

## Initial Equalities Screening Record Form

<b>Date of Screening:</b>	<b>Directorate:</b> Place, Planning and Regeneration	<b>Section:</b> Public Health
<b>1. Activity to be assessed</b>	Development and implementation of a new Health and Wellbeing Strategy for Bracknell Forest Council.	
<b>2. What is the activity?</b>	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
<b>3. Is it a new or existing activity?</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
<b>4. Officer responsible for the screening</b>	Louise Duffy – Senior Public Health Strategist	
<b>5. Who are the members of the screening team?</b>	Public Health: Louise Duffy, Tanvi Baretto, Annie Yau-Karim, Alberta Kattah	
<b>6. What is the purpose of the activity?</b>	<p>Please describe briefly its aims, objectives and main activities as relevant.</p> <p>Public Health has been leading on the development of a new Health and Wellbeing Strategy for Bracknell Forest Council. The Health and Wellbeing Strategy is a joint plan that sets the priorities for improvement based on the current understanding of the health and wellbeing profile of the population. In addition to the findings from the JSNA, it considers insights from topic experts, service providers, service users and residents. It sets out the actions that local system partners (commissioners, service providers, service users and residents) should jointly take to achieve the improvement outcomes. Furthermore, it describes how progress on improvement will be monitored.</p> <p>The strategy also draws on the impact of the COVID-19 pandemic and specific population groups who have been disproportionately affected by COVID-19, either being at greater risk of complications or mortality resulting from the disease e.g., older people or those from non-white groups, or the indirect effects such as psychological distress resulting from long-term isolation e.g., women, children, and older people.</p> <p>The strategy has six objectives which have been develop based on local health intelligence and all aim to reduce key health inequalities in the borough. The six broad objectives are as follows:</p> <ul style="list-style-type: none"> <li>• Give all children the best start in life</li> <li>• Promote mental health and improve the lives of those with mental ill-health</li> <li>• Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares.</li> <li>• Improve years lived with good health and happiness.</li> <li>• Keep residents safe from COVID-19 and other infectious diseases</li> </ul>	

	<p>The Health and Wellbeing strategy aims is to reduce health inequalities. It will do this by scrutinising local data to identify population groups which are currently, or at risk of, experiencing poorer health outcomes. Each of the objectives in the Health and Wellbeing strategy uses local data as a starting point to understand who is most affected by a particular health issue and the objectives have been developed accordingly to address this. Such data will be taken from local and national sources including the Bracknell Forest Joint Strategic Needs Assessment and Berkshire Public Health Observatory. It will also be informed by softer intelligence gathered through the workshops and consultation with key groups representing some of the protected characteristics. The proposed impact on equalities has been described according to each protected characteristic below. Overall, equalities issues have been addressed throughout the development of the strategy itself through a coproduction approach and by exploring health and wellbeing needs across the life course. Equalities are therefore addressed as a key part of the strategy.</p>		
<p><b>7. Who is the activity designed to benefit/target?</b></p>	<p>The strategy is designed to benefit all residents and in particular address key health inequalities across the borough as it takes both a universal and targeted approach and uses data to identify those groups who are at risk of experiencing the poorest health outcomes, who often also represent one or more of the protected characteristics.</p>		
<p><b>Protected Characteristics</b></p>	<p><b>Please tick yes or no</b></p>	<p><b>Is there an impact?</b>          What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both?          If the impact is neutral, please give a reason.</p>	<p><b>What evidence do you have to support this?</b>          E.g equality monitoring data, consultation results, customer satisfaction information etc          Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data</p>
<p><b>8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.</b></p>	<p><b>Y</b></p>	<p>The Health and Wellbeing Strategy will have a positive impact to this characteristic.</p>	<p>The JSNA indicates that there are currently 310 adults (aged 18-64) with a learning disability known to Local Authorities in Bracknell Forest. This equates to a rate of 4.21 per 1000 population and is similar to the national average (<a href="#">Learning Disability Profiles, PHE</a>). In 2014, Bracknell Forest was estimated to have 5,716 people with a moderate disability (table 1) and 1,670 with a severe disability who were aged 18 to 64. It is predicted that currently 48 people aged 18-64 in Bracknell Forest have a serious visual impairment (Institute of Public Care POPPI &amp; PANSI databases).</p>

				<p>There are 775 children and young people aged 0-25 with Education, Health and Care Plans, and 2050 children and young people in Bracknell Forest schools are on SEND Support.</p> <p>Children requiring SEND support are at greater risk of experiencing poor mental and emotional health. Adults with learning disabilities are at greater risk of developing non-communicable diseases such as Type 2 diabetes and also experience poorer mental and emotional health than the general population. Adults with a physical or learning disability, and their carers, are also at risk of social isolation.</p> <p>Supporting these groups will be a key consideration for the Health and Wellbeing Strategy as it seeks to take a universal and targeted approach to support those who are experiencing poorer health outcomes. The relevant objectives of the strategy which will be relevant for this group are:</p> <ul style="list-style-type: none"> <li>• Promote mental health and improve the lives of those with mental ill-health</li> <li>• Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares.</li> <li>• Improve years lived with good health and happiness.</li> </ul>
<p><b>9. Racial equality</b></p>	<p>Y</p>		<p>The HWB strategy will have a positive impact on this characteristic.</p>	<p>In Bracknell Forest there just under 10% of residents are from BAME groups. The community engagement team have identified that there are specific needs amongst Gypsy, Roma and</p>

Traveller, Eastern European, South Asian and Nepalese communities.

Those from South Asian or Black African and Black Caribbean groups are at greater risk of conditions such as Type 2 Diabetes and cardiovascular disease. It is already widely reported that COVID-19 is exacerbating the pre-existing inequalities in health. Ethnic minority communities are particularly affected with negative outcomes related to COVID-19 however this will be minimised with the vaccination programme. They also are more likely to live in areas of deprivation, to use public transport for work and to avoid seeking healthcare. The strategy will aim to address this through the objective regarding keeping people safe from COVID-19 and other infectious diseases.

The Health and Wellbeing strategy development has included consultation with BAME groups through a workshop with faith leaders and particular BAME groups living in the borough including, Pakistani and Nepalese communities. Further engagement with these groups will take place regarding the different strands of the strategy. Continued work is taking place to engage and gather insight with the Nepalese residents in particular as local intelligence shows that several families from this community who are isolated. The community engagement teams are also working with the eastern European communities to address covid vaccine hesitancy. This approach has identified a range of communication and interventions which are being co-produced.

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			poorer health outcomes. Each of the objectives in the Health and Wellbeing strategy uses local data as a starting point to understand who is most affected by a particular health issue and the objectives have been developed accordingly to address this. In the case of this protected characteristic all objectives of the strategy will be relevant to this group and ongoing consultation will help to inform the work for each objective.
<b>10. Gender equality</b>	Y	The HWB will have a positive impact on this characteristic	<p>In Bracknell Forest, 49.5% of the population is female and 50.1% are male.</p> <p>Gender equality issues have been addressed in a few ways in the Health and Wellbeing Strategy and throughout the consultation process. More specifically using certain objectives such as co-production and building equal partnerships among stakeholders and providers to improve years lived with good health and happiness in all genders in the borough. Strong partnerships have been formed to tackle domestic abuse and remove stigma around male victims and their hesitancy to access support services as suggested by local intelligence. This includes work on community engagement to understand cultural influences around gender equality.</p> <p>There are gender related inequalities in the borough. 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.</p>

<p><b>11. Sexual orientation equality</b></p>	<p>Y</p>		<p>The Health and Wellbeing Strategy will have a positive impact on this characteristic</p>	<p>Evidence shows that those from groups LGBTQ groups are more likely to be at risk of experiencing poorer mental health and wellbeing than the general population and often experience challenges in accessing health and wellbeing services.</p> <p>Equality issues have also been addressed in several ways in the Health and Wellbeing Strategy throughout the process and more specifically using certain objectives such as providing accessible health and outreach services that support, protect and enhance human health and wellbeing by improving the front door to emotional health and wellbeing to create healthy communities. The key objective of the HWB strategy is to support communities by taking an asset-based approach to health and wellbeing and targeting key health inequalities through a person-centred approach. The further objective of promoting mental health and improving the lives of those with mental ill-health will take a targeted approach to individuals who are at greater risk of poorer mental health.</p>
<p><b>12. Gender re-assignment</b></p>	<p>Y</p>	<p>N</p>	<p>Neutral</p> <p>It is not envisaged that there will be a differential impact based on gender re-assignment.</p>	<p>There is no impact anticipated for this characteristic and data is not available regarding Gender Re-assignment for Bracknell Forest. However, the Health and Wellbeing Strategy covers an objective around promoting mental health and improving the lives of those with mental ill-health. It also proposes Mental health awareness training of the workforce so that frontline volunteers and professionals are equipped with basic skills and signpost to local services and support.</p>

<p><b>13. Age equality</b></p>	<p>Y</p>	<p>The Health and Wellbeing Strategy will have a positive impact on this characteristic.</p>	<p><b>Older people:</b></p> <p>In Bracknell Forest approximately 15% of the residents are aged 65 years and over. Three in 10 people aged 65+ are living alone. Loneliness is a risk factor for both mental and physical health problems and this has been exacerbated by the COVID-19 pandemic. Through local JSNA, there are older age population groups who has been identified as being at greater risk are <i>widowed older homeowners living alone with long-term health conditions</i>: Central Sandhurst has neighbourhoods with the highest proportion of residents aged 65+, single-person households, divorced or widowed residents and residents reporting daily limitations or poor health.</p> <p>Older adults are more at risk of mortality if they are infected by coronavirus, although the progress of the vaccination programme significantly limits this. They are also more likely to have wider health conditions where treatments and check-ups may have been postponed during parts of the lockdown restrictions, having negative impacts on health. This group are more likely to have shielded, increasing their risk of isolation and negative mental health impacts. This isolation can also cause further deterioration for conditions such as dementia. Older adults are also more likely to be affected by digital deprivation in skills, confidence and access to online and virtual communication methods.</p> <p>Consultation with stakeholders who represent older people has taken place to identify needs amongst older people in Bracknell Forest to inform the objectives of the Health and Wellbeing Strategy. The objective around improving social connections is <i>(create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares)</i></p>
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				<p>is of relevance as this will focus on older people who are at risk of, or experiencing, feelings of loneliness and isolation. One outcome of this is to increase number of different types of activities that provide opportunities for all ages to connect with other people in their neighbourhoods and across the borough.</p> <p><b>Children and young people</b></p> <p>Approximately 23% residents are aged 0-17 years. It has been widely reported that the pandemic has increased the inequalities in attainment and learning. 58% of parents reported that the pandemic has negatively affected their child's education.</p> <p>For younger age groups, the Health and Wellbeing Strategy contains a specific objective for children and young people, and this focuses on the need to improve mental and emotional health and wellbeing for children. Consultation has taken place with a wide range of stakeholders who represent, and work closely, with children and young people. Furthermore, the objective on improving mental health and wellbeing has a series of objectives that specifically targets children and young people.</p>
<p><b>14. Religion and belief equality</b></p>	<p>Y</p>		<p>Positive</p>	<p>Most residents of Bracknell Forest are reported to be of Christian faith (60%) or no religion (28%). The predominant other religions in Bracknell Forest are Hindu and Muslim, with a smaller proportion recorded as Buddhist. Faith is often inter-related with cultural beliefs and this can drive both positive and negative health behaviours.</p> <p>A workshop was carried out with faith leaders to consult on the HWB strategy. The Community Engagement team is already undertaking a range</p>





of activities with faith groups to help understand wide issues around health and wellbeing. The Health and Wellbeing Strategy has been informed by different consultation activities taking place to understand wider issues in relation to health and wellbeing. Some of the areas it is currently exploring are:

- Cultural and faith issues when understanding health and cultural influences on health and wellbeing.
- Cultural awareness event to understand the role of public health and effectiveness of the covid-19 messages.
- Understanding the best communication channels and preferences for different groups e.g., social media channels, SMS, technology etc. and using a trusted health professional who represents the groups to communicate health messages.
- Improving access to healthcare and uptake of messages around COVID-19 vaccine and vaccine hesitancy and the influence of faith and cultural beliefs on vaccine uptake.

The Health and Wellbeing Strategy has an objective which aims to protect residents from COVID-19, and, within this, there are actions around increasing uptake of the vaccine to ensure high uptake amongst all groups. Faith and culture will also be a factor considered in the other objectives that focus on the prevention of ill-health, including mental health and wellbeing and ongoing consultation with faith groups will help to inform health and wellbeing activities for different groups where there is a relationship between faith, culture, and health choices.

<p><b>15. Pregnancy and maternity equality</b></p>	<p>Y</p>	<p>Positive impact</p>	<p>Giving children the best start in life is one of the six priorities. Workshop with key stakeholders from CCG and council and looked at the key issues in relation to this group and what we can do to improve health and wellbeing outcomes amongst this group.</p> <p>Mental health and impact of COVID. The Health and Wellbeing strategy is linked to 0-19 needs assessment which includes exploration of ante-natal and post-natal care. Current needs and gaps in terms of the 0-19 population and recommendations on how we can improve services in the future.</p>
<p><b>16. Marriage and civil partnership equality</b></p>	<p>N</p>	<p>Neutral It is not envisaged that there will be a differential impact based on marriage and civil partnership.</p>	<p>There is no anticipated impact to this characteristic.</p>
<p><b>17. Please give details of any other potential impacts on any other group (e.g., those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</b></p>	<p>The strategy considers areas of relative deprivation in the borough to show areas that interventions should be focusing on. Where possible we have included deprivation maps to illustrate deprivation in the workshops with stakeholders to illustrate these areas. Reducing health inequalities is a cross cutting theme for the strategy and this will mean that the population groups who form key health inequalities will be targeted and with this, the identification of the most deprived wards in the borough. Furthermore, services commissioned by Public Health through the strategy will be required to collect data in relation to the area in which clients live to help understand need and demand.</p> <p>The Health and Wellbeing Strategy links closely with the work of the Community Engagement team. The Community Engagement team are continuously working to build relationships and capacity within local community groups, particularly those who may be under-served or whose voices may not always be widely represented. The insights and intelligence gleaned from this work will feed into the actions emerging from the strategy. This ongoing work will help to address equalities issues in relation to the Health and Wellbeing Strategy and actions that emerge as a result. This will help to improve their experience of and access to services and support, particularly focusing on linking with the Covid recovery phase.</p>		

18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	N/A		
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	No negative impacts have been identified in respect of any of the groups listed in 8 – 16 above. Positive impacts identified are likely to be proportionate to those groups in the population of Bracknell Forest as a whole.		
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	Please explain for each equality group
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	<p>Public consultation with wider audience to include groups who form the protected characteristics. Public consultation took place in January to March.</p> <p>The strategy includes a population health management approach which is being implemented in Bracknell Forest by Frimley ICS. This will ensure any further information or data that emerges can be used to apply targeted approach.</p>		
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	<p>Please explain your decision. If you are not proceeding to a full equality impact assessment, make sure you have the evidence to justify this decision should you be challenged.</p> <p>If you are proceeding to a full equality impact assessment, please contact <a href="mailto:Samantha.wood@bracknell-forest.gov.uk">Samantha.wood@bracknell-forest.gov.uk</a> or <a href="mailto:Harjit.Hunjan@bracknell-forest.gov.uk">Harjit.Hunjan@bracknell-forest.gov.uk</a></p>
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
<b>Action</b>	<b>Timescale</b>	<b>Person Responsible</b>	<b>Milestone/Success Criteria</b>
Responding to the Health and Wellbeing Strategy consultation and amending the plan where appropriate	April-May 2022	Lead Consultant in Public Health and Health and Wellbeing Board	Capturing feedback through public consultation and using this to add detail to and refine the strategy objectives and achieving sign off for the strategy following consultation.
Monitoring the effectiveness of the actions outline in the Health and Wellbeing Strategy through key success measures.	June 2022 onwards	Lead Consultant in Public Health and Health and Wellbeing Board	Analysis of monitoring data captured in relation to each of actions and interventions delivered through the strategy.
24. Which service, business or work plan will these actions be included in?	Public Health Business Plan		

<p><b>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</b></p>	<p>Please list</p> <ul style="list-style-type: none"><li>• Co-production approach</li><li>• Multiagency task and finish groups to ensure representation of different communities</li><li>• Invitation and engagement with different organisations e.g BAME, Dementia forum (carer and people with lived experience), age specific charities and representation including young champions.</li><li>• Using lived experience case studies with consent from user during workshops to reflect equalities issues e.g case studies representing different age groups, ethnicity and health conditions</li></ul>
<p><b>26. Assistant Director/Director signature.</b></p>	<p>Signature:  Heema Shukla Date: 18<sup>st</sup> May 2022</p> <p>Signature:  Andrew Hunter Date: 18<sup>st</sup> May 2022</p>