

Equalities Monitoring – Services

J - Public Health

Annual Report – 2020 - 21



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1. Introduction

1.1. The Equalities Duty

The equality duty is a general duty on public bodies and others that carry out public functions. It ensures that public bodies consider the needs of all individuals in their day to day work in shaping policy, in delivering services, and in relation to their own employees.

The council has a general duty under the Equality Act to pay due regard to three key equality objectives:

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity between those who share relevant protected characteristics and those who do not
3. Foster good relations between those who share a relevant protected characteristic and those who do not

The protected characteristics covered by the equality duty are:



1.2. The health inequalities duty (Health and Social Care Act 2012)¹

The Health and Social Care Act 2012 introduced specific legal duties on health inequalities for the Secretary of State for Health which Public Health England (PHE) must meet on his behalf. The duty requires due regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service. It applies to all PHE public health functions, not just healthcare focused work. The two legal duties are different but have synergies. For example, guidance on the Equality Act 2010 explains that having due regard to the need to advance equality of opportunity involves considering whether there is a need to tackle inequalities suffered by people who share a relevant protected characteristic. PHE has developed a separate Framework for Action on Health Inequalities, which aims to ensure that PHE supports the health system to reduce health inequalities and fulfils its legal duties related to health inequalities. The Act also brought in changes for local authorities on public health functions.

This report is therefore focused in two ways: it details the work we have done relating to equality during that time, as well as looking at some of the health inequities that we have addressed, thus illustrating how we are addressing the above objectives. We have made progress over the last year and are now investing more time and resources in looking at how we can improve our work on equality.

This report also highlights some of the work we were involved in that promotes equality more widely. It shows how our teams and services have worked with people from protected characteristics groups (those characteristics protected by law – see page 1) to better understand their needs and improve the services we provide for them. The report also provides an account of where we are as a Public Health service and recognises that we still have some way to go in improving our practice relating to equality, both now and in the future.

Public Health in Bracknell Forest has been committed in its general duty to impact policies practices and decisions on people with different protected characteristics – both internal and external to the local authority, by:

- Adopting and implementing a multi-agency system approach to achieving significant improvements in our public's health
- Working across sectors to improve the health of our children in their early years
- Developing and supporting primary and community care services to improve the public's health
- Supporting the NHS to improve outcomes for people using services
- Influencing policy to protect and improve health and reduce inequalities
- Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver
- Developing the Organisation through implementation of 'Health in All Policies'

The activities of the Public Health service through 2020-2021 have in the main been focused on response to Covid 19 and some of the key business as usual activities including recruiting to a number of permanent positions in the team. Equality considerations are built into any processes, practices and ways of working and they are implemented as fairly and transparently as possible and kept under continuous review.

¹ Health & Social Care Act 2102, <http://www.legislation.gov.uk/ukpga/2012/7/contents>

The population profile and health inequalities below provides an overview of the diversity in our communities and the health inequalities that we are aiming to reduce by ensuring that resources and delivery of universal services are targeted according to need.

1.3. Existing health inequalities in Bracknell Forest

The overarching indicators of health inequalities are life expectancies. Whilst Bracknell Forest have on average higher than the England average life expectancy, there are inequalities within Bracknell Forest. These are gender and deprivation related inequalities. There is a gap of 1.6 years and 7.0 years in life expectancy for women and men living in the least deprived and most deprived areas of Bracknell Forest. For health related (years lived with good health) the gap between the least deprived and most deprived areas is 7.8 years and 10 years for female and male, respectively.

Covid-19 has exacerbated health inequalities and we have worked with partners to ensure our Covid response has considered where we need to take targeted approach as appropriate.

2. Addressing inequalities and meeting the equalities duty

2.1. Recruiting using equal and fair opportunities for all

In 2020, the Public health team new structure was implemented and around 10 posts were recruited following the Bracknell Forest recruitment policy. The new team is a more diverse workforce in terms of ethnicity, cultural background, gender and age.

2.2. Training and CPD

Through regular CPD and training, the Public Health Team strive to practice within the following UKPHR Standards²:

- *Act in ways that promote equality and diversity*
- *Act in ways that value people as individuals*
- *Act in ways that recognise people's expressed beliefs and preferences*

All the newly recruited members completed the mandatory training on equalities, many have undertaken further training. In addition to mandatory training around equality and diversity, team members have attended the following additional training to enhance their knowledge and understanding relating to these standards and fulfil their responsibilities in the public sector equality duty:

- LGBTQ+ Awareness training,
- 'Inclusive Conversations' training
- Working with deafblind people
- Roma communities in the UK: from myths and facts to increasing engagement'
- Public Health Masterclass on Health Inequalities
- Interfaith Forum- Healing Conference (booked)
- Beyond Black Lives Matter Seminar (Social Care Led)
- Enabling participation with young people facing marginalisation
- Digital participation with children and young people

A member of the Public Health team is trained as an Equality Ally.

² [UKPHR-Practitioner-Standards-2018-2nd-Ed.pdf](#)

3. Embedding equalities and addressing inequalities in public health policies and strategies

3.1. Developing Health in all policies

A Health Inequalities Impact Assessment (HIIA) tool is going to be introduced as part of the council's approach to Health in All Policies. Public Health will be focussing on the way in which the tool can be used as part of the planning process to ensure that there is a spotlight on the wider determinants of health and that health inequalities are considered with future developments. Equality Impact Assessment tool is also being adopted alongside licensing applications to ensure that any licensing applications do not adversely affect residents, particularly those who form the protected characteristics.

4. Meeting equalities duty and addressing health inequalities in directly provided services

4.1. Covid 19 Response

The COVID-19 pandemic has significantly impacted the work of the council for more than 18 months. To minimise the impact of the pandemic, we have focused on:

a) Testing to find positive cases of COVID-19

Since July this year, testing (in the form of assisted Lateral Flow Device (LFD) testing and points for members of the public to collect packs of LFDs) has been targeted towards disproportionately impacted groups and under-represented groups in line with DHSC's aims for this programme.

A Surveillance Cell meets regularly to identify the above groups using a wide range of data to target resources and ensure that we locate facilities in the most appropriate areas.

We work closely with neighbouring authorities particularly as some groups will be located across local authority boundaries. Our communications messages are targeted locally using both national resources and those created in house making use of established and new channels.

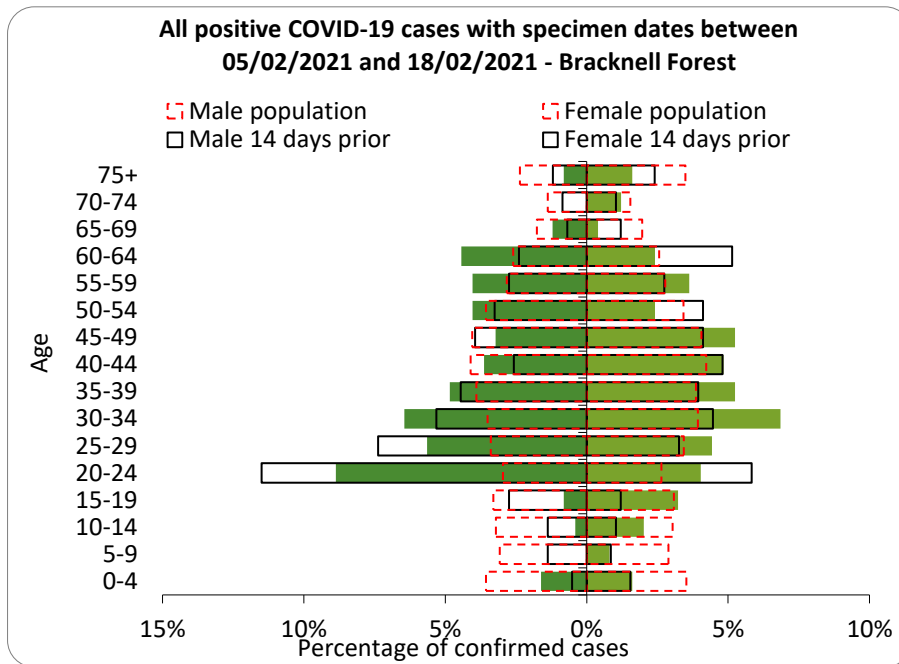
b) Contact tracing to identify close contacts of positive cases

The Council signed up to the Local Zero programme which means that some positive cases are sent direct to Bracknell Forest Council (rather than initially spending 48 hours with the national service) so that our local contact tracing team can use their local knowledge and resources to find and speak to the cases at the earliest opportunity to ensure that their close contacts are identified to minimise the spread of COVID-19.

c) Vaccinating eligible cohorts for COVID-19

We have supported the national COVID-19 vaccination programme by promoting the eligible cohorts and local vaccination information using a broad range of channels and making use of local information and established community links.

As part of the above we have collected and presented data by age, gender, ethnicity and deprivation as appropriate and targeted our message to those communities that are hard to reach. Here is an example:



4.2. Social Prescribing

The Social Prescribing Service is delivered by Public Health and is available to Bracknell Forest residents aged 18 or over. Residents can access information about our service on the Public Health Portal where they can self-refer or be referred by a healthcare professional/ voluntary and community sector.

The service is currently delivered by telephone due to the COVID-19 pandemic, using therapeutic approaches to co-produce a personalised plan. Our Social Prescribers support residents to stay connected, either by accessing online resources, or home based activities, and where available, community based activities.

We collect demographic data for age, gender, ethnicity, disability, occupation (carer) and postcode. This data is reviewed on a quarterly basis, enabling us to review distribution across each of the categories and tailor our approach in targeting individuals or groups that are not currently accessing the service. Our most recent data collection reflects equality across age, gender, and disability. However, in quarter 2 of 2021, only 7% of individuals from black Asian and minority ethnic groups (BAME) groups had accessed the service. This was also reflected in our annual service report. The number was also low for carers which may indicate they are accessing the carers service offered by The Ark.

As COVID-19 restrictions ease we will be able to offer a combination of telephone and face to face sessions within the local community, based in accessible locations. This will enable us to engage with a wider audience such as the digitally excluded, carers, diverse and faith communities. We are working closely with the community engagement team to target individuals who are less likely to engage with our service. We are also reviewing our recruitment process to encourage applications from BAME communities, who are bilingual/multilingual and familiar with the communities we wish to engage with. These approaches will support our work in reducing health inequalities and ensuring equal access to our service.

4.3. Making Every Contact Counts (MECC)

MECC is a brief intervention training programme based on behaviour change approaches that recognises staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles. As part of the training, participants are also introduced to the wider determinants of health and how these factors may also contribute to health inequalities for the individuals they support. Access to MECC training is free to Bracknell Forest staff, the wider workforce and local community.

The population level approach of MECC can help address equity of access, by engaging residents who will not have otherwise engaged in a healthy conversation or considered accessing specialised local support services.

We are currently in the COVID-19 recovery phase and have started to deliver the training online via Zoom to support frontline staff to deliver brief interventions for residents who may need lifestyle support. Depending on the uptake and outcomes of this method of delivery the longer-term plan is to offer a choice of online and face to face to ensure maximum uptake.

4.4. Communications through digital platforms

Public Health campaigns and services are promoted online through platforms such as Facebook, Twitter, Instagram and our Public Health Portal and Thrive! websites. These platforms have been key during the Covid-19 pandemic to support and promote messaging to the public. Bespoke pages were created on our websites to signpost directly to government guidance but also to support health and wellbeing while spending extended periods of time at home. These included information on keeping active, stopping smoking, looking after your mental health and support children, young people and families during the pandemic.

We have had 54,663 individual users use the Public Health portal since it was created and 155,341 page views. Facebook continues to be our key platform for engaging with the public. The page currently has 2861 likes and 3045 follows and is used to promote targeted campaigns by selecting key audiences we wish to target (such as by age range or postcode). Our newsletter currently has 8577 subscribers and is sent out monthly as a way to promote our services and key messages to the public.

5. Ensuring our commissioned services meet the Equalities duty and address health inequalities

5.1. 0-19 Health Needs Assessment

Public health commission the Healthy Child Programme from the public health grant. It is one of the prescribed functions. The Healthy Child Programme (0-19) is the core, early intervention and prevention public health programme that lies at the heart of the universal service for children and families. It consists of the health visiting service (0-5 years) and the school nursing service (5-19 years).

Bracknell Forest Council has had responsibility for commissioning the HCP since the transfer of its commissioning responsibilities from the NHS in 2013 for the school nurse service followed in 2015 by the health visiting service.

An enhanced health visiting offer to those children and families who require additional support. Additional services as part of Universal Plus and Universal Partnership Plus

include services for vulnerable families requiring on-going additional support for a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse. Health visitors are well placed in the early identification referral and management of mental health issues in parents and children. An enhanced school nursing support is offered for those most in need working closely with other services.

The current contract is due to end next year. To support a service that meets the needs of the local population and reduce inequalities, a health needs assessment was undertaken.

5.2. Commissioning adult weight management programme

A new adult weight management programme was commissioned which is targeting the communities at highest risk and the criteria have been adjusted to reflect the different BMI levels of risk. The service is a combination of face to face and online sessions. Eligibility criteria for the service includes adults with a Body Mass index (BMI) of 30 kg/m² or 27kg/m² from BAME communities, Adults with a Mild Learning Disability and Men. This service is easily accessible, including clinics in some of the most deprived wards of Bracknell Forest, Eligible individuals can access this service via a range of referral routes such as social prescribers, GP, Primary Care Network (PCN), self-referral and community groups. The service is well promoted across Bracknell Forest with stakeholders such as interfaith forum, Frimley CCGs and PCN, social prescribers, voluntary and charity organisations to ensure all information regarding the service reaches people within the targets group.

5.3. Mental Health

Public Health's strategic work around mental health has considered local data – quantitative and qualitative - about individuals who represent the protected characteristics. This helps us to explore any relationships between the protected characteristics and mental health. It also allows us to identify specific mental health and wellbeing needs for each of these groups, particularly in relation to the wider determinants such as education, housing and employment. The aim of this approach is to ensure that there is equitable access to services and that resources are proportionately targeted to those groups who need most support.

5.4. NHS Health Checks

The NHS Health Check programme now plays an even more significant role in the early identification and prevention of cardiovascular disease (CVD) in light of the COVID-19 pandemic. Particularly given the higher mortality rates for those with CVD and more severe outcomes associated with high blood pressure, obesity, diabetes and current and former smoking. This is a mandatory programme for adults in England between the ages of 40 and 74. It is aimed at prevention of heart disease, stroke, diabetes, kidney disease and dementia. The health checks programme is commissioned by Bracknell Forest Public Health and are delivered by local GP's across Bracknell Forest. The Public Health team have been carefully considering commissioning priorities to ensure that our services meet the needs of residents and that information reaches people who are most at risk. To achieve this, Public Health has introduced a new payment structure (incentives) to ensure GP's offering health check services reaches people within the target groups identified below comes under the enhanced payment structure:

- BMI ≥ 30 or ≥ 28 for BAME Groups
- Smokers (or ex-smokers within 10 years)
- Men Aged 50-74
- Carers

- Cardiovascular Disease High Risk Review (patient placed on high-risk register >20%)

5.5. Smoking Cessation

The stop smoking service is delivered by Solutions4Health. The service is a telephone-based or face to face and accepts referrals from any individual aged 18+ who lives or works in Bracknell Forest. Data on age, gender, ethnicity, pregnancy status and occupation and postcode are collected as part of service monitoring and is used to inform the service development. Groups who are at higher risk of smoking are targeted by the service. Including people with mental health issues, those receiving hospital care, those receiving treatment from substance misuse services, routine and manual workers, individuals living in social rented housing, Black, Asian and Minority Ethnic (BAME) groups, individuals diagnosed and living with a long-term physical condition. The service is promoted with key stakeholders across Bracknell Forest such as interfaith forum, Frimley CCG and PCN, social prescribers, voluntary and charity organisations to ensure that information on the services reaches those most at risk.

6. Summary

This report has highlighted some of the work the Public Health team are involved in that promotes equality more widely. It shows how the team and services have worked with people from protected characteristics groups (those characteristics protected by law) to better understand their needs and improve the services we provide for them.

We have made progress over the last year and recognise that there is still more to do to make sure the work and services we provide have positive benefits for the people who use them. The team are fully committed to investing more time and resources in looking at how we can improve our work on equality and will therefore be working to achieve the objectives below for 2021-2022

7. Public Health Equality objectives 2021-2022

Objective 1: Use the findings from the assessment of Covid impact on health and wellbeing to review our services and workplans to reflect any widening inequalities

Objective 2: Review all the performance matrices of our commissioned services to ensure progress on reducing health inequalities and equity of access to all the protected characteristics

Objective 3: Communicate our messages in ways that everyone can access, including people with protected characteristics.

Objective 4: Ensure that all the needs assessment and JSNA as well as the work we do with ICS analytics includes data on the protected characteristics

Objective 5: Be recognised as a fair, inclusive and innovative employer.