

 	<b>Health and Wellbeing Board</b> 20 October 2020
	<b>Report of the Strategic Director of Community Wellbeing</b>
<b>Brent's Joint Health and Wellbeing Strategy: a long term response</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	0
<b>Background Papers:</b>	0
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Meenara Islam Strategic Partnerships Manager <a href="mailto:Meenara.islam@brent.gov.uk">Meenara.islam@brent.gov.uk</a>

## 1.0 Purpose of the Report

At its meeting in July 2019, the Health and Wellbeing Board agreed to refresh Brent's Joint Health and Wellbeing Strategy, following the publication of the JSNA in January 2020. However, work to refresh the strategy was paused while partners responded to the Covid-19 pandemic. This paper now proposes a re-write of the strategy given the seismic global and local changes.

## 2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

- agree for a new joint health and wellbeing strategy to be produced in light of recent events instead of refreshing the current strategy
- discuss and consider the points highlighted at paragraph 3.6
- agree to the proposed process and timeline set out in paragraph 3.7.

## 3.0 Detail

### *Background*

3.1 The Covid-19 pandemic sharply highlighted underlying health inequalities faced by some communities in the country and in Brent, resulting in higher

than average mortality rates amongst older people, men, those living in deprived areas, of BAME heritage, who are obese or who are living with underlying health conditions. Possible reasons for the disproportionate impact of Covid-19 on BAME communities include increased exposure to the virus as a result of working in front line occupations, in overcrowded accommodation or by a reliance on public transport; increased susceptibility to severe disease; access to and confidence in using health care services.

- 3.2 The analysis presented to the June Health and Wellbeing Board meeting on the disproportionate impact of Covid-19 in Brent<sup>1</sup>, highlighted the link between deprivation and mortality rates – deprivation measures include the well-known wider determinants of health and wellbeing such as income levels, occupation, housing and education.
- 3.3 In parallel, the Black Lives Matter Movement gained greater global momentum than ever before following the police killing of George Floyd in the US. The movement further highlighted racial inequalities at the same time that Covid-19 was demonstrating the impact of health inequalities on BAME communities. There is now a renewed global and national focus on taking proactive and decisive actions to reduce inequalities. Locally, Brent Council responded swiftly by convening community meetings over the summer and subsequently co-produced a focused ten-point Brent Black Community Action Plan with the community to tackle structural inequalities. A significant area for action is health inequalities, which the future joint health and wellbeing strategy will be required to support and deliver.
- 3.4 Throughout the summer, the council and health partners focused on targeting testing capacity in Harlesden through a hyperlocal test centre and ramped up culturally competent communications campaigns with the community. Following the last Health and Wellbeing Board meeting in June an Inequalities Working Subgroup of the Board and a Strategic Oversight Group was formed to drive work to reduce health inequalities in the short, medium and long-term. Work is taking place on borough wide and hyperlocal level actions, with Church End and Alperton being initially the focus of targeted interventions (please see item 5 on the agenda for more details). Community dialogues with residents and the impending roll out of Community Champions have been notable milestones.

#### *A joint long-term response*

- 3.5 There is an opportunity to shape the strategic response of the council, health and partners to health and wellbeing through a re-writing of the joint health and wellbeing strategy. A new strategy could focus on taking a whole-systems approach to addressing the structural health inequalities that exist in our communities.
- 3.6 The Health and Wellbeing Board is asked to:
  - provide a steer on the scope of the strategy

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<sup>1</sup><http://democracy.brent.gov.uk/documents/s99446/5.%20The%20Disproportionate%20Impact%20of%20COVID-19%20on%20BAME%20Communities%20in%20Brent.pdf>

- consider which partners should be included outside of the current Health and Wellbeing Board membership
- consider which other areas of work and strategies should inform and be informed by the new health and wellbeing strategy (e.g. Brent Borough Plan and the emerging North West London work)
- agree to focus on tackling health inequalities in the long term and discuss specific areas that will require concerted action with partners
- discuss how the strategy development can be led by the community voice. Experiences with responding to the Black Lives Matter movement and the pandemic demonstrated that the community welcome dialogue with statutory agencies such as the council, meetings and conversations can be set up relatively quickly and actions to tackle community level issues need to be co-produced with local people for maximum buy-in
- agree how to jointly resource the development of the strategy.

3.7 A potential process and timeline is set out for the Board's consideration:

Nomination of senior accountable sponsors and lead officers	October – November 2020
Convene community conversations	November 2020 - January 2021
Undertaking engagement with board members and key local organisations	January - February 2021
Running a formal public consultation	February - May 2021
Drafting and securing agreement on a document which meets the requirements of the HWB and key partners	May – July 2021
Taking the new strategy through the governance processes of both the CCG and Council following HWB approval	July - September 2021
Publication and dissemination	September 2021
Producing an agreed partnership action plan, which will require ongoing monitoring and updating.	September 2021

### *Resourcing and oversight of the strategy development*

3.8 The development of the strategy will require officer time, potentially up to two officers working on it throughout the year in addition to their day jobs. To ensure that a wide range of partners are involved in the content it would be advisable for the Health and Wellbeing Board to consider setting up a cross organisational sub-group to drive and oversee the development of the strategy and updating the Board on progress and seeking eventual sign off.

## **4.0 Financial Implications**

- 4.1 There are resource implications for both Brent Council and Brent NHS CCG in terms of officer time and funding of engagement work with the public. The latter is unlikely to be significant and can depend on getting support from partners in kind. Following the HWB's decision a detailed costing can be developed.

## **5.0 Legal Implications**

- 5.1 The duty in respect of Joint Health and Wellbeing Strategies (JHWSs) is set out in s116A of the Local Government and Public Involvement in Health Act 2007, as amended. In addition, the Health and Social Care Act 2012 places a duty on local authorities and Clinical Commissioning Groups (CCG) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA); and pursuant to the Care Act 2014, the Council has a duty to ensure a clear framework is developed to meet its wellbeing and prevention obligations under the Care Act.
- 5.2 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Statutory Guidance) 2013 states "*Health and Wellbeing boards will need to decide for themselves when to update or refresh JSNA's and JHWS's or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however, boards will need to assure themselves that their evidence-based priorities are up to date to inform the local commissioning plans*".
- 5.3 In preparing JHWSs and JSNAs, Health and Wellbeing Boards must have regard to the guidance issued by the Secretary of State, and as such boards have to be able to justify departing from it.

## **6.0 Equality Implications**

- 6.1 Health and Wellbeing Boards must also meet the Public Sector Equality Duty under the Equality Act 2010. S149 of the Equality Act 2019 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:
- a) eliminate discrimination, harassment and victimisation
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 6.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 6.3 The Statutory Guidance states “*this is not just about how the community is involved but includes consideration of the experiences and the needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNA’s) and the effects decisions have, or are likely to have on their health and wellbeing*”.

**Report sign off:**

**Phil Porter**

Strategic Director, Community Wellbeing