 11%. Provider Impact Assessments have identified ways to partially mitigate this impact.

In **CYPF** the proposed funding reduction to Sheffield Working Women's Opportunities Project (SWWOP) has a negative impact on those pregnant women working into the late stages of their pregnancy and who are at enhanced risk of physical and sexual abuse. SWWOP's consultation response also indicated they were often the first service to whom women disclosed possible pregnancy and SWWOP then supported and referred them to the appropriate services whether they wish to proceed with their pregnancy or choose to have a termination. SWWOP also worked closely with the multi-agency pregnancy and assessment liaison group, GP's and health visitors, social workers and drugs workers. Having explored the options, no reduction to their funding has been recommended.

The breastfeeding peer support is specialist hospital ward based provision and a reduction in funding is likely to have a negative impact on service delivery in the short and longer term. It was highlighted that the statutory maternity services will not be able to pick up this level of work should this service cease. Furthermore, there is a likely cumulative impact on the organisation Action for Children who is delivering the contract due to changes following the Early Years Review.

A reduction of funding to the Homestart support to families is likely to have a negative impact on families with children under 2 years of age, disabled parents or parents of disabled children.

A change to the currently open access Integrated Sexual Health Services might negatively impact on pregnant women in relation to identifying pregnant women and unborn babies at risk of sexually transmitted infections or HIV, but we will ensure that any reduction in contract value is achieved by efficiency savings rather than reductions in service.

In terms of Sheffield Sickle Cell and Thalassemia Foundation (SSCATF) we had not identified any

particular negative impacts on this group. In the consultation response, the provider highlighted the following: “There would be a lack of information to service users, organisations and the community, for example, research work into the provisions for couples and in particular fathers.”

Positive impacts via CYPF investment includes:

- a breastfeeding support programme with 18 workers across Sheffield in health and community settings
- a programme to support and encourage public places and workplaces to become breastfeeding friendly. This will contribute to reducing health inequalities enabling mothers on low incomes to return to work sooner, and support women in areas of disadvantage who are often less confident in breastfeeding outside the home.
- the Sheffield Volunteer Doula programme supporting vulnerable women in the latter stages of pregnancy, through birth and until their baby is six weeks old, preparing for birth and then to access services. The service is citywide and focusses on women who have mental health issues, experiencing domestic violence, history of drug and alcohol misuse, already receiving multi-agency support team intervention and Care Leavers.
- The family nurse partnership for vulnerable teenage parents from early pregnancy until the child reaches their 2nd birthday.

Race

Sheffield is a diverse city and the ethnic profile continues to change, with the proportion of residents classifying themselves as non-British white growing from 11% in 2001 to 19.2% in 2011. The largest proportional increases occur in the; Arabic, East European, Indian and Chinese communities. Sheffield’s BME population is increasingly dispersed across the city, although there remain geographical areas of the city with high proportions of BME people – these ten correlate with areas of higher deprivation

Overall there are more indirect impacts on race identified than direct. This is mainly in the areas of impacts on young people and people on low incomes. Mitigations have been identified and put in place in individual service EIAs.

In **Communities**, the recommendations could potentially result in negative impacts for BME people. Approximately half of the contracts have identified BME communities as a key customer group. This is based either on location of the service or due to specialist service being offered (designed to address specific health inequalities). For example: Healthy Communities Programme/Health Trainers working in Burngreave, Darnall & Sharrow; Somali Mental Health Project; Support to the Chinese Community project; Mental Health CAB: Independent Mental Health Advocacy Service - 31% of IMHA clients are from BME communities reflecting the disproportionate number of BME patients detained under the Mental Health Act.

A range of providers have identified potential negative impacts in reducing funding. Some providers have also identified some ways in which they can mitigate impacts, e.g. through prioritisation of existing funding. These impacts / mitigations have been considered as part of scoring.

The Somali Mental Health Project provides an important public health link in to this community and funding reductions to the service carries additional infrastructure risks that need to be considered. As a result of the EIA process, it is recommended that no cut should be imposed on the funding for this service.

There will be a positive impact for older people, including improving mental health, through sustaining funding for the Muslim Elder Support Project (MESP) involving community based BME organisations. This enables a programme of activities and information to improve awareness of services and

interventions, providing screening for key illnesses and conditions, improving lifestyles, enhancing independence and addressing social isolation.

In **CYPF** the proposal to reduce VCF contracts e.g. to young carers service, will impact on BME people as approx 25% of young carers are BME and who are sometimes hard to engage. A reduction of funding the Homestart support to families is likely to have a negative impact on BME families who are a disproportionately higher service user. Homestart volunteers also have community language skills which may be lost.

The proposed reduction to Sheffield Working Women's Opportunities Project (SWWOP) could have an impact as the ongoing economic downturn has seen some women leave saunas to work on the streets. The majority of women working the streets were white British, but an increasing number of Eastern European women were also working on the streets. Approximately 25% of young carers are BME and who are very hard to engage especially as some BME communities place a high emphasis on young people providing care to family members. Having explored the options, no reduction to their funding has been recommended.

In their consultation response, Sheffield Young Carers Project (SYCP) highlighted that in 2012 20% of carers supported were from BME communities. Reduced staffing would mean less capacity to undertake targeted work to engage BME young carers. A reduction of funding to the Homestart support to families is also likely to have a negative impact on BME families who are a disproportionately higher service user (13% of referrals are from BME communities).

A reduction to the Sheffield Sickle Cell and Thalassemia Foundation (SSCATF) is likely to negatively impact people from those BME groups that are at an increased risk and feedback from the provider highlighted the risk that the reduction in funding will lead to a cessation of the service. Given the risk of no service provision being available until the outcome of the competitive tender process for provision post 2013-14, the revised mitigation in this instance is to maintain the value of the current at current levels.

A change to the Integrated Sexual Health Services may negatively impact on some ethnic groups who are at a higher risk of contracting sexually transmitted infections, as well as cultural differences around sexual health and the often strongly resistant approach of some BME communities to engage with sexual health services or in encouraging young people to access contraception due to sensitivities. However care will be taken to ensure that any reduction in contract value is achieved by efficiency savings rather than a reduction in service provision.

Though the commissioner had identified no differential impact following a reduction of breastfeeding peer support, in their consultation response, the provider identified a negative impact as the service does meet the unique needs of breastfeeding women from BME communities and highlighted that statutory maternity staff did not have the time or knowledge to provide this support.

In **Place**, the EIA on the Upperthorpe Healthy Living Centre Contract highlighted the risk of a small number of BME people not accessing the service and the loss of a swimming session for South Asian women. As noted earlier, a cross Portfolio impact was identified around Zest for Health who are contracted to provide a weight management service for children and families aged 7-15 years until August 2014. 48% of the current users of the Zest child weight management contract are from a non-White British background. As a result of the EIA, no cut is now being recommended for this service.

Positive impacts around Race via SCC public health investment are highlighted in the Multiple Impacts Section, Age, Disability, and Pregnancy and Maternity.

Religion/Belief

Few service impact assessments have detailed negative impacts in this area. However, in

Communities, recommended cuts could result in some potential negative impacts for people with religion/belief, for example linked to race and predominance of particular faiths in some BME communities e.g. Healthy Communities Programme in Sharrow; Broomhall, Burngreave and Darnall; and the Somali Mental Health Project. As noted above, no cuts are recommended for the last of these.

In CYPF A reduction to Sheffield Sickle Cell and Thalassemia Foundation (SSCATF) funding is likely to negatively impact on people from some religious groups due a very close alignment between those faith groups and some BME groups who are particularly at risk of the conditions. The provider consultation response shared this view. Having explored the options, no reduction to their funding has been recommended.

A change to the Integrated Sexual Health Services will negatively impact on some faith groups who are often aligned to some BME groups and who are difficult to engage with services due to confidentiality concerns which Sexual Health Services staff currently responds to. Further monitoring will be undertaken as part of individual EIAs to assess this.

Sex

In **Communities**, the recommendations on public health provider contracts could potentially result in negative impacts for both men and women. Specific interventions are linked to identified health inequalities e.g. Health Champions Project (HCP) Burngreave: women's mental health project; HCP Darnall: separate women's and men's health projects; Darnall Health Trainers: older Asian men's gym & women's aerobics).

A range of providers have identified potential negative impacts in reducing funding. Some providers have also identified some ways in which they can mitigate impacts, e.g. through prioritisation of existing funding. These impacts / mitigations have been considered as part of scoring.

Positive impact will come through maintaining investment through the Safer and Sustainable Communities partnership to support survivors of domestic abuse. This includes investment in the city's domestic abuse helpline, the Independent Domestic Violence Advocacy Service (working with high risk victims considered by Multi Agency Risk Assessment Conference (MARAC) and a contribution to the MARAC Coordinator based with South Yorkshire Police.

In **CYPF** the proposed reduction of funding to the Sheffield Working Women's Opportunities Project (SWWOP) may have a high impact as many of the users are victims of physical and sexual abuse and are living in abusive relationships. It also has a potential negative impact to girls aged under 16 working on the streets as the project's relationship with working women has enabled the identification of this to take place and then dealt with. Having explored the options, no reduction to their funding has been recommended.

A reduction to the breastfeeding peer support will impact on women as it is a specialist service for women provided by women. The consultation response from the breastfeeding peer support service indicated that an 11% reduction in funding would not make a major impact on the current staff team as the value of the reduction will be offset by an accrual from this year's budget.

A reduction to the Homestart support to families is likely to have a negative impact on women, who are Homestart's main users, employees and volunteers.

The Sheffield Young Carers Project (SYCP) consultation response highlighted that a funding reduction is likely to have a negative impact on male young carers as they are harder to engage with. In 2012 31.5% of young carers supported by SYCP were male and 68.5% female. A change to the Integrated Sexual Health Services will negatively impact on women who are more likely to access sexual health services. Treating and preventing sexually transmitted infections is critical in both sexes. A reduction in levels of outreach with men in settings they feel comfortable will also negatively impact.

Positive impacts on Women and families through proposed SCC public health investment via all

portfolios are highlighted in the multiple impacts section and the sections on pregnancy and maternity.

Sexual orientation

Only a small number of provider's have identified impacts based on sexual orientation. However, a range of services may have wider impacts on Lesbian Gay and Bisexual people due to health inequalities experienced by this group e.g. higher levels of mental health problems for LGB people.

In **Communities**, Shield HIV Support gay men are a key customer group of Shield HIV Support. Under the Health Communities Programme: Communities of Interest, this service works with the Centre for Sexual Health and VCF men's Group SHOUT to support LBG people improve services. These contracts have had recommended cuts of 10.2% only.

A change to the Integrated Sexual Health Services might negatively impact men who have sex with men and who are a priority group. The prevalence of HIV is very high in this group and is nationally increasing higher than in other parts of the population. The SHOUT programme is currently delivered as an ongoing support programme. However care will be taken to ensure that any reduction in contract value is achieved by efficiency savings rather than a reduction in service provision.

Transgender

Providers have not identified specific impacts based on transgender. However, a range of services may have a wider impact on trans people due to health inequalities experienced by this group of people.

A change to the Integrated Sexual Health Services might negatively impact support on transgender issues, for example tackling transphobia, awareness raising, building self esteem etc. This is a non core activity and as such and could be compromised if funding is reduced, potentially further marginalising this group. However care will be taken to ensure that any reduction in contract value is achieved by efficiency savings rather than a reduction in service provision.

Carers

In **Communities,** a small number of providers have identified specific impacts on carers e.g. First Step Trust: employment support for people with mental health problems; Age Concern Advocacy for older people with mental health problems. However, many impacts on disabled people are also likely to have an impact on carers.

In **CYPF**, the proposed reduction to Sheffield Working Women's Opportunities Project (SWWOP) could impact on the women's roles as carers (disabled children and adults) as they work in an environment where there could be an increased and significant issue of safety and well being. Having explored the options, no reduction in funding has been recommended.

Reduction to Sheffield Young Carers Project (SYCP) could negatively impact with the potential for longer term negative impact on the young carers. In their consultation response, SYCP highlighted that the number of carers and young carers is increasing nationally and referrals to SYCP are increasing (from 59 in 2010 to 84 in 2012). The provider identified that funding reductions will impact on service provision for these young people and may result in a future increased burden on mainstream health and social care services.

A reduction to Homestart support to families could have some limited negative impact and an increase in demand for family carers.

The provider of the breastfeeding peer support highlighted in their consultation response that there was a negative impact as the service supported the specific and unique needs of breastfeeding women who are either disabled themselves or have a disabled child.

Though the commissioner EIA had not identified any impact on carers, in their consultation response Sheffield Sickle Cell and Thalassemia Foundation (SSCAT) indicated that some of the support provided is for carers of people with Sickle Cell and Thalassemia. Whilst there are other carer support groups in the city SSCAT's view isthis group has specific needs due to the nature of the conditions, demographics and social exclusion and wouldn't access other carer support.

Voluntary, Community and Faith sector

When considering the impact on the VCS the importance of this 'social value' is recognised by the 'Best Value' guidance[3], which was published by the Government in September 2011. This states that authorities have a duty[4] to consider the impact of budget reductions on VCF or other organisations that have a 'social value':

The Public Services (Social Value) Act[5] will, from January 2013, require us to take social value into consideration when we commission services: in practice it is likely that a significant number of reductions will be newly commissioned services rather than cuts to existing contracts

In **Communities**, All 34 contracts are with the VCS and therefore any cuts would have a negative impact. All providers have identified potential negative impacts (in their EIAs) in reducing funding. A number of providers noted staffing implications. Most providers have also identified some ways in which they can mitigate impacts, e.g. through prioritisation of existing funding to avoid redundancies, and in some cases protect staff salaries. These impacts / mitigations have been considered as part of scoring.

One provider has proposed to mitigate the cuts by providing a service over 11 months which would result in a break in service. Gleadless Valley Forum, a small organisation with a proposed 10.2% cut, has a small contract for two part-time Health Trainer posts covering Gleadless, Lowedges, Batemoor and Jordanthorpe. The break in service would mean short term difficulties in re-establishing the service if it is decided to commission this service for the following year. However as the Clinical Commissioning Group has now agreed to support the health trainer programme financially, this proposed cut is not necessary.

In **CYPF**, the feedback to proposed reduction of funding to Sheffield Working Women's Opportunities Project (SWWOP) indicated without management of SWWOP's other services, women would be unlikely to access SWWOP and would not therefore access the exit service. Having explored the options, no reduction to their funding has been recommended.

A reduction to the breastfeeding peer support will impact on Action for Children who deliver this contract. In mitigation, safeguarding investment in hospital-based Breastfeeding peer support will protect this provision as we review citywide Breastfeeding Peer Support in 2013/14.

A reduction of funding to Sheffield Sickle Cell and Thalassemia Foundation (SSCATF) will negatively impact on the BME run Foundation and also increase demand on some other VCF organisations such as Citizen Advice Bureaux's who themselves have capacity issues. SSCAT indicated a reduced contract value would leave the service non-viable and 3 BME staff would be made redundant. Having explored the options, no reduction to their funding has been recommended.

In the consultation response Sheffield Young Carers Project (SYCP) highlighted an organisational impact with a 0.2 WTE staffing reduction resulting in closure of at least one support group. They also

[3] https://www.gov.uk/government/publications/best-value-statutory-guidance--4

[4] The Best Value Statutory Guidance has statutory force and must therefore be taken into account in the exercise of funding decisions. It is issued under section 3(4) Local Government Act 1999 which states that, in deciding how to fulfil its Best Value duty (section 3(1) LGA 1999), local authorities have to take into account guidance issued by the Secretary of State which may cover the form, content and timing of consultations http://www.ncvo-vol.org.uk/news/civil-society/helping-you-understand-new-best-value-guidance

[5] http://www.legislation.gov.uk/ukpga/2012/3

highlighted that they have attracted a substantial amount of external funding which has created jobs and increased the amount of support offered to young carers. SYCP stated that funding for additional projects cannot be used for core services. SYPC highlighted the potential cumulative negative impact on contracts with all partners delivering aspects of the Big Lottery funded Views of Young Carers Explained (VOYCE) project.

Homestart identified that a reduction in contract would have a proportionate effect on staffing and impact on the sustainability and viability of posts and volunteers who support families, due to less time for supporting volunteers. The provider highlighted the impact of a loss of contract would lead to loss of 1 Coordinator, plus management and administration time and a reduction in hours for 3 posts. The staff posts lost or reduced included a BME worker, impacting on the diversity of the staff and would make it harder to reach BME and Muslim communities. The consultation response also highlighted impact on Homestart's ability to deliver a city-wide service to any families needing support.

In Place, the EIA noted that reducing the Upperthorpe Healthy Living Centre contract, in the context of the provider facing a number of other contract reductions and terminations, could affect the overall viability of the organisation. However, this is part of a bigger UHLC contract.

Positive impacts on the VCF sector through commissioning of SCC public health investment are highlighted in the Multiple Impacts Section and across the protected areas.

Financial exclusion

Sheffield Residents' incomes are around 10-15% lower than the national average. In addition Sheffield is ranked 6th out of 326 against other Local Authorities for low income. In April 2012, the proportion of the working age population in Sheffield that were claiming Job Seekers Allowance (JSA) was 4.6%, almost a fifth higher than the national average of 3.7%. Although the number of people claiming unemployment benefits has doubled in less than three years, unemployment rates actually fell slightly last year (by around 1%), although this fall was lower than the national average of 1.9%. Almost one quarter of households, approximately 58,500 households are living in poverty. Since 2007 the gap between the worst off and best off people across Sheffield has increased

In **Communities**, a range of providers have identified potential negative impacts (in their EIAs) in reducing funding. Some providers have also identified some ways in which they can mitigate impacts, e.g. through prioritisation of existing funding. These impacts / mitigations have been considered as part of scoring.

There are 3 contracts relating to employment in Communities which are - Sheffield Occupational Health Advisory service (SOHAS), Bridge Employment and First Step Trust. Proposed cuts will affect employment and financial inclusion. SOHAS frontline delivery will be affected as they have had to manage other reductions and already cut management and admin costs and are no longer able to rely on reserves.

In **CYPF,** the proposed reduction of funding to Sheffield Working Women's Opportunities Project (SWWOP) is likely to have a significant negative impact on a particularly vulnerable and marginalised group, for example through an increase of sexually transmitted infections, and significant equality issues in relation to age, sex and carers. In their consultation response, SWWOP noted the impact on poverty and on those who are financially excluded of this proposed reduction.
A reduction to support to Sheffield Sickle Cell and Thalassemia Foundation is likely to negatively impact on support that enables people to stay in employment or to minimise disruption to schooling.

In both cases, having explored the options, no reduction to funding has been recommended.

A reduction to the Homestart support to families will negatively impact on vulnerable families, e.g. parents who need parenting support, teenage parents, relationship difficulties or past domestic abuse between parents, social isolation etc

In their consultation response, Sheffield Young Carers Project (SYCP) identified that a large proportion of young carers that they see live in deprived parts of the city and they help them and their families to access financial support and supports with social inclusion, aspiration etc.

A change to the Integrated Sexual Health Services might negatively impact on some of the most vulnerable communities as the relationship between poor sexual health and health inequalities is well evidenced. However care will be taken to ensure that any reduction in contract value is achieved by efficiency savings rather than a reduction in service provision.

As many health inequalities are linked to poverty and financial exclusion, reducing Public Health contracts is likely to impact on these areas. However, the range of proposals for public health investment across all Council portfolios will positively impact on vulnerable communities and people most in need.

Cohesion

A range of providers have identified potential negative impacts in reducing funding. Some providers have also identified some ways in which they can mitigate impacts, e.g. through prioritisation of existing funding. These impacts / mitigations have been considered as part of scoring.

There were potential negative impacts on community cohesion as a result of the proposed reductions to the Somali Mental Health Project, which provides an important public health link into this community. As noted above, no cuts are now recommended for this service.

Also changes to the Sheffield Working Women's Opportunities Project (SWWOP) contract may also have an impact in relation to negative attitudes towards street working women and potential impact on women living in some areas. Having explored the options, no reduction to their funding has been recommended.

A change to the Integrated Sexual Health Services has the potential to have an impact on cohesive communities. An increase in poor sexual health may result in increased sexually transmitted infections (STI's) which could then further stigmatise some sections of the community who are already amongst the most marginalised. However care will be taken to ensure that any reduction in contract value is achieved by efficiency savings rather than a reduction in service provision.

Where appropriate possible impacts/risks will be fed into wider cohesion work in the city.

Overall actions and key mitigations

The process has identified that there will be a range of reductions on individual contracts from 0 to 13% but within the overall saving framework as identified in the Council Budget 2013/14. These changes in reductions have occurred as a result of the EIA process which has identified potential equality impacts. There have been individual meetings with providers as relevant and providers have been supported by the contract management team. Alongside informing where to propose reductions, this activity has influenced the extent of reductions to each contract and helped to identify mitigations on specific impacts e.g. through prioritisation of existing funding, refocusing on delivering core services linked to contract targets, community need and front-line delivery and assisted with issues such as payment terms.

Many of these reductions or changes in provision will occur during the next year, and we will be monitoring any adverse impacts on individuals and groups to ensure that any potential negative impact is reduced as far as possible. Key mitigations against negative impact are:

1. Inclusion of equality impact in scoring of contracts, and resulting recommendations about proposed level of cut.

a. Equality impact assessment of individual contracts have been informed by consultation with providers.
b. Consistent approach to spending proposals across Portfolios informed by applying clear and informed criteria when assessing postential contract changes. For example, all the Communities contracts are delivering services to vulnerable groups for which a reduction in funds would have a negative impact. In Communities, we therefore decided to apply reductions across a small range between 10.2% and 12%. This was also in line with the information sent to providers indicating that the reduction would be in the region of 11%.
c. Contracts that scored 'highest' (and were therefore recommended to have a lower % cut), did this on the basis of the impact on protected groups and on the organisation's ability to continue to deliver services following proposed cuts.

2. Ensuring any 'savings' continue to fund a wider range of Public Health activity, including for protected groups, which seeks to reduce health inequalities in the city.

3. Ongoing contract management of all services post any approved funding reductions: monitoring any emerging issues around sustainability or newly identified disproportionate impact on protected groups will form part of this, alongside supporting appropriate action planning to address any such issues and support continuity of service where possible.

Our EIAs are 'live' documents and will be subject to change, as proposals or evidence of impact changes. We are committed to involving providers, service users and communities as part of the decision making process for implementing some of the budget proposals.

Importantly, the overall public health spend will not be reduced, and the savings identified will be used to fund other public health priority areas. These will benefit a wide range of vulnerable people including for example older people, disabled people, women and BME communities. Alongside the continuation of a range of public health spending via Provider organisations, positive impact on a range of groups will come through public health investment through each Council portfolio:

In **Childrens, Young People and Families** portfolio activity will include a breastfeeding support programme with 18 workers across Sheffield in health and community settings, doula programme supporting women in the latter stages of pregnancy, at birth and in the first few weeks, family nurse partnership for vulnerable teenage parents, early intervention work, and child programmes and speech and language therapy. All these will impact on women, pregnancy and maternity and young people positively. It is also likely to be a positive impact on BME women given the people who use services.

Within CYPF two Public Health allocated contracts have been exempted from the budget reduction programme. These include the School Nursing contract (Sheffield Children's NHS Foundation Trust) and the sexual health Enhanced Services contracts (Primary Care and Pharmacists). Additionally the newly consolidated Integrated Sexual Health Contract (Sheffield Teaching Hospitals) is subject to a separate negotiation with the provider.

In **Place** portfolio there will be a range of health inequalities activity via Activity Sheffield which will likely have a positive impact on range of protected characteristics. This is evidenced by current Activity Sheffield monitoring data which shows take up in relation to BME groups 25%, women 44%, young people 77% and disabled people 7%.

In **Communities** portfolio, the overall impact on protected groups will be positive because funding a range of services will continue, this includes: learning disabilities community support; mental health advice and support including for dementia; Residential rehabilitation services in relation to substance misuse; enhanced housing options offering intensive, one to one key worker support for those with complex needs; housing related support for vulnerable people to remain in tenancies and be supported with health and wellbeing; Prevention work reducing the need for crisis response and medium to long term health and social care support; the Muslim Elder Support Project (MESP) preventative work in partnership with BME community organisations; Equipment, Adaptations and Occupational Therapy promoting self care, recovery from illness, and increasing independence; Community Access and Service (CARS) supporting community reablement to reduce needs and build confidence in the home

and wider community, especially for older people; work on safer neighbourhoods; and with private sector housing addressing hazards to health and safety in private rented accommodation.

As indicated above, a number of the proposed VCF provider reductions may have a negative impact across protected groups (and affected VCF organisations), though the majority of contracts will continue to support vulnerable communities. Furthermore, the range of public health related activity which will be supported will likely impact positively on a range of groups - especially disabled people, older people and people with complex multiple needs.

Elected members will be undertaking a comprehensive review of all public health investment during 20113/14 which will shape public health investment in 2014/15 and beyond in line with the City's ambitions.

Overall summary of possible impact (to be used on EMT, cabinet reports etc):

The overall impact of the proposed use of the Public Health Grant by the Council will be to reduce ill health and work to address the root causes of ill health in deprived communities and disadvantaged population groups. This includes positive impacts for all the defined protected groups. Since the overall pattern of spend of the Public Health Grant will not change significantly as compared to the previous public health spending by Sheffield Primary Care Trust, and the previous funding of some programmes by Sheffield City Council, the overall impact of the proposed use of the grant will not differ greatly from previous years.

However the proposed Voluntary and Community Sector budget reductions in some specific services may have a negative impact across groups (and affected VCS organisations), as outlined above and in the detailed EIA impact analysis.

The transfer of public health into the local authority brings many opportunities to enhance service and programme delivery. For the public, the transfer should be seamless with the same level of services, projects and most commissioned activities being delivered as they currently are. If anything the public should see an improved level of service through the integration and bringing together of knowledge and expertise from the Council and NHS Sheffield into a single body. For public health staff the change will see them located within services and with colleagues that will enhance their work. For example Public Health intelligence will be located with Corporate Policy and Research which will provide many opportunities for joint working.

When Sheffield PCT was abolished, responsibility for commissioning many public health services for Sheffield residents transferred to Sheffield City Council. Sheffield NHS CCG and Sheffield City Council are working together very closely to ensure as smooth a transition process as possible. In Sheffield there were 85 services in place between the PCT and other agencies. The total value of these contracts for the financial year 2012/13 was approximately £23m.

Elected Members, in consultation with senior Public Health staff and Executive Directors, agreed as part of transition that the majority of Public health services should continue with SCC after the 1st April 2013. Those due to end on 31st March 2013 with the PCT will be renewed with the council as commissioner.

However, in order that public health funding can be used to support a broader range of public public health activity and services, and tackle the wider determinants of health, a reduction in the values of some contracts is proposed. In order to meet budget targets it is proposed that

there be an overall reduction of 11% later in the year. Rather than seeking to impose savings from April 1st, an approach will be taken that gives providers notice of the Council's intentions in line with Best Value guidance and the Sheffield Compact. Reductions will therefore take effect from 1st August for VCS providers and 1st May for statutory providers at the earliest. Key aspects of this approach include:

- Targeting resources to those most in need and at risk, help people to be more independent and to make their own choices, intervene earlier and do more preventative work, get even better value for money in the services we purchase and be innovative in service commissioning and design.

- A commitment to ensuring that where money is spent it is targeted at those who most need our support, and are working to encourage sharing services and back office costs to reduce impact where possible on front line services. We are also continuing to invest in the Voluntary and Community Sector, for example, through grant fund funding and housing related and enablement support.

- Continuing to monitor the impact of changes over the next year, on service changes as well as the knock on effects of reductions on other providers.

- Continuing detailed consultation with customers and other stakeholders as specific activities are implemented.

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
Overall and for specific issues relating to communities sharing protected characteristics under the Equality Act 2010	Finalise negotiations between the Council and the Sheffield Teaching hospital regarding savings and decisions will be subject to a separate EIA carried out by the DPH office. Individual proposals have had detailed EIAs and specific mitigation has been devised wherever possible. These will contain the detail of the actions required be monitored as appropriate. In some cases as proposals are developed further and implemented, alongside consultation, some impact assessments will be revisited or updated.	Director of Public Health/Relevant Directors (CYPF & Resources) Service Managers within Portfolios as noted in the EIAs

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
	Ongoing contract management of all services post any approved funding reductions: monitoring any emerging issues around sustainability or newly identified disproportionate impact on protected groups will form part of this, alongside supporting appropriate action planning to address any such issues and support continuity of service where possible.	Performance monitoring within Portfolios – Directors of Business Strategy
	Integration of actions into Portfolio performance management systems.	As above
	Oversight of proposals and implementation of public health activity across the City Council.	Public Health Board
	Comprehensive review of all public health investment during 2013/14 which will shape public health investment in 2014/15 and beyond in line with the City's ambitions.	Cabinet Member/Director of Public Health

Approved (Lead Manager): Jeremy Wight **Date:** 09/04/2013

Approved (EIA Lead Officer): Adele Robinson **Date:** 22/04/2013

Review date: Dec 2013 **Reference number:** PH02

Appendix 3. The Public Health Grant: Roles and Responsibilities in Sheffield

Context: In January 2013 the Department of Health confirmed that the 13/14 settlement figure for Sheffield would be £29.7m. As a ring-fenced budget, every penny will be used in support of support Public Health outcomes for Sheffield residents. The Public Health grant will be prioritised in line with mandatory requirements, the Public Health Outcomes Framework and local member priorities. Approvals will form part of the Council's budget planning process.

National arrangements: The Public Health grant is being allocated to Unitary and top tier Local Authorities in order for them to fulfil their new Public Health responsibilities. It builds on the previously identified baseline spend on Public Health reported by Primary Care Trusts, but includes an increase reflecting the National Government's prioritisation of Public Health. A further increase has been announced for financial year 14/15.

It has been announced that in future years an element of the Grant will be dependent on progress made against the Public Health Outcomes Framework indicators. How much of the Grant, and the way it will reflect progress against those indicators, is not yet known.

Local arrangements: There has been, and will continue to be, strong member involvement in shaping future Public Health priorities. The Cabinet Member with lead responsibility for health and adult social care has taken on the lead role in Cabinet for overseeing PH policy and for political leadership of Public Health issues as a whole. However, individual Cabinet Members will lead on PH issues within their specific portfolios. The member-lead review planned for 13/14 will shape future investment priorities.

In line with Sheffield's distributed model, Executive Directors will manage the Public Health budgets for their portfolios. The DPH will manage the budget for the DPH Office and for clinical governance and medical CPD (continuing professional development) responsibilities.

The Director of Public Health has oversight of the Grant overall, and will hold Executive Directors to account for the use of resources for the delivery of Public Health outcomes. The Chief Executive is accountable for the use of the Grant, but the DPH will be required formally to advise him as to whether it has been used appropriately for Public Health purposes. To support this, a protocol will be agreed annually between the DPH and Executive Directors to ensure effective use of PH investment and interventions and clear accountability and transparency for this work. These will be refreshed and signed off by individual Executive Directors and the DPH annually to reflect their changing requirements and priorities.

Appendix 4: Overview of Public Health Outcomes Framework

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

Outcome measures

Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health

Objective:
Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators:

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social connectedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

2 Health improvement

Objective:
People are helped to live healthy lifestyles; make healthy choices and reduce health inequalities

Indicators:

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- *Smoking prevalence – 15 year olds (Placeholder)*
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

3 Health protection

Objective:
The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators:

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

4 Healthcare public health and preventing premature mortality

Objective:
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators:

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*