

**1. Topic of assessment**

<b>EIA title:</b>	Public Health Transition from NHS Surrey to Surrey County Council: Rapid Assessment of Staff Transfer to Surrey County Council Premises
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<b>EIA author:</b>	Janet Lambley, Public Health Consultant
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**2. Approval**

	<b>Name</b>	<b>Date approved</b>
<b>Approved by<sup>1</sup></b>	Dr Akeem Ali	October 31 <sup>st</sup> 2012

**3. Quality control**

<b>Version number</b>		<b>EIA completed</b>	
<b>Date saved</b>		<b>EIA published</b>	

**4. EIA team**

<b>Name</b>	<b>Job title (if applicable)</b>	<b>Organisation</b>	<b>Role</b>
Janet Lambley	Public Health Consultant	NHS Surrey	Public Health Transition Lead until Oct 31 <sup>st</sup> 2012
Louise Hurst	Public Health Consultant	NHS Surrey	Public Health Transition Lead from Nov 1 <sup>st</sup> 2012

<sup>1</sup> Refer to earlier guidance for details on getting approval for your EIA.

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## 5. Explaining the matter being assessed

<p><b>What policy, function or service is being introduced or reviewed?</b></p>	<p>Following the Health &amp; Social Care Act (2012), local authorities will take on a range of new responsibilities for protecting and promoting the public's health from April 2013, funded by a ring-fenced grant. This includes the transfer of specialist public health staff from the NHS to local authorities to provide professional leadership for public health. The Surrey public health team relocated to Surrey County Council premises in April 2012 to support the Council in preparing to meet its new responsibilities.</p> <p>Transferring responsibility for public health to the County Council will aim to create a more integrated preventative approach, offering new opportunities to enable improved health outcomes and life chances for children, young people and vulnerable adults.</p> <p>It is hoped that this approach will facilitate changes to the wider determinants of health, such as housing, education and the environment. The public health team in the County Council, working with Borough and District Councils, will aim to enable behaviour change in organisations and communities, as well as individuals, to tackle the causes of ill-health and reduce health inequalities. This will include developing a process for assessing the impact on health of Council policies and programmes so that benefits can be maximised.</p> <p>The public health team will aim to develop and maintain effective working arrangements with CCGs, District and Borough councils and voluntary sector partners to enable the delivery of the public health strategy. Individual agreements to provide key public health advice and support have already been offered to all the Surrey CCGs, Boroughs and Districts.</p>
<p><b>What proposals are you assessing?</b></p>	<ul style="list-style-type: none"> <li>• The transfer of the public health team and functions from NHS Surrey to Surrey County Council</li> <li>• <i>To be addressed in a future EIA:</i> The Council taking on new public health responsibilities, some mandatory, from April 2013</li> </ul>
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>Transferring the public health function to the council will have impacts on:</p> <ul style="list-style-type: none"> <li>• The public health team who will be affected by changes to their places of work, the work they carry out, new working relationships</li> <li>• Service users and carers especially in targeted groups and areas</li> <li>• Council staff who will need to work with the transferring public health team and in some cases take on new infrastructure tasks in support of the Council's new role in providing local leadership for public health.</li> <li>• Partner organisations including Boroughs and Districts, the NHS and voluntary sector, many of whom will also be subject to transition, and who will need to develop new working relationships to support public health.</li> </ul>

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## 6. Sources of information

You do not need to present your findings at this stage, but set out the actions you have taken to gather evidence.

Engagement carried out
<ul style="list-style-type: none"><li>• Staff away days, surveys and regular e-mails and requests for feedback</li><li>• Meetings with existing and emerging partnership organisations, for example: CCGs, Borough and District CEs</li><li>• Member Reference Group</li><li>• The initial drafts of the public health strategy and plan have been drafted following discussions at the Members' Workshop held in March 2012, Surrey County Council Corporate Leadership Team and NHS Surrey Executive Team meetings and with Cabinet Members, NHS Surrey Board, Surrey Transformation Board of Clinical Commissioning Groups, service providers and other professional teams across the county including the public health team. Members of the Public Health Leadership team have visited and communicated with other primary care trusts and local authorities to compare progress and learn lessons. Authorities consulted included West Sussex, East Sussex, Brighton &amp; Hove, Kent and Hampshire.</li><li>• The draft agreement to provide public health advice and support to Borough and District councils was shared first with Guildford Borough Council.</li></ul>
Data used
Surrey-i chapter on health inequalities Other health needs assessments, for example, Westborough, Merstham, Youth Justice Service, prisoners' health needs, GRT, military

## 7. Impact of the new/amended policy, service or function

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## 7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic <sup>2</sup>	Potential positive impacts	Potential negative impacts	Evidence
Age	<p>As public health is concerned with reducing health inequalities, services it commissions will always be targeted at areas of greatest need and take into consideration the barriers that different groups of people might face in accessing them.</p> <p>The public health team will develop and maintain effective working arrangements with CCGs, District and Borough councils and voluntary sector partners to deliver the public health strategy.</p> <p>The public health team is introducing Health Impact Assessment, a process for identifying the impacts on health of new policies and programmes and maximising their positive benefits and minimising their negative impacts on health.</p>	See adjacent column	<p>Examples of engagement and analysis that lead to improved uptake of services by particular groups:</p> <ul style="list-style-type: none"> <li>• ‘You’re Welcome’ quality standards for contraception and sexual health services for young people require providers to engage with young people to enable them to address barriers to accessing the services. Surrey Community Health meets these standards and more young people now use these services.</li> <li>• Big Health Service Check for LD</li> <li>• IFR process –transparent &amp; equitable</li> <li>• Long term community development &amp; engagement with BME population in Woking</li> <li>• The Surrey Breastfeeding Strategy identified ways of engaging with fathers to increase their support for breastfeeding. Breastfeeding rates in Surrey have improved since the strategy was adopted.</li> <li>• Stop smoking services for pregnant smokers</li> <li>• THT outreach for MSM</li> <li>•</li> </ul>
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			

## 7b. Impact of the proposals on staff with protected characteristics

Protected	Potential positive	Potential negative	Evidence
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<sup>2</sup> More information on the definitions of these groups can be found [here](#).

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characteristic	impacts	impacts	
Age	All public health staff will benefit personally from being part of a larger organisation where equality issues are well embedded.	Potential negative impacts were identified in the pre-relocation staff survey on: <ul style="list-style-type: none"> <li>• Staff with caring responsibilities with longer journeys to work</li> <li>• Older staff were concerned about discrimination on appointment to posts</li> </ul>	Negative impacts on staff with caring responsibilities identified before the relocation were mitigated by offering all staff the choice of location for their base.  Commitment to principles of openness and transparency in appointment procedures was made at the beginning of the transition process.
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			

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## 8. Amendments to the proposals

Change	Reason for change
Three months after relocation, staff were offered the opportunity to change their base location.	Staff engagement indicated that some were experiencing problems arising from their base locations. It was possible to offer the opportunity to change without affecting the needs of the organisation.

## 9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Relocation of staff may impact on retention, leading to lack of capacity to deliver work on public health and health inequalities. This may disproportionately affect some staff more than others.	Staff offered more than one County Council base, to reduce impact. It was possible to offer the opportunity to change without affecting the needs of the organisation.	Completed.	Akeem Ali.

## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None identified.	

## 11. Summary of key impacts and actions

<b>Information and engagement underpinning equalities analysis</b>	<p><i>For the transfer of staff:</i> Engagement with public health staff through a survey, team meetings and away days.</p> <p><i>Background information for the transition:</i> Information on inequalities was obtained from the JSNA sections on deprivation, people and society and health related conditions and from needs assessments and engagement with identified groups, for example people living in disadvantaged areas, prisoners, young offenders, gypsies and travellers.</p>
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	<p>Summary of key points: In Surrey there is a life expectancy gap of 5.4 years between the most and least disadvantaged ward populations, linked to higher prevalence of CHD, COPD and diabetes. In addition, over 23,000 children aged under 16 are living in poverty. Childhood poverty is strongly associated with poor adult health outcomes and premature mortality. Particular challenges arise from dispersal of disadvantaged groups across the County.</p>
<p><b>Key impacts (positive and/or negative) on people with protected characteristics</b></p>	<p><i>For the transfer of staff:</i> Staff with caring responsibilities may be disproportionately affected by a move of base.</p> <p>Staff engagement identified concerns that older staff would be disadvantaged if applying for posts (it is expected that this would apply in the case of staff members in a post not identified as associated with the functions transferring to the County Council).</p> <p><i>Background information for the transition:</i> Public health is concerned with reducing health inequalities, so services it commissions will always be targeted at areas of greatest need and take into consideration the barriers that different groups of people might face in accessing them.</p> <p>The public health team is introducing a process for identifying the impacts on health of new policies and programmes and maximising their positive benefits and minimising their negative impacts on health.</p> <p>Examples of engagement with particular groups:</p> <ul style="list-style-type: none"> <li>• You're Welcome' quality standards for contraception and sexual health services for young people</li> <li>• Big Health Service Check for LD</li> <li>• IFR process –transparent &amp; equitable</li> <li>• Long term community development &amp; engagement with BME population in Woking</li> <li>• The Surrey Breastfeeding Strategy identified ways of engaging with fathers to increase their support for breastfeeding. Breastfeeding rates in Surrey have improved since the strategy was adopted.</li> <li>• Stop smoking services for pregnant smokers</li> <li>• THT outreach for MSM</li> </ul>
<p><b>Changes you have made to the proposal as a result of the EIA</b></p>	<p><i>For the transfer of staff:</i> Negative impacts on staff with caring responsibilities identified before the relocation were mitigated by offering</p>

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	<p>all staff the choice of location for their base and later, the opportunity to change their base if their circumstances had changed.</p> <p>Concerns of older staff about being disadvantaged if applying for posts (it is expected that this would apply in the case of staff members in a post not identified as associated with the functions transferring to the County Council) to be addressed by commitment to principles of openness and transparency in appointment procedures which was made at the beginning of the transition process.</p> <p><i>Background information for the transition:</i> There are plans to complete a detailed EIA of public health functions in the local authority in Q1 2013.</p> <p>The teams is developing a process to assess health impacts of Council policies, programmes and services to ensure that they do not lead to or exacerbate health inequalities.</p>
<p><b>Key mitigating actions planned to address any outstanding negative impacts</b></p>	<p>Mitigating actions are already in place to address identified negative impacts. There are plans to complete a detailed EIA of public health functions in the local authority in Q1 2013.</p>
<p><b>Potential negative impacts that cannot be mitigated</b></p>	<p>None identified.</p>

**Be sure to review the checklist in Annex 2 before submitting your EIA for approval and publication.**

### Further guidance

If you need more advice and guidance, you may find the following sources useful:

- [Government Equality Office: Equality Act guidance](#)
- [Equality and Human Rights Commission: \*Guidance on the Equality Duty\*](#)
- [Equality and Human Rights Commission: \*Making fair financial decisions\*](#)
- [Equality and Human Rights Commission: \*Meeting the Equality Duty in policy and decision making\*](#)
- [TUC: \*Equality Toolkit\*](#)