

Budget Saving - Initial Equality Impact Considerations

Directorate: Chief Executive

Title of option	Communications Campaign and operational cost reduction
Aims/outcomes of Service/Function	To provide a communication service for the Council and provide specialist advice in this area, including management of the Council's central printing and reprographics functions.
Option being proposed	This saving of £50k will be found from a cancelling media monitoring and project management tools, reducing advertising space bought and reducing the climate change campaign budget.
EIA findings	<p><u>Service delivery impact</u> There is likely to be a consequence of reducing the Council's advertising and campaign spend. Apart from Climate Change the specific impact will not be known until the proposal is worked up more fully. This impact is considered to be low.</p> <p><u>Employment impact</u> No staffing impact identified at this point in time.</p>
Justification (where no impact) and action(s) to manage/mitigate Impact	A full service and employment EIA will be undertaken and where impact is identified actions to manage/ mitigate impact will be considered and implemented wherever possible/ appropriate. Where posts are affected, efforts will be made to offer additional support and alternatives such as redeployment and training opportunities as appropriate.

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Directorate: Chief Executive's

Title of option	Temporary reduction and targeting of some Public Health funded services (NHS Checks/Better Living Service) and maximising NHS investment						
Aims/outcomes of Service/Function	<p>To take a more targeted approach to investment in preventative health and wellbeing support in Calderdale, including:</p> <ul style="list-style-type: none"> • Identification of long-term conditions and elevated risk of long-term conditions in people aged between 40 and 74 years old not currently known to have a long-term condition. • Reduction of risk of ill health in people identified at increased risk through community-based health and wellbeing opportunities. • Increased effectiveness of health care interventions by piloting the including pre-habilitation in care pathways for planned care using investment from the local NHS 						
Option being proposed	<p>This proposal aims to deliver savings to the public health grant by targeting NHS Health Checks and Better Living Service at people who can benefit most. This will enable resources saved to be invested in activities that have a greater impact on reducing health inequalities.</p> <p><u>Savings</u></p> <table data-bbox="639 1330 959 1442"> <tr> <td>2024/25</td> <td>£331,000</td> </tr> <tr> <td>2025/26</td> <td>£358,000</td> </tr> <tr> <td>2026/27</td> <td>£358,000</td> </tr> </table>	2024/25	£331,000	2025/26	£358,000	2026/27	£358,000
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EIA findings	<p><u>Service delivery impact</u></p> <ul style="list-style-type: none"> • People aged 40-75 are eligible for NHS Health Checks, within this, there is no local evidence that NHS health check uptake varies by age • 83% of Better Living Service users are of working age • People with learning disabilities can face barriers to accessing effective behaviour change support. The Better Living Service is developing a bespoke service for people with learning disabilities, which is consistent with the proposed more targeted approach to behaviour change support • In the last 2 years, Pennine GP Alliance and Public Health have run a project to reduce inequalities in NHS health check uptake (with external funding from West 						

	<p>Yorkshire Integrated Care Board) targeting 40-50 yr old South Asian eligible people This had mixed success.</p> <ul style="list-style-type: none"> • The Better Living Service is well established in Park ward with bilingual trainers and is good at reaching 20% most deprived postcodes and south Asian minority ethnic groups. Further work is needed to reach Eastern European communities. • Working age men are less likely to take up NHS health checks as it can be difficult to take time off work, arrange an appointment at the general practice • 80% of Better Living Service users are women. • Invitations and uptake of NHS Health Checks are lower in people who live in the 20% most deprived areas of Calderdale • 35% of Better Living Service users are from the 20% most deprived areas of Calderdale <p><u>Employment impact</u> The proposal will have a greater impact on employees who are women and older people</p>
<p>Justification (where no impact) and action(s) to manage/mitigate Impact</p>	<p>This proposal aims to deliver savings to the public health grant by targeting NHS Health Checks and Better Living Service at people who can benefit most. This will enable resources saved to be invested in activities that have a greater impact on reducing health inequalities.</p> <p>The proposal will have a greater impact on employees who are women and older people. Statutory redundancy consultation will need to take account of this.</p> <p>In order to improve the quality and effectiveness of healthy living support to people with learning disabilities the planned Better Living Service bespoke weight management/healthy eating small group programme will be delivered and evaluated</p> <p>The wider integrated mode of health and wellbeing support for adults working with trusted community organisations, will provide opportunities for increased engagement with Eastern European groups.</p> <p>Uptake of NHS Health Checks is lowest in the areas of the borough with the largest black, Asian and minority ethnic populations. Lessons from the recent pilot to reduce inequalities in uptake of NHS Health Checks among South Asian people will be learned to increase its effectiveness for Black, Asian and minority ethnic groups in the proposed new more targeted model.</p>

	The proposals to deliver NHS Health Checks in community settings, working with trusted community organisations aims to address deprivation related inequalities in health check uptake.
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Title of option	Negotiate savings / service reductions through Public Health Commissioning Plan						
Aims/outcomes of Service/Function	<p>To explore and negotiate savings / service reductions through Public Health Commissioning Plan using the new provider selection regime, in order to invest public health grant in other areas of council activity which have a larger impact on population health than the services being reduced. These could include libraries, anti-poverty action, adult social care prevention and a number of services provided by the voluntary and community sector.</p> <p>The specific impacts on service provision of reduction in funding will not be known until the negotiation with providers takes place. When implications are known, a full equality impact assessment will be undertaken</p>						
Option being proposed	<p>Estimated - to be confirmed following discussions with providers</p> <p><u>Savings</u></p> <table> <tr> <td>2024/25</td> <td>£141,000</td> </tr> <tr> <td>2025/26</td> <td>£176,000</td> </tr> <tr> <td>2026/27</td> <td>£176,000</td> </tr> </table>	2024/25	£141,000	2025/26	£176,000	2026/27	£176,000
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EIA findings	<p><u>Service delivery impact</u></p> <p>Not yet known</p> <p><u>Employment impact</u></p> <p>Not applicable</p>						
Justification (where no impact) and action(s) to manage/mitigate Impact	Savings delivered from the PH grant can be invested in other areas of council activity which have a larger impact on population health than the service being reduced						