

**Report to:** Executive Cabinet Member Adult Services and Health

**Date:** 8<sup>th</sup> October 2018

**Report of:** S Longden Director of Public Health

**Report No:**

**Contact Officer:** Adrian Crook, Assistant Director Commissioning

**Tel No:** 334175

**Report Title:** **Review of Community Capacity Team – post-consultation report**

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**Confidential /  
Non Confidential:**

**(Confidential Not for Publication)**

This report is exempt from publication by virtue of Paragraph 1 of Schedule 12A to the Local Government Act 1972.

**Purpose:**

To set out the results of consultation on proposals to review the Community Capacity Team, to take into account a reduction in funding from 2019 onwards, and to seek approval from the Executive Cabinet Member to implement the final proposals.

**Recommendations:**

The Executive Cabinet Member is recommended to:

- Approve the final proposals; and
- Subject to the approval of the Head of Paid Service, delegate implementation of the proposals to the Chief Executive and Director of Public Health.

**Decision:**

**Background Doc(s):**

Proposed Review of the Community Capacity Team - 9<sup>th</sup> July 2018

*(for use on Exec Rep)*

**Signed:**

\_\_\_\_\_  
Leader / Executive Cabinet Member

\_\_\_\_\_  
Monitoring Officer

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Summary:**

An Executive Summary is set out within the report below which includes the following appendices:

- Appendix 1    Current Organisational Structure Chart
- Appendix 2    Summary of consultation responses
- Appendix 3    Stakeholder response to the proposals
- Appendix 4    Trade Union response to the proposals
- Appendix 5    Equality Impact Assessment

Please note that relevant Job Descriptions and Person Specifications are available on request.

## **1 Executive Summary**

- 1.1 As a result of cuts to central Government funding, Bolton Council has had to find savings of over £100m since 2010, whilst still being required to set and deliver a balanced budget. This situation is set to continue, due to ongoing austerity policies and other changes to local government funding. The Council now faces some very difficult decisions and there is potential for fundamental changes to how services are delivered.
- 1.2 The public health grant has not been unaffected by these austerity measures. In 2015/16 the Bolton full year grant allocation was £24.4m and since then it has seen significant reductions, with the announcement of an in year cut equating to £1.339m. Although a revenue budget has been established for Public Health over the following years additional savings were phased in at 2.3% for 2016/17, 2.5% in 2017/18 and 2.6% in each of the following two years. In 2018/19 the reduction required is £573,000.
- 1.3 Since April 2017 Greater Manchester Boroughs have been piloting Business Rates Retention, which removed the ring fenced public health grant which is no longer given a separate allocation and councils created a revenue budget. However Public Health England (PHE) monitors council spend on Public Health activity against an indicative amount which is bundled in with the revenue.
- 1.4 This report sets out the final proposals, following consultation, of a review of the Community Capacity Team in response to these challenges. If agreed, the proposals would make a contribution of £318,000 to the savings required
- 1.5 The proposals indicate a potential overall reduction in staff establishment by 7 posts, 6.77 Full Time Equivalents (FTE) of which 1.4 FTE are vacant. This will entirely disestablish the service.

## **2 Background to the Review**

- 2.1 A number of public health provider functions TUPE transferred to the Council in April 2013 as part of the migration of public health responsibilities from the NHS to the Council. This was an unusual occurrence because public health provider teams in most other areas of England had already been integrated with other community provider functions in the NHS and other provider organisations as part of Transforming Community Services (TCS) in 2011/12.
- 2.2 Some of the provider functions were formed into the Community Capacity Team. The main aim of the team is to improve the health and wellbeing of communities in Bolton through the use of asset-based community health development activity.
- 2.3 The team has been routinely monitored against a range of key performance indicators drawn from the service specification including:
  - Reducing isolation
  - Increasing physical activity
  - Improving mental wellbeing
  - Reducing overweight and obesity
  - Increase the capacity of individuals and communities to manage their own health and wellbeing.
- 2.4 In order to deliver budgetary balance the public health function has to prioritise services that are statutory and mandated by government. Whilst there are good examples of schemes delivering a positive impact on people's health and wellbeing, the interventions delivered are not statutory or mandated, nor do they impact the whole of the population
- 2.5 In July the Executive Cabinet Member for Adults approved a report setting out proposals to changes to the service to reflect the challenges faced, for consultation with staff, elected members, trade unions, service users and other relevant stakeholders.
- 2.6 Following the formal consultation period, this report now addresses the key issues arising and puts forward the final proposals for approval by the Executive Cabinet Members.

### **3 Consultation Process**

3.1 Following formal consultation on the strategic options set out in the November 2016 budget report, detailed proposals for the review of the Community Capacity Team were brought forward for consultation in July 2018.

3.2 Key elements of the formal consultation have included:

#### Trade Union

- Opportunity to meet weekly Trade Union, HR and management with questions uploaded to Sharepoint.
- Responding to specific requests for information from the trade union.
- Access to all job descriptions and person specifications on request.

#### Staff

- A formal briefing session and presentation for all staff on 17<sup>th</sup> July.
- A staff consultation pack containing, the report to the Executive Cabinet Member, copy of the briefing slides, FAQ's document, details of support for staff, and a comments and questions form.
- Provision of a staff team site using SharePoint, for staff to access information.
- Updates to the log of Frequently Asked Questions on the staff team site.
- Holding individual meetings with all members of staff, attended by management, HR and/or trade union representatives where required.
- Follow up meetings with more specific support (e.g. clarification on council's redeployment policy and/or training).
- Responding to individual staff feedback, providing clarification
- Requesting expressions of interest (without prejudice at this stage) from staff for voluntary redundancy/ Voluntary Early Retirement.

#### Stakeholders

- Setting up online consultation for stakeholders.
- Analysing feedback from stakeholders.

### **4 Issues raised during consultation**

4.1 Appendix 2 sets out a summary of the key consultation issues raised, and the response from management. This includes issues raised via the regular consultation meeting with the Trade Union, as well as feedback from the staff briefing session and from staff members via emails and their individual meetings and from Stakeholders.

4.2 Attached at Appendix 3a and 3b are the responses received from Stakeholders.

4.2 The formal trade union response to the proposals is set out in full at Appendix 4.

## 5 Proposed Changes

- 5.1 The final proposal, having taken account of feedback received during consultation, do not include any changes.
- 5.2 The total saving to be achieved by implementation of the proposals is £317,985. The final proposed budget for the service is as follows:

**Table 1: Current budget position and proposed savings**

	Budget 18/19	Proposed Savings	Remaining Budget
<i>Employees</i>	283,010	283,010	0
<i>Premises</i>	0		0
<i>Transport</i>	0		0
<i>Supplies</i>	34,975	34,975	0
<i>Third Party</i>	0		0
<i>Central Support</i>	0		0
<i>Capital Financing</i>	0		0
<i>Income</i>	0		0
	<b>317,985</b>	<b>317,985</b>	<b>0</b>

- 5.3 **Table 2: The following vacant posts will be made redundant from the current structure**

FTE	Existing Job Title
1	Health Development Worker Neighbourhoods
0.4	Community Worker (food growing)

- 5.4 **Table 3: The following posts will be made redundant from the current structure**

FTE	Existing Job Title
1	Health Development Worker Neighbourhoods
1	Health Improvement Specialist (Health inequalities)
1	Health Improvement Specialist (Community food initiatives)
1	Health Improvement Practitioner (Mental wellbeing)
1	Health Improvement Project support
0.3	Community Worker (food growing)

## 6 Staffing Implications

- 6.1 All members of the team have been provided with redundancy entitlement estimates based on their protected NHS AfC terms and conditions and for those also meeting early retirement eligibility criteria, their pension estimate. Subject to the approval of the report recommendations, further discussions will take place with individuals regarding redundancy, voluntary early retirement or access to the Council's redeployment policy, in accordance with NHS protected terms and conditions or Council Policy and Procedures as appropriate.
- 6.2 Depending on the staff member's decision, further discussion will take place in relation to service transition or exit strategy plans as appropriate.

## **7. Timetable and Next Steps**

- 7.1 Following approval of the report, it is anticipated that appropriate contractual notice for those individuals whose post is redundant or commencing on the Council's Redeployment scheme in accordance with Bolton Council terms and conditions will commence from week beginning 15th Oct 2018.

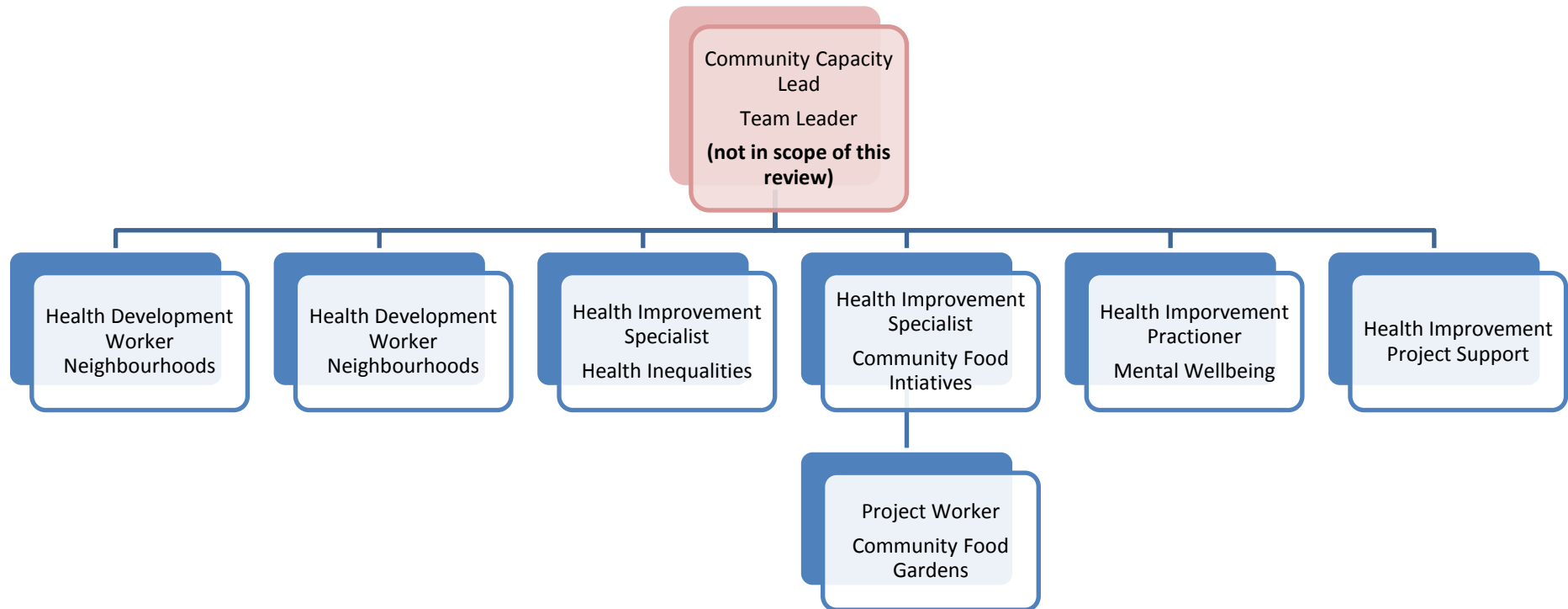
## **8 Equality Impact Assessment**

- 8.1 Under the Equality Act 2010, the Council must have due regard to:
- Eliminating unlawful discrimination, harassment, and victimisation, and any other conduct prohibited by the Act;
  - Advancing equality of opportunity between people who share a protected characteristic and people who do not share it;
  - Fostering good relations between people who share a protected characteristic and people who do not share it.
- 8.2 It is therefore important to consider how the proposals contained within this report may positively or negatively affect this work. To support this analysis, an Equality Impact Assessment (EIA) has been carried out on the proposals outlined in this report, and is attached at Appendix 5.
- 7.3 The EIA looks at the anticipated (positive and/or negative) impacts of the proposal on people from Bolton's diverse communities, and whether any group (or groups) is likely to be directly or indirectly differentially affected. This Equality Impact Assessment builds on the exercise which was completed on the initial review options, and summarises the stakeholder consultation which has been completed as part of this review.
- 7.4 Due to the nature of the proposals, and the need to make significant savings, it is anticipated that there could be some adverse impact on some groups. Care has been taken to understand the issues arising, and to take action to mitigate the possible impacts as far as practicable.
- 7.5 The equality considerations are set out in more detail in the Equality Impact Assessment at Appendix 4. Should the proposals be approved by the Executive Cabinet Members, they will be kept under review as part of the overall budget process.

## **8 Recommendations**

- 8.1 The Executive Cabinet Member is recommended to:
- Approve the final proposals; and
  - Subject to the approval of the Head of Paid Service, delegate implementation of the proposals to the Chief Executive and Director of Public Health.

## Appendix 1: Current Organisational Structure





## Appendix 2: Summary of Consultation Responses

The following table summarises the consultation issues raised. A full but anonymised consultation log is available if required.

Stakeholder and Trade Union full response is available in Appendix 3 and 4.

Key: TU – Trade Union; I – Individual; S – Stakeholder

No.	Raised by:	Issue Raised:	Management Response:
1	TU	Request for NHS Pensions advice-need specialist advisor to allow an informed choice	All staff have access to the NHS Pension website: <a href="https://www.nhsbsa.nhs.uk/member-hub/getting-estimate-your-pension">https://www.nhsbsa.nhs.uk/member-hub/getting-estimate-your-pension</a> and advice has been provided as appropriate.
2	TU	NHS pay rise: Query whether it will be back dated from April 2018?	The TU have been provided with a response stating the NHS pay rise will not be backdated.
3	TU	Information released to Bolton News prior to announcing to staff: staff not happy to be told first by the paper and request an apology	Letter of apology was written and sent from Public Health Management Team.
4	TU	Request to check and confirm whether any affected members are not at the top of their grade?	This was checked and all members of staff have reached the top spinal point for their grade.
5	TU I	Bolton Public Health Restructuring 2016 this was meant to provide a degree of long term sustainability towards the services that these staff provide.  The workers concerned have felt themselves to be	During Transforming Community Services (TCS) beginning in 2008 the PCT began separating the commissioning function from the provider function. This has continued through to PH transferring to the Council. During restructuring all staff were consulted as per policy. There were subsequent opportunities to

		distanced, undermined and ultimately jettisoned by the management of public health.	apply for internally advertised core team posts. It was not management intention to distance the staff. Management understand the position of uncertainty and acknowledge the hard work of all the staff through this difficult time but must in this period of ongoing budget reductions focus delivery on services that are statutory or mandated.
6	TU I	The team was working in an integrated manner	Providing a list of organisations does not demonstrate integration. It is acknowledge that there are some good examples of meaningful working with other organisations including good communication and networking; however evidence of demonstrable impact on Population health is insufficient.
7	TU	Bolton Council place on record their thanks for the hard work put in by the staff concerned over several years. We would also ask that Bolton Council acknowledges the positive impact of the services provided on some of the most vulnerable people in our town.	The good examples of meaningful work are acknowledged and we place on record hard work put in by the staff concerned over several years.
8	I	The service has not been in place for a considerable time and therefore not able to evidence impact at scale	It is accepted the service has not been in place for a considerable time and the management acknowledge good examples of schemes delivering a positive impact on people's health and wellbeing, the interventions delivered are not statutory or mandated, nor do they impact the whole of the population
9	S (BAND)	The team provided a useful direct link between stakeholder and the council.	The link will continue through public health core team.
10	S (BAND)	Through the CCT we have been able to access training and that is nationally recognised and to obtain, at reasonable cost, licences for CBT based courses.	The public health management will endeavour to support and identify further opportunities through the locality plan.

11	S (BAND, CVS)	Is there an opportunity for the delivery models, resource and activities to be 'gifted' to the voluntary and community sector in some way? Good examples and learning should be shared.	The public health management team will discuss with VCSE in Bolton to ensure the appropriate 'gifting' of any delivery models, resources, activities and learning to be shared with all partners
12	S (CVS)	Sustainability of the work in the VCSE must be given due consideration.	Bolton Council is committed to continue to work with the VCSE in Bolton and would welcome further feedback/discussion to ensure sustainability.
13	S (CVS)	Any members of the team who are deemed at risk can also find information about potential employment opportunities in the community from Bolton CVS and consider potentially developing something new and can seek development support from the Bolton CVS team.	Management team welcome this offer and will share with staff affected.
14	I	Query regarding current salary scale.	All team members are on Agenda for Change (AfC) pay scale that under TUPE arrangements were frozen at time of transfer in April 2013. Staff have continued to receive incremental pay rise to top of their band but have not received other NHS or Local Authority pay rise.



**Consultation Response:**  
*Bolton Council Community Capacity Team  
Review.*

**Bolton Community and Voluntary Services (CVS).**  
**Date of submission: 5<sup>th</sup> September 2018.**

## **Our organisation and what we do:**

Bolton CVS is a charity limited by guarantee and the local infrastructure organisation for the voluntary and community sector in Bolton, delivering capacity building support to the 1,561 groups and organisations that exist to 'do more good' across the borough. Our work spans support around governance, volunteering, compliance, development and funding and our skilled team have been offering this support in the borough for more than 28 years.

## **Our response to the review:**

This response aims to provide constructive feedback that can be considered and further developed. As an organisation, we'd welcome discussion on any or all aspects of our response if further information is required.

### **1. Thoughts with regards to disestablishing the service:**

<b>1.1</b>	Bolton CVS recognises the significant financial pressures faced by Bolton Council that has prompted the decision to undertake this review.
<b>1.2</b>	It is difficult to argue against the findings of the report.
<b>1.3</b>	There is a clear need to ensure that capacity building for people and communities and directly delivered health improvement services aren't confused.

### **2. Learning and legacy:**

<b>2.1</b>	Assuming that the team is disestablished is there an opportunity for the delivery models, resources and activities to be 'gifted' to the voluntary and community sector in some-way, so that the expenditure on skills and resources already realised continues to benefit the wider community.
<b>2.3</b>	There will be good examples of individual successes and outcomes delivered by the Community Capacity Team and the learning and resources from these successes should not be lost but captured to inform existing and future Bolton programmes.
<b>2.3</b>	Opportunities which enable co-design of health and wellbeing services with people, communities and the voluntary and community sector have shown to be hugely beneficial and the focus being on 'working with' rather than 'being done to' supports people to take more control of their circumstances and offers choice.

### **3. Considerations:**

<b>3.1</b>	Bolton CVS is reassured that the HR process will support staff to identify other opportunities where appropriate where a decision is made to disestablish the team.
<b>3.2</b>	Any members of the team who are deemed 'at risk' can also find information about potential employment opportunities in the community from the Bolton CVS website: <a href="http://www.boltoncvs.org.uk">www.boltoncvs.org.uk</a> and consider potentially developing something new and can seek development support from the Bolton CVS team.

## Ideas for the future

In establishing activities intended to build capacity in communities, Bolton Council could work with existing community based and rooted organisations and enterprises to ensure that best reach, sustainability of offer and maximise connectivity into communities for the future.

## Contact information

For further information and to explore any aspect of this submission from Bolton CVS, please contact:

Darren Knight  
Chief Executive  
[darren@boltoncvs.org.uk](mailto:darren@boltoncvs.org.uk)  
01204 546 012  
07860 819 429

### Appendix 3b: Stakeholder Response to the proposals - BAND

With regards to the proposal to disband the Community Capacity Team:

BAND fully recognises the extremely difficult position that the Council has been in over the last year as a result of austerity and the continuing need to find savings. We also recognise the challenges and hard decisions that the Council has been faced with as a result.

With regard to the impact on BAND as an organisation, if the Community Capacity Team were to be disestablished:

- ☐ The Community Capacity Team has been a useful direct link into the Council for our team for our team and in particular, the Health Improvement Practitioner (Mental Wellbeing). Our knowledge about and access to communities and resources has been enhanced by our relationships with the Team.
- ☐ Through the Community Capacity Team we have been able to access training in nationally recognised schemes such as Mental Health First Aid and Dementia Champions. Through this team we have also been able to access, at reasonable cost, trainer licenses for CBT based courses such as Living Life the the Full and Reclaim your Life.

We do recognise that there is some duplication of work with existing and emerging projects within the VCSE and the need for the schemes to be rationalised. If the Community Capacity Team is to be disestablished, the sustainability of the work in the VCSE must be given due consideration. Legacy from the work of the Community Capacity Team should also be considered, for example, the dissemination of any resources (training materials developed over the years) to appropriate other agencies.

Kind regards.

Rita Liddell  
Operational Manager, BAND at Family Action

Please note, I have a new e-mail address [Rita.Liddell@family-action.org.uk](mailto:Rita.Liddell@family-action.org.uk) 01204 380643  
[www.band.org.uk](http://www.band.org.uk)  
twitter: @Bandbolton  
facebook: [www.facebook.com/BANDbolton](https://www.facebook.com/BANDbolton)



## **Appendix 4: Trade Union Response to the proposals**

### **Community Capacity Team Public Health Consultation: UNISON Response**

Bolton UNISON would like to express our concerns about current review of The Bolton Public Health Community Capacity Team (CCT) and the potential loss of public health services which support people from some of the most vulnerable communities in our town.

#### **PUBLIC TRANSFER FROM NHS TO LOCAL GOVERNMENT 2013**

In 2013 Public Health services were transferred from the NHS to local councils. This was in response to government policy on the direction of the National Health Service and local provision of services. Initially there was a great deal of publicity nationally and locally about the potential to strengthen and develop Public Health support at a local level. Regrettably there have been continued funding cuts to council spending throughout this period leading to a climate where a wide range of services have suffered, this has included those services directly related to public health as well as the voluntary sector.

#### **BOLTON PUBLIC HEALTH RESTRUCTURING 2016**

In 2016 a Public Health restructuring report 2016 recommended that certain roles should be taken out of public health and situated in a new team. These recommendations were accepted with the creation of the Community Capacity Team (CCT) which was moved from Bolton Town Hall to Castle Hill this was meant to provide a degree of long term sustainability towards the services that these staff provide.

In Appendix 2 of that report ('How Does Core Public Health Differ From Health Improvement Delivery?') a distinction is made between public health's 'Core' which 'Takes a whole population, strategic approach to reducing inequalities across the borough' and is 'Not a service provider', and, 'Health Improvement Delivery' which is 'conversely' seen to 'include direct health improvement "service" delivery and 'works with individuals, families and small groups.' This theme of two public health approaches is continued in the current review and recommendations regarding the Community Capacity Team.

In many ways the labels 'Core' and 'Delivery' could be described arbitrary categories without scientific basis in public health theory or practice. In an atmosphere of ongoing cuts these terms have been seen as a crude attempt to separate and isolate a specific group of staff. The workers concerned have felt themselves to be distanced, undermined and ultimately jettisoned by the management of public health. Staff have expressed concerns to the union about the nature, size and role of the public health management structure. This is particularly relevant to this consultation given that the jobs of front line staff are being reviewed before those of the managers.

#### **INTEGRATED WORKING**

There are numerous examples of the partners, CCT staff have worked with in an integrated way:-

#### **STATUTORY**

BMBC (Community Safety Team, Libraries, Museum & Arts, Children's Centres, Targeted Youth Support, Sports Development, Staff Wellbeing Group), Greater Manchester West NHS Foundation Trust (Memory Assessment Service), NHS Nurses(Refugee & asylum Seekers), Bolton Community College (Community Regeneration), University of Bolton, Salford University, Home Office (Refugee/Asylum seeker Settlement), Department of Work & Pensions, Public Health England, Bolton Foundation Hospital, New Migrants Multi Agency Group, various UCAN centres GMMH / Primary Care Psychological Therapies Service, many schools, Health Watch, Job Centre Plus, Staff Wellbeing Group, Clinical Commissioning Group, Bolton at Home

#### **THIRD SECTOR & FAITH SECTOR**

Healthwatch, Bolton CVS, Bolton at Home, Bolton Destitution Project, Bolton City of Sanctuary, Kitchen on Great Moor St., Bolton Mutual Aid Centre, The Real Junk Food Project Bolton, BAND (Building A New



Direction, Bolton), Gathering of Organic Growers, Friends of the Earth (Bolton), Bolton Cares (Brazley Centre, Jubilee Centre), HfT (Harrowbys), BIDAS, Big Life, British Red Cross, Refugee Action, BRASS, Salvation Army, Victoria Halls Methodist Mission, Bolton Friends, BCOM, Princes Trust, Fur (Darfurian) Community Association, Age UK, local families and carers, numerous volunteers.

Staff working within CCT feel strongly that these are meaningful working partnerships where staff work in an integrated way is indispensable to CCT working practice. Integrated partnership working is central to a community development approach and the CCT's approach has always been consistent with this.

UNISON cannot accept the assertion that 'The team is currently not working in an integrated way with wider system partners'

## **COMMUNITY DEVELOPMENT/COMMUNITY ECONOMIC DEVELOPMENT**

The individual members of the Community Capacity Team have many years of combined experience of developmental practice within the various wards of Bolton. This experience includes:-

- Developing community contacts across the borough
- Experience of working with some of the borough's hardest to reach groups including disadvantaged and difficult families and single parent families
- Experience of supporting the development of structures such as classes, training & volunteering programmes, community associations, cooperatives and social enterprises
- Providing a positive face of the authority within disadvantaged communities and marginalised and hard to reach social groups (and ultimately a source of many 'good news' stories for the authority)
- Many years of promoting and developing projects based on healthy eating & food growing
- Many years of delivering training courses about wellbeing and the maintenance of good mental health
- Identifying and tackling health inequalities especially with minority communities including ethnic minorities, refugees and asylum seekers
- Years of providing volunteering opportunities, training and jobs for those groups in the borough who find it hardest to access these opportunities

There are numerous ways to improve health outcomes. One of these is to address the proven correlation between low income and poor health by providing employment opportunities (& the training & volunteering opportunities which lead to this). It is well documented that within Bolton there are high levels of poverty, ill health, reduced expectancy as well as many other issues which public health services are uniquely placed to address. In this regard the accumulated experience of CCT members can be seen as offering a highly desirable and transferrable set of skills. These skills could be readily and profitably applied to the development community development &/or community economic development.

The special aspect of health improvement might be seen as a particular asset in enterprise development which is a growth sector in the areas of:

- healthy eating/ food growing/cooking & food waste minimisation
- maintaining good mental wellbeing (in the workplace and the community)
- providing new opportunities for disadvantaged and marginalised families to transform lives
- engaging with marginalised groups e.g. amongst the refugee and newly arrived ethnic minority populations
- engaging with homeless people

## **SUCCESSFUL PROJECTS**

At the point of transfer from the NHS some team members constituted a project called **Food Access Bolton**. This has subsequently folded after one staff member left four years ago and was not replaced., this person was not replaced. We note that Urban Outreach was subsequently given £100K to carry on this work.

Current projects include:

- **Food Gardens in Schools & Community settings** – including refugee allotment at Haslam Park, garden development at Brazley Care Centre, Jubilee Centre gardens (at Jubilee itself & at their Avenue St site)
- **Refugee Healthy Eating Project** – established in 2003 and operating every Wednesday at the Destitution Projects (Victoria Halls) it shows refugees how to eat healthily using locally available vegetables, provided valuable experience for many volunteers & so far has provided 50,000 hot meals for local refugees & asylum seekers. The project also supports Bolton City of Sanctuary, providing food for meetings & events.
- **Forget-Me-Not Project** a project based at a Deane community centre working with people with early onset dementia doing healthy eating cookery and food growing. So far this pilot project in partnership with NHS Memory Assessment Service has recorded positive effects on participants
- **Real Junk Food Project** this project runs pop up cafes using food discarded by supermarkets. It seeks to both minimise food waste and provide healthy meals on a 'pay as you feel' basis (it is part of the national network, The Real Junk Food Project, involving over 100 cafes and school based projects). It ran a café at Bolton Salvation Army for two and a half years called the Common Wealth Café providing placements for many volunteers including 5 pupils from Rumworth school, many people with mental health problems, job centre referrals and homeless and formerly homeless people. Most of the customers were homeless. The café served 5960 meals to 2063 customers and prevented several tonnes of food from going to landfill.

### **IMPACT ON STAFF**

- UNISON would like to highlight the impact of pay freezes on former NHS staff following the transfer from NHS to Local Government. This issue has been raised by UNISON on a number of occasions.
- UNISON has requested specific information about the numbers of staff who are not at the top of their pay scale (and will therefore be due an incremental rise).
- UNISON has sought assurances that effected staff will be given appropriate NHS pensions advice (this was promised at the beginning of the consultation process).

### **CONCLUSION**

We would ask that Bolton Council place on record their thanks for the hard work put in by the staff concerned over several years. We would also ask that Bolton Council acknowledges the positive impact of the services provided on some of the most vulnerable people in our town and the negative impact of those services being removed. As a trade union we feel there are real concerns about jobs and the sustainability of local groups long term without the support of public health staff. We would ask that should Bolton Council make the decision to delete jobs and services on the basis of funding cuts to the local authority that a commitment is made to review this decision if and when additional resources become available.

Regards,  
Martin Challender  
Unison Convenor  
Adults Services  
X 7715

## Equality Impact Assessment

<b>Title of report or proposal:</b>
<b>Proposed review of the Community Capacity Team</b>

<b>Department:</b>	People Services
<b>Section:</b>	Public Health
<b>Date:</b>	24 September 2018

Public sector bodies need to be able to evidence that they have given due regard to the impact and potential impact on all people with 'protected characteristics' in shaping policy, in delivering services, and in relation to their own employees.

Under the Equality Act 2010, the council has a general duty to have **due regard** to the need to:

1. **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
2. **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
3. **foster good relations** between people who share a protected characteristic and people who do not share it.

By completing the following questions the three parts of the equality duty will be consciously considered as part of the decision-making process.

Details of the outcome of the Equality Impact Assessment must also be included in the main body of the report.

**1. Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes.**

The proposal is set within a very challenging financial context for Bolton Council. Since 2010, Bolton Council has had to find savings of over £100m, as a result of a reduction in Central Government grants and other income, whilst still being required to set and deliver a balanced budget.

The public health grant has also seen significant reductions. In 2015/16 the Bolton full year grant allocation was £24.4m and since then it has seen significant reduction, with the announcement of an in year cut equating to £1.339m. Although a revenue budget has been established for Public Health it has seen additional savings made in 2016/17 and 2017/18.

The Department of People Strategic Budget Report for 2018/19 outlines the revenue and capital budgets for Children's, Adults and Public Health services for the 2018/19 financial year. The budget report details that a reduction of £573k has been identified, under the previous Public Health Grant. This proposal forms part of the plans to meet the savings target.

A corporate savings target of £40k for the Community Capacity Team was approved in February 2016. Following the approval of a planned reduction in the historic Public Health grant further savings of £278k have been identified.

As part of the migration of Public Health responsibilities from the NHS to the council, a number of public health provider functions TUPE transferred to the council in April 2013. As a result Bolton's public health team was relatively large at TUPE transfer. Following further review the strategic and provider functions were separated, with two health improvement teams, Get Active and the Community Capacity Team, transferring with agreed delivery specifications within the Department of People in January 2017.

The Community Capacity (CC) Team work within the Public Health section of Department of People Services. There are currently 6.77 FTE posts within the team establishment with 1.40FTE of these currently held vacant with 5.37FTE being occupied by 6 employees. The main aim of the team is to improve the health and wellbeing of communities in Bolton which face the poorest outcomes through the use of asset-based community health development activity. The team has been routinely monitored against a range of key performance indicators. This is a small stand-alone resource working in relative isolation and is not achieving scalable impact on population health.

The Bolton Locality Plan which supports Bolton's Vision 2030, recognises the crucial role of community empowerment by means of an asset based community development approach. Established in April 2017, the Bolton Population Health and Prevention Strategy and Planning Group brings together agencies and stakeholders across health, care and voluntary sectors to build capacity for prevention and emotional and physical wellbeing, through an integrated partnership approach. This integrated approach enables an effective use of skills and resources, population impact and being cost-effective.

This report sets out proposals to disestablish the service.

**2. Is this a new policy / function / service or review of existing one?**

This is a review of an existing service. Previous review of the service has included:

- Public Health Workforce Efficiencies and Redesign

**3. Who are the main stakeholders in relation to the proposal?**

Internal stakeholders

- Staff
- Trade Unions

External stakeholders

- CCG
- Primary Care
- Foundation Trust
- Bolton CVS
- BAND
- Age UK
- Bolton at Home

**4. In summary, what are the anticipated (positive or negative) impacts of the proposal?**

The proposal will deliver the required savings of £317,985.

The negative impacts are the disestablishment of the Community Capacity Team, resulting in 6 employees being subject to redundancy.

**5. What, if any, cumulative impact could the proposal have?**

The consultation identified a number of initiatives undertaken by the service, and highlighted the contribution that public health provision can play toward combatting deprivation and engaging with harder to reach communities. This is acknowledged, and it is recognised that the team can point to examples of good examples of work with individuals or comparatively small numbers of people. It is acknowledged that there have been some good examples of meaningful working with other organisations including good communication and networking; however evidence of demonstrable impact on Population health is insufficient.

**6. With regard to the stakeholders identified above and the diversity groups set out below:**

Consider:

- How to avoid, reduce or minimise negative impact (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- How to **advance equality of opportunity**. This means considering the need to:
  - Remove or minimise disadvantages suffered by people with protected characteristics due to having that characteristic.
  - Take steps to meet the needs of people with protected characteristics that are different from people who do not have that characteristic
  - Encourage protected groups to participate in public life and in any other activity where participation is disproportionately low
- How to **foster good relations**. This means considering the need to:
  - Tackle prejudice; and
  - promote understanding between people who share a protected characteristic and others.

**Impact on Service Users**

The main aim of the team is to improve the health and wellbeing of communities in Bolton which face the poorest outcomes through the use of asset-based community health development activity.

	<b>Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what? List any adverse impacts identified from data or engagement.</b>	<b>Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why</b>	<b>Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations</b>
<b>Race</b> (this includes ethnic or national origins, colour or nationality, and caste, and includes refugees and migrants; and gypsies and travellers)	Community Capacity Team delivers services to communities in the borough of Bolton. New provisions are in place to deliver the services through an integrated approach. It is recognised that this may be a change in service which may have an impact on individuals but the consultation did not	New provisions are in place to deliver the services through an integrated approach. We will seek to ensure service users are provided with the support they need.	Consultees are keen to see any agencies who undertake this work in the future learn from the experience and practice models developed by the team. Bolton Council is committed to continue to work with the VCSE in Bolton and would welcome further

	<p>identify a systemic impact on the basis of race.</p> <p>The consultation identified a number of initiatives undertaken by the service, and highlighted the contribution that public health provision can play toward combatting deprivation and engaging with harder to reach communities. This is acknowledged, and it is recognised that the team can point to good examples of work with individuals or comparatively small numbers of people.</p>	<p>Whilst the value of the work that the team has carried out with individuals and smaller numbers of people is acknowledged. It is important to recognise the context within which this proposal is being advanced.</p> <p>In order to deliver budgetary balance the public health function has to prioritise services that are statutory and mandated by government. Whilst there are good examples of schemes delivering a positive impact on people's health and wellbeing, the interventions delivered are not statutory or mandated.</p>	<p>feedback/discussion to ensure sustainability. In particular, the public health management team will discuss the issue with VCSE in Bolton to ensure the appropriate 'gifting' of any delivery models, resources, activities and learning to be shared with all partners</p>
<p><b>Religion or belief</b> (this includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief)</p>	<p>See comments above under race.</p>	<p>See comments above under race.</p>	<p>See comments above under race.</p>
<p><b>Disability</b> (a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</p>	<p>See comments above under race.</p>	<p>See comments above under race.</p>	<p>See comments above under race.</p>

<b>Sex / Gender</b>	See comments above under race.	See comments above under race.	See comments above under race.
<b>Gender reassignment / Gender identity</b> (a person who's deeply felt and individual experience of gender may not correspond to the sex assigned to them at birth, they may or may not propose to, start or complete a process to change their gender. A person does not need to be under medical supervision to be protected )	See comments above under race.	See comments above under race.	See comments above under race.
<b>Age</b> (people of all ages)	See comments above under race.	See comments above under race.	See comments above under race.
<b>Sexual orientation</b> - people who are lesbian, gay and bisexual.	See comments above under race.	See comments above under race.	See comments above under race.
<b>Marriage and civil partnership</b> (Only in relation to due regard to the need to eliminate discrimination)	See comments above under race.	See comments above under race.	See comments above under race.
<b>Caring status</b> (including pregnancy & maternity)	See comments above under race.	See comments above under race.	See comments above under race.



<b>Socio-economic</b>	See comments above under race.	See comments above under race.	See comments above under race.
<b>Impact on Staff</b>			
<p>The proposal to disestablish the service would result in the deletion of 6.77 FTE posts from Community Capacity Team establishment, with 1.40 FTE of these currently held vacant, there would be 5.37 FTE occupied by 6 employees subject to redundancy.</p> <p>All the staff within the scope of this review transferred from the NHS to Bolton Council and remain on NHS terms and conditions, protected by TUPE. Therefore these staff will be managed in accordance with council policy and NHS terms and conditions.</p> <p>Any potential redundancies that may result from the proposals will comply with the Council's Human Resources procedures which are designed to treat all staff equally and do not discriminate against any group of people. It is not envisaged that this proposal will significantly affect the demographic profile of the council's workforce, but this will be monitored and will be reported via a strategic Equality Impact Assessment.</p>			
<b>Other comments or issues.</b>	Further to the report being approved, there will be a formal period of consultation with trade unions, staff and stakeholders. Any relevant feedback will be considered to inform the final proposals.		
<b>Please provide a list of the evidence used to inform this EIA, such as the results of consultation or other engagement, service take-up, service monitoring, surveys, stakeholder comments and complaints where appropriate.</b>	None		

**This EIA form and report has been checked and countersigned by the Departmental Equalities Officer before proceeding to Executive Member(s)**

Please confirm the outcome of this EIA:

No major impact identified, therefore no major changes required – proceed	<input type="checkbox"/>
Adjustments to remove barriers / promote equality (mitigate impact) have been identified – proceed	<input checked="" type="checkbox"/>
Positive impact for one or more groups justified on the grounds of promoting equality - proceed	<input type="checkbox"/>
Continue despite having identified potential for adverse impact/missed opportunities for promoting equality – this requires a strong justification	<input type="checkbox"/>
The EIA identifies actual or potential unlawful discrimination - stop and rethink	<input type="checkbox"/>

**Report Officer**

Name: Adrian Crook

Date: 24 September

**Departmental Equalities Lead Officer**

Name: Andy Bent

Date: 24 September