

Section A - EQUALITY ANALYSIS TEMPLATE

You must complete this in conjunction with reading Equality Analysis Guidance

Name of Policy/Decision/Project/Activity:

Variations to Public Health contract prices arising from the Agenda for Change pay deal.

Date: 17.02.23

Version Number: 1

Equality Analysis completed by:

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Job title: Public Health Consultant

Responsible Officer or Group:

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Is the Activity:

New/Proposed ()

Changing/Being Reviewed (x)

Other ()

Part 1. Purpose and Scope

Purpose

In this section outline briefly:

- what the policy, decision or activity is and what the intended outcomes/benefits are (linked to the City Plan and other key strategy objectives)
- over what period of time the outcomes will be achieved
- why it needs to be implemented or revised
- what populations are affected by the proposal
- who is expected to benefit and how, i.e. young people, older people, carers, BME groups, ward areas/communities, etc
- whether there are any overlaps with regional, sub-regional, national priorities.

[Further Guidance](#)

Proposed Decision

The proposed decision is to vary Public Health contracts to uplift their prices to cover increased staffing costs which are directly the result of the national pay settlement for staff who are subject to NHS Agenda for Change Terms and Conditions.

The intended outcome of the proposed decision is that Public Health contracts will continue to be appropriately resourced to improve the health outcomes of Sunderland residents, in accordance with the area(s) of focus of each contract. These include improving health outcomes for children and young people, reducing prevalence of smoking, reducing prevalence of sexually transmitted infections, improving reproductive health and reducing unplanned or unwanted pregnancies.

The decision is necessary because the Public Health services within scope are provided by the NHS. Within the NHS most staff are employed under NHS Agenda for Change Terms and Conditions, which has included national pay awards for the periods 1st April 2021 to 31st March 2022 and 1st April 2022 to 31st March 2023.

The costs of the 2021/2022 pay award were met via central NHS funding in year on a non-recurrent basis, with the expectation that the ongoing funding pressure would be met through business as usual arrangements via individual contracting arrangements. In 2022 NHS England and Improvement provided flexibilities to Integrated Care Board's to support management and transition of the 2021/2022 pay award funding pressures. However local authorities which commission NHS services need to plan for funding the increased costs of the 2021/2022 pay award locally on a recurrent basis from 1st April 2023, where the contract continues to be in place.

The Public Health Grant for Sunderland has been uplifted from 1st April 2022 with the specified requirement of meeting the costs of the 2022/2023 pay award locally, on a recurrent basis. The final recommendation of the NHS Pay Review Body, announced in July 2022, was above the 2.81% uplift applied to the Public Health Grant. In response and to support the management of this increased funding pressure in-year NHS Trusts have received an additional funding allocation on a non-recurrent basis via Integrated Care Boards, equating to 1.66%. Local authorities which commission NHS services need to plan for funding the full costs of the 2022/2023 pay award locally on a recurrent basis from 1st April 2023.

The services provided under these contracts benefit the following groups:

- Children and young people
- People who smoke tobacco, or are affected by others who smoke tobacco
- People who are at risk of sexually transmitted infections
- People who are at risk of unplanned pregnancies
- People who are at risk of unwanted pregnancies

Each of the contracts is responsive to relevant local, regional or national priorities and guidance that are associated with their delivery.

Intelligence and Analysis

Please describe:

- What sources of information have been used to inform this assessment/analysis (this should include but is not limited to consultations, resident/service user feedback and statistical data and intelligence)
- **What the information is telling you** – this should be broken down by each of the protected characteristics or other identified groups which could be disadvantaged. Each of the aims of the equality act should be considered in relation to each of the protected characteristics.

[Further Guidance](#)

Public Health in Sunderland

In Sunderland 38% of the population are amongst the most disadvantaged in England, almost one in four of our children live in poverty and data shows a continued experience of inequalities in health outcomes compared to the rest of the country. The commissioned services in scope aim to help to improve many of these health outcomes. By resourcing and maintaining the services appropriately, it is anticipated that each will impact positively on a wide range of inequalities.

A number of appropriate examples are shown below.

Babies, Children and Young People

Prevalence of babies who have breastmilk as their first feed is 48% in Sunderland, compared to 50.6% in the North East and 67.4% in England (2018/19 data) whilst in 2021/22 27.6% of babies were still breastfed at 6-8 weeks, compared to 35.7% in the North East and 49.3% in England

Oral health amongst children in Sunderland is poor, with 32.5% of children aged 5 having experience of visually obvious dental decay, compared to 23.3% in the North East and 23.4% in England (2018/19 data).

Sunderland also experiences high rates of hospital admissions caused by unintentional and deliberate injuries with a rate of 102.8 admissions per 10,000 of children under the age of 15 in 2020/21, compared to a rate of 100.4 in the North East and 75.71 in England.

Smoking

Prevalence of smoking in Sunderland has been reducing with 15.2% of adults reporting smoking in 2021, compared to 14.8% in the North East and 13% in England.

The proportion of pregnant women in Sunderland who smoke during pregnancy has also been reducing, but was 14% in 2021/22 compared to 12.6% in the North East and 9.1% in England.

Sexual Health

In 2021 Sunderland had 300 new diagnoses STI diagnoses (excluding chlamydia aged under 25) and a teenage (under 18) conception rate of 21.7 in 2020, compared to 18.6 in the North East and 13 in England.

Gaps in intelligence and information

Having analysed the information available to you:

- are there any gaps in intelligence or areas where understanding needs to be improved? Please describe what these are and what actions you intend to take to obtain/improve the information. These actions should be covered in the action plan.
- are there any groups who should be expected to benefit who do not? Please describe why not and whether you will amend the decision to change this outcome. This should also be covered in the action plan.

[Further Guidance](#)

Not applicable, as a broad range of data is available.

Part 2. Analysis of Impact on People

In this section you must **review the intelligence described above and summarise the intended and potential impact of the policy, decision or activity** on the people of Sunderland. This includes specific consideration of the impact on individuals, groups with protected characteristics and communities of interest within the city. Please briefly outline any positive, neutral or negative impacts on the specific groups below. Please note that any negative impacts should have a corresponding action in the action plan in the page below.

In this assessment it is important to remember the **Council is required to give due regard to:**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Each of these aims must be summarised in turn in relation to the groups outlined below.

[Further Guidance](#)

Characteristic	List of Impacts		
	Positive	Neutral	Negative
Age	Effective funding and maintenance of universal and targeted Public Health Services for Children and Young people will contribute to ensuring they have the best start in life and are able to achieve their full potential.		
Disability		There is no identified positive or negative impact relating to the disability status of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Sex/Gender		There is no identified positive or negative impact relating to the gender or sex of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	

Marriage & Civil Partnership		There is no identified positive or negative impact relating to the marital or civil partnership status of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Pregnancy and maternity	Effective funding and maintenance of universal and targeted Public Health Services for pregnant women, mothers and their babies will help ensure that they are able to maintain their own health and give their children the best start in life.		
Race/Ethnicity		There is no identified positive or negative impact relating to the race/ethnicity of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Religion/belief		There is no identified positive or negative impact relating to the religion or beliefs of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Sexual Orientation	Effective funding and maintenance of universal and targeted Public Health Services for Sexual and Reproductive Healthcare will help ensure that any groups that are at greater risk of sexually transmitted diseases are able		

	to access appropriate services to maintain their health.		
Gender identity		There is no identified positive or negative impact relating to the gender identity of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Other impacts	Positive	Neutral	Negative
Socio-economic (see note 1 below)		There is no identified positive or negative impact relating to the socio-economic circumstances of people accessing these services, as services are offered for free and universally for those who are the intended beneficiaries or need to access.	
Other vulnerable groups and people with complex needs (see note 2 below)	Effective funding and maintenance Public Health Services for pregnant women, families and children, those who smoke and those with sexual and reproductive health need includes a targeted, enhanced or outreach based service for some individuals who are vulnerable or have complex needs. will help ensure that they are able to maintain their own health and give their children the best start in life. This includes pregnant women, children and young people, sex workers, cared for and care experienced and pregnant women who smoke.		

Note 1: Socio-economic considerations (e.g. unemployed, low income, living in a deprived area, poor/no accommodation, low skills, low literacy etc.)

Note 2: Other vulnerable groups and people with complex needs (e.g. veterans, children and young people cared for and care experienced, carers, domestic abuse victims and survivors, ex-offenders, homeless or multiple complexities/characteristics)

Please add any additional groups mentioned in the “additional impacts” section above.

Part 3. Socio Economic Analysis

In this section please outline the potential socio-economic impacts your proposal will have. This is particularly important given the current cost of living crisis facing our staff and residents

Will the proposal impact on a person's financial circumstances?

Some prompts

- Will people be worse off financially?
- If yes, who is likely to be affected?
- Will some groups be more affected than others?
- Will people not be able to access due to increased costs?
- Will it impact on people's standard of living?
- Will we risk putting staff in debt?
- Are we aware of all people affected and potential personal impact?

The proposals will impact positively on the personal financial circumstances of those staff who receive the NHS Pay Award, which should help support maintaining or improving standard of living.

Will the proposal impact working conditions, wage levels and job security?

The proposal will improve wage levels. It should not have a negative impact on working condition or job security.

Does this proposal contradict any other key Council messages and support for staff regarding the Cost of Living crisis, risking reputational damage and staff acting in good faith?

The proposal does not contradict other key Council messages and support.

Part 4. Response to Analysis, Action Plan and Monitoring

In this section please outline what actions you propose to take to minimise the negative, and maximise the positive, impacts that have been identified through the analysis. By considering and implementing these actions the policy or action can be refined to make sure that the greatest benefits are achieved for the people of Sunderland. The performance monitoring process should also be set out to explain how ongoing progress is going to be followed to make sure that the aims are met.

From the analysis four broad approaches can be taken, (No major change; continue with the policy/action despite negative implications; adjust the policy/decision/action; or stop the policy/action). Please indicate, using the list below, which is proposed.

No Major Change (☒)

Continue Despite Negative Implications (☐)

Adjust the Policy/Decision/Project/Activity (☐)

Stop (☐)

Action Plan

[Further Guidance](#)

ACTION	WHO	WHEN	MONITORING ARRANGEMENTS

PLEASE ENSURE THAT THIS TEMPLATE IS PRESENTED AT ANY DECISION POINT AND PUBLISHED WITH CABINET PAPERS.

