

  <p>North West London Clinical Commissioning Group</p>	<p>Brent Health and Wellbeing Board January 2022</p>
	<p>Report from the Director of Public Health</p>
<p>The draft Joint Health and Wellbeing Strategy (JHWS)</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices	Appendix 1 – Draft Joint Health and Wellbeing Strategy
Background Papers	None
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1.0 Purpose of the Report

1.1 This is an update report on the Joint Health and Wellbeing Strategy (JHWS).

2.0 Recommendations for BHWB

2.1 To note the work so far to develop the Joint Health and Wellbeing Strategy (JHWS) and to note the timeline for completion of the strategy.

2.2 For all partners to promote the stage three consultation across partnership networks, and to ensure full input to the finalisation of delivery plans and performance frameworks.

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

Health and Wellbeing Strategy for their local population. The **Brent Health and Wellbeing Board** (BHWB) has responsibility for this duty.

The journey so far

- 3.2 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 **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.
- 3.3 A strategy development working group was established. Nominated officers from across the BHWB partners attend. The group has met monthly. Activity has included:
- Designing the first and second phase of consultation and engagement, and undertaking analysis of the findings in order to inform priorities and actions. This has included internal council consultations e.g. SMG session, management team meetings, staff networks and a member development session.
 - Identifying other critical strategies and plans across the partnership and ensuring connectivity and synergy, for example making the fit and connections across the Borough Plan, the Climate and Ecological Emergency Strategy, the Poverty Commission, the Youth Strategy, the draft SEND Strategy, the Brent Long Term Transport Strategy, the Local Plan, the Integrated Care Partnership priorities and objectives, the Northwest London Integrated Care System priorities.
 - 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.
 - 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

Stage one consultation

- 3.4 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. The Healthwatch consultation took place during January and 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.
- 3.5 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.

- 3.6 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. This has been considered in the drafting of the JHWS – in its connections to and relationship with other key strategies and plans, and the space it can occupy as a result.

Stage two consultation

- 3.7 Healthwatch and officers consulted from June to September 2021 across a range of audiences. Stage two consultees include partners, key external and internal forums, and key community and voluntary sector groups, This stage of the consultation sought 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?

- 3.8 Participants agreed that the identified priorities were the correct ones, and that we have understood what we had heard in stage one of consultation correctly. They also thought we had correctly understood issues they had highlighted to us e.g. barriers, groups experiencing health inequalities. We heard many ideas for how people thought we – services and communities – could deliver these priorities.

Stage three consultation

- 3.9 Taking into account all the feedback we had received in stages one and two of the consultation, and following on from input from partners, officers produced a draft strategy. This draft strategy is currently in the final consultation phase.

- 3.10 Following on from the BHWB meeting in October 2021, the draft strategy has been made available to all for the stage three consultation. The key main consultation options are:

- Respond digitally via Citizen Lab, the council's online portal
- Respond via physical survey – copies of the strategy and the survey have been made available in libraries.

- 3.11 Officers have also continued to work with Healthwatch to deliver specific stage three focus groups for key target audiences, including:

- Brent Disability Forum
- Children and young people
- Those affected by poor mental health

- 3.12 Given the increase in Covid19 cases, impacts on communities and partners, and the increased restrictions in place, the decision was taken to increase the stage 3 consultation period for the JHWS to 31 January 2022. Partners are requested to continue to promote the consultation across their networks

- 3.13 Alongside the strategy consultation, officers have been working across partners to develop the delivery plan. The delivery plan is comprehensive and will include

performance measures. The delivery plan will be taken through partner internal decision making processes and the Integrated Care Partnership. Partners are requested to take the delivery plans through their own structures as required, with any support from council officers as required.

Next steps

- 3.14 Following on from stage three consultation, the final strategy will be written, and with its high level delivery plan and performance framework will be brought to the Brent Health and Wellbeing Board on 16 March 2022 to be agreed.
- 3.15 The Brent Health and Wellbeing Board will receive regular updates on the work undertaken in response to the strategy, and this will be embedded within the BHWB work plan, which will also be presented at the March 2022 meeting.

4.0 Financial Implications

- 4.1 In terms of the JHWS development, there are resource implications for both Brent Council and NWL 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 JSNAs and JHWSs 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*”.

Report sign off:

Dr Melanie Smith
Director Public Health