

Budget Proposal

Title of budget saving being assessed:	Cancer Awareness and Early Diagnosis Service (Act on Cancer Together) ACT: Knowledge and Library Service contract
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children & Wellbeing
Budget proposal no.	20a

Briefly describe the budget saving proposal:

Reduce Knowledge and Library Service to realise budget savings of £18,000 per annum.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionately negatively affected drawing out intersectional impacts as applicable:

This is an essential service needed for evidence-based decision making to fulfil our statutory duties (e.g. Joint Strategic Needs Assessment (JSNA) and Public Health commissioning), and to promote health and wellbeing and reduce inequalities across our diverse population.

Public health library service

The JSNA is a statutory requirement of Health and Wellbeing Boards and is led by the Public Health team. It is the key source of evidence to improve health and wellbeing outcomes and to reduce inequalities across the city. Specialist evidence searches, reviews and syntheses are a key component of the library service that are essential part of evidence generation for the JSNA. Reduction in this service will have a number of impacts, including:

- Our ability to deliver the JSNA programme will be significantly impacted
- Access to literature, journals, training and evidence would be severely restricted without this service
- Reduced access to training in searching and critically appraising evidence available through the library service
- Knowledge and use of current evidence to inform effective services and evidence based decision making will be negatively impacted across the council
- Reduced services will impact on stakeholders' (NHS, CVS, ICTs and others) ability to use evidence to inform practice, services, commissioning, strategies, and policies
- Expertise to conduct complex evidence searches and review will be lost or reduced
- Ability to identify and understand the needs of equalities groups, Inclusion groups, protected characteristics and intersectionality across the city will be disproportionately affected due to the loss of expertise required

- Below are a few selected evidence searches that will be negatively affected within this current JSNA year programme of needs assessments alone – with additional and compounding impacts in additional years:
 - Evidence searches and synthesis to understand experiences of young people with learning disabilities and intersections with ethnicity, deprivation, sexual orientation and gender identity, care experience
 - Evidence searches and synthesis to understand experiences of neurodiverse young people and intersections with ethnicity, deprivation, sexual orientation and gender identity, care experience
 - Evidence searches and synthesis on needs and assets of adults with learning disabilities
 - Evidence searches and synthesis on needs and assets of neurodiverse adults

Health promotion resources service

This service includes proactive outreach to promote the Health & Wellbeing Resources, including paper and digital leaflets and other information resources; health promotion models and teaching aids to borrow; electronic displays and information packs.

Health promotion paper leaflets (and electronic materials) are available in different languages (e.g. English, Arabic, Bengali, Ukrainian, Hindi and Spanish) and “easy read” versions. These focus on health and wellbeing topic areas that are priorities to promote within our local population, including:

- Immunisation – to promote uptake of immunisations across diverse populations where Brighton & Hove has low update of immunisations
- Drugs and alcohol
- Sexual health
- Mental health
- Cancer/screening
- Smoking
- Physical activity
- Nutrition
- Oral health

Paper copies of health promotion leaflets are provided for use by the public and for out-reach, campaigns and events across organisations and community settings, including:

- Community libraries
- Community and Voluntary Sector Organisations
- Pharmacies, GP surgeries, Hospitals
- Council departments
- and universities

Reducing (or stopping) the Health Promotion service would have direct impact on specific marginalised groups within our city, including:

- Older people

- Digitally excluded populations
- Black and Racially Minoritised people
- People for whom English is not their first language
- People with disabilities (easy reads)
- People living in the most deprived areas
- People experiencing homelessness

Which may contribute to increased inequalities within the city.

1. Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will be done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, relevant partners have been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

None at this time.

2. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No

Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	All relevant groups listed above, plus: <ul style="list-style-type: none"> • Digitally excluded • People facing literacy and numeracy barriers

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

No data is currently captured at an individual level as it would be disproportionate in leaflet provision to collect this information from individuals.
Note that the following is monitored: number of leaflets, posters, models and resources distributed: recipients’ organisations and locations; breakdown of resources by public health life stage (Starting Well, Living Well, Ageing well and Dying well) and topic areas i.e. sexual health, mental health, obesity/healthy eating/active for life, drugs, alcohol, smoking, immunisation, oral health, cancer, screening, Healthy Living Pharmacies.

The JSNA programme delivery is monitored. Evidence reviews that cannot be completed due to service reductions would be monitored as a high-level concern affecting the validity, quality and impact of the needs assessment.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

There are none. It is not possible to adequately address this within the timeframe to complete this EIA.

3. Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Please note, at the time of writing there is no reported national data cancers or cancer screening for people who identify as trans11, non-binary or intersex.

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
 - [Population and population groups](#)
 - 🕒 [Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council](#)
 - [Census and local intelligence data](#)
 - Service specific data
 - Community consultations
 - Insights from customer feedback including complaints and survey results
 - Lived experiences and qualitative data
 - [Joint Strategic Needs Assessment \(JSNA\) data](#)
 - [Health Inequalities data](#)
 - Good practice research
 - National data and reports relevant to the service
 - Workforce, leaver, and recruitment data, surveys, insights
 - Feedback from internal ‘staff as residents’ consultations
 - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
 - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	Is there a possible disproportionate negative impact?	Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith
	State Yes or No	OR If no impact is identified, briefly state why.

<p>Digitally excluded (added)</p>		<p>A decrease (or stopping) the Health Promotion service (paper leaflets, different language provision, targeted information for specific population group, easy read versions) would negatively impact on digitally excluded populations.</p> <p>Digital exclusion can arise from an interplay of factors including age, socio-economic status, disability, geography, educational attainment, literacy and language, and housing circumstances.^{1,2}</p> <p>Around 1.7 million households (6%) had no broadband or mobile internet access at home in 2021. This same report estimated that 1m people cut back or cancelled their internet packages in the past year due to affordability issues.¹</p> <p>We see challenges around digital exclusion locally.³</p> <p>A public consultation in 2023 (lead by Healthwatch Enfield and CQC) reported that a variety of barriers to digital access range from language and sensory challenges to mistrust and past negative experiences. Noting that the barriers are not only technical but also psychological and economic, with notable differences across groups such as those with disabilities, older people, English for Speakers of other Languages (ESOL) participants, and refugees.</p> <p>This report recommended printed material such as leaflets should be made available in multiple languages and they should be displayed in community areas including settings such as libraries.⁴</p>
<p>Age including those under 16, young adults, multiple ethnicities, those with various intersections.</p>	<p>Yes</p>	<p>According to the 2021 Census, 14.1% of the B&H population is aged 65 or over.⁵</p> <p>Older adults often face barriers to accessing digital information due to issues like digital illiteracy, lack of access to technology, and physical impairments. Paper-based materials, when designed with readability in mind (e.g., using large fonts, clear language, and high contrast visuals), can be effective in communicating public health messages to older populations.</p>

		<p>Recent research by Age UK highlighted that the older population are still less likely to be digitally included – among those aged 75+, more than 40% do not use the internet.</p> <p>A decrease of our Health Promotion service would disproportionately affect older people, including, those digitally excluded and supported with “easy read” versions.</p>
<p>Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.</p>	Yes	<p>Office for National Statistics data shows that 14.9% people with a disability have never used the internet, compared with 6.3% of the UK population.</p> <p>According to 2021 Census, 19% of Brighton & Hove residents are disabled, compared to 17% nationally.</p> <p>People with physical and/or sensory disabilities might own digital tools but face barriers associated to their impediment to use them.⁴</p> <p>People with learning disabilities and/or autism might own digital tools but face barriers to use them. Some are likely to not own digital devices or updated versions due to costs.⁴</p> <p>A decrease of our Health Promotion service would disproportionately affect those with disabilities, including:</p> <ul style="list-style-type: none"> • Those digitally excluded • Those that use and are supported with “easy read” versions.
<p>Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers</p>	Yes	<p>According to the 2021 Census, for 9.1% of people in Brighton and Hove English is not their main language. Inclusion groups, including, Gypsy, Roma, Traveller communities experience significant digital exclusion.⁶</p> <p>A decrease of our Health Promotion service would disproportionately affect:</p> <ul style="list-style-type: none"> • those who’s preferred language is not English. • digitally excluded groups, including, Gypsy, Roma, Travellers communities
<p>Expatriates, Migrants, Asylum Seekers, and Refugees considering for</p>	Yes	<p>In our B&H international migrant needs assessment, stakeholders noted that language barriers resulted in difficulties for migrants in understanding written information (both leaflets</p>

age, language, and various intersections		<p>and websites) that describe services and how to access them.⁷</p> <p>The 2014 government's Digital Inclusion Strategy reported that digital exclusion is more likely to affect some of those most vulnerable in society, including those with low incomes. This factor (in addition to language difficulties for some migrants) is likely to affect migrants disproportionately as they are more likely to live in conditions of poverty.^{7,8}</p> <p>A qualitative study of new migrants in East Sussex found that libraries were used and generally seen as welcoming places.⁷</p> <p>A decrease of our Health Promotion service would disproportionately affect:</p> <ul style="list-style-type: none"> • Those that access public health messages in libraries and other in-person community settings • those who's preferred language is not English.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	<p>The 2014 government's Digital Inclusion Strategy reported that digital exclusion is more likely to affect some of those most vulnerable in society, including those with low incomes.⁸</p> <p>A decrease of our Health Promotion service would disproportionately affect those in socio-economic disadvantage.</p>
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	<p>B&H has the 8th highest number of rough sleepers of 296 lower tier LAs.⁹</p> <p>A decrease of our Health Promotion service would disproportionately affect those who are digitally excluded and those accessing evidence-based information leaflets via outreach and community libraries –including these experiencing homelessness and rough sleeper population.</p>
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Gender and Sex including non-binary and intersex people	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Gender Reassignment	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below

Sexual Orientation	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Marriage and Civil Partnership	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Armed Forces Personnel, their families, and Veterans	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Carers considering for age, language, and various intersections	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Domestic and/or sexual abuse and violence survivors	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Human Rights		
Another relevant group (please specify here and add additional rows as needed)	Digitally excluded- added above.	
	Equalities groups, Inclusion groups, Protective characteristics and intersectionality	Reduction of the PH Library service would affect our ability to complete complex evidence searches and synthesis required to understand population needs (for example the Trans needs assessment previously undertaken by the team) - negatively impacting on our understanding and evidence base for effective services for equalities groups and inclusion groups, as well as across protective characteristics and intersectionality.

References:

[1 The Government has “no credible strategy” to tackle digital exclusion - Committees - UK Parliament](#)

[2 What we mean by digital inclusion - NHS England Digital](#)

[3 Understanding Digital Exclusion: key findings and full report | Healthwatch Enfield](#)

[4 Search | Healthwatch Brightonandhove](#)).

[5 Strategic Housing Market Assessment - August 2023 \(brighton-hove.gov.uk\)](#)

[6 New report reveals significant digital exclusion in Gypsy and Traveller communities in the UK - Friends, Families and Travellers](#)

[7 International migrants in Brighton and Hove full report 2018.pdf](#)

[8 Government Digital Inclusion Strategy - GOV.UK](#)

[9 Rough sleeping snapshot in England: autumn 2023 - GOV.UK \(www.gov.uk\)](#)

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

4. Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The library service is a joint commission with East Sussex.
The reduction from Brighton and Hove could destabilise the contract and provision for the remaining library provision to Brighton and Hove City Council and also to East Sussex County Council.

5. Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

1. No mitigation actions are available due to: There are no mitigations identified

6. Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	5
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7. Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	28/01/2025
Accountable Manager:		

