
 Brent  North West London	Brent Health and Wellbeing Board 12 January 2023
	Report from Director of Public Health
Health and Wellbeing Strategy thematic update: Healthy Lives	

Wards Affected:	All
Key or Non-Key Decision:	n/a
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
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1.0 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to Brent Health and Wellbeing Board (BHWB) on the delivery plan for the Health and Wellbeing Strategy. The Health and Wellbeing Strategy was ratified by BHWB on 16 March 2022, and it was agreed that regular updates would be provided, each update focusing on one of the five themes: Healthy Lives; Healthy Places; Staying Healthy; Understanding, Listening, and improving; and Healthy Ways of Working. This report provides an update focusing on the theme: Healthy Lives.

2.0 Recommendations

- 2.1 That Brent Health and Wellbeing Board note the contents of this report.

3.0 Detail

- 3.1 The Health and Wellbeing Strategy was developed in partnership with our residents and was agreed by the board on 16 March 2022. The strategy has five main themes:
- Healthy Lives
 - Healthy Places
 - Staying Healthy
 - Understanding, Listening and Improving
 - Healthy Ways of Working
- 3.2 Regular updates will be provided to the board, focusing on one theme at a time. The focus for this paper is Healthy Lives.
- 3.3 The overall outcome for Healthy Lives is: *I am able to make the healthy choice and live in a healthy way, for myself and the people I care for.*
- 3.4 There are ten commitments in the delivery plan under the Healthy Lives theme, and an update for each commitment is contained below.

We will take a whole system approach to increase the uptake of Healthy Start Vouchers and vitamins

- 3.5 Work is underway to promote the Healthy Start Card scheme to retailers and residents. This means tested benefit allows eligible mothers to free healthy food at participating retailers. Feedback from health and care professionals is that there is much stigma to the use of the Card. Accordingly the public health team are working with retailers to ensure that residents are not challenged when using their Healthy Start cards at the till but are rather treated with respect and courtesy.

Public health have agreed with Sufra and the Transformation Team that the Healthy Start Card will operate within the community shop to be based at the Bridge Park Community Leisure Centre. The shop will encourage conversations between staff and residents to promote the scheme and families will be able to sign up to the programme on the spot.

Further promotion of the initiative to retailers will also take place through a number of channels including through the Brent Magazine and to professionals through the cost-of-living presentation series.

- 3.6 A joint pilot project between Harrow and Brent Councils has been agreed and is currently in development. The pilot will work with Northwick Park Hospital (NPH) maternity services to disseminate vitamins to *all* pregnant women who choose Northwick Park as their place of birth. A non means tested offer of adult vitamins will be offered to mothers to be at their:
- Booking appointment
 - Their 12-week appointment
 - Their 20-week appointment
 - Their 28-week appointment
 - And upon discharge from their hospital once they have given birth.

This arm of the project also provides an opportunistic promotion of the Healthy Start Card programme, see above

This will be supported by a new vitamin provision pathway at Family Wellbeing Centres (FWC) to ensure that parents can be

- Linked to Family Wellbeing Centres
- Receive vitamins for themselves and their children
- Be supported with signing up to Healthy Start initiative if they are eligible

All key partners have been engaged up to this point, and a plan is in place to set up the infrastructure for both NPH and FWC including:

- The development of training for all staff
- Setting up accounts with NHS supply
- Building the Communications plan

The plan is both projects will be ready to go live by 1st March 2023

We will increase sign up to the Healthier Catering Commitment

- 3.7 The Healthier Catering Commitment is a voluntary scheme aimed at small fast food outlets and retailers. Businesses who commit to actions to provide healthier options, e.g. by changing the oil and the shape of chip used for deep frying, by not pre-salting food and by providing water as well as carbonated drinks, are eligible for an award which can be displayed on the door and / or used in publicity. Currently 57 businesses are signed up in the borough.

Staff turnover has meant a pause in signing up new businesses. Discussions are underway with Environmental Health to explore whether promotion of the HCC could be incorporated into their work with food businesses.

We will create an incredible edible Brent

- 3.8 Resource constraints and competing priorities have limited strategic work by the Council to develop opportunities for healthy food growing in the Borough. There are, however, a number of initiatives delivered by the VCS. Brent Mencap has a gardening project for people with learning disabilities who grow fruit and vegetables, some of which are used in community cooking sessions. Sufra runs a community garden, St. Raphael's Community Garden. It's open to everyone and the produce is used in their food banks. They also focus on the therapeutic aspect of gardening. Harlesden Town Garden is a community garden which is also open to everyone where people can grow their own food.

In the new year, work will begin on a Food Strategy for Brent which will, amongst other aspects, provide a strategic context for community food growing

We will run community cooking lessons

- 3.9 Brent Health Matters (BHM) with Mencap have delivered a cooking course for residents with LD. The course ran for 6 weeks, teaching basic cookery skills with a Brent Health Matters Community Champion as the tutor. Each week of the course covered a different meal idea, and the recipes were co-designed with the service users to be affordable, easy to follow and healthy. Also with Mencap, BHM has held a number of healthy eating sessions for community groups including Ashford Place, Unity Centre and schools involved in Healthy Schools London. A 6-week programme on healthy cooking was delivered at Unity Centre in partnership with Brent Start. The programme received good feedback and was well attended.

Family Wellbeing Centres are also offering a healthy eating programme. More programmes are being planned across the borough for Jan-March.

BHM will be developing this work stream, tailoring it to the needs of different communities, as they have been approached by a number of organisations. The team are currently liaising with WDP New Beginnings (who provide substance misuse treatment and recovery services) and Asda Park Royal to start cookery sessions in the new year. Brent Mencap also want to develop more classes as there is more interest from their clients.

The evident interest in community cooking classes will inform the development of the Brent Food Strategy in the new year

We will increase the number of children with a healthy weight, working with families to increase engagement

- 3.10 The health, exercise, nutrition for the really young (HENRY) programme is a childhood obesity prevention programme that supports families with young children to develop healthy lifestyles. It operates as universal service for families with children aged 0-5 and has been implemented in Brent by public health

Staff from both the Family Wellbeing Centres and from the 0-19 public health service were trained together in HENRY in March 2022 (15 staff from each service). Pairs of staff (from each service) then co-delivered sessions for parents.

So far, six programmes have been delivered in Brent. Four programmes prior to the summer holidays and two programmes running now. The programmes prior to the summer were evaluated with positive results. 72% of parents completed the 8-week long programme and 88% of respondents would recommend the programme to other families.

We will improve the oral health of children in Brent

- 3.11 The Public Health team responded to the poor oral health of local children by using a bus with two clinical rooms, and parking in a park or a green space near schools with high obesity rates. Working in close collaboration with Early years, libraries, CLCH, Whittington Health, NHSE and service providers an appealing oral health promotion offer was made via the schools and proved very popular with parents who brought their children to the bus after school.

Over 8 sessions, 534 children were booked in / walked in, most of which were in the 5-10 year old age band. Of those attending 41% had caries (dental decay) and 44.3% had multiple caries. These children were referred on to an NHS dentist. This approach builds on the outreach work on the vaccine bus in response to Covid. The project won the Public Health Nursing award at this year's Nursing Times Award in October 2022.

Focusing on older children, public health piloted a survey of year 9 and 10 secondary school students last year. In four weeks, 187 children responded:

- Around 6 in 10 respondents have said they digest sugar rich foods or drinks more than once a week with roughly a third of responses reporting these foods or drinks at least once a day
- 3 in every 4 responses said that they visit the dentist yearly or more frequently
- Over 95% of respondents said that oral health is important or very important to your wellbeing
- Around half of the students would want to have a dental check-up in school

The questions from the teenage oral health knowledge and attitude pilot survey were revised by members of the Brent oral health network and expanded to explore smoking/vaping habits and oral piercing practices. A revised survey was conducted between October and December and will feed into a larger children and young people oral health needs assessment that is to be developed in 2023.

We will work with North West London partners to implement Long Term Plan actions to address nicotine addiction

- 3.12 The NHS Long Term Plan contained commitments to address nicotine addiction in maternity services, acute inpatients and mental health trusts. Funding has been made available for NHS providers to screen for nicotine addiction and offer support and NRT. This should be in the context of a multi-agency strategic partnership plan. The NWL ICB has paused this work

We will review alcohol and cannabis misuse patterns as part of our JSNA

- 3.13 A revised substance misuse needs assessment is close to completion. This is a requirement of the additional SSMTR (supplementary substance misuse treatment and recovery) grant income secured by public health from OHID / DHSC. The needs assessment includes the quantitative analysis required by

OHID but also includes a wider qualitative piece of work to understand experiences, referral routes and how numbers accessing the services can be increased. Service users and health and care professionals' views will be captured.

We will increase the take-up of our residents support fund

- 3.14 The Resident Support Fund continues to be offered to all Brent residents affected by fuel poverty, increasing cost of living and digital exclusion through applications to the fund.

The Household Support Fund, which is a Government funded initiative, sits alongside the Resident Support Fund and since April 2022 payments have been made to the following targeted groups:

- pensioner residents
- residents who are disabled
- families who receive free school meals
- There are also plans to make payments to residents on Housing Benefit who would miss out on winter-support payments they would receive if they were receiving other benefits.

We will develop the MESCH programme to work across the system to further improve outcomes

- 3.15 The Maternal Early Childhood Sustained Home Visiting (MECSH) programme is an evidence-based health visiting intervention aimed at supporting vulnerable mothers and children through the first two years of life. MESCH is included in the local specification for the public health 0-19 service commissioned by Brent public health and provided by CLCH.

A local clinical audit of the MECSH model in 2019 found:

- MECSH has helped families come off child protection plans by improving the child home environment. In 2019, of the mothers entering MECSH in with a child protection plan for the new/unborn child, 40% subsequently came off the programme within that year
- Over the 12-month period, client feedback reported 89% of mothers felt the health visitors had good communication skills, and 83% reported the health visitor spent sufficient time with them
- 55% of clients reported that they were very satisfied with the service
- Mothers in the programme also felt more enabled. 89% of clients reported that because of the health visits they were better able to understand their baby. 89% of clients also reported that they were better able to help themselves

Public health propose to build on MESCH and to pilot an Infant to School (I2S) programme.

I2S is a needs-based health and development interaction for children aged under 2 months to one year prior to school. I2S is based on the MECSH way of working with families and the programme can be offered to:

- Families who have completed MECSH but continue to have significant unresolved needs.
- Families who have missed the age cut off for MECSH
- Families identified as experiencing significant and sustained adversity

Brent will be the first area outside of Australia to pilot the I2S project. The plan is to increase the nursery nurse staffing levels to deliver this model, reflecting the difficulties in recruitment and retention of health visitors. In keeping with the local specification of the MESCH model where all health visitors should be able to offer the programme and support MESCH clients, I2S will not be offered as a stand-alone service but rather as an enhancement to the professional practice of the nursery nurses. Subject to procurement regulations, all staff will be trained and recruited in early 2023, ready to go live 1st June 2023. The pilot will be for 2 years with an evaluation.

4.0 Financial Implications

- 4.1 In terms of the Joint Health and Wellbeing Strategy development, there are resource implications for 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.
- 4.2 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:

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Director of Public Health