

Report to Hackney Health and Wellbeing Board

Date:	8 July 2020
Subject:	Tackling health inequalities through a new Joint Health and Wellbeing Strategy
Report from:	Jayne Taylor, Consultant in Public Health
Summary:	<p>The impacts of COVID-19 on population health are clearly reinforcing long-standing inequalities in Hackney, as elsewhere. The breadth and depth of these impacts requires collective and sustained partnership action. The Health and Wellbeing Board has a central role to play in setting the strategic direction for this work.</p> <p>This paper proposes a framework for meaningful local action to tackle health inequalities, to guide the development of a new Joint Health and Wellbeing Strategy for Hackney.</p>
Recommendations :	<p>The Board is recommended to:</p> <ol style="list-style-type: none"> 1. review current membership to reflect its wider remit beyond the health and care system, and ensure representation from partners who can make the greatest contribution to reducing health inequalities 2. progress other actions agreed at the March meeting to refocus the Board's agenda on tackling the wider determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board 3. use the opportunity of the Joint Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board 4. adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms 5. establish a working group to oversee the development of the new Joint Health and Wellbeing Strategy - and advise on the membership of this group.
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1. Introduction and context

The unprecedented impacts, direct and indirect, of COVID-19 on population health are clearly reinforcing and exacerbating long-standing health inequalities, both nationally and locally.

The *direct* health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men,¹ people with underlying health conditions, care home residents and staff, those working in public facing occupations, as well as individuals and families living in socially deprived circumstances. Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.

The *indirect* health impacts of lockdown and social distancing, and the longer-term economic consequences of the pandemic, will continue to affect some of our most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds.

The breadth and depth of these impacts emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. COVID-19 could be the catalyst for real change, and refreshing the Joint Health and Wellbeing Strategy at this moment gives the Board a unique opportunity to set a clear future strategic direction to achieve this.

2. Responding to the challenge

The current pandemic has added an urgency to our local response to health inequalities. Because of the scale, breadth and uncertainty of the impact of COVID-19, we need to plan our response over three time horizons.

2.1 Immediate priorities

An absolute priority in our ongoing response to the pandemic and in getting services back up and running must be to ensure that:

- a) we are not exacerbating existing inequalities
 - one example is the work being led by Hackney Council to address the digital divide, so that no residents are excluded from the digital Test & Trace system or disadvantaged by the ‘virtual by default’ approach to NHS service restoration;
 - another is the equalities ‘checklist’ that is being developed to support the local NHS phase 2 assurance process
- b) we are proactively targeting those who have been most disadvantaged by the pandemic and developing plans to reduce the unequal impact of any second peak, examples include:

¹ While men are at greater risk of dying from COVID-19, there is some evidence to suggest that women are over-represented in some occupations considered most at risk of being infected with coronavirus; women are also more likely have been furloughed or made redundant during the lockdown, and to be suffering emotional impact from the pandemic.

- targeted work, with HCVS, to prevent the spread of infection in vulnerable communities as part of local outbreak control plans, and
- action being taken to protect staff working in high risk roles.

2.2 Actions to implement over the short-medium term

Work is also needed to review, refresh and re-prioritise our pre-existing strategic plans through an explicit inequalities lens - both to ensure sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (e.g. linked to ethnicity and deprivation) and that our plans are broadened to directly address the needs of vulnerable groups who have hitherto not been prioritised (e.g. people living in insecure, overcrowded accommodation who are at increased risk of infection and may have limited access to services).

Much of this work is already underway, including the development of an inequalities framework to inform the ongoing development of City & Hackney's integrated care plans, plus the extensive work being undertaken by Hackney Council to review existing priorities as part of its 'second phase' plans. Importantly, this work is being shaped not only by local and national data on COVID-19 inequalities, but by the rich community insight that has been (and continues to be) collected during the pandemic, which is providing powerful evidence on the local impacts on Hackney's diverse communities.

2.3 Longer-term strategic priorities

Ultimately, what is needed is a comprehensive strategy to meet the challenges posed by COVID-19. The wide-ranging impacts of the pandemic emphasise more than ever the need for sustained system-wide action to tackle the underlying causes of long-standing health inequalities in Hackney, going far beyond the health and care sector and working in partnership with our local communities.

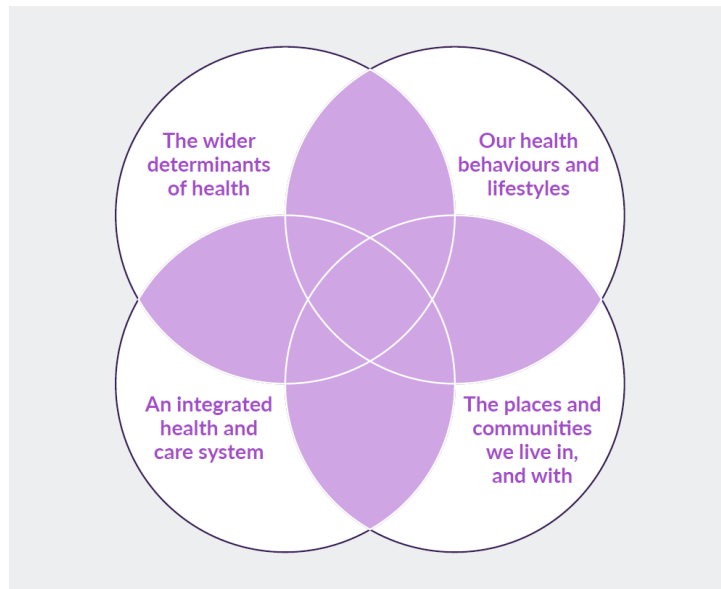
3. The role of the Health and Wellbeing Board

There is a clear role for the Health and Wellbeing Board to lead the development of a shared strategic framework and coordinate the local response to tackling health inequalities. This requires a broad view of the multiple drivers of population health, but what does this mean in practice?

The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities, and improving population health, requires action at multiple levels and across all sections of society. This means addressing all four 'pillars' of a population health system, as described by the King's Fund (see figure 1 below).

Figure 1: King's Fund Population Health Framework²

² Buck et al (2018), [A vision for population health: towards a healthier future](#), King's Fund



An effective, integrated health and care system is key to meeting population health needs and tackling inequalities, but is insufficient on its own. The biggest drivers of population health outcomes are linked to social, economic and environmental conditions (income, employment, education, housing, transport, etc), and it is structural inequalities linked to these ‘wider determinants’ that make the most significant contribution to health inequalities - as has been laid bare by the current pandemic.

As well as health behaviours (including smoking, physical activity, diet and alcohol), which themselves are socially patterned, this framework also emphasises the importance of ‘place’ - the neighbourhoods and communities in which we live - as being key drivers of health and wellbeing at an individual and population level. Working with, and drawing on the assets within, our local communities must therefore be central to our response to tackling health inequalities.

Adopting a ‘health in all policies’ approach (as discussed at the last Health and Wellbeing Board meeting in March) implies a clear strategic role for the Board in coordinating system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four ‘pillars’ - where the greatest opportunities to reduce underlying health inequalities are expected. For example, this may include housing developments which promote social inclusion and encourage physical activity for all, as well as local authorities and NHS trusts using their anchor institution status to contribute to improvements in the economic and environmental determinants of health (through common employment and sustainable procurement policies, amongst other things).

The whole system, asset-based approach suggested by this population health framework is consistent with parallel work underway to review Hackney’s Community Strategy and the principles underpinning this work (i.e. ‘building back better’ through system-wide action and proactive community engagement, targeting support where it is needed the most). Aligning the Health and Wellbeing Strategy with these broader

strategic aims will maximise the opportunities for tackling the underlying drivers of health inequalities across the borough.

4. Recommendations for the Board

6. Review the current membership of the Board to reflect its wider remit beyond the health and care system, and ensure representation from partners who can make the greatest contribution to reducing health inequalities.
7. Progress other actions agreed at the March meeting to refocus the Board's agenda on tackling the wider determinants of health and underlying causes of health inequalities - so that it complements, rather than duplicates, the work of the Integrated Commissioning Board.
8. Use the opportunity of the Joint Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board.
9. Adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms (e.g. Neighbourhood conversations, HCVS networks, Kings Park Moving Together programme, Integrated Care Comms and Engagement Enabler Group, Hackney Council's 'community engagement, empowerment and resilience' next phase workstream).
10. Establish a working group to oversee the development of the new Joint Health and Wellbeing Strategy - and advise on the membership of this group.

5. Financial considerations

There are no direct financial implications arising from the recommendations of this report.

6. Legal considerations

There are no immediate legal implications arising from this report.