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

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About the service or policy development

Name of service or policy	Joint Health & Wellbeing Strategy Refresh 2023-28
Lead Officer Contact Details	Jess Waithe, Public Health Specialist Jess.waithe@lbbd.gov.uk

Why is this service or policy development/review needed?
The Joint Health and Wellbeing Strategy is a statutory document. The current Strategy, running from 2019 is due to expire this year and the refreshed version will build on this, setting out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives for 2023- 2028 . The priorities in the document will underpin delivery plans and outline how London Borough of Barking Dagenham 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?

Please state which data sources you have used for your research in your answer below

Consider:

- National & 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.
- It is Council policy to consider the impact services and policy developments could have on residents who are socio-economically disadvantaged. There is space to consider the impact below.

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Demographics

Barking and Dagenham (B&D) is the most deprived borough in London, based on Index of Multiple Deprivation score and is ranked 5th in London on the related Income Deprivation Affecting Children Index score- which measures the percentage of all children aged 0 to 15 years who live in income deprived families (23.8%). We also had the highest percentage of children aged under 16 living in absolute low-income families in London (21.2%) in 2020/21.

Around 218,900 people live in the borough and although the local population is the 10th lowest in London, it has seen the 3rd highest growth in numbers in recent years. Between 2011 and 2021, the population size of the borough increased by nearly 33,000 (17.7%).

Our local population is young, with an average age of 33 years old, and the highest proportion aged under 18 within England and Wales (28.9%). B&D also has the highest proportion of under 5s in the UK (8.8%). Nearly a quarter (23.6%) of the borough's population are aged between 5-19 years old and almost a third (31.5%) are aged 19 and under. This younger population has showed considerable growth in the decade leading up to the 2021 Census.

Although nearly six in ten residents (c.128,500 people) were born in the UK (58.7%), the borough has a diverse population, in which 44.9% are White, 25.9% Asian, 21.4% Black, 4.3% Mixed and 3.6% of Other ethnic groups. The last Census data also told us 8.4% of the borough population are migrants (i.e. had a different address on Census day to the same day one year before) and a quarter of the local population had lived in the UK for 10 years or more.

In 2018-2020, life expectancy in the borough for both men (77.0 years) and women (81.7 years) was reduced and is significantly worse than the national averages. We also had the highest rate of premature death in London in 2021 for people aged below 75.

Similarly, healthy life expectancy for males in B&D in 2018-20 was 58.1 years, which was the lowest of the London local authorities and worse than both London (63.8 years) and England (63.1 years). Healthy life expectancy for females in the borough for 2018-20 was 60.1 years, which was the 3rd lowest of the London local authorities and significantly worse than both London (65.0 years) and England (63.9 years).

Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
Local communities in general	X			The aim of the Health and Wellbeing Strategy is to improve the health of all residents, but also focus where inequalities exist and	The importance of involving local communities has been outlined within this refresh, with the ambition that more strategic and ongoing

				where action will have the greatest impact. The refreshed strategy will continue to address issues for specific groups within each of its themes.	approaches to engagement will be undertaken throughout the lifetime of the strategy. The development of these approaches will be formed as part of next steps, we will seek input from residents, so they decide how this should be done.
Age	X			We have: The highest proportion (26.1%) of residents aged 16 and under across England & Wales. 65.2% of residents aged 16-64 and the remaining aged 65+. The greatest changes by age group (increases in those aged 0-64 and decreases in those 65+) compared to both England and London.	The refresh takes a life course approach addressing issues under the three themes: Best Start; Living Well; Ageing Well and will look to act on issues that are most relevant to residents at each stage of life. Children, young people and family specific engagement was undertaken as part of the 'Best Chance Strategy' development which this refresh has reflected on. Engagement with adults will be carried out by the delivery group when forming delivery/action plans and specific approaches to doing this will be directed by residents.
Disability	X			We have the highest proportion of households in London where at least one person identified as disabled (29.8%). 13,700 (6.3%) Barking & Dagenham residents considered themselves to be disabled under the Equality Act and considered their day -to -day activities to be limited a lot and 15,300 (7.0%) said a little.	One of the Strategy priorities is to address long term conditions, including the identification of those at risk; support early diagnosis and treatment to prevent long term serious issues and avoidable admissions. The ways in which groups and communities will be involved in agreeing specific actions to address this will be the responsibility of the delivery groups. This

				The last Census also shows after age standardisation we have a higher proportion compared to London and England in terms of residents with fair, bad and very bad health. Cancer, cardiovascular disease (linked with preventable causes such as smoking, alcohol and obesity) are major killers and contribute to the gap in life expectancy and residents from Black and Asian backgrounds developing long term conditions earlier than White British. A higher smoking prevalence is found within our more deprived communities in the borough, as well as those people with severe mental illness. We also have one of the highest adult obesity rates within London for years 2020/21, with inequalities locally for residents who are Black, women and/or in lower socioeconomic areas.	development will begin once the strategy is published.
Gender reassignment		X		Based on the latest Census data for those aged 16 and over: 9 in 10 residents' gender identity was the same as sex registered at birth (90.4%). Of all English & Welsh local authorities, for those aged 16+, B&D had the highest proportion of trans women (0.25%) and the 3rd highest proportion of trans men (0.24%). We also had the 5th highest proportion of people whose	Previously, views of the LGBTQ+ communities and relevant professional stakeholders were accounted for and represented through engagement on the initial Strategy (2019-23), which included those who have undergone gender reassignment. Focus groups were held with Flipside LGBTQ+ members to formulate statements for inclusion in the previous strategy,

				gender identity was different, but no specific identity given (0.64%).	outlining what good health means for residents.
Marriage and civil partnership		X			
Pregnancy and maternity	X			A theme within the strategy is 'Best Start in Life' which focuses on health and wellbeing from the pre- natal period into young adulthood (to positively impact mother and child) and includes healthy pregnancy; developmental support; support for SEND children and young people; mental health as well as domestic violence and addressing adverse childhood experiences. One area of focus within is on obesity and smoking. Our rates for obesity in pregnancy (2018/19) were 27.4%, which is higher than both London and England. High rates of obesity in reception aged children are also greater than regional and national figures. However positively, rates of those smoking at time of delivery (which is linked to low-birth-weight babies and premature births) was 4.5% (in 2021/22), which is much lower than England (9.1%), but the rates of low birth rate babies and premature births still remains poor compared to London and England.	Forums and workshops were conducted in 2022 with stakeholders (multi-agency; children and young peoples voice; education; VCSE; health) to develop the 'Best Chance Strategy' outputs from this inform aims, priorities and outcomes within this document. Engagement will be an ongoing process and the Best Chance Delivery Group will look to address needs- which include those during pregnancy and maternity.
Ethnicity		X		We had the greatest increase in ethnic diversity between 2011-21 and 151,300 residents are non-White British. Of all English & Welsh local authorities, we have the	There are differences in health outcomes and variation across ethnic groups and health conditions. Data will be used to take a targeted approach to ensure

				highest proportion of Black African residents and 4th highest proportion of Asian Bangladeshi residents. Romanian (4.5%) is the highest national identity of residents who do not identify as British or English.	views of different ethnicities are accounted for and relevant actions/approaches are taken to improve equity and inequalities where they exist.
Religion or belief		X		Our borough has a higher proportion of Muslims compared to London and England. The proportion of Christians in Barking & Dagenham has dropped below half since the previous census but is higher than London. A fifth of Barking & Dagenham residents have no religion – lower than both London and England.	
Sex	X			Life expectancy in the borough reduced for both sexes in recent years and is worse than national averages. Although women still outlive men, they live longer in poorer health resulting in poor quality of life and greater need/reliance on services.	The Best Start in Life theme/focus will have a positive impact for women (although equally for both sexes of the child). Areas of action as part of the Best Chance Strategy will seek to uncover any variation between sexes relating to young peoples health issues.
Sexual orientation		X		On Census Day, nearly 9 in 10 Barking & Dagenham residents described their sexual orientation as Straight or Heterosexual (88.6%), which is higher than London (86.2%), but lower than England (89.4%). Of all authorities in England and Wales, we had the 4th highest proportion who described their sexual orientation as all other sexual	Previously, views of the LGBTQ+ communities and relevant professional stakeholders were accounted for and represented through engagement on the initial Strategy (2019-23), which this is a refresh of.

				orientations (0.07%) and 23rd highest proportion who described their sexual orientation as Pansexual (0.38%).	
Socio-economic Disadvantage	X			62.4% households were deprived in at least one dimension (education, employment, health, housing) - the highest in England & Wales. Of all English & Welsh wards, 11 B&D wards were in the highest 10% for deprivation and 5 were in the highest 20%. <u>Households</u> 62.4% households were deprived- the highest in England & Wales 12.8% households were lone parents with dependent children – the highest in England & Wales And 8.6% households were multi-family households with dependent children – 2nd highest in England & Wales <u>Housing</u> Of all English and Welsh local authorities, in terms of households we had the: 3rd highest proportion who rent their home from the Council/Local Authority (24.5%). 2nd highest proportion living in a property without enough bedrooms (17.8%).	An area of action within the strategy is for 'anchor institutions' to develop there roles as such and to deliver a health in all policies approach with partners. This relates to training, education, skills development and housing to help address the wider/social factors that contribute to disadvantage and ultimately impact on health.

				7th highest proportion living in a property without enough rooms (20.4%). <u>Education</u> B&D (2.29) has the lowest Qualification Index score of all London boroughs – and is one of only 4 London boroughs whose index score is below the English average. 22.7% residents aged 16 and over had no qualifications - highest proportion of all London boroughs. 33.3% residents aged 16 and over had Level 4 qualifications- the 3rd lowest proportion of all London boroughs.	
Any community issues identified for this location?		X		Language: 5.1% of residents aged 3 and over cannot speak English well or at all. Romanian (4.8%) is also the most common language of residents whose main language is not English, followed by Bengali and Lithuanian. 41.3% of residents were born outside of the UK – 16th highest in England & Wales. This is 10.4% higher than 2011 Census and the 2nd highest percentage point change in England & Wales. Transience: 14% of residents arrived in the UK between 2001 and 2010, which is the 2nd highest proportion in England & Wales.	

				9/10 residents were living at the same address one year before Census Day, however it's important to note the pandemic limited people's movement.	

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. If you have already undertaken some consultation, please include: • Any potential problems or issues raised by the consultation • What actions will be taken to mitigate these concerns
Broad consultation took place to create the initial Strategy (2019-23) (consultation with 16 teams and partnerships and 12 resident focus groups with 128 attendees), upon which this refresh is based. This refresh has considered the engagement with children, young people, families and relevant professional stakeholders in the creation of the 'Best Chance Strategy' in 2022 and feeds directly into the 'Best Start in Life' aims, priorities and outcomes within this. It has also considered the extensive engagement undertaken and outputs from the Boroughs Domestic Abuse Commission Report, 2021. Engagement with residents via a One Borough Voice survey was undertaken to 'sense check' the previous priorities and capture any emerging issues; Health Watch also undertook engagement by asking key questions relating to priority areas- long term conditions; healthy lifestyles and employment and education. Consultation between March and April 2023 was carried out regarding the vision, aims, principles and themes in the framework with the following overarching groups: • Residents • Internal Council stakeholders • External Council partners and colleagues Feedback received has been summarised and incorporated into the final version of the 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?**
Form and review plans outlining actions and methods of measurement to achieve outcomes specified in the strategy.	Quarterly	Best Chance Delivery Group Adults Delivery Group
Monitor the outcomes of the strategy.	Annually	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 summarise 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
A renewed vision for improving the health and wellbeing of residents is being set out for the period of 2023-28 is based on key themes and outcomes of the previous Strategy 2018-23, although it has a greater focus on coproduction with communities: • Best Start in Life • Living Well • Ageing Well Once the Strategy refresh is approved at June's health and wellbeing board, specific action plans will be co-created and developed with residents, led by the Adults Delivery Group and Best Chance for Children and Young People Delivery Group to deliver against the priority themes- as part of next steps. The delivery groups will work to establish the best way to involve residents and communities in an ongoing approach to improving co-production, decision making and evaluation.

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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
Jane Leaman	Consultant in Public Health	June 2023