

	Health and Wellbeing Board 15 July 2019
	Report from the Strategic Director Community Wellbeing
Brent Joint Health and Wellbeing Strategy - 2020 onwards	

Wards Affected:	All
Key or Non-Key Decision:	-
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:	1
Background Papers:	0
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1.0 Purpose of the Report

- 1.1 To seek the views of the Brent Health and Wellbeing Board on the approach to take to producing a joint health and wellbeing strategy for Brent in light of local and national changes.

2.0 Recommendation(s)

- 2.1 The Health and Wellbeing Board (HWB) is asked to:
- consider the case for and agree to either produce a new joint health and wellbeing strategy or to refresh the Brent Health and Care Plan 2017 – 2021
 - agree how the work required for either option will be resourced
 - agree the length of time the final plan or strategy should cover.

3.0 Detail

- 3.1 The Health and Social Care Act 2012 places a statutory duty on Health and Wellbeing Boards to produce a joint health and wellbeing strategy setting out partnership priorities. The form of a strategy is for local determination.
- 3.2 The priorities usually respond to local health and wellbeing challenges identified in joint strategic needs assessments (JSNAs) and focus the local health and wellbeing system on key issues that are best tackled through partnership working. They are not intended to replace or limit services and work delivered outside of the strategy.
- 3.3 The joint health and wellbeing strategy should be used to inform commissioning decisions and be updated when the HWB considers it necessary to ensure the priorities contained remain relevant.

Background

3.4 The Brent HWB published its first three-year joint health and wellbeing strategy was published in 2014, setting out five priorities:

- Giving every child the best start in life
- Helping vulnerable families
- Empowering communities to take better care of themselves
- Improving mental wellbeing throughout life
- Working together to support the most vulnerable adults in the community.

3.5 The five year Brent Sustainability and Transformation Plan (STP) was adapted for local implementation from the North West London STP in 2016. At the HWB meeting on 6 October 2016 the Brent STP (becoming the Brent Health and Care Plan (BHCP) from Spring 2017) was accepted as the overarching strategic plan for Brent. It set out six 'Big Ticket Items' focused on delivering preventative outcomes and new models of care (appendix 1):

- Joined-up services helping residents get well and stay well-prevention
- 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 learning disability
- Central Middlesex Hospital (CMH) a centre of excellence.

3.6 The HWB established the STP Delivery Board to oversee the delivery of the Big Ticket Items relating to adults' services. The Brent Children's Trust (BCT) continues to drive local delivery of the strategic and operational health and wellbeing priorities for children and young people. Both seek steers from and report progress to the HWB.

The changing context

3.7 The last two years has seen a number of local and national developments prompting this proposal to the HWB to either refresh the current BHCP or produce a new joint health and wellbeing strategy. Either will allow the HWB to assure itself that its priorities remain current and evidence-based. Developments include:

- the refresh of the Brent Joint Strategic Needs Assessment (JSNA), will be completed shortly. This presents an opportunity to update the HWB's priorities in the light of demographic change and emerging health and care needs. The JSNA will identify issues (new and continued) that a refreshed plan or new strategy will respond to
- work on the six big ticket items in the BHCP 2017 – 2021 have evolved through individual reports to the Board (please see paragraph 3.9 for a summary of progress) including successful delivery of programmes. This means the plan is out of date in places
- the HWB Chair and Vice Chair have changed since the BHCP was published. The Chair also appointed a new co-opted member¹ representing the nursing and care home sector
- the changing policy landscape nationally and locally with impending structural changes with the creation of a North West London CCG and the move to Integrated Care Systems, Partnerships and Primary Care Homes

¹ Non-voting

- local reviews such as the Council's recent and current outcomes based reviews (OBRs) and other partner organisation reviews have provided more information on local health and wellbeing challenges.

Brent Health and Care Plan 2017 – 2021

- 3.8 The first of two options the HWB is asked to consider is refreshing the Brent Health and Care Plan and continuing to use it as the joint health and wellbeing strategy. In practice this would mean broadly retaining, in whole or part, similar priorities and consulting the public on progress in addressing these and any revisions needed for future work.
- 3.9 The BHCP set out six big ticket items which addressed local health and wellbeing needs and aligned with the North West London STP. Achievements in these areas have been reported to the HWB over the last two years. Progress in these areas can be briefly summarised as follows:
- **Big ticket item 1 – Joined-up services helping residents get well and stay well-prevention**
Action has been taken to identify and address social isolation through the SIBI (social isolation in Brent initiative) service. Although resource constraints meant it was not possible to introduce alcohol care teams in acute hospital settings, the benefits of this model have been recognised in the NHS Long Term Plan and funding may be made available in future years. The National Diabetes Prevention Programme, which offers intensive support to residents at higher risk of diabetes, has been successfully introduced in Brent. There is a wide ranging action plan to address childhood obesity, although this has not had the desired impact and a Scrutiny Task Group is currently considering the issue.
 - **Big ticket item 2 – New Models of Care - greater access to more effective services**
This work stream continues to be a focus for the system. Integrated Care Partnerships are being developed across North West London complemented by local work to develop a system of primary care homes and the NWL Integrated Care System.
 - **Big ticket item 3 – Joining up Older People's services**
Progress has been made in particular in improving timely and safe discharges from hospital, including the development of new integrated discharge pathways in addition to the expansion of Home First, ensuring more people are discharged home or to their usual place of care in a timelier manner. Progress has also been made in the support provided to care homes, including the establishment of the Care Home Forum, which has strengthened the partnership working between providers and commissioners. These areas remain a priority, in addition to a small number of other transformation priorities previously agreed and reported through the Health and Wellbeing Board over the last couple of years.
 - **Big ticket item 4 – Improving outcomes for people with mental health illness**
Brent Council, Central North West London NHS Foundation Trust, Brent CCG and partners have worked to improve outcomes for people living with mental illness. An Outcome Based Review on mental health and employment has concluded its Discovery phase and has been reporting regularly to the HWB. "Are we ok, Brent?" has promoted the 5+1 ways to wellbeing and will run a second campaign later this year. The HWB approved the Brent Public Mental Health Strategy and Suicide Prevention Action Plan at its April 2019 meeting and work is now underway with Harrow to implement the action plan.

- Big ticket item 5 – **Transforming Care – Supporting People with learning disability**

This remains a priority for the partnership and the HWB received a comprehensive update at its meeting on 22 January 2019. Progress continues at both local and North West London level with challenges such as appropriate workforce skills being highlighted to the HWB.

- Big ticket item 6 - **Central Middlesex Hospital (CMH) a centre of excellence**
An initial study for a building and community hub have been completed.

3.10 The priorities remain relevant for Brent but requires re-focusing given the changing context and the successful delivery of some of the items over the last two years.

A new Joint Health and Wellbeing Strategy

3.11 Alternatively, the HWB may wish to consider producing a new joint health and wellbeing strategy. This would involve constructing brand new priorities informed by a public engagement exercise and guided by any health and wellbeing gaps identified by the JSNA (2019) and recent reviews such as OBRs.

3.12 Producing a new strategy would allow for the HWB to take stock, review its purpose and set a fresh joint ambition for Brent’s health and wellbeing. It would also be a chance to reflect on potential new ways of working and strengthening partnership working in light of the impending restructure of North West London CCGs.

3.13 Producing a new strategy could be a valuable opportunity to re-engage with the public by asking them how we should be tackling problems in partnership and working with them to co-produce priorities.

Summary of options

Producing a new joint health and wellbeing strategy	Refreshing the Brent Health and Care Plan
Introducing brand new priorities	Broadly retaining the six big ticket items as priority areas with some revisions to ensure the plan is aligned with current and impending developments
Extensive public engagement and co-production for up to 12 weeks	Public consultation on revisions for a shorter period of time, perhaps 6-8 weeks
Takes account of revised membership of the HWB and is an opportunity to state fresh joint purpose and ambition	Priorities based on previously set direction
Longer end-to-end process – possibly up to eight months	Could be undertaken in a shorter period of time – potentially within six months
Requiring greater resources (officer time and funding for engagement activities)	Consultation period will be shorter and requiring less resources.

3.14 The HWB is also asked to consider the length of time the refreshed BHCP or new strategy should be in place for. Short term plans (e.g. two to three years) could allow for priorities to be refreshed periodically remaining responsive to local and national changes, while driving progress at pace. Conversely, a longer term plan/strategy allows for planning for multiple years, particularly for those priorities requiring substantial work.

- 3.15 We will ensure that the final product, whether a refreshed Brent Health and Care Plan or a new Joint Health and Wellbeing Strategy, will:
- genuinely add value for local partners by setting out an ambitious blueprint for Brent's future health and wellbeing
 - support the HWB to hold partners to account for delivering tangible outcomes for local people
 - ensure priorities are grounded in evidence and have been developed in partnership with the local community

Process and resourcing

- 3.16 Both options will require extensive work to be undertaken by both Council and CCG officers, and for senior leadership to be available to oversee and approve key milestones. The following are the required activities for either option:
- Nomination of senior accountable sponsors and lead officers
 - Desktop research and analysis of data (JSNA and findings of other qualitative and quantitative reviews)
 - Running a public consultation or co-production process
 - Undertaking engagement with board members and key local organisations
 - Drafting and securing agreement on a document, long or short, which meets the requires of the HWB and key partners
 - Taking the refreshed plan or new strategy through the governance processes of both the CCG and Council
 - Publication and dissemination
 - Producing an agreed partnership action plan which will require ongoing monitoring and updating.

- 3.17 The option to produce a new three-year joint health and wellbeing strategy is recommended. The difference in time and resource pressures between the two options are not significant. The benefits of the opportunity to co-produce priorities with the community and revitalise the HWB's work programme with a new strategy in line with local developments will be potentially greater compared to refreshing Brent Health and Care Plan.

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 on request.

5.0 Legal Implications

- 5.1 The duty in respect of Joint Health and Wellbeing Strategies 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*”.

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

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