

 	Health and Wellbeing Board 20 October 2020
	Report of Community Wellbeing Strategic Director
Health Inequalities - update	

Wards Affected:	All- but Church End and Alperton areas in particular
Key or Non-Key Decision:	
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	0
Background Papers:	0
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Tom Shakespeare Director of Integrated Care, Brent Council Tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To update the board on the setup and progress of the health inequalities programme following the report presented in June, which detailed the disproportionate impact of COVID-19 on BAME communities in Brent.

2.0 Recommendations

- 2.1 Note and provide comment upon the priorities and setup of the programme, and delivery to date.
- 2.2 Note and provide comment upon the key themes of the action plan for the priority wards that is being refined by the community champions and wider community over the coming weeks.
- 2.3 Note the potential synergies between the health inequalities work and other work responding to COVID-19, including enforcement, health services and communications activities.
- 2.4 Provide comment and endorse a whole system approach under a single programme of work.

3.0 Governance and oversight

- 3.1 In June 2020, a report detailing the disproportionate impact of COVID-19 on certain communities was presented to the Health and Wellbeing board. The report also outlined possible short, medium and long-term actions to tackle health inequalities.
- 3.2 Two groups were established to drive this joint work to protect people from COVID-19 and tackle entrenched health inequalities in the short, medium and long-term: Subgroup and Strategic Oversight Group including representatives from Brent Council, NHS Brent CCG (Clinical Commissioning Group), Central and North West London NHS Foundation Trust (CNWL) and London North West University Healthcare NHS Trust (LNWUHT). Going forward, the Subgroup will be reorganised to create a Steering Group and Reference Group.
- 3.3 The Subgroup is currently meeting on a weekly basis for the following purposes:
- Oversee and drive the operational delivery of the borough wide and hyperlocal action plans.
 - Identify any blockages to individual organisations or to Strategic Oversight Group as appropriate.
 - Ensure there are strong links with the core work of representative organisations and the local community.
- 3.4 The Strategic Oversight Group is currently meeting on a monthly basis with strategic and executive input, for the following purposes:
- Provide direction in light of the decisions of the Health and Wellbeing Board.
 - Unblock any issues that the subgroup are unable to tackle.
 - Provide oversight and challenge to ensure progress.
- 3.5 The disproportionate impact of COVID-19 reflects entrenched structural inequalities within society which will not be remedied in the short-term and over which the council and the NHS have limited influence. However, there are actions that the council and the NHS can and have taken. Therefore, the work is taking a short and long-term approach. Action is focussing on mitigating the impact of COVID-19 in the short-term, and tackling entrenched health inequalities in the long-term.
- 3.6 The work is taking both a hyperlocal and borough wide approach.
- The hyperlocal approach is targeting areas most impacted by COVID-19, initially focussing on Church End and Alperton where death rates were high. A fluid approach is being taken so that additional areas most impacted by COVID-19 can be targeted in the future, and be informed by learnings from the initial target areas.
 - The borough wide approach entails core interventions for Brent such communications and enforcement.
- 3.7 This work is seeking to achieve a range of outcomes including:

- Reduce people's exposure to Covid-19 in the short-term by changing the behaviour of people, households and businesses.
- Reduce susceptibility/increase resilience by:
 - Increase uptake of preventative services in the short-term (flu vaccinations and health screenings).
 - Improve control and management of specific health outcomes in the medium and long-term (diabetes, hypertension, obesity, mental health and cardiovascular disease).
 - Raise health knowledge and self-care in the long-term.
- Increase access to health services in the short and long-term.

3.8 Two separate meetings with the Church End and Alperton communities has helped steer the direction of the hyperlocal approach. An initial group of health and wellbeing community champions have been recruited and inducted, and are being engaged with through direct calls and fortnightly meetings to refine the hyperlocal action plan. The action plan will include shared and targeted actions for Alperton and Church End. A community champions pack has been arranged for champions to collect, which includes masks, small hand gel bottles, translated leaflets (hand, face and space + rule of 6 and the simple coronavirus guide) and materials provided to businesses. A video of community champions explaining key COVID-19 messages and the aim of this work, in their own words, is being created to be shared across communication channels.

4.0 Local delivery and action plans

4.1 In line with the recommendations of the PHE report 'Beyond the Data: Understanding the Impact of COVID-19 on BAME communities', the Subgroup agreed that the voice of the communities most affected must inform action to improve outcomes in target areas. For this reason, community engagement is forming the basis of the hyperlocal approach.

4.2 In September 2020, leaders from Brent Council, Brent CCG, CNWL and LNWUHT joined open virtual meetings with the Alperton and Church End communities. Attendees included people from faith, voluntary, community organisations, and the wider community. Leaders listened to the views of the community to help understand how COVID-19 affected local residents, what could have been improved to better protect people from COVID-19, what can be done differently to protect people from COVID-19 and reduce health inequalities in the long-term. Both communities conveyed their views on a range of issues, which have been used to form the basis of a hyperlocal action plan.

4.3 Common themes raised by both communities included the need to:

- Reinforce COVID-19 messaging on;
 - Availability of tests to ensure testing reflects the local demography
 - Encouraging self-isolation
 - Raising awareness of support for those self-isolating

- Community engagement with those who have lost loved ones, and group most affected by COVID-19.
- Promote self-care and management of long-term conditions
- Access to GPs by supporting people access online services, promote availability of digital support and face-to-face appointments.

4.4 The Church End community raised the following themes specific to the local area:

- Reinforce COVID-19 messaging for young people and people on Church road.
- The need to address wider determinants of health;
 - Raise COVID-19 knowledge of private rented sector landlords to raise standards of hygiene.
 - Invest in Church road community, environment and mental health support.
 - Invest in young people by raising prospects, education, mentoring and networks.
- Social isolation;
 - Ensure there is a consistent standard of engaging with isolated people.
 - Replicate provision of tea, coffee and chat sessions (St Mary's church) and expand to wider community.
 - Helpline to identify needs beyond basic needs.
 - Empower locals to share advice/info or signpost to support services.

4.5 The Alperton community raised the following themes specific to the local area:

- Reinforce COVID-19 messaging, specifically targeting Ealing road, Wembley high road and high street shops. Local GPs, Asian radio and places of worship are effective channels to spread messages.
- Enforce COVID-19 guidelines across all high street shops.
- Engagement with big businesses and factories to ensure people work in safe conditions.
- The need to address wider determinants of health;
 - Engage with the Deen community and other communities most impacted by COVID-19 to understand entrenched inequality.
 - Protect people living in overcrowded housing.

4.6 In addition, the views of the community reflected the need to work with people who have strong links with locals and a good understanding of the communities to develop and deliver the hyperlocal action plan. Invitees of the community meeting and the wider community were asked to become a health and wellbeing community champion. Ten community champions have been recruited so far with representation from both areas. Recruitment will continue with a maximum of ten community champions per area.

4.7 To recognise the time commitment and responsibilities required to support the delivery of the hyperlocal action plan, several community champions will be progressed to paid Community Health Educator positions. Training will be offered for both roles to provide development opportunities.

4.8 In the initial meetings with the communities, attendees were encouraged to become community champions, to which people came forward for. Therefore, in early October, leads from Brent Council, Brent CCG, CNWL and LNWUHT provided an induction for the community champions and additional people interested in becoming a champion. The community champions' views strongly aligned with the key themes of the hyperlocal action plan. The champions are on board to work with partners to achieve positive outcomes for their communities, making recommendations and actions for priority themes including:

- Face-to-face and informal communication via community champions to channel core COVID-19 messages to wider community.
- Adapt messaging for non-English speaking residents.
- Consistent standard of messaging across Wembley road and Ealing high road shops.
- Address young people's mental health.
- Link with Black History month.
- Role of places of worships and benefits of places working together.
- Address social isolation by replicating coffee and chat sessions.
- Protect people living in overcrowded housing.

4.9 Key partners will join community champions on a fortnightly basis to finalise the hyperlocal action plan and drive the delivery of the action plan. Key partners and community champions will meet the wider community on a monthly basis to enable the wider community to help drive the work. The community forum meetings could also be a useful platform to engage and listen to certain community groups most affected.

5.0 Alignment with wider programme of work

5.1 The health inequalities Subgroup recognise that there are other responses to COVID-19, therefore the health inequalities programme is looking to align all the responses together. This includes:

- New health service – a multidisciplinary team of health professionals with condition specific expertise will be formed to provide capacity, case management and to link residents with existing health services. The service will focus on people with diabetes types 1 and 2, cardiovascular conditions, low level mental health conditions (anxiety/depression), obesity, asthma, chronic obstructive pulmonary disease and post-COVID effects (e.g. breathlessness, joint pain, chest pain and chronic fatigue). This team will adapt to suit the needs of the

community and will initially deliver for Church End and Alperton residents.

- Enforcement – councils have been given new powers of enforcement where there is non-compliance of COVID-19 rules. Over 30 COVID community advisers were deployed for the ‘3 days of action’ in early October which targeted Church End, Harlesden town centre and Ealing road to encourage behaviour change. Regulatory service leads will engage with community champions to explore effective enforcement approaches to target Church End and Alperton in the future, including options to link community champions with COVID community advisers.
- Brent Council and Brent CCG Communications – the Brent council communications team have and are producing a range of key COVID-19 messages for people and businesses including the simple coronavirus guide, the hands, face and space + rule of 6 poster, and materials for businesses. Brent CCG are producing messaging to encourage people to access primary care. Community champions can play a crucial role in translating, adapting and sharing key messaging to communities to encourage behaviour change. Methods of communication will include a video, Brent magazine feature, face-to-face, mailing lists and WhatsApp groups.
- Digital inclusion pilot – address digital exclusion that has been limiting access to GPs focussing on Church End and Alperton. The pilot will seek to; raise digital upskilling and confidence, awareness of the availability of online and phone services and the availability of the Resident Support Fund.
- Volunteering – Helpforce is leading a NWL Brent volunteering pilot project that seeks to improve low-level mental health outcomes (such as depression and anxiety) across Church End and Alperton. Helpforce will engage with community champions to scope activities that will help achieve this.

5.2 A new governance will help align all responses. A Health Inequalities Steering group and Reference Group will be formed. A Communications and engagement task and finish group and Health service task and finish group will operate to feed into the Steering Group.

5.3 The Steering Group will meet on a weekly basis to:

- Oversee and drive the operational delivery of the borough wide and hyperlocal action plans.
- Identify any blockages to individual organisations or to Strategic Oversight Group as appropriate.
- Ensure there are strong links with the core work of representative organisations and the local community.

5.4 The Reference Group will meet on a fortnightly basis to:

- Inform wider stakeholders of the work’s progress
- Ensure wider stakeholders help shape the work

6.0 Taking a single programme approach

- 6.1 The work is taking a single programme approach to align all workstreams with common priorities. This ensures the Council and NHS work together resourcefully to achieve the overarching aim of protecting people from COVID-19 and tackling entrenched health inequalities.

7.0 Financial implications

- 7.1 All resources aligned from existing programmes, with additional £0.8m funding being provided from NWL CCGs for the development of the health service in 2020/21

8.0 Legal Implications

- 8.1 None

9.0 Equality Implications

- 9.1 The hyperlocal approach will target areas with known inequalities.
- 9.2 The hyperlocal approach will support the council's public sector equality duty in relation to advancing equality of opportunity between different groups. Engaging with community champions and the wider community across Church End and Alperton may create targeted actions that will improve outcomes for groups with certain protected characteristics such as age, race and disability.

10.0 Consultation with Ward Members and Stakeholders

- 10.1 The Leader of the Council, Deputy Leader of the Council, ward members and lead members were briefed prior to the initial meetings with the Church End and Alperton communities. Lead and ward members joined the initial community meetings to listen and engage with the community to understand their views.
- 10.2 The Leader of the Council directly followed up with invitees of the initial meetings to promote the community champions opportunity. Several ward members promoted the community champions role to residents to support the recruitment process.
- 10.3 Lead members have been updated on the recruitment of community champions. The Lead Member for Public Health, Culture & Leisure would like to join the fortnightly meetings with community champions when available.

11.0 Human Resources/Property Implications (if appropriate)

- 11.1 None.

Report sign off:

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