

Section 9 – Equality Impact

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Background

From April 2013 local Health and Wellbeing Boards (HWB) , will be statutory committees of local councils, established under the Health and Social Care Act 2012 to strengthen democratic accountability of local decision-making across the broader health and care landscape.

The overall responsibility of Health and Wellbeing Boards is to improve the health and wellbeing of the population and reduce the health inequalities between different communities and against the London and national average. This is to be achieved through shared leadership, local representation and involvement and partnership working for joint commissioning and integrated services.

The Board will deliver this through the Joint Health and Wellbeing Strategy (JHWS),¹ a strategy for meeting the jointly agreed and locally determined set of priorities identified, in part, through the Joint Strategic Needs Assessment (JSNA).

The 2012/2013 JSNA, JHWSs 2012-2015 and aligned commissioning strategies form the triad of activities required to bring about transformational improvements to local services, informing the local CCG authorisation process and commissioning plans for 2013/2014 and beyond.

The HWB has a duty to involve users and the public in the development of both the JSNA and the JHWS, and pay due regard to the Public Sector Equality Duty.

Within the public sector duty all public authorities are covered by general and specific equality duties.

For the general equality duty they must ensure that:

- Decision-makers are aware of the general equality duty's requirements.
- The general equality duty is complied with before and at the time a particular policy is under consideration and when a decision is taken.
- They consciously consider the need to do, that which is set out in the aims of the general equality duty as an integral part of the decision-making process.
- They have sufficient information to understand the effects of the policy, or the way a function is carried out, in relation to the aims set out in the general equality duty.
- They undertake a continual review of policies or decisions (for example, if the make-up of service users changes), as the general equality duty is a continuing duty.
- They take responsibility for complying with the general equality duty in relation to all their relevant functions. Responsibility cannot be delegated to external organisations that are carrying out public functions on their behalf.

¹ [London Borough of Barking and Dagenham – May 2013](#)

- They consciously consider the need to do that which is set out in the aims of the general equality duty, not only when a policy is developed and decided upon, but when it is being implemented.

Under the specific duties, public authorities are also under an obligation to publish information to demonstrate compliance with the general equality duty.

An Equality Impact Assessment (EIA) is an effective tool which supports the Council meet its public sector duties.

By undertaking a systematic assessment of JSNA, JHWSs and commissioning strategies to identify any potential effects or opportunities for positive promotion of equalities across the nine protected characteristics the needs of all parts of the community can become an integral part of the high level articulation of priorities and strategically embedded within commissioning plans.

The required follow-on action to, where necessary, revise policies, decision-making and introduce mitigating strategies can also result in targeted action to reduce health inequalities.

The nine protected characteristics are as follows:

- Age
- Disability
- Gender reassignment (identity)
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion and belief
- Sex (gender)
- Sexual orientation (sexuality)

Barking and Dagenham Health and Wellbeing Board has developed the JHWS in partnership with Barking and Dagenham Council, Barking and Dagenham Clinical Commissioning Group, the local council for voluntary services and Barking and Dagenham Local Involvement Network (LINK). The strategy is focused around strategic themes: Protection, Prevention, Improvement and Personalisation.

An EQIA of the JSNA was completed in July 2012. The EQIA of the Health and Wellbeing strategy built on this and took a whole system approach to consider the needs of marginalised and hidden groups and those across the spectrum of equality.

9.1 Methodology

The brief of the EQIA was to undertake consultation events and meetings to engage with the local community to test the assumptions made in arriving at the priorities to hear what communities felt were important health considerations for them.

Engagement was primarily through the five existing equality forums to conduct focused work on the specific protected characteristics:

- Silvernet (Older People's Forum)
- RAMFEL BAMER Forum
- Disability Forum
- Faith Forum
- LGBT Forum

In addition, to supplement this and reach a wider and more diverse section of the community, two borough wide consultations were undertaken along with a number of smaller consultations events and meetings. The consultation period was from 24 August to 16 October 2012.

An EIA had been conducted of the JSNA, which provided an analysis of the recommendations of actions required to address the needs of Barking and Dagenham against the protected characteristics. The focus of the JHWS's EQIA was not to replicate this approach but rather to engage in discussions with the local community to determine their views on the priorities agreed from the JSNA recommendations, register any concerns they had of any adverse impacts and highlight their suggestions for mitigation or opportunities for good practice.

A number of co design meetings/events of the consultation events were undertaken in collaboration with local groups from the protected characteristics to support more meaningful engagement and consultation. Some time was taken to engage the various groups and jointly develop consultation approaches that best suited the target audience.

Mencap Advisory partner co developed the easy read version of the Health and Wellbeing Strategy and set the tone and approach to be taken to ensure all consultations were inclusive for all levels. Given the level of literacy in the borough, young and older people and communities where English is not the first spoken language the easy read version was the required default information for most consultation participants.

Members of the BAD Youth Consultative Group developed a range of engagement and consultation exercises based on their understanding of the themes and priorities for other young people from Children in Care services, youth services, disability children's parliament and young carers. They were trained to deliver their role as co facilitators.

Members of the Older People's Forum expressed concern about an increasing number of older people who were isolated who needed to be engaged with in order that issues affecting their health and wellbeing were included in the consultation findings. Time and resource did not allow for a follow up of the suggestions made and have been included as a requirement within the action plan and recommendations.

The Faith Forum chose to communicate their communities' faith needs through their representative following communication with their extensive network through social media rather than through 'formal' engagement meetings.

The previously established LGBT forum has been disbanded and the links to those who attended lost. A new forum, delivered through the Barking and Dagenham CVS, is in the very early stages of development and has just begun the process of re engagement with the borough's LGBT community with the set up of a Facebook page. This will take some time to attract a sizable membership for future consultations.

The BAMER forum consultation included contributions from other services such as the Police and NELFT.

Transgender people remain an unknown quantity within the borough. National figures would suggest that a borough the size of Barking and Dagenham could potentially have about 15 people. None were identified as having participated in any of the consultation events for the EIA. National groups such as GIRES may provide some insight as to how to identify and access potential residents. As people from this group can have extreme challenges to accessing health and social care and little is known about their specific needs within the borough some work is required to identify potential residents.

The shift in population profile of the borough and the introduction of Gypsy, Irish Traveller and Roma in the 2011 census would suggest a need to widen future consultations to engage more specifically people from the subgroups within the main ethnic categories such as Eastern Europeans, Nigerians and Gypsies and Travellers.

9.2 Demographics

In total, 122 participants took part in consultation events/meetings. This can be broken down to:

- 25 from the joint event with the LINK
- 16 from the older people consultations
- 29 from the BAD youth forum consultations
- 18 from the Disability Forum and Mencap Advisory Partners consultations
- 10 from BAMER Forum and Faith groups
- 12 representatives Mental Health, LGBT, Equalities, Community Cohesion
- 12 Dagenham and Redbridge FC pre match consultation

Invitations to consultation events through following medium:

- The Partnership website
- The Council website and social media
- Distributed by mail

Face to face consultations with the following

- Ripple Centre
- BD Links
- Disability Forum
- Advisory Partners
- BAMER Forum
- BAD Youth Forum
- Children in Care
- Children's Disability Parliament
- Young Carers
- Young Children's Services
- Dagenham and Redbridge FC community outreach
- Representatives from Faith Forum
- Representatives from NELFT
- Community Cohesion and Equalities Team

The Joint event on 10 October 2012 with the Local Involvement Network (LINK) was widely advertised through the LINKs networks, Council website and social media mechanisms and the Local Strategic Partnership website. 25 people participated.

9.3 Recommendations

It is recommended that the recommendations from the EQIA consultation are implemented and a systemic approach is taken across all the delivery plans that involves residents and local community groups in their implementation, recognising them as 'experts' in their community and in understanding their health needs. As follows:

Engaging them

- to design and co facilitate consultation events and engagement plans around key decisions and strategies;
- to develop public health messages and co-design methods of communication and delivery;
- to be part of the design and delivery of training to health professionals and key stakeholders to ensure key messages about their particular health needs are communicated and understood.

Supporting them

- through the Partnership taking the lead as a key role model, developing a collaborative approach with its stakeholders to undertake a borough wide campaign to raise awareness and tackle hate crimes faced by many different sections of the community within Barking and Dagenham;
- by encouraging a feeling of productivity and value by supporting people of all ages to gain, retain or extend their skills through work based opportunities from volunteering, increased meaningful work experience, apprentice schemes, skills sharing across generations and encouraging businesses to set up in the borough;
- improving resilience of all residents through improved mental health provision and ensuring there are safe places to go and the appropriate support available for victims of crime, abuse, isolation, bullying, peer pressure and persecution.

Enabling them

- through provision of accessible and inclusive information and resources about services, changes to services and health promotion;
- through sharing data about their health needs so voluntary sector and community groups can work more effectively in targeting particular groups to better take up activities that promote wellbeing through more affordable and accessible options.

Conclusion

In order to develop commissioning plans that provide both universal and targeted actions that address health inequalities in Barking and Dagenham within limited resources, stakeholders within the Health and Wellbeing Board must engage the local community as key strategic partners and enable them to take responsibility for addressing their own health needs by ensuring benefits are co produced and barriers jointly identified.

The full report is available at:

<http://www.barkingdagenhampartnership.org.uk/hwb/pages/healthwellbeingstrategy2012.aspx>