

 	Brent Health and Wellbeing Board 19 October 2021
	Report from the Strategic Director for Community and Wellbeing
The emerging Joint Health and Wellbeing Strategy (JHWS)	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 – Draft Joint Health and Wellbeing Strategy
Background Papers	0
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1.0 Purpose of the Report

- 1.1 This report outlines the BHWB agreed priorities of the Joint Health and Wellbeing Strategy and highlights key finding from Stage 2 of public consultation (JHWS).
- 1.2 The report seeks to engage Brent Health and Wellbeing Board (BHWB) input into the process of moving to Stage 3 of public consultation.

2.0 Recommendations

- 2.1 To note the work so far to develop the Joint Health and Wellbeing Strategy (JHWS) and to note the key findings from Stage 2 of consultation.
- 2.2 To provide any strategic input to the process of moving to Stage 3 of public consultation, including ensuring the draft JHWS has been considered within individual member organisations, and to note the timetable for finalisation of the JHWS.
- 2.3 To consider financial and resource implications across the system for the delivery of the JHWS, and any change management required to deliver the strategy across the system.

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.

The Emerging JHWS

- 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 meets 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. 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.

- 3.5 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.
- 3.6 Key findings from the roadshows were:
- There was 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
- 3.7 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.
- 3.8 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).
- 3.9 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 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.
- 3.10 There was also 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.
- 3.11 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.

- 3.12 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

- 3.13 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)
- 3.14 Stage two 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?
- 3.15 Healthwatch and officers consulted from June to September 2021 across a range of audiences. Stage 2 consultees include partners, key external and internal forums, and key community and voluntary sector groups, including:
- Multi Faith Forum
 - Disability Forum
 - Carers' Forum
 - Brent Youth Parliament
 - Care Leavers
 - Young Minds
 - Head Teachers' network
 - Brent Health Matters Community Champions network
 - Safeguarding Adult's Board
 - Ashford Place older adults and dementia community
 - Mutual Aid groups
 - Councillors – Policy Coordination Group, member development session and Community and Wellbeing Scrutiny Committee
 - Senior staff – Corporate Management Team, Senior Management Group, leadership and management teams, Integrated Care Partnership Executive Committee and Board
 - Council staff networks

- 3.16 Consultation was through a variety of mechanisms, including specific workshops and sessions at other events. A digital survey was launched in June.
- 3.17 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. These have been captured within the draft strategy and include:
- Healthy lives – addressing barriers such as low income, providing educational information on healthy living in accessible and culturally relevant ways, improving access to resources and facilities to support people to live a healthy life, reducing the harms caused by unhealthy fast food outlets
 - Healthy places – making existing spaces tidier, safer, and accessible to all (including the free outdoor gyms in parks), increasing the amount of usable green space – including community garden spaces, better facilities such as public toilets, including accessible toilets, improving the physical, social and cultural offer for all, particularly young people and people with a disability
 - Staying healthy – more and better information and support (including advocacy) that is accessible to all (particularly those people with a learning disability), better engagement for those experiencing specific health conditions, better access to primary care and mental health services (especially for children and young people), prioritisation of prevention and early intervention services, improvement of services to support people to self-manage and self-care in their own homes
 - Healthy workforces – support for the community and voluntary sector through a more joined up approach, a collaborative approach to addressing the back log
 - Healthy systems – community voices must be the main feature within the JHWS and communities should be involved in solutions, Brent Health Matters is a successful model and we should build on this to develop further initiatives at a hyper local level, a commitment to working collaboratively across systems, increased focus on the marginalised / disadvantaged community groups, improving digital innovation but ensuring all are able to access services in an alternative way

Next steps

- 3.18 Following on from stage two consultation, a draft strategy has been produced. It is proposed to share the draft with BHWB members to ensure member organisations are able to input to the current draft of the strategy prior to stage three of consultation. This is planned to happen during October 2021, with the draft JHWS considered by the Integrated Care Partnership Executive Committee. The draft will also be considered by the Brent Children's Trust in November.
- 3.19 BHWB members are requested to provide details of any other forum where the draft JHWS should be considered before moving forward to stage three of consultation. Strategic input to the draft JHWS is sought including priorities, commitments, ensuring strategic connections and change management approach that guarantees appropriate development of JHWS action plans and performance framework.
- 3.20 The draft JHWS will then go forward to stage three universal consultation. It is proposed that this will take place during November – December 2021. The consultation will include:
- Publishing the draft on Citizen Lab, the council's consultation portal
 - Direct consultation with key relevant partners including the voluntary and community sector, businesses and key stage 1 and stage 2 audiences

- 3.21 A final strategy and related action plans will then be developed for agreement by the BHWB in January 2022. The action plans will be developed by the officer group and will be signed off through BHWB member organisations. Design work will then take place before a publication date in early 2022.
- 3.22 The BHWB will also agree a performance management framework for the JHWS in January 2022 and will receive regular reports accordingly. The BHWB will need to consider the delivery structures for the JHWS.

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.
- 4.2 There will be financial implications for the delivery of the strategy. The JHWS sets out our approach to reducing health inequalities, but there are significant financial constraints across the system. The focus must be on how we do better for less, by working as a system deliver the priorities within the JHWS. BHWB members may also wish to consider our approach to ensuring a fair allocation of resources for Brent.
- 4.3 The draft JHWS includes a significant focus on public realm voluntary and community sector delivery. There will be external as well as internal resource requirements.

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*”.

Relevant documents:

- Item 8: Brent’s Joint Health and Wellbeing Strategy - progress update, Brent Health and Wellbeing Board, 6 April 2021
- Item 8: Brent’s Joint Health and Wellbeing Strategy update, Brent Health and Wellbeing Board, 14 July 2021

Report sign off:

Phil Porter

Strategic Director, Community and Wellbeing