

Oxfordshire LINK briefing: the proposed PCT reconfiguration.**Oxfordshire LINK has a duty to ensure the voices of hard to reach and minority groups are heard.**

Financial situation: The PCT has 4.4m savings to make over the next three years. They are on track with their proposed 2.2m saving for this year and to maintaining a financial buffer in excess of £700,000. The PCT is not looking to save money by freezing incremental salary rises in October this year as advised by NHS Employers; freezing incremental rises this year for those staff on salaries in excess of band 7 level (circa over £40,000) would provide further savings. Monies received from various financial partners of the Oxfordshire Healthy Living Partnership (OHLP) will be probably be lost if the service closes due to loss of the Public Health coordinator posts proposed in the reconfiguration document (Please see the attached separate detailed report on OHLP and Health Trainers for further information).

Proposed reconfiguration: There are several key frontline public health posts that target our known areas of deprivation which the PCT are seeking to remove to further save monies; these posts comprise Health Trainers and their coordinators. Service improvement suggestions that would probably lead to improved effectiveness and efficiency that were put forward by the Health Trainers were not implemented e.g. more group work. GP consultations do not allow time for in-depth, tailored behavior change advice and support. Many GPs refer to Health Trainers for this very reason, often sending their most intransigent patients. Health Trainers offer a broad service, allowing time for clients to review their health and lifestyle, and identify and prioritise the changes they need to make. The Health Trainers are recruited from the areas and target population they serve. Removing these 'key for equality of access' frontline public health posts does not save money in the long run and appears to go directly against the current guidance issued by the Chief Executive of NHS England, this is also attached and the Public Health guidance is covered on page 8 of the letter.

Strategy: The strategic direction of the proposed reconfiguration in regard to the frontline public health posts does not match that of Oxfordshire Social and Community Services in that it is not preventative.

Equality Impact Assessment (EIA):

The Health Trainers specific EIA that was carried out holds no data on BME clients, reporting this is because they were not specifically targeted. The Health Trainer service, set up in 2006 specifically targeted hard to reach groups and our BME citizens fall within the definition of 'hard to reach' which also includes prisoners and other groups. This and other similar inaccuracies within the EIA are of grave concern. Some of the changes proposed in the EIA are welcome but

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certainly not as an alternative to the Health Trainer service and the likely knock on effects of closure of the OHLP (see pages 4 and 5 of the attached report under the headline 'Completion of Chances for Change Projects'), rather as an improvement for issues of equality of access.