Harrow Health and Wellbeing Strategy

2022 – 2030

"Working together to ensure Harrow residents feel secure and supported when they need it, enabling them to prosper and develop flourishing relationships and communities, allowing residents to thrive and live longer healthier lives"

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Foreword

<u>Councillor Paul Osborn (Chair of the health and wellbeing board, Leader of Harrow Council)</u>

This Health and Wellbeing strategy has been developed in collaboration with a range of partners from across the system, including our residents. Working together to develop and commit to delivering this strategy is key to putting our residents first and ensuring that we prioritise improving the health of our population. It has the potential to make a real difference and improve the lives for everyone that lives in our Borough, and it will rely on effective partnership working, as this cannot be achieved by one organisation alone.

We are currently facing unprecedented challenges and challenges for our communities. The impact and aftermath of the pandemic, and the cost-of-living crisis, have led to a perfect storm of pressures and challenges for our health and care services. Over recent years, we have not seen the usual seasonal variations in demand for health and care services (e.g. less demand during the summer months), and with an ageing population within our Borough, this sustained pressure on our services is likely to continue.

The actions we've committed to within this strategy, provides our residents with the opportunity to make the right decisions about their health, leading to healthier lifestyles, a reduction in the burden of disease and consequently demand on our services. When residents do require help from health or care services, they must be supported to access the right care, in the right place, at the right time – ensuring Harrow is a place where those in need are supported.

Through delivering on this strategy across the partnership, we can enable people to reach their full potential, and I look forward to supporting to make this a reality.

<u>Dr Radhika Balu (Vice-Chair of the health and wellbeing board, GP & Medical Director for Harrow, NWL ICB)</u>

I am delighted to introduce our long-term vision and strategy for health and wellbeing in Harrow. We know that access to high quality healthcare is only one part of what makes us healthy. Having access & opportunity for good education provides our children and young people with the essential skills required for later life, Being in a stable job provides people with a minimum income for healthy living, having a home that is warm and secure ensures that people can stay safe and healthy, and access to social networks enable people to remain socially connected within their communities and families. It is these building blocks and opportunities that have the biggest impact on our lives and keep us healthy. Unfortunately, they also play a role in creating and widening inequalities. We must ensure that addressing inequalities is at the heart of everything we do.

Our strategy is built around three areas of focus to enable a healthy Harrow – keeping people healthy, making our borough a healthy place to live & work, and creating/embedding healthy policy and practice. These areas of focus address the building blocks of good health and I am pleased that this strategy calls upon the system to consider what we can do in partnership to address some of the significant challenges we face now and will face in the next few years.

Finally, an exciting priority for this plan is to ensure we do more to hear the voice of our communities, putting them at the heart of this plan. I look forward to working together with residents and communities to create services that really meet the needs of our population.

Glossary

Term	description
3 conversations	an innovative approach to needs assessment and care planning. It focuses primarily on people's strengths and community assets
anchor institutions	The term 'anchor institutions' is used to describe large organisations, connected to their local area, that use their assets and resources to benefit the communities around them.
Biodiversity	the different kinds of life you'll find in one area—the variety of animals, plants, fungi, and even microorganisms like bacteria that make up our natural world
building blocks of good health	A diverse range of social, economic and environmental factors which impact on people's health
Community assets	collective resources which individuals and communities have at their disposal
Community Champion	active community members who draw on their local knowledge, skills and life experience to promote health and wellbeing or improve conditions in their local community
community cohesion	a framework which attempts to measure the social relationships within a community
community resilience	sustained ability of a community to use available resources to respond to, withstand, and recover from adverse situations
community-centred approaches to	An approach that mobilise assets within communities, encourage equity and social connectedness and increase people's control over their health and lives
disproportionate impacts	Detrimental impact on an individual or populations wellbeing that can lead to worse health and wellbeing outcomes
End of Life Care	health and social care provided in the time leading up to a person's death
Expert Patient Programme (EPP)	a peer-led self-care support programme for people living with any long-term condition, their carer and families.
Harrow Borough Based Partnership (BBP)	Brings together health, social care, wider Local Authority services and Harrow's voluntary and community sector, working alongside local communities to help the people of Harrow thrive; aspiring to improve health and wellbeing and reduce inequalities.
Harrow Health and Care Executive	An operational committee attended by system leaders for Harrow Borough Based Partnership
Health and Wellbeing Board	a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government
Health Impact Assessment	A practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups

Health inequalities / Health disparities	avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality which can include differences in: life expectancy, access to care, experience of care, access to jobs or quality housing
hypertension	High blood pressure which can lead to cardiovascular disease
Index of Multiple Deprivation	A measure to classify the relative deprivation of small areas within the UK
integrated care boards (ICB)	a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
Integrated Care System (ICS)	a statutory partnership of organisations who plan, buy, and provide health and care services in their geographical area. The organisations involved include the NHS, local authorities, voluntary and charity groups, and independent care providers
joint health and wellbeing strategy	A locally agreed strategy sets priorities and overall direction, based on the JSNA, for Health and Wellbeing Boards and local health, care and wellbeing organisations
Joint Management Board	The strategic decision making committee for Harrow Borough Based Partnership
Joint Strategic Needs Assessment (JSNA)	a process by which local authorities and ICBs assess the current and future health, care and wellbeing needs of the local community to inform local decision making
marginalised communities or groups	Communities or groups of people that are excluded from mainstream social, economic, educational, and/or cultural life.
Maternal Early Childhood Sustained Home-visiting (MESCH)	a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes
Mental health concordat	An agreement that facilitates local and national action around preventing mental health problems and promoting good mental health
mortality rate	a measure of the number of deaths in a particular population
neonatal mortality	a rate that indicates the number of deaths in children under 28 days of age
NHS Health checks	A health check-up programme for adults in England aged 40 to 74
perinatal mortality	a rate that indicates the number of stillbirths and early neonatal deaths
population health management	improving population health by data-driven planning and delivery of proactive care to achieve maximum impact.
screening programmes	a type of secondary prevention that targets people to find out if they have a higher chance of having a health problem, so that early treatment can be offered, or information given to help them make informed decisions.
smoking cessation	Activities that aim to support people who smoke to stop smoking.
social isolation	absence of social contact that can lead to loneliness
social prescribing	when health or care professionals refer patients to support in the community, in order to improve their health and wellbeing
social value	the difference an organisation or project can make to the community they are operating within

socio-economic circumstances	An individual or family's economic and social position in relation to others, based on income, education, and occupation.
socio-economic deprivation	refers to the relative disadvantage an individual or a group experiences in terms of access and control over economic, material or social resources and opportunities
Tier 2 child weight management service	delivered by local community weight management services, that provide community-based diet, nutrition, lifestyle and behaviour change advice, normally in a group setting environment
white paper	policy documents produced by the Government that set out their proposals for future legislation

Introduction

What is the joint local health and wellbeing strategy?

Joint local health and wellbeing strategies are a statutory requirement, jointly owned by the local authority and integrated care boards. It aims to meet the population needs identified in Harrow's Joint Strategic Needs Assessment, and the Health and Wellbeing Board has responsible oversight.

Harrow's previous strategy was planned for 2020 – 2025, however, due to the pandemic and the impact on our population, the Health and Wellbeing Board have decided to publish a new strategy, which takes into account the challenges that have been brought into focus by the pandemic such as the backlog of demand for health and care services, the cost of living, and the need to reduce inequalities in health outcomes.

This strategy is an eight-year plan that aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It provides leadership and strategic direction across Harrow to tackle the issues that influence health and wellbeing, including wider issues and building blocks of good health such as housing and education. It also aligns with Harrow Borough Based Partnership Delivery Framework.

What are the building blocks for good health?

There are many factors that determines a person's health – and these factors can be regarded as the building blocks to good health[1]. This includes:

- Housing: having a home that is warm, energy efficient, safe and secure
- Work: having stable employment that provides people with a minimum income for healthy living
- Education and skills: having the chance to learn and develop skills that provides children and young people require later in life, as well as educating & upskilling adults to seek stable employment
- Transport: having access to sustainable and active travel options that enables residents to access services and their networks, as well as reducing the carbon dioxide emissions that can disproportionately impacts poorer areas
- Surroundings: having access to green and open areas that improves mental wellbeing, social cohesiveness and physical activity
- Food: having access to healthy, affordable and sustainable food
- Family, friends and communities: Access to networks that enable people to remain socially connected within their communities and families.

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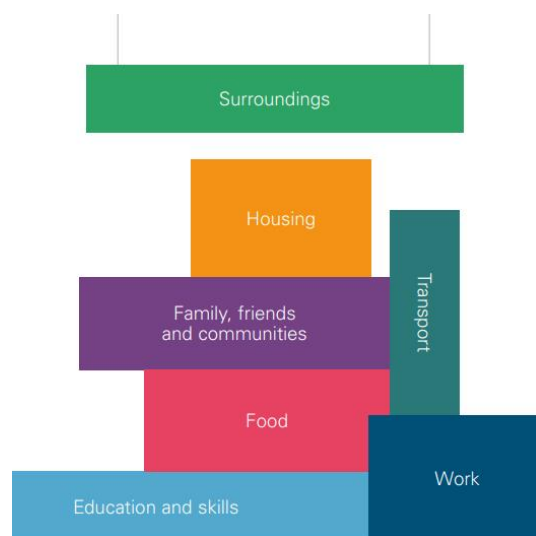
[1] How to talk about the building blocks of health; The Health Foundation

Experts have quantified the impact of these building blocks, leading to estimations that up to 75% of the health of our population is determined by non-healthcare factors, such as socio-economic circumstances (50%) environmental (10%) and genetic (15%) factors[2]. This really demonstrates the impact of the building blocks of health on the population of Harrow. At the moment, people in our poorest neighbourhoods are dying approximately six years earlier than people in the wealthiest areas. When we have unstable employment and we don't have what we need to heat our homes, buy healthy food and are constantly worrying about making ends meet, it can lead to chronic stress, poor health and lives being cut short.

Canadian Institute of Advanced Research (2012)

Health care (up to 25%)
Environmental (10%)
Socio-economic (50%)
Genetics (15%)
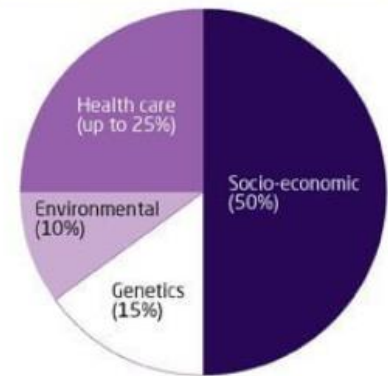
Impact of the pandemic

The COVID-19 pandemic has had wide reaching impacts and implications on our residents and communities. For example, it has impacted our children and young people and their ability to attend school; impacted the economy with businesses having to close and people losing jobs; and impacted the mental wellbeing of our population due to lockdowns and isolation. Additionally, parts of our community have experienced disproportionate impacts of the pandemic from rates of infection and mortality rates as a result of COVID being higher among Black and Asian ethnic groups.

It is clear that tackling the impact of the pandemic is going to be a long-term issue, creating significant demands on the capacity of the system to improve to health and wellbeing of the population.

The effect of poverty on health and wellbeing

The links between poverty and health are well documented and evidenced[3]. For example, if someone has insecure or irregular work, it may mean that they find it harder to afford good quality housing. Living in cold, damp housing can result in respiratory problems and other health issues. Having concerns and worrying about having enough money to pay the rent and rising energy bills can also lead to chronic stress, anxiety and or depression. This can ultimately lead to poor physical and mental health and wellbeing. People in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow. Individuals with significant vulnerabilities, such as rough sleepers, will die considerably younger still.

In the current context of the cost of living crisis, there will be a further impact on people's health. The system and partnership across Harrow needs to advocate for our most vulnerable residents and communities that will be affected by these challenges in the coming years.

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[2] Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch; (2012) Healthy places: Councils leading on public health. London: New Local Government Network
[3] Poverty and health: How do our money and resources influence our health? Health Foundation, 2018

Policy and place context

There have been a number of white papers that have been published over the last couple of years, that recognise the need to provide an integrated health and care system, and one that is responsive to local needs with a particular focus on marginalised communities or groups.

The Levelling Up United Kingdom policy paper was published in February 2022, providing an overview of the causes of economic and social disparities across the UK[4]. It's four objectives included addressing boosting productivity, pay, jobs and living standards, spreading opportunities and improving public services to reduce geographical variation, a focus on housing, community and reducing crime, as well as harnessing local leadership.

Health and social care integration: joining up care for people, places and populations was also published early in 2022[5]. This white paper looks to build on the integration work to date, through improving population health and reducing health disparities, as well as formally setting up the governance and accountability infrastructure of integrated care systems and boards.

A new Health and Social Care Bill came into effect in July 2022[6]. As a result, Integrated Care Boards and Integrated Care Partnerships have been established across England, which has formalised the arrangements that were mostly already in place for North West London. The focus of the changes to the act are around the delivery of more joined up care between health and social care.

Within Harrow, the Harrow Borough Based Partnership brings together our NHS organisations, Harrow Council, our GPs, and local Voluntary & Community Sector. This strong partnership that operates within the Integrated Care System for North West London and works to both support delivery of the wider system objectives. This includes a range of statutory and non-statutory partners. The partnership has agreed its mission as:

NHS North West London Integrated Care System	Harrow Council	Harrow's Primary Care Networks
NHS Central London Community Healthcare NHS Trust	NHS Central and North West London NHS Foundation Trust	NHS London North West University Healthcare
Harrow Together	Harrow Health Community Interest Company	St Luke's Hospice

> "Working with children, families and communities in Harrow to support better care and healthier lives".

The Harrow Borough Based Partnership's delivery framework for 2022/23 sets out a three-year plan for the partnership, which aligns with this health and wellbeing strategy for a longer-term vision for the borough. The aspiration is for this strategy to influence the strategies and delivery plans of all partners across the system, including statutory organisations and bodies, and the community and voluntary sector.

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[4] Levelling Up the United Kingdom; HM Government (Feb 2022)
[5] Health and social care integration: joining up care for people, places and populations; HM Government (Feb 2022)
[6] Health and Care Act 2022; UK Public General Acts 2022 c. 31

The health and wellbeing, inequalities and disparities in Harrow

Healthy People

Children and Young People

- 8% of babies born in Harrow are of low birth weight (<2.5kg) – this is more than in London and England
- 1 in 5 children in Harrow are an unhealthy weight on starting Primary School, rising to 1 in 3 by Year 6
- Over 40% of young children in Harrow have visible dental decay – a worse rate than in London and England
- Over 2,000 children in Harrow are referred to secondary mental health services each year - national evidence shows that the mental health and wellbeing impact of the pandemic on children and young people was worse than in adults

Adults

- 10% of Harrow residents have been diagnosed with diabetes, with many more at risk of developing the condition
- 13% of Harrow residents have been diagnosed with hypertension – a key risk factor for cardiovascular disease
- Nearly 4,000 Harrow residents die each year. Covid-19 has become a major cause of death in our residents - however cardiovascular disease remains the most common cause of death, followed by cancer
- Rates of emergency hospital admissions due to falls in older adults are relatively bad in Harrow
- There are over 200 hospital admissions for intentional self-harm in adults from Harrow each year – this figure is increasing
- Rates of breast, bowel and cervical cancer screening uptake are low in Harrow – this leaves residents at higher risk of these preventable conditions

Healthy Policy and Practice

- Coverage of many childhood vaccinations are below the London average
- Almost 1 in 4 people aged 40-74 who are eligible for an NHS Health Check have received one
- Though smoking rates continue to fall, tobacco remains a major cause of ill health and early death in Harrow
- 53% of adults in Harrow would be regarded as overweight or clinically obese (that is, they have a Body Mass Index over 30)
- 31% of the total burden of ill-health in Harrow can be attributed to tobacco, hypertension, inactivity, alcohol, and obesity
- A third of Harrow adults are physically inactive (they do less than 30 minutes activity a week) - *This puts Harrow in the worst 7 boroughs in London for physical activity*

Healthy Place

- Housing affordability and overcrowding are both significant problems in Harrow

- There are over 100 hospital admissions due to violent crime each year in Harrow
- Over 6% of deaths in Harrow are caused by particulate air pollution
- Almost 1 in 5 over 60s in Harrow are income deprived
- 1 in 8 children in Harrow live in families which are income deprived
- Harrow has 28 large parks, along with nature reserves, allotment sites and other play and amenity spaces. Green space is more limited in the central and southern areas of the borough, which reflects the areas of greater socio-economic deprivation
- 8% of people in Harrow cycle to work (nearly half the London rate (15%) and 82 % of people walk (London rate 89%).

Health Inequalities

- Poverty is a key determinant of health outcomes in Harrow. According to the Index of Multiple Deprivation (the main measure of poverty used by public services in England) Harrow is less deprived overall than England and London. However, parts of the borough are in the most deprived 20% of areas nationally.
- People in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow. Individuals with significant vulnerabilities, such as rough sleepers, will die considerably younger still.
- Harrow is culturally diverse with most residents coming from a Black or Asian background. These residents are, in general, considered to be at higher risk of poorer health outcomes, ranging from poorer mental health to a worse impact of Covid-19.
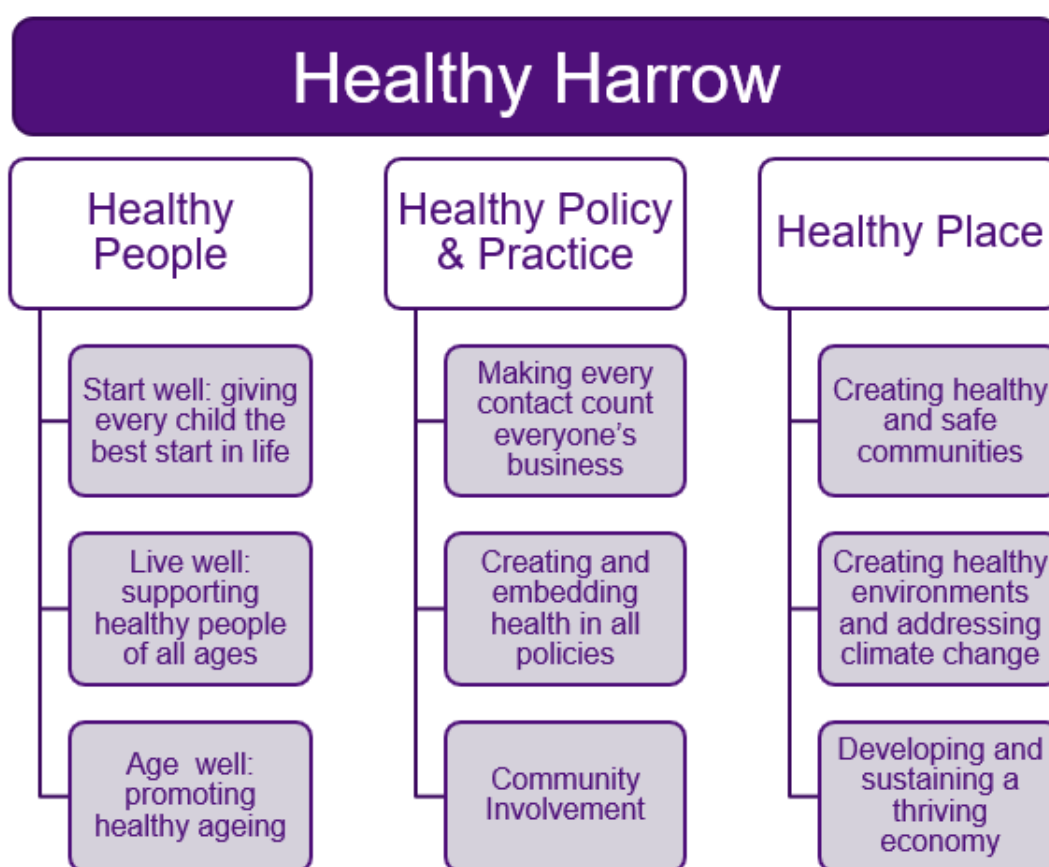
Encouraging community participation and control

- The focus of the health and wellbeing strategy is to react to the health and wellbeing needs of the Harrow community. The Joint Strategic Needs Assessment is the key evidence base for collecting these needs. The needs will include those that are easily quantified and those which are expressed through narrative with residents and patients directly. As a key enabler of the strategy, the JSNA will need to continue to reflect the needs of Harrow residents. The JSNA will become the building block of a positive relationship with communities and will ultimately strengthen trust with the community.

- As a system we have learnt a great deal from our engagement with communities during the pandemic, especially valuing the reach that our residents and community organisations have into our borough, to give communities a voice. This has also led to us talking and engaging on health and wellbeing matters, and wider issues, with communities we had not previously heard from. We wish to build on this learning and experience, to further develop and strength our community-based approach.

- Engagement and communication is a specific programme within the Health and Wellbeing Strategy, understanding the motivation of individuals and communities will enable more meaningful engagement, which in turn will help create community led initiatives to improve the health and wellbeing.

Our approach to developing this strategy and priorities

A range of partners across Harrow have contributed to this strategy, to support identifying priorities and the actions that will be taken to address these challenges. This includes from across the Harrow Borough Partnership, as well as residents and communities that we have heard from during the engagement process. The next section sets out the importance of each priority for Harrow, as well as the key actions that will be taken and how we will measure whether we know these actions are having impact.

This strategy will focus on the building blocks of good health, preventing ill health, and improving health and wellbeing through main three domains and nine priorities:

Healthy Harrow

Healthy People
- Start well: giving every child the best start in life
- Live well: supporting healthy people of all ages
- Age well: promoting healthy ageing

Healthy Policy & Practice
- Making every contact count everyone's business
- Creating and embedding health in all policies
- Community Involvement

Healthy Place
- Creating healthy and safe communities
- Creating healthy environments and addressing climate change
- Developing and sustaining a thriving economy

Healthy People

Priority
Start well by giving every child the best start in life
Transition to parenthood and the first 1000 days from conception to age two is widely recognised as a crucial period that will have an impact and influence on the rest of the life course, where the foundations of a child's development are laid. So giving each child the best start in life and keeping them safe is essential[7]. The negative impacts that experiencing adverse events in childhood can have on a person's neurological, emotional and social development are now well-documented[8]. Some of the determinants that influence and drive this include poverty, the environment, education, the communities we live in and the support available to children, young people and families. Children and Young people aged 0-19 years make up around a quarter of the population of Harrow, and those 0-4 years making up the largest proportion within this group. This population will continue to grow over the next 10 and 20 years increasing by 4% and 9% respectively. Inequalities exist across the borough. Infant mortality, neonatal mortality and perinatal mortality rates have come down in recent years, but the key risk factors that still need to be addressed in Harrow include reducing children in poverty; reducing homelessness in families with children and in pregnant women; reducing overcrowding; reducing late antenatal booking; and increasing vaccination rates by 1 year of age. Additionally, children or young people being cared for by the local authority often experience inequalities such as higher rates of mental health problems and unemployment. The rate of tooth decay in young children is higher than the London average. This is amenable to preventative action to reduce pain, discomfort and need for tooth extraction under anaesthetic. The MMR (measles mumps and rubella) immunisation level does not meet recommended coverage (95%), by age two, 82.3% have had one dose. Harrow's rate of A&E attendances for children four years and under remains higher than the regional average. Our HAY Harrow survey revealed that some of our young people are struggling with emotional wellbeing and poverty, having a direct impact on their mental health.
Who will have oversight for this?
Harrow Safeguarding Children Board Children and Young People Integrated Health and Care board
We have committed to:

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[7] Fair society, Healthy Lives: The Marmot review 2010

[8] Adverse Childhood Experiences in London, Greater London Authority, 2019

o work together to ensure that children and families are safe
o develop models of care for children and young people that meet their needs and focuses on early support and prevention
o ensure that schools, health and social care develop stronger working partnerships
o ensure that physical activity is promoted in all children and young people's settings
o address challenges that families in Harrow are experiencing through closer working with families & communities in Harrow

Some of the indicators we will measure are:

- Percentage of children 5 and under with visual obvious tooth decay
- Rate of children deemed to be school ready by age
- Rate of A&E attendances for children under 4
- Uptake of childhood immunisations
- Hospital admissions for mental health conditions
- Proportion of children overweight or obese in reception and year 6
- Percentage of care leavers in suitable accommodation or not in education, employment or training.

Priority
Live well - Healthy Adults of all ages
The behaviours that can maintain and protect health and wellbeing can be most easily set at an early age. However, adults of all ages may become concerned with their health and wellbeing, therefore embedding and encouraging healthy behaviours among our communities and residents is necessary to preventing the risk of people developing disease and becoming unwell[9]. In certain communities and parts of Harrow, smoking rates are twice as high as the average across the Borough. Only 6 out of 10 adults in Harrow do enough physical activity each week, and this lower than the London and national average. Addressing the building blocks of good health alongside this, such as employment, education and housing, is also critical. These factors are considered in healthy policy & practice and place domains. The focus of mental health work is to keep Harrow residents feeling good and functioning well. We know that over 30,000 residents aged 16 or over have common mental health disorder (e.g. anxiety or depression) The partnership is encouraged to focus on the prevention of mental health issues, working with key stakeholders to ensure it is embedded across the system. This includes addressing factors such as raising awareness and anti-stigma campaigns, as well as supporting people with mental health problems to stay well. When residents need more support, it is not usually unforeseen, and it is crucial to appreciate and react to those risks that threaten the ability of people to live independently. The role of carers is of paramount importance in this space, understanding, supporting and valuing the role of carers is an important training need for all our staff. To appropriately engage with residents will help to define their choices and give them control over their services, having access to new technology may also support this. To increase quality of life, we must increase resilience and our services and support need to be there at the right place and time.
Who will have oversight for this?
Health and Wellbeing Board Harrow Borough Based Partnership Joint Management Board Adult Social Care Governance
We have committed to:
- embed approaches that focus on people's strengths and community assets   - provide a range of preventative services that focuses on the health & wellbeing of our population, especially those impacted by health inequalities   - support access to physical activity opportunities for people who do little exercise

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[9] Prevention is better than cure: our vision to help you live well for longer; HM Government

o develop models of care that (better) support managing long-term conditions
o develop and improve our ways of working together to address the mental health and wellbeing needs of residents

Some of the indicators we will measure are:

- Percentage of eligible people receiving an NHS Health Check per year
- National screening programme coverage rates
- Percentage of residents using physical activity programmes
- Percentage of people setting a quit date and successful quitters
- Vaccination and immunisation rates by vulnerable cohorts
- Emergency Hospital Admissions for Intentional Self-Harm
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Priority
Age well - Promoting Health Ageing
The population of Harrow is growing and aging. By 2041, there is expected to be a 38% increase in people aged 65 and over in the Borough. This will continue to put sustained pressures on services across the system. As people age, there is an increased risk of frailty and falls, a higher prevalence of dementia and other long-term conditions, and a greater need for carers and the subsequent support needs for the carers themselves. In Harrow, there is a prevalence of dementia of just under 4% for those aged 65 and over, and in 2020/21, 2,380 people were admitted to hospital due to falls. Around 10% of people aged over 65 live with frailty, which can lead to a greater reliance on health and care services. The NHS Long Term Plan[10] set out plans to deliver models that identify and provide proactive support to older people living with frailty in the community. The last census in 2011 identified 4,700 unpaid carers in Harrow. This figure is likely to be much higher. Carers play a major role in supporting an aging population and those managing complex and long-term conditions, reducing demand on health and care systems. Addressing social isolation is an important part of ageing well. 1 in 5 adults in Harrow feel lonely at least some of the time[11]. Evidence shows that loneliness leads to greater pressure on public services through increased GP visits, longer hospital stays, increased likelihood of entering residential care and the costs of associated conditions such as depression and diabetes. When people need extra support, whether that be on leaving hospital following an admission or struggling to cope in the community, intermediate care services provide support for a short time to help people recover and increase their independence. We know that there is a fragmented intermediate care service offer in Harrow, leading to poor communication between these services, with people ending up in long-term care even when it could have been prevented. Monitoring who dies and where is important in delivering high quality palliative and end of life care. Harrow has relatively high proportions of people dying in hospital aged 65 and over, when compared to some London Boroughs. More can be done in Harrow to support better understand the needs for palliative care in the borough, integrating services and making sure people are dying in the preferred place of death.

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[10] NHS England – The NHS Long Term Plan
[11] OHID – Fingertips profile

Who will have oversight for this?
Health and Wellbeing Board
Harrow Borough Based Partnership Joint Management Board
Adult Social Care Governance
We have committed to:
- embed approaches that focus on people's strengths and community assets   - increasing volunteering and engagement activities to increase social inclusion and reduce social isolation   - support carers and their cared for in specific areas such as stress and coping with dementia.   - Improving the coordination of services for residents when leaving hospital or supporting people in the community to avoid a hospital admission   - develop a frailty model that meets the needs of older people who are at highest risk of poor outcomes such as falls, disability, admission to hospital, or the need for long-term care   - enable better coordination between health and care for End of Life care provision
Some of the indicators we will measure are:
- Hip fractures in people aged 65 and over   - Adult social care users and carers who reported that they had as much social contact as they would like   - Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement or rehabilitation services   - Percentage of people dying in their preferred place of death   - Percentage of adults who feel lonely often / always or some of the time   - Number of citizens reporting positive experience of care.

Healthy Policy and Practice

Theme
Making Every Contact Count everyone's business
Across Harrow, people in our poorest neighbourhoods are dying around six years earlier than people in the wealthiest areas. Many of the reasons for this premature mortality are entirely preventable. The interactions that our staff and partners have with residents, friends and family are opportunities for us to understand our resident's motivations and be able to support them make choices that will reduce premature mortality, should they want to discuss it. Making every contact count (MECC) is an evidenced approach to behaviour change to enable these supportive conversations to take place. MECC in Harrow will bring together the resources for some of the most relevant areas in Harrow and offer a training package and approach for all partners to utilise. The resources will be packaged concisely, and training will be brief with an associated evaluation framework.
Who will have oversight for this?
Health and Wellbeing Board Harrow Borough Based Partnership Joint Management Board
We have committed to:
- identifying which communities and neighbourhoods within Harrow that would benefit from the MECC programme through a population health management approach   - Working with the community and voluntary sector to embed the MECC approach   - developing MECC training for the Harrow workforce, as well as community groups   - ensure the prevention behaviours learnt during COVID are not forgotten to minimise the impact of future infectious disease outbreaks
Some of the indicators we will measure are:
- To monitor the number of participants for the MECC training programme - Number of staff trained on MECC approach - Number and percentage of positive evaluations received for the MECC application in resident facing roles

Theme
Community involvement and engagement
Community involvement and engagement is more than consultation. Involvement and engagement is to systematically highlight the known issues to the communities that they matter to the most, to explore motivations and barriers and to create ownership and enable residents to take some control in their health and wellbeing choices. Health and Care partners will need to initially coordinate this activity, based on the priorities arising from the JSNA and to initially propose which issues are most appropriate to approach the community with.

Who will have oversight for this?
Health and Wellbeing Board

We have committed to:
- produce a systematic basis for engagement topics and corresponding schedule of involvement and engagement themes with the community - Identify who are broad and specific stakeholder groups are and ensure an appropriate level of engagement - Access to venues and resources (e.g. Children's Centres, Family Hubs, Drop-In Cafes), - Encouraging volunteering - including micro-volunteering, working as and with local employers, - Joining up support in the community (e.g. around CAB and debt support), - Prioritising and investing long-term in what we have (JOY social prescribing platform and other digital transformation)

Some of the indicators we will measure are:
- Our broader engagement reach across Harrow communities - Specific resident feedback through events, engagement and digital opportunities - Feedback from resident's survey - Case studies collated as part of the engagement approach to involvement of communities

Theme
Creating and embedding Health in All Policies
The Health and Wellbeing Strategy outlines a wide range of determinants (building blocks) of health and wellbeing including education, housing, transportation and economic productivity. Each of these building blocks of health will have separate policies directing their activity, and as such, it is important that these policies all demonstrate an understanding on how they can positively impact health and wellbeing. This concept is referred to as Health In All Policies (HIAP). The Health and Wellbeing Strategy crosses many organisational boundaries. Each Health and Wellbeing member organisation will ensure that the strategy, aims, and principles are reflected in their own Corporate Objectives. Core20PLUS5 is an approach and policy to support the reduction of health inequalities at both national and system level. It is an example of a 'Population Health Management' (PHM), to improve the population's health by data-driven planning and delivery of proactive care to achieve maximum impact. Core20PLUS5 defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. The target population cohort is focussed on the most deprived 20% of the nation's populations, plus any specific local needs identified locally in Harrow. Embedding a PHM approach will support tackling inequalities through a whole population approach.
Who will have oversight for this?
Health and Wellbeing Board
We have committed to:
o Embed a health in all policies approach throughout the system o Supporting staff to understand how they can influence health and wellbeing through their policies o Agree and standardise the approach to Health Impact assessments throughout the borough o Support the delivery of Core20PLUS5 programme through primary care o Embed Population Health Management as an approach across the system
Some of the indicators we will measure are:
- Examples and case studies of HIAP in practice and impact - the Reach, effectiveness, adoption, implementation & maintenance of the policy - Number of staff that have attended or engaged with HIAP training and resources

- Evaluation of how effective staff groups feel a HIAP approach is
- Core20PLUS5 impact across 5 focus clinical areas

Healthy Place

Theme
Creating healthy and safe communities
The building blocks that lead to healthy and safe communities include quality housing, work, our friends, family and social community networks. Harrow has around 60% of residents from Black, Asian and multi-ethnic backgrounds and a fast-growing Eastern European community. This makes it a hugely diverse borough, which benefits from positive levels of community cohesion. The relationships built through our conversations and engagement on responding to the pandemic will continue to be strengthened, as well as the focus on growing community cohesion through celebrating heritage in the borough and visibly supporting our communities' continued integration and values. There is strong evidence supporting community-centred approaches to improve the health and wellbeing of communities[12]. Harnessing these strong networks and communities should be a focus in supporting the creation and development of healthy and safe communities.   In Harrow, housing affordability is a significant problem, whilst 1 in 8 children live in families that are income deprived. Good quality housing can have an impact on preventing disease, increasing people's quality of life, reducing poverty and helping to mitigate climate change [13]. There is clear evidence that good work improves health and wellbeing across people's lives, not only from an economic standpoint but also in terms of quality of life. Living and working in an environment that you feel safe, supported and connected to creates a culture that allows physical and emotional health to flourish[14]. Workplaces in Harrow, from anchor institutions to small and medium enterprises, play a role in supporting their workforce to enable this. Harrow remains one of the safest boroughs in London but there is still much to do to bring down crime levels and improve community safety. Everyone should feel safe within the borough and our town centres throughout the day and at night. Children and young people should be able to grow up safely and without fear of abuse or exploitation.
Who will have oversight for this?
Safer Harrow Partnership Health and Wellbeing Board

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[12] A guide to community-centred approaches for health and wellbeing; Public Health England; 2015

[13] World Health Organization. WHO housing and health guidelines. Geneva: World Health Organization; 2018.

[14] Good Work: The Taylor Review of Modern Working Practices

Harrow Borough Based Partnership Joint Management Board
We have committed to:
o Supporting events that encourage and continue integration among our communities   o Promoting good physical and mental wellbeing in the workplace   o Committing to increasing the quality of new and existing affordable homes   o Developing a refreshed community safety strategy   o Developing and building the capacity and leadership of community groups in Harrow to support them to address the issues that matter to them.   -
Some of the indicators we will measure are:
- Number of households in temporary accommodation   - The number of rough sleepers in the borough, based on the rough sleeper's survey   - Number of community champions recruited and their impact on local communities   - Number of staff wellbeing champions recruited   - Residents perceptions around community cohesion   - Crime and fear of crime levels in Harrow   - Number of staff reporting satisfaction in their work

Theme
Creating Healthy environments and addressing climate change
The environment we live in is one the building blocks for a healthy life. Thriving green spaces that afford access to nature and allow physical exercise help to protect our mental health and encourage us to be more active. Climate change, which is closely linked to changes in land use and a major decline in biodiversity within the UK and abroad, is affecting many aspects of our lives. These include threats to public health and food supplies from extreme weather events such as heatwaves and flood, local air quality impacts from fossil fuel transport emissions, and increases in energy costs associated with finite supplies of oil and gas, which are forcing more people into fuel poverty. It is clear that we all need to live in a more sustainable way, which will also enable significantly improved public health outcomes.
Who will have oversight for this?
Climate Change and Sustainability Board
We have committed to:
- Embed the health impact assessment approach for all major developments   - Develop and implement a new waste management strategy   - Audit public owned land to identify suitable sites for planting initiatives and opportunities to increase biodiversity   - Address issues such as fly-tipping, improving parks, toilets, lighting, communal spaces for engagement,   - Expand the electric vehicle public charging infrastructure in the borough
Some of the indicators we will measure are:
- Borough wide CO2 emissions, particularly those associated with fossil fuel transport within the borough   - Recycling rates and reductions in residual waste volumes   - Biodiversity and new areas of habitat created in Council parks and open spaces   - Visitor numbers to parks and open spaces   - Improvements in air quality   - Number of council homes retrofitted to deliver energy efficiencies and affordable warmth

Theme
Developing and sustaining a thriving economy
A thriving economy, as well as money and resources available for local people are a key building block to good health. There is strong evidence that: - poverty and deprivation have a detrimental impact on health, with residents living in poorer areas dying years earlier than residents in wealthier areas; - poorer health of our residents has a negative impact on the economy, affecting productivity and therefore economic growth[15] The pandemic has exacerbated unemployment and poverty among Black, Asian and multi-ethnic residents, young people, families, and disabled people, particularly in the most deprived areas. We recognise this challenge and want to work with residents to improve their social mobility by breaking down barriers to learning, training and employment. Harrow's residents experience a difference in earnings, with those working in the borough on average earning £519 per week and those working outside of the borough earning £727. Economic activity among Harrow's male population (86%) is higher than the London average (83%). However, economic activity among the female population (72%) is lower than the London average (76%). Our ambitions in creating 15-minute neighbourhoods across the borough is to help high streets and independent businesses flourish and prosper, making it easier for residents to live, work and enjoy their local surroundings. This localised approach will enable the borough to deliver improved air quality, more liveable neighbourhoods, improved accessibility to town or district centres and increased opportunities for active travel – reducing reliance on car journeys. These improvements will deliver healthy streets, improve access for disabled people, and facilitate a balanced use of our town centres between retail, employment, living accommodation and leisure.
Who will have oversight for this?
Harrow Council Economy and Culture Service Economic Strategy Steering Group Economic Strategy Stakeholders Group
We have committed to:
o Stimulate the growth of businesses in Harrow o Work with partners to develop high street action plans o Promote Harrow as a place to live and work o Reduce digital exclusion

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[15] Nobody left behind: Maximising the health benefits of an inclusive local economy; Local Government Association; 2019

o Support stakeholders, SMEs, and the voluntary sector to provide apprenticeships and training opportunities,
  o Facilitate the entry of young people into the labour market
  o Work with partners to sustain our high business survival rates, support business growth and raise local earning levels for Black, Asian and Multi-Ethnic residents

Some of the indicators we will measure are:
- The survival rates of businesses relative to the London average - Number of new jobs created - Percentage of residents earning London Living Wage - Percentage difference of Harrow and London Claimant Count - Percentage of young people (aged 16-17) Not in Education, Employment or Training (NEET) - Percentage of Harrow residents with access to full fibre - CO2 emissions (tonnes per Capita)

Supporting our commitments into action

To deliver on the actions within this strategy requires a shift to a system wide commitment and approach to address the health and wellbeing of the Harrow population. The Harrow Health and Care Executive and Joint Management Board, including representation from the community and voluntary sector and all statutory organisations in Harrow, came together to consider some of the longer-term action required to achieve this system wide commitment. A system leadership behaviours framework was used to develop a deeper understanding of the kinds of behaviours needed to enable effective system leadership across Harrow[16]. The main areas of focus for the workshop discussions were around:

- Relating and communicating
- Leading and visioning
- Delivering

Each area of focus was discussed by all participants attending, and a summary of some of the key actions that need to be delivered on is below. Many of the actions focussed around achieving system wide behaviour change overlap with the key actions to enable the delivery of the strategy. As a system, we will remain focussed around these key actions to achieve change. We will revisit these key areas of focus on an annual basis, and capture progress, including the barriers and facilitators to enabling these required system wide behaviours

- Reviewing our collective approach to community engagement, including engaging people "where they are"
- Engaging with council departments and stakeholders across Harrow around our approach to ensuring health and wellbeing is part of everyone's plans
- Improving the accessibility of support and services, including streamlining referrals, improving access to home-based support and aids, and putting services such as social prescribing into our acute hospitals
- Developing our approach to supporting and expanding Harrow's voluntary and community sector as delivery partners
- Raising awareness of what exists already, across all communities
- Focussing on the next 6 months – what specific, "bite-sized" changes can we make and how will we ensure these are making a real difference to our communities?

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[16] System leadership behaviours framework, NHS Leadership Academy – North West

The next steps in delivering this plan

We will develop a delivery plan, including actions and an outcomes framework to track our progress in delivering the strategy. The delivery plan will be reported back to the Health and Wellbeing Board three times a year (e.g. Q1 – healthy people, Q2 healthy place, Q3 healthy policy and practice). As a system, we commit to coming together annually to consider our approach for the following year. Indicators linked to each of the domains will be aligned with the Harrow Borough Based Partnership outcomes framework.

We will monitor the progress and success of the overall strategy against the following overarching outcomes:

- Survey infant and child mortality deaths, and act accordingly to ensure rates do not increase
- Ensure that people can enjoy healthier, and more independent years of life by 2035, while narrowing the gap between the experience of the wealthiest and poorest areas
- Narrow the life expectancy gap between people in our poorest neighbourhoods and those in the wealthiest areas.
- Residents access the right care, in the right place at the right time *(Measured by hospital admissions for people with long term conditions that may be avoidable)*
- Survey and monitor mortality rates of people aged under 75 where deaths are considered preventable through effective public health and primary prevention.
- Increase community engagement in the implementation of the joint health and wellbeing strategy

Pledge from the health and wellbeing board

We, the members of the health and wellbeing board, pledge to deliver this strategy, working in collaboration and partnership to achieve this.