

Section 9

Practicalities

Equality Impact Assessment of the Joint Strategic Needs Assessment (JSNA) Public Consultation and Plans for the Future.

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Appendix 1: Copy of the JSNA questionnaire distributed at the Parents and Carers Conference, February 2011.

Appendix 2: Equalities Impact Assessment

9.1 Equality Impact Assessment of the JSNA

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The general equality duty that is set out in the Equality Act 2010¹ requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them.

To fulfil this obligation we requested that all contributors to writing the JSNA thought about the variability and inequalities of the subjects or services that they were writing about. As the JSNA informs commissioning of services for the partnership, the impacts of the recommendations for commissioning could have detrimental or beneficial impacts for certain members of society. These groups or characteristics of our residents are as follows. We asked authors to consider the current inequalities and variability of services and also the impacts of the recommendations made on the following:

- Race.
- Disability.
- Gender.
- Age.
- Religion/belief.
- Sexual orientation + Gender reassignment.
- Carers.
- Pregnancy/Maternity.
- Socioeconomic.
- Others.

We have amalgamated the impacts of this report, in the form of an Equality Impact Assessment (EIA) for the JSNA document for the first time this year; incorporating the equality of the current services provided by the Partnership and also of the impact that the recommendations would have on groups of people. The Council's EIA template was used for this purpose and the attached document provides a summary of the findings. See Appendix 2

¹ <http://homeoffice.gov.uk/equalities/equality-act/>

(Appendix 2 to be supplied following the Shadow Health & Wellbeing Board on 27th September 2011)

Equality Impact Assessment: Summary of findings and actions required.

The review of the main findings and summarising of the Action Plan for the Partnership to be supplied following the Shadow Health & Wellbeing Board on 27th September 2011.

9.2 Public consultation and the JSNA

Patient and public engagement by NHS Barking and Dagenham – Updating the 2010 JSNA for the public engagement activities, April 2010 to March 2011

We have a duty to report on consultations as set out in section 24A (1) of the NHS Act 2006² that came into effect on 1 April 2010. The Board is asked to note the annual requirement. There is a statutory requirement to place this in the public domain via our website and a hard copy in reception. A copy of our latest consultation on services is available at <http://www.barkingdagenham.nhs.uk/listening-to-you/current-consultations.aspx>

During the year we introduced 'Health matters', a bi-monthly electronic newsletter for patients, members of the public and practitioners by signposting them to local engagement activities and encouraging them to get involved. Back issues are available online³.

We also expanded into social networking by establishing a group on [Facebook](#) and growing its presence to over 100 people who either work or live in the borough. By using modern technology such as video at GP open days and patient participation groups, we were able to share these events via social networking as well as our newsletters.

We worked closely with the Local Involvement Network (LINKs) <http://www.bdlinks.org.uk/> on a range of consultation activities. This included two public meetings in May 2010 to get opinions from local residents on the signage for Barking Community Hospital. Many of the [suggestions](#) focussed on using simple words that people understood - such as 'blood tests' not 'phlebotomy' - and are now being used on the signs.

We produced an annual report⁴ highlighting changes we made to our commissioning decisions following consultations with the public. We made sure the document was in plain English so that as many people as possible could understand it. Topics in the '[you said, we did](#)' report include:

- healthy eating.
- Smoking.
- Health for North East London.

We focused on increasing the number of patient participation groups in GP surgeries in the borough, so that patients can provide feedback for GPs and practice managers to use to improve services. Our support included offering a range of materials for practices, including generic flyers to recruit patients to the group and badges for members to wear while in the practice to boost recognition.

Other engagement during the year included:

² http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_064103

³ <http://www.barkingdagenham.nhs.uk/listening-to-you/patient-engagement/health-matters-enewsletter.aspx>

⁴ <http://www.barkingdagenham.nhs.uk/news-and-publications/annual-reports.aspx>

- working with the partnership to introduce joint online consultations.
- introducing 'experience-based design' - filming local people talking about their contacts with the health service, to make sure patients' experiences were at the centre of redesigning how long term conditions are treated.
- involving members of the health network (81 local people) in a variety of different pieces of work, including:
 - the maternity steering group.
 - a merger proposal for two GP practices.
 - a consultation on improved community services for people with sickle cell disease.
 - a joint networking event with members of the Barking and Dagenham Council for Voluntary Services.
 - a teenage pregnancy research project.
 - inspections of facilities and assessments of services for young people, by the young people themselves, including the Barking and Dagenham Foyer and Sydenham Centre.

Pharmacy services

Throughout the year we have carried out a range of consultations to improve pharmacy services in the borough. We consulted with the Local Pharmaceutical and Medicines Management Committees and patient representatives on the following:

- Pharmacy first – this was a leaflet explaining how local pharmacists can now also provide free medication and advice for some illnesses and minor ailments.
- Medicine use review – this was to decide which patients' pharmacists should be keeping a close eye on how they use their medication. The outcome was that patients recently discharged from hospital would be targeted.
- Sundays and public holidays – this was to look at who opened when in the borough. Some will now open for longer as a result.

A summary of local views on pharmacies and pharmaceutical services in the borough can be found in the recently published Pharmaceutical Needs Assessment http://cdn.barkingdagenhampartnership.org.uk/assets/file/user_6/Final%20PNA_29M_arch2011.pdf

For further information on NHS public engagement for 2011-12 please contact Pamela Belonwu, NHS Outer North East London. <http://www.barkingdagenham.nhs.uk/>

Public engagement on health, wellbeing and social care issues– by the London Borough of Barking and Dagenham

The Council consults residents on various topics and gains feedback on service areas regularly. Engagement activities that included health and wellbeing outcomes were included in the following recent consultations:

- Sports survey.
- Environment and enforcement (Customer contact satisfaction survey).
- Barking station forecourt redevelopment.
- New school at Barking Riverside.
- Fairer contributions survey (on social care- personal budgets).
- Free sports sessions.
- Borough housing needs survey.

The results of these surveys can be found on the Council's consultation portal. <http://barking-dagenham.limehouse.co.uk/portal/> The annual resident's survey findings will also be available in September.

9.3. What do our residents think of local health services?

NHS Barking and Dagenham (NHSBD) commissioned Serious Healthcare Marketing (SHM) to undertake a review of the knowledge of residents about health care services. The resulting report produced in July 2010 measured the opinions of residents on health services within Barking and Dagenham with the objective of improving communications relating to the provision of these services.

Through surveys carried out on the street, online and by phone, a representative sample of the community was captured. In total 549 Barking and Dagenham residents participated: 432 through street interviews, 3 via the online survey and 114 via telephone. The results from the 20 question survey were collated and used to develop a baseline measure of the healthcare service reputation for these respondents. A baseline score of 77% was achieved in this initial research, and improvement will be measured over time. A recommended target of 80% is proposed as consumer research suggests that a score above this generally means an organisation has loyal 'customers' that are prepared to act as advocates.

Throughout this research, Experian population profiles (segments) for borough residents were used which have been specially created for the Partnership based upon the national Mosaic profiles. Each participant was asked to provide their postcode and this was used to allocate each individual respondent into the appropriate Experian segment, thus ensuring that an overall cross section of the community was represented.

Survey results

Healthcare Provision

In customer satisfaction research an average rating of "8" is seen as the threshold that needs to be achieved to have loyal customers that are prepared to act as advocates for your business in any industry. Health services should be no different and the aspirations set for the future should reflect this. While not directly responsible for the delivery of the healthcare, NHSBD and the commissioners can direct the service providers to address the areas that require attention.

Figure 9.1 shows the results for local healthcare services. They show that improvements are needed in the performance and quality of the NHS healthcare that residents access, in particular communications between healthcare services locally as well as to patients.

Figure 9.1: Residents mean rating of the performance of health care services

Performance Attribute	Mean Rating
Range of health care service available	7.29
Availability of appointments	6.81
Speed of being seen	6.66
Suitability of opening hours	7.07
Quality of Healthcare	7.19
Quality of Healthcare personnel	7.18
Respect for patients and their families	7.09
Friendliness	7.19
Success of dealing with health problems	7.20
Communication between healthcare services locally i.e. Do local healthcare services talk to each other?	6.85
Communication between healthcare service and patients	6.82

Source: Serious Healthcare Marketing Survey, Barking and Dagenham, 2010

Performance of the service providers

Residents' views about the performance of the healthcare providers were positive, with very few recording either poor or very poor (Figure 9.2). The data gives the percentage of residents that have used the service and rated the service as good or very good. All venues and services achieved a high score.

Figure 9.2: Residents views of NHS Barking and Dagenham's healthcare providers rated as good or very good, 2010

Establishment	Good or Very Good
Physiotherapy	84.9%
Walk-in-Centres (e.g. Broad Street, Upney Lane)	87.3%
Hospitals	88.2%
Mental health	88.2%
Dentists	89.4%
Health Visiting	90.3%
Opticians	91.7%
Doctor/General Practitioners (GPs)	93.6%
District/School Nursing	94.5%
Sexual Health Clinic (Sydenham Centre)	94.8%
Pharmacies	95.3%

Source: Serious Healthcare Marketing Survey, Barking and Dagenham, 2010

Patient choice

Awareness of patient choice is generally good in core services but poorer in peripheral healthcare services. The baseline figures will be used to measure improvement over time. Awareness of knowledge of health services was reported for the Experian segments. Awareness of choice will also be influenced by the relevance of the service to the individual segment. In some cases it will be appropriate to target messages to particular Experian segments.

Figure 9.3 outlines where there are significant gaps in awareness by service and group (where the awareness is less than the current baseline of 77%).

Figure 9.3: Awareness of choice of service provider for each Experian segment - colour indicates awareness is low (less than 77%)

	PEN Profiles							
	Disadvantaged Families, low educational attainment	Low Income Pensioners reliant on benefits	Middle Aged Middle Income	Older Working Ages, former Council Housing	Young Couples, prosperous lifestyles	Young ethnic minorities, social housing tenants	Young Singles and Families, some ethnic minorities	Younger Married Couples former council housing
Hospitals								
Doctors/GPs								
Walk-in- centres								
Dentists								
Opticians								
Pharmacies								
Health Visiting								
Physiotherapy								

Source: Serious Healthcare Marketing Survey, Barking and Dagenham, 2010

Residents have a high awareness of GP services, Walk in Centres and Pharmacy services generally across the groups. Residents generally have a low awareness of choice of service provider for dentists, opticians, health visiting and physiotherapy. The NHS need to work on promoting the choice of services for these.

Experience and assessment of NHS Barking and Dagenham health services

Focus groups were used for qualitative perspective of the perception of NHSBD and the health services provided and to draw out their perspectives on how they evaluate their encounters with the service.

Some of the dimensions of health services that were apparent are:

- Speed of being seen.
- Success in dealing with the ailment.
- Liaison between healthcare providers.
- Availability of appointments.
- Friendliness.
- Respect for patients and their family (non-judgemental).
- Quality of care.
- Access to care.
- Support for non-English speakers.
- Communication between patients and health care provider.
- Quality of personnel.
- Breadth of opening hours.

The availability of hospital provision outside of the borough was well recognised, with Queens, King George and Newham hospitals particularly mentioned. When asked about contact with the NHS, many first mentioned their experiences with hospitals.

There were a variety of experiences of the performance of service providers; prevailing beliefs included:

- A lack of awareness of the walk-in centres, youth services and of the non 999 ambulance services.
- Hospitals attracted mixed views on performance, with Queens Hospital attracting more criticism.
- Walk-in centres were regarded as efficient.
- GP's were generally considered to be good although this varied with experience of different personnel and history.
- Ambulance service was regarded as good.
- Dentists were thought to be good though with some variation.
- Pharmacies were a cause for concern, considered to be focused on profits and cost cutting.
- Opticians were thought to be good.
- Mental Health and mental health access was regarded as poor.
- Health visiting experience was varied.
- Physiotherapy was thought to have good clinicians but poor administration.
- District and School nursing, there was poor awareness of school nursing.

Perceptions of the health of the local area

There is a shared belief that general health in the area is poor and this is attributed to housing, education, poor employment prospects and the type of work and a lack of constructive activities for young people.

There are reported incidences of young people not respecting their own health or taking health matters seriously. Interestingly, the group overall believed that health is getting worse rather than better in the borough.

No defined additional services were identified as being needed as it was more a case of a change in the approach to healthcare within the borough that would change this perception.

Recommended Priorities

As a result of the survey and research, the following eight issues were identified as recommended priorities for development:

1. Health service identity and what is provided

There was a lack of understanding about NHS Barking and Dagenham, what services they provide and the choice of provider available to the community. This appears to be most pronounced in the elderly and with regards to peripheral services. This will need to be addressed in the context of the clustering of primary care trusts and the formation of NHS Outer North East London PCTs.

2. Perceptions of NHS Barking and Dagenham

Current attitudes and beliefs about NHSBD are not in line with the reality. For example generally residents think NHSBD does not work well with other public

services and that they do not produce campaigns that are relevant and 'fresh' in their approach.

3. Targeting Different Audiences

While the beginnings of specific look and feel for certain age groups does exist this important communications principle is not universally applied.

4. Strap-line – Leading the Local NHS

This doesn't mean anything to the local community is not used consistently and appears to be inward facing (internally focused on the commissioning role).

5. Strategic Approach

The inconsistency of follow-up on individual campaigns appears to be driven by a lack of strategic approach and is therefore generating a lack of cohesiveness and effectiveness.

6. Sourcing Information

Information is hard to find both within individual campaigns (lack of sign-posting and call to action) and in general across channels in order to provide clear direction.

7. Consistency

Lack of consistently high quality communications that deliver the value proposition of NHSBD.

8. Evaluation

Lack of understanding of the effectiveness of communications.

Summary of key findings

The following outlines the key findings from the research:

- High brand awareness (95%) - though low income pensioners were less aware of NHSBD.
- "Obvious" services; hospitals, doctors and Walk-in centres all operate at 90% + awareness.
- "More peripheral" and less utilised services such as mental health, health visiting, physiotherapy, achieve lower awareness that they are funded by NHSBD.
- High percentage of good or very good ratings for all service providers (physiotherapy rated the lowest, pharmacies the highest of good or very good ratings).
- "Range of services available" rates highest in healthcare provision with the mean rating for the range of services available at 7.29 out of 10.
- "Speed of being seen" rates lowest with a mean rating of 6.66 out of 10.
- 78% of respondents think that local peoples' health is good or very good – Experian Group 5- 'Young couples' prosperous lifestyles' have the highest positive assessment of local peoples' health (possibly reflecting their own world view).
- 60% of people believe that the health of local people is staying the same, with only 36% believe it is improving.

- Low income pensioners have the lowest positive assessment of local peoples' health (possibly reflecting their own world view).
- Residents are most aware that they have choice in which GP to use (88% awareness).
- Awareness of individual choice (as in the individual is aware they can make a choice in provider within a particular healthcare provision) diminishes as services become more "peripheral" such as health visiting and physiotherapy. Therefore on balance there isn't enough information to make choice about which health care service provider to use.
- More people than not think that healthcare doesn't work closely with other public services.

Although the report referred to the NHSBD as a brand and awareness of NHSBD as a local provider of health care services, the findings need to be picked up by NHS Outer North East London PCTs to improve awareness and performance and delivery of local services.

9.4. Public consultation on the 2010 JSNA

Joint Strategic Needs Assessment Workshop and Questionnaire Summary Responses

Involvement of the people who use health and social care is important in order to help us identify their concerns and how to best address them in the services provided by the council, the NHS and the voluntary and community sector.

A workshop was held at the 2nd Barking and Dagenham Parents' and Carers' Conference at Boothroyd Hall, Castle Green in February 2011. Participants were resident parents or carers with an interest in health and wellbeing services. The JSNA team held two workshops to discuss and explore knowledge and issues surrounding local priorities on health and wellbeing including those raised by the 2010 JSNA. Copies of the JSNA were consulted on and were used to focus an exploration of the priorities identified by the JSNA. An open table discussion focused around a number of set questions. The main themes emerging from these discussions and the feedback received are presented here, together with results of a written questionnaire also given to participants.

How can I help improve health services locally?

Around 40 people attended the workshop sessions, and 13 people completed a written questionnaire at the end of the open discussion.

- Knowledge of prioritisation process for health and well being – 3 people reported knowing how health and social care priorities were decided in the borough and 8 people reported not having any knowledge about how priorities were decided
- Previous involvement with consultation processes - 7 people had been involved in previous consultations about local priorities. This was through a GP, hospital, private consultations, Council website, and also through the same type of workshop held last year.
- Services that participants could benefit from – these included general access and an arthritic clinic. A concern was raised about the lack of young persons' mental health services (i.e. people aged 19 and above) and also services for people with Autistic Spectrum Disorders (ASD).
- Ranking priorities for the borough – these are summarised in Figure 9.4.

Figure 9.4: Priorities identified in the 2010 JSNA and agreement of participants in the workshop (Total counts of the numbers of ticks in the boxes).

<i>Priority</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>don't know</i>
Increase in population of children and young people	3	4			1
Educational attainment	6	6			
Improving mental and emotional wellbeing of children and young people	9	3			
Carers	4	4			
Learning disabilities and difficulties	5	7			
Healthy eating and childhood obesity	6	4	2		
Improving life expectancy	3	4	2		
Smoking	4	5	1		
Lack of physical exercise	6	4			
Safeguarding of children and young people	6	5			
Early deaths from cancers and heart disease	4	6			

From this, people identified the following priorities as being the most important:

- Educational attainment, improving mental and emotional wellbeing of children and young people, learning disabilities and difficulties, and safeguarding of children and young people.

A minority thought that the following were not priorities for Barking and Dagenham:

- Healthy eating and childhood obesity, improving life expectancy, and smoking.

Future involvement in consultation process

Participants were asked about future engagement and how participants would wish to be involved with the process of prioritising health and wellbeing needs in the future. Ideas included online consultations, participation groups, surveys, parents' forums, and meeting with health and social care professionals. One participant simply wanted more information to be made available. A few participants expressed the desire to be involved in ongoing consultation and provided contact details.

Themes emerging from the open discussion

The following comments were received in discussing local priorities for health and wellbeing:

'Personalised budgets – what counts as health and what counts as social care?'

'How do commissioners use the JSNA?'

'Problem with healthy eating in the borough – too many fast food shops.'

'Free travel for young people is a problem – encourages obesity as school children just hop on and off for a couple of stops.'

'Need an easy read version of the JSNA.'

'Not enough support for middle aged parents'.

'Not enough activities for young children – Abbey ward'.

'Big society sounds good in theory but difficult in practice.'

'People with learning difficulties should be able to keep their children'.

'Regarding mental health services you need the diagnosis before you get the service'.

'Need more emphasis on prevention'.

'Difficulties with acute services properly diagnosing mental health conditions'.

'GP's need to be better at diagnosing problems early before they reach crisis stage'.

'Access and connect doesn't work in 6th forms'.

Responses and answers to these individual comments were given within the workshop.

Further comments received:

'Not given enough time to read documents before being asked to comment.'

'Thank you. It was quite productive and informative today. The health facilities are good. But because there are more number of people in our locality so most of the time patients are dealt with less care and been given same kind of care if they have a common contagious disease, which could be nipped in the bud if looked at more minutely.'

'This session was good, however some individuals had particular questions around social care personalisation and budgets, it may be helpful for someone from the council to answer their questions.'

'The mental health needs of 25-30 generation need to be addressed as a vulnerable group. Who are the 'generation' in unemployment and whose needs are not addressed when 16-25 groups are being targeted?'

9.5 Engagement and Consultation about the 2010 JSNA

During 2010/11 the JSNA team took the JSNA 2010 document and its findings to all the partnerships Health and Wellbeing Strategy priorities groups. Presentations on the key findings and issues raised were made to the groups, focusing on the key priorities for their areas. The common issues raised by the JSNA facing the working groups on the priorities included:

- The changing demographics of the boroughs residents and changing needs on services.
- Future predictions in population characteristics and likely demands on services.
- The role of deprivation, unemployment and the economic situation on health and wellbeing of residents.
- Implications for commissioning in each priority area and the need for tough investment decisions in the light of the decreased health and social care budgets.

The priority steering groups where the JSNA was presented included:

- Depression and Emotional Wellbeing Group.
- Tobacco Alliance.
- Domestic Violence Priority Group.
- Death and dying/End of Life Care Steering Group.
- Healthy Eating Group.
- Integrated Sexual Health Board.
- Health and the Workplace Group.
- Alcohol Alliance.
- Immunisation Operational Group
- Infant feeding Operational Group (breastfeeding).
- Community Sport and Physical Activity Network.

The priority groups accepted the findings and recommendations of the JSNA and are currently implementing them through action plans. The shadow Health and Wellbeing Board monitor progress and delivery on this.

9.6 Plans for the future

The JSNA has a continuing and central role, with the new shadow Health and Wellbeing Board leading the process. Clinical commissioning groups will become both key contributors and a key audience as they develop, and the engagement of local communities in the process through local LINKs will need to be much more successfully achieved than has been typical in the past. In the introduction we outline the new governance for JSNA that will come into being for our next refresh in 2012.

Gaps in the JSNA process

Community engagement was intended to be core to the JSNA process, actively engaging with patients, service users, carers and providers to develop a full understanding of needs. Including this engagement within the JSNA production process is challenging, although greater engagement with LINKs (and in future local LINKs who will be a member of the shadow Health and Wellbeing Board) should be possible, as should voluntary sector involvement.

We plan to conduct more public engagement in late 2011/early 2012 on the JSNA and the priorities identified. This will be facilitated through LINKs.

Engaging the community groups and the voluntary sector with the JSNA

The process of engaging with the public is improving over time. Sub-section 9.4 highlights an example of how we have engaged with members of the public and the voluntary sector through a community event in order to ensure that their views were captured and channelled appropriately.

The 'Joint Strategic Needs Assessment: Springboard for Action' (April 2011)⁵ report suggests that the national experience of community engagement in the JSNA has been variable at best. In order to improve on the quality of the JSNA, longer term engagement will be required with stakeholders. This will need to be well structured, planned and resourced.

Local communities and voluntary organisations often have a wealth of intelligence to offer in terms of assessing need, gaps and quality of services. They can advocate on behalf of harder reaching communities and act as a voice for those who are vulnerable in society.

The Department of Health's JSNA team⁶ have issued some examples of how local organisations can influence commissioning and the JSNA through the local LINKs. Some of these examples could help improve the Barking and Dagenham JSNA process in the future. They include:

- **Public meetings:** Inviting health and social care commissioners to public meetings held by community groups, and vice versa. The LINKs could add the

⁵ <http://www.idea.gov.uk/idk/aio/27014541>

⁶ Katie Benton, Scrutiny Officer, Hampshire County Council Secondment to JSNA Programme, Department of Health / VODG

JSNA to the agenda of a scheduled public meeting, and invite the JSNA lead to attend the meeting.

- **Round table discussions** between parties: This involves face-to-face meetings between the LINKs and commissioners. JSNA leads and LINKs representatives agree a forward plan of meetings, or regular round table discussions, in line with the key stages of the JSNA cycle.
- **Surveying membership** of a group or community to ascertain their views: This type of engagement involves collecting information from a sample of individuals on a chosen topic or series of topics. The LINKs could, in conjunction with JSNA leads, design a survey in a variety of formats for its membership to complete, which centres around what should go into the JSNA, based on their knowledge of local health and social care needs in an area.
- **Task and finish groups**: A task and finish group is formed by individuals whose aim is to review a topic or issue, the findings and recommendations of which are forwarded on to a party with the power to ratify them. The LINKs may wish to involve a select group of their membership to undertake a review where the outcome is to highlight health and social care inequalities, or gaps in service provision, in their area. Once all evidence has been received and findings or recommendations have been agreed, these are forwarded on to the JSNA lead, for inclusion within the final JSNA report, or to inform the selection of health and well-being priorities in an area.

Appendix 1

Copy of the JSNA questionnaire distributed at the Parents and Carers Conference, February 2011.

Joint Strategic Needs Assessment Questionnaire

Boothroyd Hall, Castle Green

16 February 2011

Involvement of the people who use health and social care is important in order to help us identify their concerns and how to best address them in the services provided by the council, the NHS and the voluntary and community sector.

1. Are you a Parent ? Carer ?

2. Before today, did you know how health and social care priorities are decided in Barking and Dagenham? Yes No
(If yes, where did you find out about this?)

3. Have you or a family member ever been involved in a consultation about local health priorities?

Yes No

(If yes, please say how and when you were involved)

4. Have you ever been asked to comment on your health and wellbeing needs (e.g. what health or social care services you or your family might benefit from)

Yes No

(If yes, which services did you think you could benefit from most)

5. Improving health and wellbeing for your child in Barking and Dagenham. What is important for you: do you agree or disagree with the main priorities that have been identified in this report? *(Please tick)*

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>don't know</i>
Increase in population of children and young people					
Educational attainment					
Improving mental and emotional wellbeing of children and young people					
Carers					
Learning disabilities and difficulties					
Healthy eating and childhood obesity					
Improving life expectancy					
Smoking					
Lack of physical exercise					
Safeguarding of children and young people					
Early deaths from cancers and heart disease					

6. After this session, do you feel you now know more than you did about how decisions are made on local priorities?

Yes

No

7. In future, how would you like to be involved in deciding or contributing to identifying local priorities (e.g. completing a survey, meeting with the health authority or local authority, voicing concerns through community leaders)?

. Tell us about yourself (only if you want to);

Name:

Where you live (Postcode):

Your occupation:

How may we contact you?

8. Please make any comments, suggestions, or ask questions that have not been answered today.

Appendix 2

Equalities Impact Assessment [To be inserted following the shadow Health & Wellbeing Board on 27th September 2011]