

# Equality, Diversity, Cohesion and Integration Impact Assessment



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

<b>Directorate: The Office of Director Public Health</b>	<b>Service area: Business Support Team</b>
<b>Lead person: Kate Daly</b>	<b>Contact number: (39)52877</b>
<b>Date of the equality, diversity, cohesion and integration impact assessment: February 2016</b>	

**1. Title: Public Health Contracts Strategy with third sector providers for 2016-17**

Is this a:

**Strategy /Policy**
                         
  **Service / Function**
                         
  **Other**

**If other, please specify**

## 2. Members of the assessment team:

<b>Name</b>	<b>Organisation</b>	<b>Role on assessment team e.g. service user, manager of service, specialist</b>
Kate Daly	Leeds City Council	Public Health Contracts Officer
Lynne Hellewell	Leeds City Council	Public Health Business Manager

### 3. Summary of strategy, policy, service or function that was assessed:

The approval of the strategy for public health contracts with third sector organisations for 2016-17 where contracts were due to expire in March 2016 was placed on the Council's forward plan of Key Decisions on 18<sup>th</sup> December 2015.

As a direct result of the Public Health Grant cuts announced by the Government, this strategy involves making a 5% cut to all contracts directly commissioned by Public Health with third sector organisations, which are current due to expire on 31<sup>st</sup> March 2016. This is the final 12 month extension period available for these contracts meaning that they will expire on 31<sup>st</sup> March 2017.

There are 44 contracts provided by 22 different third sector organisations, which are affected by these public health cuts. They deliver a wide range of initiatives to improve the health and wellbeing of vulnerable people. These groups have been identified by the Joint Strategic Needs Assessment as living in the areas of greatest health need and/or people with a greater risk of poor health e.g. people with mental health conditions. Service specifications include the provision of support for more people to choose healthy lifestyles, or for more young people having the best start in life, or for more people to have equitable access to screening and prevention services, or to increase the number of people supported to live safely in their own home.

The Council is proposing to keep all other contractual terms and conditions (including the service specification) unchanged for these contracts. There is the intention for the contract managers to work in partnership with the providers to develop a service delivery plan for the final year of these contracts. This plan will need to accommodate the reduction in funding and include an exit strategy.

As part of Public Health's Strategic Commissioning priorities, there are two service reviews and re-commissioning projects currently being undertaken by Public Health in conjunction with PPPU. These are:

***Locality Community Health Development and Improvement project*** is looking at the reshaping and improving community health development services for the city. These services currently being delivered through 14 contracts with 11 different third sector providers.

***Leeds Integrated Healthy Living Service*** is looking at integrating and improving health living services in Leeds. These services are currently being delivered by both NHS providers and 7 contracts with 5 different third sector providers.

Service reviews, options appraisals and service specification developments are being undertaken with extensive consultation with service users, providers, and strategic city partners including Leeds Clinical Commissioning Groups (CCGs). Both projects are being subject to equality impact assessments at every stage. Any further re-commissioning work undertaken by Public Health in 2016-17 will also be subject to an equality impact assessment.

**4. Scope of the equality, diversity, cohesion and integration impact assessment**  
 (complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

**4a. Strategy, policy or plan**

(please tick the appropriate box below)

The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input type="checkbox"/>

**Please provide detail:**

**4b. Service, function, event**

please tick the appropriate box below

The whole service (including service provision and employment)	<input type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant)	<input checked="" type="checkbox"/>

**Please provide detail:**

This Equality Impact Assessment considers the decision to implement a 5% cut to all contracts directly commissioned by Public Health with third sector organisations, which are due to expire on 31<sup>st</sup> March 2016.

These cuts affect 44 public health contracts held with 22 different third sector providers. The total value of the contracts in 2015-16 was £2,496,388 and the saving from the cut is £124,843.

## **5. Fact finding – what do we already know**

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

On 4th November 2015, the Department of Health issued the Government's response to the consultation on their plans to cut £200 million from the Public Health Grant. The result is a flat rate cut for all local authorities regardless of need, which will mean a £2.8m cut for Leeds in 2015/16. The Government's response to the consultation did make an assessment of the options to distribute the cuts across the local authorities based on the key equality characteristics. This consideration was based on equality analysis, which was previously used when the public health grant was originally allocated between local authorities and a review of the consultation responses.

The Department of Health stated that they did not accept that the cuts are inconsistent with its equality duties as they had already taken into account health inequalities when they distributed the original grant and applied the cut using a standard approach across all local authorities. The Department considered that the decision on how the local authorities use their grants and implement the savings would have a greater effect on health equalities, but the Department of Health do intend to continue to work with partners (Public Health England, NHS England and the local government and public health sectors) to support local authorities and to monitor the impact of the saving.

Further significant cuts to the public health grant were announced in the Chancellor's Comprehensive Spending Review on 26<sup>th</sup> November 2015. It is expected that the Public Health grant for Leeds will be reduced by around £3.9m in 2016/17 although the final settlement has not yet been announced, but is expected soon. The HM Treasury issued an "Impact on equalities: analysis to accompany Spending Review and Autumn Statement 2015", which states that individual government departments completed high level assessments of equality impacts of the key areas of spending, which the Treasury used to inform the early planning stages of the spending review (and associated departmental settlements and policy formulation). The HM Treasury's EIA is at a relative high level and does not specifically mention the cuts to the public health grant. It does highlight that the next step is for individual government departments to consider the impacts of the allocation of their available budgets on people with protected characteristics. The Department of Health will presumably undertake this assessment when deciding the specific allocation of the public health grant Leeds City Council will receive (this is expected to be announced in the very near future).

Following the government's announcement of the public health cuts, the Executive Member for Health, Wellbeing and Adults and the Director of Public Health have been considering all potential future options. Public Health has had to review all its services, functions and programmes against key criteria and impacts, including achievability, the health and wellbeing of the population, organisations – directly or indirectly, demand for services, scale of impact, priorities within the new Health and Wellbeing Strategy, inequalities, the burden of conditions, evidence of effectiveness, fairness, mandatory requirements, value for money, wider benefits (e.g. social value), contractual obligations and links to other priorities. This equality assessment considers the impact of the cuts in respect to our commissioned services with third sector organisations.

The contracts affected by the public health grant cuts are very long-standing contracts,

which were transferred to the local authority when Public Health transferred from the NHS into the Council in April 2013. This means that Public Health hold considerable performance information relating to the contracts and the services that they deliver, including the localities that they work in and details of service users with their equality characteristics. Due to the long-standing partnership approach to contract management, the providers generally have a good, open and honest relationship with their Public Health contract manager.

**Are there any gaps in equality and diversity information**

**Please provide detail:**

Similar to the approach taken by Government, Leeds City Council is proposing to take a standard approach to addressing the cuts. This involves taking a 5% cut from each public health directly commissioned contract due to expire in March 2016 and extending by a further 12 months.

Due to the fact that the contracts vary considerably in value (from £11,000 to over £300,000) and some organisations hold a number of contracts (up to 6), the impact of the cut in funding on the organisation's ability to continue the same services is difficult to predict. One possibility is that due to the long-established nature of the contracts/ services, the third sector organisations may be able to continue to provide the same services in a more efficient and effective manner. However, their ability to continue these services with reduced funding may be impeded by other factors (e.g. accommodation issues or loss of other funding sources).

In order to establish the potential impact of the public health cut on other council contracts that the provider may hold and whether there is a potential for a cumulative impact should there be wider council cuts, the Business Support Team has worked with PPPU to undertake a review of all the council contracts held by each provider. This review has revealed that some of providers hold a variety of short to medium term contracts with the council, and some of these are as part of framework arrangement. As most of these contracts have significantly higher contract values compared to the public health contracts, the potential of an impact from the public health cuts on these other contracts is therefore considered to be negligible.

On-going communication and support to Providers is a key priority for Public Health in order to determine their ability to continue their ongoing services (both the public health and other council contracts).

**Action required:**

- Brief the contract managers
- Contract managers to have one to one discussions with the providers
- Contract manager to undertake Equality, Diversity, Cohesion and Integration Screening for each contract.
- Contract managers may need to have discussions with other Council directorates should the providers raise issues regarding the potential loss of other funding/contracts.
- Develop service delivery plans / action plans for 2016/17 in partnership with provider and contract manager.
- Contract manager to undertake quarterly performance management of the service
- Business Support Team / Contract Manager to review and consider the

performance management information to identify at cumulative impacts of the equality characteristics.

## 6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes  No

### Please provide detail:

So far, the following have been involved in the discussions and decisions about the cuts.

- Director of Public Health
- Executive Member for Health, Wellbeing and Adults and Public Health
- Public Health Leadership Team
- Deputy Chief Executive
- Clinical Commissioning Group Representatives
- Council Cabinet
- Labour Group Elected Members
- Public Health cuts Communications Group
- Public Health Business Manager
- Public Health Contract Managers

### Action required:

- Brief the contract managers
- Contract managers to have one to one discussions with the affected providers
- Contract managers and providers to develop service delivery plans for the extension period, including communications plan for any service changes.

## 7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

### Equality characteristics

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> Disability
<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or Belief
<input checked="" type="checkbox"/> Sex (male or female)	<input checked="" type="checkbox"/> Sexual orientation	
<input checked="" type="checkbox"/> Other		

**(Other** can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

**Please specify:** Pregnancy and maternity, specific communities of interest and geography, tackling poverty, improving health and well-being

**Stakeholders**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Services users | <input type="checkbox"/> Employees          | <input type="checkbox"/> Trade Unions         |
| <input checked="" type="checkbox"/> Partners       | <input checked="" type="checkbox"/> Members | <input checked="" type="checkbox"/> Suppliers |
| <input type="checkbox"/> Other please specify      |   |   |

**Potential barriers.**

- |  |  |
|--|--|
| <input type="checkbox"/> Built environment             | <input type="checkbox"/> Location of premises and services |
| <input type="checkbox"/> Information and communication | <input type="checkbox"/> Customer care                     |
| <input checked="" type="checkbox"/> Timing             | <input type="checkbox"/> Stereotypes and assumptions       |
| <input checked="" type="checkbox"/> Cost               | <input type="checkbox"/> Consultation and involvement      |
| <input type="checkbox"/> Financial exclusion           | <input type="checkbox"/> Employment and training           |

specific barriers to the strategy, policy, services or function

**Please specify**

**8. Positive and negative impact**

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

**8a. Positive impact:**

Implementing the public health cuts will require the contract managers to work in partnership with providers to ensure all stakeholders are involved in the decision making process to develop an effective and sustainable service delivery plan for 2016-17, and potential associated communications plan(s).

The reduced level of funding available may encourage public health commissioned third sector providers to work together to pool resources and provide complimentary services, and hence develop effective partnerships and reduce service duplication. The contract managers may need to help facilitate this. The short timescales available to implement the cuts may create a constraint to some of this partnership working; however some providers are already working together.

**Action required:**

- Brief the contract managers
- Contract managers to have one to one discussions with the affected providers
- Contract managers and providers to develop service delivery plans for the extension period, including stakeholder engagement and communications plan for any service changes
- Where required, contract managers should encourage third sector organisations to develop partnerships with each other

**8b. Negative impact:**

As stated earlier, there is uncertainty about how the different providers will be affected by the cuts. Some organisations may only be able to accommodate the loss of funding by cutting or reducing service provision and this could have a significant impact on individuals with equality characteristics. The below actions and coordination between contract managers may help to reduce/remove some of these impacts.

**Action required:**

- Brief the contract managers
- Contract managers to have one to one discussions with the affected providers
- Contract managers and providers to develop service delivery plans for the extension period, including stakeholder engagement and communications plan for any service changes.
- Where required, contract managers should encourage third sector organisations to develop partnerships with each other to prevent loss of services.
- Contract managers to complete an equality, diversity, cohesion and integration screening assessment for each contract affected by the cut.

**9. Will this activity promote strong and positive relationships between the groups/communities identified?**

Yes

No

**Please provide detail:**

The reduced level of funding available may encourage public health commissioned third sector providers to work together to pool resources and provide complimentary services, and hence develop effective partnerships and reduce any service duplication. The contract managers may need to help facilitate this. This may actually help the organisations when developing their strategy for any future Council procurement opportunities.



**Action required:**

- Brief the contract managers.
- Contract managers to have one to one discussions with the affected providers
- Contract managers and providers to develop service delivery plans for the extension period, including stakeholder engagement and communications plan for any service changes.
- Where required, contract managers should encourage third sector organisations to develop partnerships with each other to prevent loss of services.
- Contract managers to complete an equality, diversity, cohesion and integration screening assessment for each contract affected by the cut.
- Routine quarterly performance monitoring the contracts.

**10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)**

Yes

No

**Please provide detail:**

The contract managers are aiming to work with the third sector providers to help them implement the cuts through effective service planning and partnership building. Pooled service provision between the organisations may increase the opportunity for different communities and individuals to make contact and create stronger community relations. However due to the diverse nature of the services commissioned by Public Health, this may not always be possible or be a positive outcome (e.g. services for women experiencing domestic violence).

**Action required:**

- Brief the contract managers.
- Contract managers to have one to one discussions with the affected providers.
- Contract managers and providers to develop service delivery plans for the extension period, including stakeholder engagement and communications plan for any service changes.
- Where required, contract managers should encourage third sector organisations to develop partnerships with each other to prevent loss of services.
- Contract managers to complete an equality, diversity, cohesion and integration screening assessment for each contract affected by the cut.
- Routine quarterly performance monitoring of the contracts and an assessment of the cumulative impact of the cuts in 2016-17.

**11. Could this activity be perceived as benefiting one group at the expense of another?** (e.g. where your activity/decision is aimed at adults could it have an impact on children and young people)

Yes

No

**Please provide detail:**

To address the grant cuts, the Council is treating all providers the same by taking a 5% cut from each public health directly commissioned contract due to expire in March 2016 and have one 12 month extension left. Due to the fact that the contracts vary considerably in value and some organisations hold a number of contracts, the impact of the cut in funding on the organisation's ability to continue their on-going services is difficult to predict.

**Action required:**

- Brief the contract managers
- Contract managers to have one to one discussions with the affected providers
- Contract managers and providers to develop service delivery plans for the extension period, including stakeholder engagement and communications plan for any service changes.
- Routine quarterly performance monitoring of the contracts and an assessment of the cumulative impact of the cuts in 2016-17.

## 12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
Brief contract managers	2 <sup>nd</sup> February 2016 and on-going support onwards	<ul style="list-style-type: none"> <li>Attendance at workshop / subsequent</li> </ul>	Lynne Hellewell
Third sector organisations provided the opportunity for one to one discussions with the Contract Managers	3 <sup>rd</sup> to 12 <sup>th</sup> February 2016 (and subsequently on-going)	<ul style="list-style-type: none"> <li>Business Support Team to log progress</li> <li>Responses to public health letter</li> <li>Number of completed variation documents</li> </ul>	Contract Managers (to implement) Kate Daly (to monitor)
Equality, diversity, cohesion and integration screening assessment completed for each contract	By 19 <sup>th</sup> February 2016	<ul style="list-style-type: none"> <li>Business Support Team to log progress</li> <li>Number of completed assessments</li> </ul>	Contract Managers (to undertake) Kate Daly (to monitor)
Develop service delivery plans for 2016 – 2017	February to April 2016	<ul style="list-style-type: none"> <li>Service delivery plan / annual report provided to Business Support Team as part of performance monitoring</li> </ul>	Contract Managers (to implement) Kate Daly (to monitor)
Continue to performance monitor the contracts including service user equality characteristics, and including any cumulative impact of the cuts	April 2016 to April 2017	<ul style="list-style-type: none"> <li>Number of returns</li> <li>Analysis of completed returns in respect to the cumulative impact</li> </ul>	Kate Daly (to monitor)
Equality impact assessment of the on-going and new public health service review and recommissioning projects	October 2017	<ul style="list-style-type: none"> <li>EIA for each project stage</li> </ul>	Project manager of each review

**13. Governance, ownership and approval**

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Lynne Hellewell	Public Health Business Manager	22 <sup>nd</sup> February 2016
<b>Date impact assessment completed</b>		<b>22<sup>nd</sup> February 2016</b>

**14. Monitoring progress for equality, diversity, cohesion and integration actions** (please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board  
Please specify which board
- Other (please specify)

**15. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality impact assessment should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality impact assessments that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent: 29 <sup>th</sup> February 2016
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent: