

 	<b>Health and Wellbeing Board</b>
	<b>Report of the Strategic Director of Community Wellbeing</b>
<b>Brent's Joint Health and Wellbeing Strategy: progress update</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key
<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>	1 Appendix A: Project plan
<b>Background Papers:</b>	
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Angela d'Urso Strategic partnerships manager <a href="mailto:angela.d'urso@brent.gov.uk">angela.d'urso@brent.gov.uk</a>

## 1.0 Background

- 1.1 In July 2019, the Brent Health and Wellbeing Board (BHWB) agreed to refresh the Brent Joint Health and Wellbeing Strategy (JHWS) based on the refreshed Joint Strategic Needs Assessment (JSNA), which was scheduled for completion in January 2020. As work on the JHWS was due to commence, the Covid-19 pandemic hit. Work was paused while partners responded to the needs of our communities.
- 1.2 At the October 2020 BHWB meeting, the BHWB agreed that in the context of the seismic changes and fundamental issues exposed by the pandemic, a fundamental rewrite of the JHWS was required. The BHWB also agreed the focus of the JHWS should be a 'whole systems' approach to tackling health inequalities and wider determinants of health inequalities, as exposed and exacerbated by Covid-19. A high-level project methodology and timeline was agreed.
- 1.3 Since October, we have had further periods of restrictions in order to combat Covid-19. We are currently in a further period of national lockdown, from which we are currently easing. Response and recovery activity will continue into the medium and long term, and will affect all BHWB partners.

## 2.0 Recommendations

- 2.1 The Brent Health and Wellbeing Board is asked to:

1. Note the detailed project plan (please see Appendix 1) and progress made so far, including the establishment of the strategy development working group and the conclusion of the first phase of consultation.
2. Note the activity to create a Covid-19 Joint Strategic Needs Assessment (JSNA) chapter.
3. Discuss, provide strategic input to and agree the emerging areas of focus to move forward to the next stage of consultation. The emerging areas of focus are:
  - Ensuring a healthy standard of living for all, and making the healthy choice the easy choice
  - Creating and developing healthy and sustainable communities and places
  - Strengthening the role of ill health prevention, including mental health
  - Working to ensure a rapid recovery of the system and its workforces, including a better, more consistent use of data to ensure we meet the needs of all service users
  - Ensuring those who need services are able to influence how they work, and that they are able to access them when they need them
4. Discuss the way the BHWB interfaces with other key relevant strategies and delivery mechanisms e.g. the Poverty Commission's work to ensure fair employment, especially in the post Covid-19 context.
5. Agree the high-level proposal for the next phase of consultation.
6. Note the potential impacts of current and any further lockdown/emergency periods upon the strategy development process and key work streams, for example consultation and engagement. Provide guidance to the strategy development working group on the effective management of these.

### **3.0 Detail for consideration**

#### Activity December 2019 – March 2020

- 3.1 Officers developed the detailed project plan (see Appendix 1) based on the discussion and agreement at the BHWB 20 October 2020 meeting.
- 3.2 A strategy development working group was established. The group is made up of officers from across the BHWB partners. The group meets monthly and is responsible for the delivery of the project plan. The officer working group receives expert input from a data leads group. Activity has included:
  - Reviewing the JSNA, finalising chapters and developing plans for a further refresh in line with the publication date of the new JHWS
  - Agreeing the creation of a Covid-19 JSNA chapter and providing resource to enable this
  - Reviewed key relevant national publications e.g. The King's Fund 'The Health of People from Ethnic Minority Groups in England' and 'Build Back Fairer: The Covid-19 Marmot Review' produced by University College

London Institute of Health Equity and commissioned by the Health Foundation

- Designed the first phase of consultation and engagement, and reviewed emerging findings
- Identified other relevant consultation and engagement that can add value to the prioritisation and strategy development process, for example the lived experiences gathered as part of the Poverty Commission and community voice as part of the Brent Health Matters programme.

### Consultation

- 3.3 Healthwatch was commissioned to consult with our most vulnerable, seldom heard communities and those most impacted by health inequalities. Officers worked with Healthwatch to develop a survey and virtual roadshow approach, as well as data analysis mechanisms.
- 3.4 The Healthwatch consultation took place during February 2021, with an online and physical survey distributed to get target audiences and six virtual community roadshows held. Healthwatch targeted the consultation at the most vulnerable and seldom heard communities.
- 3.5 Key emerging findings from the roadshows are:
- There is a strong focus on wellbeing, with consultees considering the role of strategic partners to be one of supporting people by making self-care easy. There were a number of ideas around how this could happen, but the most frequently heard priorities were:
    - Improving access to reasonably priced fresh fruit and vegetables (not from a supermarket)
    - Decreasing unhealthy food availability e.g. reducing the number of fast food outlets on High Streets
    - Improving access to high quality green space, with desires for community gardens, more allotments and improving accessibility to green spaces
  - Young people and the impacts of the pandemic upon them is a clear priority for many, with concerns about their mental health needs, now and into the future
  - Active volunteers and community groups are well connected in their areas, but there is a job to do in how we engage to connect to those who need information, advice and guidance the most
- 3.6 There is a differential between how people describe their priorities for health and wellbeing and the language used in the health and wellbeing sector. For example, people did not describe tackling obesity as a priority, but they did describe wanting access to healthier foods, improved community facilities and green spaces to exercise in. This must be reflected in the development of the JHWS and our activity.
- 3.7 The survey responses are being compiled and analysed. Early emerging findings include:
- Responses identified barriers that people feel prevent them from effectively accessing services and opportunities. These included time, financial

resources, other responsibilities e.g. as a primary carer, digital exclusion and language (including technical language)

3.8 The Brent Health Matters Time to Talk event also provided a number of key insights:

- We need to rethink how we are seeking to connect with the community (particularly in relation to young people and older, frail people), and we need to allow the time and space for genuine co-production.
- There is clear feeling that people with disabilities have been profoundly impacted by the Covid-19 pandemic and this is a key group affected by health inequalities

The themes identified at this event are currently being evaluated and insights will be shared with the strategy development working group.

3.9 There has also been input from key steering groups that is relevant in the development of the emerging priority areas, for example the need to ensure an effective focus on children, young people and families weaved throughout the whole strategy.

### JSNA

3.10 The JSNA presented the development group with some issues:

- Some chapters still required sign off
- There are some chapters outstanding, although this is understandable in the context of the pandemic
- Some of the chapters awaiting sign off and those already signed off are now out of date, given they were reviewed in 2019
- There was a gap in terms of a JSNA chapter that covered issues of inequalities in the context of Covid-19 in order to properly inform JHWS development

3.11 In order to address the issues and still meet project timetables, the JHWS development group has:

- Worked to secure sign off to as many of the JSNA chapters as possible
- Created a Covid-19 JSNA chapter, bringing together a range of data sets to enable effective analysis of the impact of Covid-19, particularly in relation to health inequalities and wider determinant of health inequalities

The activity described above has ensured we are on track to meet our project plan deadlines.

3.12 The Covid-19 JSNA chapter will be large and will cover a range of focuses, including:

- Epidemiology
- Demographics and equalities data
- Wider determinants of health e.g. housing, jobs, welfare, substance misuse, domestic abuse
- Key service data e.g. mental health, disabilities

3.13 In reviewing our data sources, it is apparent that there needs to be consistency of recording key information, for example ethnicity and learning and physical

disability. This is critical for the BHWB partners to be assured that services are meeting the needs of all, and that key inequalities are not being masked.

- 3.14 The development group will continue to review, revise and update the JSNA chapters throughout the lifetime of the JHWS development process. We will work together closely, so any emerging analysis can be fed into JHWS priorities and responses. This will enable us to publish an up to date JSNA alongside the JHWS in September 2021.
- 3.15 Moving forward we would like to improve our approach to the JSNA, how we present it alongside the JHWS and how we use and refresh it as part of the performance framework and annual delivery planning process. The BHWB should receive quarterly progress updates for the JHWS once it is agreed, and an annual outcomes report based on the JSNA structure and content.

#### Other considerations

- 3.16 In the development of the JHWS, officers have been mindful of the changing health and wellbeing economy and the Health and Social Care White Paper, which may have implications for our ways of working and duties. Officers will continue to ensure the JHWS is developed in a future proof manner.

#### Emerging areas for focus

- 3.17 Based on the above, the development group has agreed the following emerging priority areas to take forward to the next phase of consultation:
- Ensuring a healthy standard of living for all, and making the healthy choice the easy choice
  - Create and develop healthy and sustainable communities and places
  - Strengthen the role and impact of ill health prevention, including mental health
  - Working to ensure a rapid recovery of the system and its workforces, including a better, more consistent use of data to ensure we meet the needs of all service users
  - Ensuring those who need services are able to influence how they work, and that they are able to access them when they need them
- It is suggested that children, young people and families are embedded within these priorities, rather than considered as a separate priority
- 3.18 Creating fair employment and improving access to high quality housing have also emerged as inequalities that people state impact upon their health and wellbeing. The BHWB will need to consider how it interfaces with other programmes and functions that are responsible for these areas of work. It is proposed that this insight is shared into the relevant key council strategies e.g. the Poverty Commission delivery plans, and the BHWB take steps to ensure these plans address the needs in a post Covid19 context.

#### Next steps and key dates

- 3.19 As outlined in the project plan, the next step is to test these emerging areas of focus through further consultation during April 2021.

- 3.20 The current proposal is to virtually attend a range of internal and external forums and groups, as well as arrange a number of specific sessions. Key audiences will include:
- Councillors, Brent Youth Parliament
  - Other strategic partnerships – the Safeguarding Adults Board, the Safeguarding Children Forum
  - Other key forums – the Disability Form, the Multi Faith Forum, the Parent and Carers' Forum, Thrive, Care Leavers in Action
  - Relevant community and voluntary sector thematic groups
- 3.21 The focus of the sessions would be to share our key findings from data and consultation so far, and test the emerging areas of focus and possible related future activity. We are working with the new Healthwatch provider to ensure seamless consultation.
- 3.22 The Covid-19 JSNA chapter is scheduled to be completed by the beginning of April 2021, and it will be signed off as part of the existing JSNA processes.

#### **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. It is anticipated that associated costs will be funded from the existing budgets.

#### **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 (CCGs) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA). 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
  - 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 JSNAs) and the effects decisions have, or are likely to have on their health and wellbeing”*.

### Related documents:

- Brent’s Joint Health and Wellbeing Strategy: A long term response  
20 October 2020, Item 6
- Brent’s Joint Health and Wellbeing Strategy: Progress update  
January 2021, email circulation

**Report sign off:**

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