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|   | Brent Health and Wellbeing Board 14 July 2021 |
| | Report from the Strategic Director for Community and Wellbeing |
| The emerging Joint Health and Wellbeing Strategy (JHWS) | |

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| Wards Affected: | All |
| Key or Non-Key Decision: | Non-key |
| Open or Part/Fully Exempt: | Open |
| No. of Appendices: | 1 Appendix 1 – Health and Wellbeing Strategy Infographics |
| Background Papers | None |
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1.0 Purpose of the Report

- 1.1 This report outlines the emerging interim priorities of the Joint Health and Wellbeing Strategy (JHWS).
- 1.2 The report seeks to engage Brent Health and Wellbeing Board (BHWB) input into the ongoing development of the JHWS, with a focus on the interim emerging priorities.

2.0 Recommendations

- 2.1 To note the work so far to develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and to note the emerging interim priorities currently in stage two consultation.
- 2.2 To provide any strategic input to the JHWS development process and the emerging interim priorities.

3.0 Detail

Background

- 3.1 Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population. HWBs have a statutory duty to produce a joint

strategic needs assessment and a joint health and wellbeing strategy for their local population. The **Brent Health and Wellbeing Board** (BHWB) has responsibility for this duty.

- 3.2 The Brent Health and Care Plan 2017-21 was agreed by the BHWB in 2017. It has nine priorities:
- Helping people stay well, in mind and body
 - Helping those disproportionately affected by cancer, heart disease and respiratory illness
 - Making the management of long term conditions more consistent
 - Making sure residents can access the services they need at a place and time that best suits them
 - Helping those in the latter stages of their lives live with dignity
 - Improve life expectancy for those with serious and long term mental health needs
 - Protect the mental and physical health and wellbeing of children and young people across the borough
 - Universal access to consistently high standard of care
 - Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed
- 3.3 The Plan also had six 'big ticket items', as follows:
- Joined up services helping residents get well and stay well
 - New models of care – greater access to more effective services
 - Joining up older people's services
 - Improving outcomes for people with mental health illness
 - Transforming care – supporting people with a learning disability
 - Make Central Middlesex Hospital a centre of excellence
- 3.4 In July 2019, work began to refresh the plan, along with the JSNA. Work was paused when the Covid19 pandemic hit.

The Emerging JHWS

- 3.5 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 **Joint Health and Wellbeing Strategy** (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 Covid19. The BHWB also gave clear instruction that the JHWS must be developed with communities, and that consultation throughout the development process was critical.
- 3.6 Officers developed the detailed project plan based on the discussion and agreement at the BHWB 20 October 2020 meeting.
- 3.7 A strategy development working group was established. Nominated officers from across the BHWB partners attend. The group meets monthly and is responsible for the delivery of the project plan. Activity has included:
- Developing a project plan and securing sign off from the BHWB
 - Reviewing the JSNA, creating a Covid19 chapter and commencing a fundamental refresh of the JSNA, with a new methodology and approach, in line with the scheduled publication dates of the JHWS. Our new approach will have an explicit focus on ethnicity, deprivation and disability and on the wider determinants of health and the outcomes achieved by commissioned and provided partner services.

- Reviewing 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 Covid19 Marmot Review' produced by the University College London Institute of Health Equity and commissioned by the Health Foundation
- Designing the first and second phase of consultation and engagement, and analysis of emerging findings
- Identifying 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.

Stage one consultation

- 3.8 For the first stage of consultation, Healthwatch was commissioned to consult with our most vulnerable, seldom heard communities and those most impacted by health inequalities. Essentially communities were asked three key questions:
- What were the inequalities they experienced that impacted on their health and wellbeing
 - What they thought were the drivers of those inequalities
 - What they thought could be done about it – across communities and services
- As part of the first phase of consultation, officers worked with Healthwatch to develop a survey and virtual roadshow approach, as well as data analysis mechanisms.
- 3.9 The Healthwatch consultation took place during February 2021, with an online and physical survey distributed to target audiences and six virtual community roadshows held. Healthwatch targeted the consultation through their networks – the aim was to speak to those who were most affected by health inequalities, the most vulnerable and those who were seldom heard.
- 3.10 Key findings from the roadshows were:
- 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. 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
- 3.11 There was 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 will be reflected in the development of the JHWS and our activity.
- 3.12 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).

- 3.13 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.
- 3.14 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.
- 3.15 In April 2021, the BHWB agreed the following interim 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
- The BHWB agreed that children, young people and families are embedded within these priorities, rather than considered as a separate priority.
- 3.16 The BHWB also noted that wider determinants such as creating fair employment and improving access to high quality housing emerged as inequalities that people state impact upon their health and wellbeing. The BHWB agreed this insight is shared into the relevant key council strategies e.g. the Poverty Commission delivery plans, and the BHWB would take steps to ensure these plans address the needs identified.

Stage two consultation

- 3.17 Given the insight around shared language uncovered in the stage one consultation, the emerging interim priorities were reworked by the strategy development working group to take forward to Stage 2 of the consultation as follows:
- Healthy lives (ensuring the healthy choice is the easy choice)
 - Healthy places (creating and developing sustainable communities and places)
 - Staying healthy (ensuring people can practise self-care, and know where and how to get the help they need when they need it)
 - Healthy workforces (ensuring our workforces and systems recover rapidly post pandemic)
 - Healthy ways of working (ensuring people can influence the design of the services they need or access, and ensuring our data is fit for purpose)
- Further detail on the emerging interim priorities is contained in Appendix 2. These infographics (and an easy read version) have been produced to support the stage two consultation.
- 3.18 Stage two of the consultation is essentially seeking to understand stakeholder and key community group opinion of the interim emerging priorities, focused on the following questions:
- Have we interpreted what people told us in stage 1 correctly? Have we missed anything?
 - Do the priorities make sense for you/those you care for/your client groups?
 - If they are correct, what can we – services and communities – contribute to these priorities?

- 3.19 Healthwatch and officers will be consulting throughout June and into July. Stage two consultees include partners, key external and internal forums, and key community and voluntary sector groups, for example:
- Safeguarding partners
 - Voluntary and community sector partners, e.g. Thematic Leads Group
 - Forums including the Disability Forum, Care Leavers' In Action and Brent Health Matters Community Champions network
- We are working closely with BHWB members to ensure effective engagement across the system.
- 3.20 Consultation is through a variety of mechanisms, including specific workshops and sessions e.g. at the Youth Summit. An all members session is being organised and the Community and Wellbeing Scrutiny Committee is providing pre-policy input at this meeting. A digital survey was launched in June. Emerging findings will be presented to the BHWB in July.
- 3.21 As part of stage two, a Brent Council Senior Management Group (SMG) session was held in June to discuss health inequalities and how the council can work to maximise impact in this area. Officers have followed up the session with offers to attend team meetings. Given the nature of the emerging priority areas, the membership of the strategy development working group was expanded, and there is now representation from all council departments.

The JSNA and other data

- 3.22 A partnership workshop has also taken place on our approach to developing a JSNA to be published alongside the new JHWS, which is scheduled to be published by the end of 2021. The JSNA will identify the key inequalities affecting in key thematic areas in line with the emerging priorities, specifically through the lenses of ethnicity, disability and deprivation. Working groups for each thematic area are being established, and there is representation from all council departments and BHWB partners. Highlights from the emerging JSNA are show in the infographics attached in Appendix 2.
- 3.23 As part of the JHWS development process, officers have also reviewed national literature and evidence. A key report has been the Health Foundation commissioned report by UCL Institute of Health Equity to investigate how the Covid19 pandemic has affected health inequalities in England. The 'Build Back Fairer: The Covid19 Marmot Review' highlights the inequalities in social and economic conditions before the pandemic that contributed to the high and unequal death toll. Priorities in the Marmot review include:
- Give every child the best start in life
 - Create fair employment and good work for all
 - Ensure a healthy of standard of living
 - Healthy and sustainable places and communities
 - Strengthen role and impact of ill health prevention
- The Marmot review findings reflect the findings of our local consultation.

Next steps

- 3.24 Following on from stage two consultation, a draft strategy will be produced. This will then go forward to stage three universal consultation, which is scheduled to commence in the autumn. A final strategy and delivery plan will then be developed for agreement by the Cabinet and the BHWB.

- 3.25 The JSNA and JHWS will be published together. Officers are working towards a publication date at the end of 2021.

4.0 Financial Implications

- 4.1 In terms of the JHWS development, there are resource implications for both Brent Council and Brent NHS CCG in terms of officer time and 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 any 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:

Item 8: Brent's Joint Health and Wellbeing Strategy - progress update
Brent Health and Wellbeing Board, 6 April 2021

Report sign off:

Phil Porter
Strategic Director, Community and Wellbeing