

## Community and Equality Impact Assessment

As an authority, we have made a commitment to apply a systematic equalities and diversity screening process to both new policy development or changes to services.

This is to determine whether the proposals are likely to have significant positive, negative or adverse impacts on the different groups in our community.

This process has been developed, together with **full guidance** to support officers in meeting our duties under the:

- Equality Act 2010.
- The Best Value Guidance
- The Public Services (Social Value) 2012 Act

**About the service or policy development**

Name of service or policy	Joint Health & Wellbeing Strategy 2019-2021
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Why is this service or policy development/review needed?

The Joint Health and Wellbeing Strategy 2019-2023 is a statutory strategy, and the current 2015-2018 strategy is due to expire. The strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people’s lives by 2023. The aim of the strategy is to help residents improve their health by identifying the key priorities based on the evidence from the Joint Strategic Needs Assessment 2017 and updated data from the Joint Strategic Needs Assessment 2018 focusing on three themes. The priorities in the strategy will underpin commissioning plans, and outline how the council and partners will work together to deliver the proposed priorities.

**1. Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).**

What impacts will this service or policy development have on communities? Look at what you know? What does your research tell you?

*Consider:*

- National and local data sets
- Complaints
- Consultation and service monitoring information
- Voluntary and Community Organisations
- The Equality Act places a specific duty on people with ‘protected characteristics’. The table below details these groups and helps you to consider the impact on these groups.

**Demographics**

Barking and Dagenham has a young and diverse population of around 21,700 residents in a densely populated urban location. The equivalent of around 1 in 12 residents left and entered the borough between 2016 and 2017. Estimates suggest that as of 2019, 47% of Barking and Dagenham’s population will be white, 23% black, 23% Asian, 5% Mixed and 2% other.

Barking and Dagenham performs poorly in a variety of health indicators. Residents live shorter lives in poor health when compared to London – Barking and Dagenham has the lowest life expectancies in London for both women and men. Male healthy life expectancy, the years lived in good health, in Barking and Dagenham is 58.2, compared to the London average of 63.5 years. Female healthy life expectancy in Barking and Dagenham is 58.5 years, compared to the London average of 64.1 years. Barking and Dagenham also the highest rates of Year 6 obesity.

The Joint Health and Wellbeing Strategy focuses on three priority areas, which have been decided by the Health and Wellbeing Board. The Joint Strategic Needs Assessment 2018 has also focused on producing indepth data around these three themes:

1. *Best Start in Life*, focuses from preconception up until the age of 5. This theme aims to give our residents healthy pregnancies and the best platform to grow, develop and explore in the first 5 years. Evidence demonstrates that the first 5 years shape mental and physical health for the rest of life, and is therefore a key time to invest.

As outlined in our 2018 Joint Strategic Needs Assessment, we have the highest proportion of residents aged 0-4 in the UK. Our 2017 birth rate was also the highest in England and Wales at 83 live births per 1000 women between the ages of 15 and 44.

As part of the Index of Multiple Deprivation, the income deprivation of children measures the proportion of children under the age of 16 that live in low income households. Barking and Dagenham has the eleventh highest proportion of children under the age of 16 living in poverty in England, and the fourth highest in London with 32% of children in the borough living in poverty.

## 2. *Early Diagnosis and Intervention:*

Early diagnosis and intervention increases the chances for successful treatment across a range of diseases and illness. The borough runs a number of screening programmes in partnership with the NHS – the Joint Strategic Needs Assessment 2018 outlines the context surrounding the borough's screening programmes:

- We have the highest rate of deaths from cancer considered preventable in London
- We have the third highest prevalence of chronic obstructive pulmonary disease (COPD) in London
- We have the third highest proportion of late HIV diagnoses in London.

## 3. *Buidling resilience*

By resilience, we mean empowering residents to not just survive, but to thrive.

Whilst resilience of residents is hard to measure, we know that outcomes for our residents are towards the bottom of most London league tables in key areas. We also know that the areas such as employment skills and enterprise and domestic violence have huge impacts on resilience. Barking and Dagenham has a higher unemployment rate than the London average – 6.9% of working age people are unemployed compared to the London average of 5.7% and have the highest recorded incidents of domestic violence in London.

Within the building resilience theme of the strategy, there is a focus on Adverse Childhood Experiences. This is because evidence demonstrates that those who suffer from 4 or more Adverse Childhood Experiences, are more likely to have higher GP use, greater use of

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emergency care and increased hospitalisation, and are over twice as likely to have a range of health conditions including heart disease, cancer and COPD.

Further data on these three themes can be found within the 2018 Joint Strategic Needs Assessment.

Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
<b>Local communities in general</b>	X			The Health & Wellbeing Strategy will improve the health of populations within Barking and Dagenham by focusing on the health inequality interventions that have the biggest potential for impact. The strategy will not take a life course approach as has been taken in previous years, but will address age, disability and specific groups within each theme of the strategy.	<p>We have made the effort to include local communities in the co-production of the strategy, through the creation of 'I' statements through resident focus groups.</p> <p>Through Healthwatch, we ran one focus group which had within it:</p> <ul style="list-style-type: none"> <li>-Mental health service users</li> <li>-Older people</li> </ul> <p>We have also consulted with parents of disabled children, Just Say Yes and disabled youth groups in the borough to formulate "I" statements to ensure that those with disabilities are represented.</p> <p>The data update included in part of the strategy, also includes data on all equality groups. This data will then form the basis of workshop discussions, detailing the actions taken in the strategy, to ensure that the views of equality groups are represented in the actions outlined in the strategy. The workshops will operate a life-course approach, ensuring that issues affecting each age group are discussed.</p>
<b>Age</b>	X				
<b>Disability</b>	X				
<b>Gender reassignment</b>		X			We have consulted with LGBT+ Flipside and ran a focus group to co-produce these 'I' statements, to include the views of those who have undergone gender reassignment.
<b>Marriage and civil partnership</b>		X			

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<p><b>Pregnancy and maternity</b></p>	<p>X</p>		<p>One of the themes of the Health and Wellbeing Strategy is best start in life, focusing from pre-natal through to the age of 5. The focus on pregnancy and childbirth will have positive impacts on women’s pre-natal and perinatal health and wellbeing. Barking and Dagenham has the highest birth rate in England and Wales, making this a key area to focus on.</p>	<p>Parent forums within children’s centres have been consulted through resident focus groups.</p> <p>Medical professionals from the CCG with expertise in prenatal and perinatal attended our Best Start in Life professional workshop in July, and have also been consulted through engagement with the Joint Executive. One of the table groups for discussion at the ‘Best Start in Life’ workshop in July focused entirely on pregnancy and maternity to ensure that there was a section on this within the strategy.</p>
<p><b>Race (including Gypsies, Roma and Travellers)</b></p>		<p>X</p>		<p>The data update included in part of the strategy, also includes data on all equality groups where available. This data then formed the basis of workshop discussions, detailing the actions taken in the strategy, to ensure that the views of different races are represented in the actions outlined in the strategy.</p>
<p><b>Religion or belief</b></p>		<p>X</p>		<p>The data update included in part of the strategy, also includes data on all equality groups where available. This data will then form the basis of workshop discussions, detailing the actions taken in the strategy, to ensure that the views of different races are represented in the actions outlined in the strategy.</p> <p>To ensure that the views of different faith groups are accounted for and represented in the strategy, we sent out a message in the Faith Leaders Newsletter asking if they would be willing for us to hold a focus group to formulate “I” statements which are included within the strategy.</p>
<p><b>Gender</b></p>		<p>X</p>	<p>Overall, women in the borough live longer with their life expectancy 81.8 years, compared to</p>	<p>The data used in the Joint Strategic Needs Assessment 2018, which informs this strategy, looks at both genders where this data is available.</p>

		<p>the male 77.5 years. However, they live more years in ill health with their healthy life expectancy, the years lived in good health, at 58.5, compared to the male 59.8 years, whereas the London average has the healthy life expectancy for both genders at 64.1 years. Therefore women in the borough live more of their life in ill health than the London average.</p> <p>The aforementioned focus on pregnancy and maternity through best start in life will have positive impacts for women.</p> <p>The 2017 schools survey also shows that female year 10 students perform worse in every indicator of emotional well-being.</p> <p>However, locally, the percentage of girls at the age of 5 achieving a good level of development is higher than boys – 78.8% compared to 67.8%, and therefore the strategy’s focus on best start in life will have positive impacts for boys in the borough.</p>	<p>Given the onset of postnatal depression, and the disproportionate affect this has on women, we ran a focus group in the borough’s Mental Health Peer Support Network’s drop in women’s coffee morning.</p>
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<b>Sexual orientation</b>		X		<p>To ensure that the views of LGBT+ communities are accounted for and represented in the strategy, we ran focus groups with Flipside LGBTQ+ members to formulate “I” statements to be included in the strategy.</p> <p>The leaders of Flipside LGBTQ+ also were invited to the professional Stakeholder workshop</p>
<b>Any community issues identified for this location?</b>		X		

**2. Consultation.**

Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups?

The strategy has a strong consultation element. We have consulted with:

- Children’s commissioning
- Adult’s commissioning
- CCG
- Participatory City
- Inclusive Growth
- Community Enterprise Team
- Strategy & Performance Team
- Community Solutions
- NHS partners
- Drug and Alcohol team
- Domestic Violence Team
- Cultural Educational Partnership
- CVS
- Barking & Dagenham Carers
- Faith groups
- Parks commissioning team

In order to create ‘I’ statements to include in the strategy, throughout May and June, we ran a series of resident focus groups. These focus groups explored what is important to residents in regard to their health and wellbeing, and the results were used to create ‘I’ statements for each theme in the strategy, that providers will be held accountable against. Those involved in the focus groups:

- Carers of Barking and Dagenham
- CVS
- BAD Youth Forum
- LGBTQ+ Flipside
- Children’s Centres’ Parents Forums
- Community Health Champions
- HealthWatch Service User Groups
- Patient Engagement Forum
- Mental Health Peer Support Group
- Mental Health Patient Engagement Forum
- Streetwise
- CGL

In total, 128 residents attended 12 resident focus groups.

A wide-range of organisations have been contacted to arrange these focus groups.



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We also held 3 professional workshops in July with internal and external stakeholders, and NHS CCG partners to discuss each theme of the strategy. The attendance at each workshop was as below:

1. *Best start in life – 4<sup>th</sup> July – 27 attendees*
2. *Early diagnosis and intervention – 9<sup>th</sup> July – 21 attendees*
3. *Buidling resilience through prevention – 18<sup>th</sup> July – 41 attendees*

We are also running an 8 week online consultation to gain views on the draft strategy before it is published. During this consultation, we will be going back to the community groups where we ran resident focus groups, to obtain their views on the draft strategy.

### 3. Monitoring and Review

How will you review community and equality impact once the service or policy has been implemented?

*These actions should be developed using the information gathered in **Section 1 and 2** and should be picked up in your departmental/service business plans.*

Action	By when?	By who?
To monitor the outcomes of the strategy on a quarterly basis in a performance report to the Health and Wellbeing Board	Quarterly	Health and Wellbeing Board
To produce an Annual Monitoring report to the Health and Wellbeing Board on the 'attitudes' elements of the measures, which are only available on an annual basis.	Annual	Health and Wellbeing Board

### 4. Next steps

It is important the information gathered is used to inform any Council reports that are presented to Cabinet or appropriate committees. This will allow Members to be furnished with all the facts in relation to the impact their decisions will have on different equality groups and the wider community.

Take some time to précis your findings below. This can then be added to your report template for sign off by the Strategy Team at the consultation stage of the report cycle.

Implications/ Customer Impact

The strategy outlines the Council's commitment to improve health and wellbeing in the borough, by focusing on three priority areas:

1. Best Start in Life – preconception up to the age of 5
2. Early Diagnosis and Intervention
3. Building resilience through prevention to achieve better health and wellbeing.

The strategy will have positive impacts for the community. Through co-producing resident focused 'I' statements with residents through focus groups, the Council has taken extra effort to create the strategy for improving health inequalities based around what is important to their residents.

The strategy also details 6 outcomes, which outline what we want to achieve to make improvements in each of these areas.

Once the strategy is approved by the Health and Wellbeing Board, we will be doing work with the Alliance of Providers and Commissioners to create the detailed delivery plans that will deliver the outcomes contained within the strategy.

## 5. Sign off

The information contained in this template should be authorised by the relevant project sponsor or Divisional Director who will be responsible for the accuracy of the information now provided and delivery of actions detailed.

Name	Role (e.g. project sponsor, head of service)	Date
Matthew Cole	Director of Public Health	10-Oct-18