

Report for: Health and Wellbeing Board

Date of Meeting:	22 nd November 2022
Subject:	Health and Wellbeing Strategy
Responsible Officer:	Carole Furlong. Director of Public Health.
Public:	Yes
Wards affected:	All wards
Enclosures:	Harrow's Joint Health and Wellbeing Strategy

Section 1 – Summary and Recommendations

This statutory document provides the 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, education and employment.

Recommendations:

The Board is requested to endorse and approve the health and wellbeing strategy

Section 2 – Report

Background

Joint local health and wellbeing strategies (HWBS) 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 (JSNA), 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. This 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 address health inequalities.

It has been agreed that this new strategy will run from 2022 until 2030. It aligns with the borough-based partnership priorities and delivery plan to ensure there is a strategic alignment with our approaches to improving the health and wellbeing of Harrow residents.

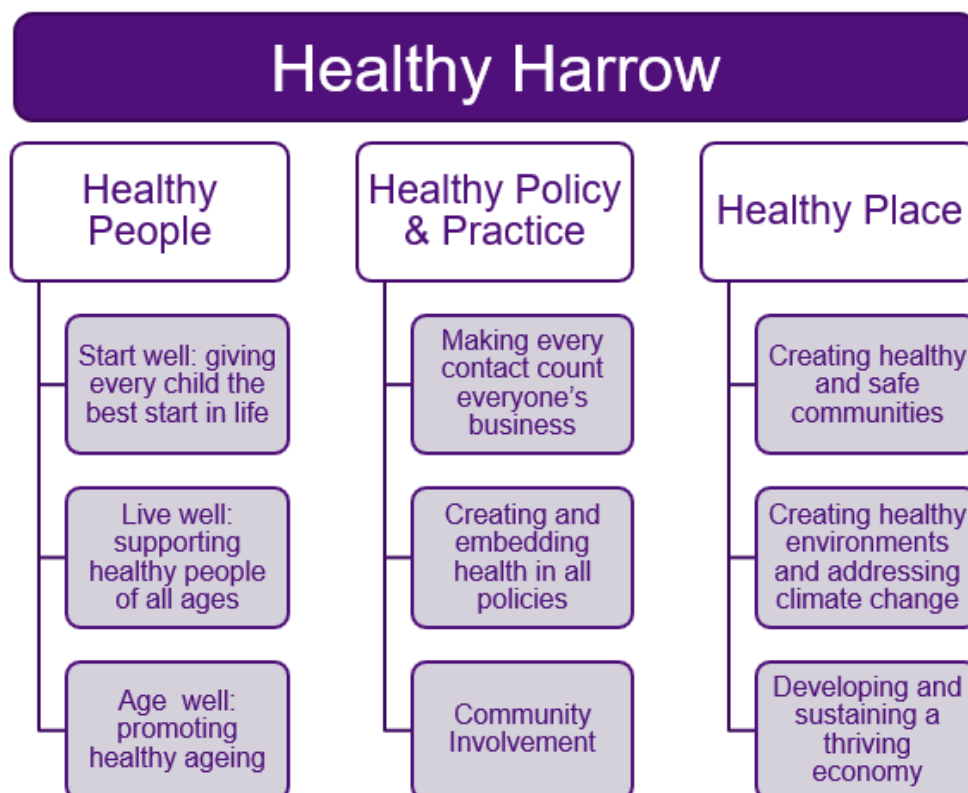
The health and wellbeing, inequalities and disparities in Harrow

Harrow's JSNA has been updated in the last year, and some of the key areas of need include:

- 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
- Coverage of many childhood vaccinations are below the London average
- 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
- 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
- Housing affordability and overcrowding are both significant problems in Harrow
- 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.

Areas of focus for the strategy

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. This is represented in the figure below. At the heart of this strategy is addressing inequalities and levelling up health and wellbeing outcomes for our residents and communities.



Consultation and engagement

This strategy has been produced with a range of partners involved in the planning, engagement and the writing of the document. This has included representation from the community and voluntary sector, residents, NHS providers and the local authority.

Monitoring impact and progress

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 (as measured by personal pledges)

A delivery plan and the associated metrics will be developed to compliment the strategy. This will be reported back to the Health and Wellbeing Board on a quarterly basis. Indicators and metrics linked to each of the domains will be aligned with the Harrow Borough Based Partnership outcomes framework.

Financial Implications/Comments

There were no costs associated with developing the health and wellbeing strategy.

Whilst there are no additional direct financial implications arising from this report, the prioritisation of strategy through the borough based partnership will need to be contained within existing partner resources, which includes the annual public health grant.

Legal Implications/Comments

Section 116A of the Local Government and Public Involvement in Health Act 2007, stipulates that it is the responsibility of the local authority and integrated care boards to prepare a local health and wellbeing strategy.

The Health and Social Care Act 2012 provides responsibility to the Health and Wellbeing Board for the oversight of the local health and wellbeing strategy.

A key responsibility of the Health and Wellbeing Board is to therefore have oversight and accountability of the proposed strategy.

Risk Management Implications

The health and wellbeing strategy does not present any risks, or suggest any mitigation

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.
n/a

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer:

Signed on *behalf of/by the Chief Financial Officer

Donna Edwards

Date: 07/11/2022

Statutory Officer:

Signed on *behalf of/by the Monitoring Officer

Sharon Clarke

Date: 07/11/2022

Chief Officer: Carole Furlong (on behalf of Senel Arkut)

Signed by the Corporate Director

Senel Arkut

Date: 07/11/2022

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Seb Baugh, Consultant in Public Health,
sebastien.baugh@harrow.gov.uk

Background Papers: Harrow Health and Wellbeing Strategy

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |