

## HEALTH SCRUTINY COMMITTEE

10 February 2021

<b>Title:</b> What is the Health and Wellbeing Board's role in tackling health inequalities?	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> No
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<b>Accountable Director:</b> Matthew Cole – Director of Public Health	
<b>Accountable Strategic Leadership Director:</b> Elaine Allegretti, Director of People and Resilience	
<b>Summary</b> <p>The purpose of Health and Wellbeing Boards is to oversee the health and wellbeing of a population and narrow health inequalities in that area, by facilitating informed and collaborative decision making between the local authority and local NHS partners. The Health and Wellbeing Board of the London Borough of Barking and Dagenham is an executive committee of the Council and oversees the borough's Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Health and Wellbeing Outcomes Framework.</p> <p>The COVID-19 pandemic, and the wider governmental and societal response, has highlighted existing health inequalities and exposed the structural disadvantage and discrimination faced by some communities. Furthermore, the consequences of measures to control the spread of the virus risk exacerbating health inequalities.</p> <p>Considering this and together with a changing health and care landscape, it is an appropriate time to ask what the role of the Health and Wellbeing Board in tackling health inequalities is.</p>	
<b>Recommendation(s)</b> <p>The Committee is recommended to:</p> <ul style="list-style-type: none"><li>(i) Note considerations for the role of the Health and Wellbeing Board regarding health inequalities.</li><li>(ii) Discuss and put forward any suggestions as to strengthen the Board's oversight of health inequalities.</li></ul>	

## Reason(s)

Health inequalities are high on the national agenda as a robust response to tackle health inequalities will be a critical part of recovery from the Covid-19 pandemic. It is appropriate that we consider the role locally of the Board which exists to oversee the health, care and wellbeing of the local population and reduce health inequalities.

Considering the role that the Health and Wellbeing Board has to play in health inequalities at this time allows us to consider how we want the Health and Wellbeing Board to relate to the new arrangements for Borough Partnerships and the Integrated Care System.

## 1. Introduction and Background

- 1.1 The Health and Social Care Act 2012 made provisions for Health and Wellbeing Boards to be formed in local authorities with adult social care and public health responsibilities. Established as a committee of the local authority, the purpose of the Health and Wellbeing Board is to act as a forum for leaders across the local health and care system to work together to improve the health and wellbeing of their local population. Health and Wellbeing Boards would establish collaborative decision making, planning and commissioning for health and care across the local authority and local NHS partners, with these actions being informed by the views of patients, service users and other partners.
- 1.2 Health and Wellbeing Boards have a statutory responsibility to produce two related documents: a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. The Joint Strategic Needs Assessment (JSNA) is to provide all information and data relevant for health, care and wellbeing planning and commissioning according to the needs of the local area. The Joint Health and Wellbeing Strategy is to set out the vision and priorities agreed at the Health and Wellbeing Board to improve the health, care and wellbeing of local communities and reduce inequalities for all ages. They are considered joint documents as Councils and CCGs are equally responsible for them and their Health and Wellbeing Board.
- 1.3 A growing recognition of the importance of prevention and of place in public services, in addition to the increasing importance of health and care integration, has been said to be behind what the Local Government Association called a “renaissance” of Health and Wellbeing Boards in the last few years. They contend that examples of good practice demonstrate Health and Wellbeing Boards’ focus on place provides the glue to unite neighbourhood and system levels. At a system level, the reach into communities that Health and Wellbeing Boards have, can provide rich insights, which can be powerful when combined with population-based data.<sup>1</sup> The move to Integrated Care Systems, and the possible approaches outlined by NHSE/I in *Integrating Care*, however, could compromise or overshadow the role of the Health and Wellbeing Board. In response to the Integrating Care consultation, the Local Government Association has argued for Health and Wellbeing Boards to

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<sup>1</sup> [What a difference a place makes The growing impact of health and wellbeing boards \(local.gov.uk\)](#)

have a stronger role in the new integrated care landscape, calling on the government to introduce<sup>2</sup>:

- 1.3.1 a new reciprocal statutory duty of collaboration to improve population health and address health inequalities on all NHS organisations and local authorities.
- 1.3.2 a legal requirement on Integrated Care Systems to involve Health and Wellbeing Boards in the development of plans and to devolve the development of place or locality plans to Health and Wellbeing Boards.
- 1.3.3 a new power for Health and Wellbeing Boards to 'sign off' on all Integrated Care System plans
- 1.3.4 commissioning to continue to have a strong place-based focus, with a strong and proactive role in Health and Wellbeing Boards in approving commissioning plans.
- 1.3.5 a duty on Integrated Care Systems to be accountable to their local communities through existing democratic processes.
- 1.4 The North East London ICS has also asserted that it is essential that any changes to Integrated Care Systems ensure there is greater emphasis on local authorities in addressing health inequalities and strengthening democratic accountability in decision making around health and wellbeing.
- 1.5 The question of the role of Health and Wellbeing Boards as regards to health inequalities comes at a time when health inequalities are high on the agenda, given what the Covid-19 pandemic has done to highlight underlying inequalities and it appears to be widening them. Covid-19 has starkly exposed health inequalities and had a disproportionate impact on groups already facing the poorest health outcomes. The economic and social consequences of measures to contain the virus have also in many cases contributed to exacerbating these inequalities further.

## **2. The London Borough of Barking and Dagenham Health and Wellbeing Board**

2.1 The Health and Wellbeing Board of the London Borough of Barking and Dagenham was established on 1 April 2013 under the provisions of the Health and Social Care Act 2012. The remit of the Board is to strengthen working relationships between health and social care, and encourage the development of more integrated commissioning of services. Through its work the Board will improve health outcomes for local people and reduce health inequalities. The main functions<sup>3</sup> of the Board are to:

- 2.1.1 Understand local need and the wider determinants that impact people's health, and using this intelligence produce the Joint Strategic Needs Assessment

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<sup>2</sup> [LGA response to NHS England and NHS Improvement consultation on integrated care systems | Local Government Association](#)

<sup>3</sup> Further details of the role and functions of the Health and Wellbeing Board are in Part 2, Chapter 7 of the LBBD Constitution [Part 2, Ch. 7 \(lbbd.gov.uk\)](#)

- 2.1.2 Drive the continuous improvement of health and social care through the borough's Joint Health and Wellbeing Strategy; and using this strategy to ensure that health and wellbeing need is met, and commissioners are responsive to health and wellbeing priorities.
- 2.1.3 Encourage partnership working and integration in health and social care services. Oversee joint arrangements between relevant bodies for the provision of services through Section 75 agreements.
- 2.1.4 Involve elected officials, patient representatives and local people in the commissioning of health and social care services, giving communities a greater say in how their needs are addressed.
- 2.2 The Health and Wellbeing Board at the London Borough of Barking and Dagenham is an executive committee of the Council. As an executive committee it has executive functions as delegated by the Cabinet; it has executive decision-making powers, whereas in the other boroughs in the BHR Integrated Care Partnership, the Health and Wellbeing Board needs to take decisions through Cabinet. As an executive decision-making body of the Council, key decisions, or decisions that the Health and Wellbeing Board believes are in the public interest, are listed in the Forward Plan with at least 28 days notice to ensure transparency in the decision-making process.
- 2.3 The Health and Wellbeing Board can be held to account by Health Scrutiny Committee for the delivery of its functions and the robustness of the JSNA and Joint Health and Wellbeing Strategy in particular.
- 2.4 The Health and Wellbeing Board is accountable to the Assembly and the Board will report to the Assembly on matters that require Assembly approval. It reports annually to Assembly on progress against established priorities and objectives and on the discharge of its terms of reference. As an executive committee of the Council that includes representatives of partner agencies, the Health and Wellbeing Board will also report as required to ensure that partnership activity on health and wellbeing is adequately accounted for.

### **3. The Health and Wellbeing Board in relation to health inequalities**

- 3.1 An overarching aim of the Health and Wellbeing Board is to improve health outcomes for local people and reduce health inequalities. The vision and priorities agreed at the Health and Wellbeing Board to improve health outcomes and reduce inequalities are published in its Joint Health and Wellbeing Strategy.
- 3.2 Barking and Dagenham's latest Joint Health and Wellbeing Strategy, the *Barking and Dagenham Health and Wellbeing Strategy 2019 to 2023*, was endorsed by the Health and Wellbeing Board in January 2019. It was the first Health and Wellbeing Strategy of the borough to be co-produced with residents, use outcomes-based commissioning, and focus on three priority themes.

- 3.3 The new approach to the Joint Health and Wellbeing Strategy came after the Health and Wellbeing Board reviewed its priorities and how to tackle health inequalities in the borough. Focussing on prevention was seen as a priority, since much of the borough's poor health and health inequality is linked to social causes and the wider determinants of health. The Board's new approach included taking a system-wide approach on three priority themes, resulting in a Strategy that has a strong focus on health inequality.
- 3.4 The three priority themes in the Joint Health and Wellbeing Strategy are: Best start in life; Early diagnosis and intervention; and Building resilience. The three priority themes are areas that the Health and Wellbeing Board believe have the largest potential to improve health inequalities and have the potential to improve health and wellbeing throughout the lifecycle.
- 3.5 Alongside the Joint Health and Wellbeing Strategy 2019-2023, the Health and Wellbeing Outcomes Framework was revised to align with the Strategy and replace outputs-based performance reporting. The revised Outcomes Framework draws on the three priority themes, seven key health and wellbeing outcomes and underlying measures presented in the Strategy, as well as the measures in the tri-borough Joint Strategic Needs Assessment of 2020.
- 3.6 Several of the outcomes in the borough's Health and Wellbeing Strategy are likely to be impacted on by the COVID-19 pandemic. For instance, the Strategy aims to increase uptake in screening programmes and increase the proportion of cancers diagnosed at an early stage. However, screening programmes for bowel, breast and cervical cancer were cancelled across England at the beginning of the lockdown in March and although they are restarting, with a backlog of appointments and the reduced capacity of some cancer screening services, we can be quite sure that screening coverage will decrease for 2020/21. To try mitigating against the worst outcomes of reduced numbers of people being screened for cancer, the local authority and CCG have backed Public Health England's "Help Us, Help You" campaign, urging people to contact their GP if they experience tummy troubles that could be a sign of cancer, and the North East London Cancer Alliance increased communications urging people to take up their invitations for cervical cancer screening.
- 3.7 The Health and Wellbeing Board and the Joint Health and Wellbeing Strategy is clear that tackling health inequalities also means looking beyond the delivery of healthcare and focussing attention on the wider determinants of health. These wider determinants, such as housing, education and employment, will all be impacted by the Covid-19 pandemic and are likely to be harder hit in areas of deprivation. In Barking and Dagenham, the Insight and Innovation Team is keeping track on the impact on factors including employment and benefits and feeding this into an Inequalities Review which is currently ongoing.
- 3.8 The Director of People and Resilience is sponsoring an Inequalities Review to ensure that we understand the needs of our population and appreciate where outcomes are different by age, gender and ethnicity, and what can be done to

remove barriers to more equal outcomes. An Inequalities working group is meeting regularly, lead by a Consultant in Public Health and with involvement from colleagues in Insight and Innovation, Policy and Participation, Performance and Intelligence and the wider Public Health team. The Consultant in Public Health is also working on the Inequalities work at the North East London level and the Obesity workstream as part of the BHR Inequalities programme, so is well placed to link the three projects.

- 3.9 The Director of Public Health's Annual Report for 2020-21, which the Health and Wellbeing Board will approve before publication, is to centre on COVID-19 and Inequalities. This will include consideration of the inequalities and disparities in outcomes experienced by different groups and how the pandemic is affecting health inequalities in the borough, in order to assess and anticipate the future needs of Barking and Dagenham residents as we emerge from the Covid-19 pandemic.