Health and Wellbeing Board

AGENDA

DATE: **Thursday 11 May 2017**

TIME: **12.30 pm**

VENUE: **Committee Rooms 1 & 2, Harrow Civic Centre**

MEMBERSHIP **(Quorum 3)**

Chair: **Councillor Sachin Shah**

Board Members:

Councillor Simon Brown	**Harrow Council**
Dr Shaheen Jinah	**Harrow Clinical Commissioning Group**
Dr Amol Kelshiker (VC)	**Chair, Harrow Clinical Commissioning Group**
Dr Genevieve Small	**Harrow Clinical Commissioning Group**
Councillor Varsha Parmar	**Harrow Council**
Councillor Mrs Christine Robson	**Harrow Council**
Councillor Janet Mote	**Harrow Council**
Mina Kakaiya	**Healthwatch Harrow**

Reserve Members

Councillor Ms Pamela Fitzpatrick	Harrow Council
Councillor Antonio Weiss	Harrow Council
Councillor Anne Whitehead	Harrow Council
Councillor Susan Hall	Harrow Council
Dr Shahla Ahmad	Harrow Clinical Commissioning Group
Julian Maw	Healthwatch Harrow

Non Voting Members:

Chris Spencer, Corporate Director, People, Harrow Council
Bernie Flaherty, Director Adult Social Services, Harrow Council
Andrew Howe, Director of Public Health, Harrow Council
Rob Larkman, Accountable Officer, Harrow Commissioning Group
Jo Ohlson, NW London NHS England
Simon Ovens, Borough Commander, Harrow Police
Carol Foyle, Representative of the Voluntary and Community Sector
Paul Jenkins, Interim Chief Operating Officer, Harrow Clinical Commissioning Group

Contact: **Miriam Wearing, Senior Democratic Services Officer**
Tel: 020 8424 1542 E-mail: miriam.wearing@harrow.gov.uk

Harrow COUNCIL LONDON

Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:
http://www.harrow.gov.uk/site/scripts/location.php.

Filming / recording of meetings

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

Meeting access / special requirements.

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Wednesday 3 May 2017

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

(i) to take the place of an ordinary Member for whom they are a reserve;
(ii) where the ordinary Member will be absent for the whole of the meeting; and
(iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
(iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

(a) all Members of the Board;
(b) all other Members present.

3. MINUTES (Pages 5 - 10)

That the minutes of the meeting held on 2 March 2017 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Board Procedure Rule 14.

Questions will be asked in the order notice of them was received and there be a time limit of 15 minutes.

[The deadline for receipt of public questions is 3.00 pm, 8 May 2017. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

7. FUTURE JOINT STRATEGIC NEEDS ASSESSMENTS (JSNA) IN HARROW (Pages 11 - 16)

Report of the Director of Public Health

8. INFORMATION REPORT - HEALTH AND WELLBEING STRATEGY UPDATE (Pages 17 - 34)

Report of the Director of Public Health

9. CHILD POVERTY AND LIFE CHANCES STRATEGY AND ACTION PLAN (Pages 35 - 64)

Report of the Director of Public Health

10. INFORMATION REPORT - BETTER CARE FUND (BCF) UPDATE QUARTER 3 2016/17 AND 2017/18 PLANNING (Pages 65 - 72)

Joint Report of the Corporate Director of People Services, Harrow Council, and Interim Chief Operating Officer, Harrow Clinical Commissioning Group

11. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

HEALTH AND WELLBEING BOARD

MINUTES

2 MARCH 2017

Chair:	*	Councillor Sachin Shah		
Board Members:	*	Councillor Simon Brown		Harrow Council
	*	Councillor Janet Mote		Harrow Council
		Councillor Varsha Parmar		Harrow Council
	†	Councillor Mrs Christine Robson		Harrow Council
Non Voting Members:	*	Bernie Flaherty	Director of Adult Social Services	Harrow Council
	†	Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	†	Andrew Howe	Director of Public Health	Harrow Council
		Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
	†	Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
		Jo Ohlson	Head of Assurance	NW London NHS England
		Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	*	Chris Spencer	Corporate Director, People	Harrow Council

In attendance: (Officers)	Carole Furlong	Public Health Consultant	Harrow Council
	Coral McGookin	Business Manager	HSCB
	Tom Shakespeare	Head of Health and Wellbeing	WLA
	Visva Sathasivam	Head of Adult Social Care	Harrow Council

* Denotes Member present
(1) Denotes Reserve Members
† Denotes apologies received

193. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member	Reserve Member
Dr Shaheen Jinah	Dr Shahla Ahmad

194. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 9 – London North West Hospitals Trust (LNWHT) A&E Delivery Board
Councillor Janet Mote declared a non pecuniary interest in that her daughter was a staff nurse at Northwick Park Hospital. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 8 – Diabetes Strategy and Agenda item 9 – London North West Hospitals Trust (LNWHT) A&E Delivery Board
Councillor Chris Mote declared a non pecuniary interest in that his daughter was a staff nurse at Northwick Park Hospital and that he had diabetic and kidney problems. He would remain in the room whilst the matters were considered and voted upon.

Agenda Item 9 –Report and public question on Diabetes Strategy
Councillor Sachin Shah declared a non pecuniary interest in that his father is a National Council of Vanik Association committee member and that he is a volunteer. He would remain in the room whilst the matters were considered and voted upon.

195. Minutes

RESOLVED: That the minutes of the meeting held on 12 January 2017, be taken as read and signed as a correct record subject to an amendment to the

second sentence of the second paragraph in minute 190 to read '… and the option to include 3% at 2 years was available.'

196. Public Questions

To note that one public question had been received and responded to and the recording had been placed on the website.

The Board agreed that the questioner be invited to participate in the discussion on the Diabetes Strategy and accordingly his contributions were included in minute 199.

197. Petitions and Deputations

RESOLVED: To note that no petitions or deputations had been received at this meeting.

RESOLVED ITEMS

198. NWL Sustainability and Transformation Plan Update

A representative of the West London Alliance presented an update of progress made in the formation of the North West London Sustainability and Transformation Plan and integration of local services. A steer from the Board was sought that the strategy for transforming Primary Care and out of hospital services was in the right direction to enable the initiative to be taken forward.

The attention of the Board was drawn to the set of principles through which transformation funding and system-wide monies would be allocated. Confirmation was awaited of the expectation that the level of transformation would not be forthcoming in the format and scale expected. The Health and Care transformation group would provide a useful steer to the delivery board on how to progress the actions required to obtain the best return and to provide flexibility. Implementation plans would ensure that allocations were made to areas where resources had been identified as critical.

The Director of Adult Social Services referred to the impact on Harrow of the example care pathway for older people which sought planned and urgent care through hubs with hospital discharge in a timely manner with appropriate care.

The Interim Chief Operating Officer advised the Board that the incidence of delays in transfer of care in Harrow compared favourably with other areas in London.

RESOLVED: That the draft North West London Sustainability Transformation Plan be supported.

199. Diabetes Strategy

The Board received a report which set out the recent analysis by Harrow Clinical Commissioning Group of the impact of diabetes in Harrow. Consideration was given to a draft strategy for improving the prevention of Type 2 diabetes and for improving diabetes treatment and care in Harrow.

The Interim Chief Operating Officer reported that the draft was submitted as part of the consultation process. The adoption of a strategy would enable access to the National Diabetes Prevention Programme and its resources. Comments from the Board on the draft strategy were sought prior to its consideration by the CCG Governing Body on 21 March 2017. The implementation plan to the strategy would identify targets.

Particular attention was drawn to the NICE targets which included urine testing, an area where the CCG was addressing the variation in target achievement between GPs and in reducing the need for amputations where there were still some issues although at a low level in Harrow.

A comment was made that the strategy should make reference to broader issues, for example that priority be given to meeting national targets. Concern was expressed that Harrow had been performing below the England percentages with regard to all eight care processes, which was continuing to reduce since the 2014-15 figures. There was a wide variation amongst GP practices for people receiving all eight care processes of 10.5% to 66.7% for Type 1 diabetes and 4.7% to 60.6% for Type 2 or other diabetes. The officer referred to the timescales set out in the report which would include the move to national targets and the expected output.

In response to questions, it was noted that:

- Type I diabetes was normally diagnosed in hospital. Standardisation across Harrow was important to identify type 2 diabetes including screening of high risk areas and the provision of information on diet and coronary heart disease;

- the formation of a Harrow Diabetes Network aimed to provide direction and leadership. Membership would comprise those with Type 1 and Type 2 diabetes, in addition to professionals from across the health care, social care and third sectors. A clear indication of targets would be required;

- the Equalities Impact Assessment, which was completed in 2016, incorporated leaflets for signposting in multiple languages and, as appropriate, provision of care plans in the relevant language. Recruitment of specialist clinical support from particular ethnic backgrounds was being undertaken. Opportunities regarding communications and working with community leaders to convey the message were taken.

The Chair thanked the Clinical Commissioning Group for the work undertaken in connection with the draft Diabetes Strategy as diabetes was a major issue in Harrow.

RESOLVED: That the report be noted.

200. London North West Hospitals Trust (LNWHT) A&E Delivery Board

The Board received a report from Harrow Clinical Commissioning Group which provided an overview of the London North West Healthcare Trust performance achievement against Constitutional Standard Targets, together with information on the formation of the Brent and Harrow Systems Resilience Group into the LNWHT A&E Delivery Board.

The Interim Chief Operating Officer introduced the report emphasising the task of the delivery board to ensure that different organisations and stakeholders worked together to ensure that patients received treatment in centres with the right facilities and expertise whilst also ensuring that individuals could have their urgent care needs met locally by services as close to home as possible. The creation of pathways regarding community support at home aimed to avoid unintended hospital admission.

In response to questions it was noted that alternatives to A&E in Harrow were being promoted and the aim was to enable access to a GP from 8 am to 8 pm, 7 days a week. The use of IT with a central resource to enable online consultations had proven to be beneficial elsewhere in the country. Work was taking place with regard to the 111 service which would form part of the new procurement process.

A Member commented on her experience of A&E arrangements and sought a linkage on the system to automatically transfer 111 information to GPs.

RESOLVED: That the report be noted.

201. Progress on BCF Q3 2017/18

The Board received a verbal report, noting that a Quarter 3 progress report agreed by the CCG and Harrow Council was due to be submitted to NHS England the following day. A detailed report would be submitted to the next meeting of the Board.

It was advised that the receipt of detailed guidance was still awaited with a consequential delay in progress.

RESOLVED: That the verbal report be noted.

202. Exclusion of the Press and Public

RESOLVED: That in accordance with Part I of Schedule 12A to the Local Government Act 1972, the press and public be excluded from the meeting for the following item(s) for the reasons set out below:

Item	Title	Reason
13	HSCB Serious Case Review	Information under paragraph 2 (contains information which is likely to reveal the identity of an individual).

203. HSCB Serious Case Review

The Board received an overview report for a serious case review. It was noted that the purpose of the review was to identify lessons for individual agencies and for multi-agency working in order to improve services for children and families in future.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.00 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair

REPORT FOR:	**HEALTH AND WELLBEING BOARD**
Date of Meeting:	11 May 2017
Subject:	Future Joint Strategic Needs Assessments (JSNA) in Harrow
Responsible Officer:	Dr Andrew Howe, Director of Public Health, Harrow Council
Public:	Yes
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report proposes a new way of producing the Joint Strategic Needs Assessment. It considers three options and makes a recommendation for a rolling virtual JSNA.

The Board are asked to support Option 3

Section 2 – Report

The Joint Strategic Needs Assessment is a requirement of the health and wellbeing board. This paper proposes changes to how the JSNA could be delivered in the future so that it is responsive and more easily managed.

Current situation

The model of developing the JSNA in Harrow has been to produce a single report every 3-5 years. These reports have been very large - the last one (2015-20) was around 400 pages - because they try to encompass all of the various topics that could be considered to be part of a JSNA.

And yet, each time they are produced, there are requests for more information; comments that the data is too old and that new data is now available; or complaints that the report doesn't cover particular subjects / population groups / risk factors / diseases and outcomes or wider determinants.

The burden for the production of the report falls on the Public Health Team and it takes many months to try to capture all of the information required with varying input from partners and other council teams.

Options

We have looked at how other areas have dealt with JSNA. A few have continued to produce large all-encompassing reports. Some have thematic reports produced annually e.g. a JSNA on children; a JSNA on diabetes or JSNA on air pollution. The third group have a rolling JSNA programme, with reports being added as work is done by various partners that contributes to knowledge about that topic area. These reports usually have a website, of varying sophistication, whereby the information can be shared publicly.

We have considered three options for the JSNA in Harrow

	Pros	Cons
Option 1: A single JSNA covering all topics produced once every three to five years	• All of the information is in a single report • It allows linkage of subjects within the report avoiding duplication	• The data gets out of date quickly • The report is unwieldy and difficult to find information • Considerable time and public health resource is taken to complete
Option 2: A thematic annual report	• Allows in depth look at specific topics • Annual focus on need assessment at HWB	• Would take a long time before each topic is covered Likely that high profile topics will need to be refreshed before some topics covered

Option 3: A virtual JSNA	• Will allow for in depth reports and shorter briefings to be included • Will allow links to other relevant reports to avoid duplication (e.g. planning or housing strategy; vitality profiles) • Gives flexibility to public health intelligence team • Could give regular (possibly each meeting or 6 monthly/annually) report to HWB on topics updated on website	• Requires work on webpage to become more functional

Proposal

Having considered the three options, we feel that that the most efficient way forward will be to adopt the third option.

To achieve this end, a new webpage will be created to help people find the information they are looking for. The webpage will be developed with four sections to reflect the health and wellbeing strategy:

Start well:	Topics will include those related to maternity, children and education
Live well:	Topics will include those related to population demographics, lifestyle; environment and housing, disease groups, long term conditions
Work Well	Topics will include those related to work, worklessness, welfare and benefits, enterprise
Age Well	Topics will include those related to older people, dementia, death and palliative care, winter wellness.

Financial Implications/Comments

The last JSNA cost in the region of £45k to £60k and was funded by the Public Health grant. There is no specific budget earmarked to support the delivery of the JSNA and continuation of a single JSNA would require budgetary provision to be identified.

The proposal to develop a web based report, which can be developed and updated over time, and to which partners are able to contribute should avoid the need to identify specific budget provision with input from within existing staff resources

It should be noted that in February 2016 Cabinet, as part of the Medium Term Financial Strategy, approved significant reductions to the public health team and the services commissioned from April 2018. This proposal should enable continued support for the JSNA requirement within the reduced level of resources.

Legal Implications/Comments

Section 116 of the Local Government and Public Involvement of Health Act 2007 requires local authorities and CCGs to prepare a JSNA which must be

published by the local authority. Under section 196(1) of the Health and Social Care Act 2012 this function is exercised through the Health and Wellbeing Board.. The joint health and wellbeing strategy is designed to meet the needs identified in the JSNA. Local authorities, CCGs and the NHS commissioning board must have regard to these documents when exercising their functions.

There are no additional legal implications of this proposal.

Risk Management Implications

The risks for this proposal are no different from the risks of the current JSNA development, those of capacity and engagement of partners in the provision and analysis of data and production of the reports.

Equalities implications

Was an Equality Impact Assessment carried out? No

The Equality Act 2010 places specific and general duties on service providers and public bodies. This includes having due regard to the equality implications when making policy decisions around service provision. As this report is a needs assessment rather than a report that recommends specific actions, an EQIA is not necessary. That is not to say that equality considerations are ignored. It is at the heart of the JSNA.

In past reports, the JSNA, where possible, benchmarks Harrow against England, London and statistical neighbours and where gives more local detail. This will continue to be the case in the proposed new format.

Council Priorities

The Council's vision:
Working Together to Make a Difference for Harrow

The report incorporates all of the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

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

Name: Donna Edwards. Date: 20/4/17	✓	on behalf of the Chief Financial Officer
Name: Noopur Talwar Date: 20/4/17	✓	on behalf of the Monitoring Officer

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Consultant in Public health 2020 8420 9508

Background Papers: www.harrow.gov.uk/jsna

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 May 2017
Subject:	**INFORMATION REPORT** – Harrow Health and Wellbeing Strategy progress report
Responsible Officer:	Dr Andrew Howe, Director of Public Health Harrow Council
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1 – Harrow Health and Wellbeing action plan

Section 1 – Summary

This report sets out progress made against the nine actions which the Health and Wellbeing Board committed to for 16/17 to implement the Harrow Health and Wellbeing Strategy.

FOR INFORMATION

Section 2 – Report

The Harrow Health and Wellbeing Board committed to monitoring actions to implement the Harrow Health and Wellbeing Strategy with a view to understanding how to celebrate and improve partnership working. Progress is reported against all action in the accompanying appendix 1.

For the period 17/18, it is anticipated that whilst the Health and Wellbeing Strategy is still highly relevant, consideration should be given to how the North West London Sustainability and Transformation Plan may inform direction of travel and action planning in Harrow from here on.

Section 3 – Further Information

There will be no further updates in relation to a specific Harrow Health and Wellbeing Strategy action plan. Instead, it is proposed the updates will come as a result of collaborative discussion around local implementation of the North West London Sustainability and Transformation Plan.

Section 4 – Financial/Legal Implications

There is no budget assigned to the Health and Wellbeing Board, however the priorities are supported and resourced by various workstreams across the Council and partner organisations. As a result the action plan is expected to be delivered within the existing financial envelope for partner organisations.

For the period 17/18, actions relate to the Sustainability and Transformation Plan which reflect the Harrow Health and Wellbeing Strategy priorities are anticipated to define the focus of collaborative action. Given the financial challenges across partner organisations, any activities arising from these actions, in particular those with resource implications, will need to be considered and prioritised within the context of the respective annual budget setting processes.

It should be noted that in February 2016 Cabinet, as part of the Medium Term Financial Strategy, approved significant reductions to the public health team and the services commissioned from April 2018. The public health team provide the majority of the Council support to the delivery of the Health and Wellbeing Strategy, and it may prove challenging to continue to support the strategy within the reduced level of resources.

The terms of reference for the Health and well being board include developing a joint health and wellbeing strategy, and ensuring that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy.

Section 5 - Equalities implications

This is only an action update report and EQIA has been discussed previously. The Harrow Health and Wellbeing Strategy sets out an approach to improve the health and wellbeing of the whole population concentrating particularly on those with the greatest need. It explicitly highlights health inequalities associated with deprivation but also equalities groups (based upon the evidence presented in the Joint Strategic Needs Assessment) and reinforces the need for approaches which target and reach these groups.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable

The strategy highlights the unacceptable differences between people living in different parts of Harrow and the Health and Wellbeing Board's desire to narrow the six-year gap in life expectancy across the borough.

- Making a difference for communities

The Strategy talks about helping people to live well, a large component of which is about community cohesion but also about how important the environment people live in – their housing, high streets and green spaces – are to resident's health.

- Making a difference for local businesses

One element of the Strategy is to support Harrow residents to 'work well'. The Harrow Health and Wellbeing Board is keen to find opportunities to help people in Harrow to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing. Engaging with local businesses will be key to successful achievement of this objective.

- Making a difference for families

The strategy highlights the need to support children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential. Children need to be loved and nurtured if they are to achieve long term physical, mental and emotional wellbeing. Good attachment with our parents and carers in early life are important so a family focused approach is critical to help children have the best start in life.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Section 3 - Statutory Officer Clearance

Name: Donna Edwards Date: 11 April 2017	x	on behalf of the Chief Financial Officer
Name: Sharon Clarke Date: 11 April 2017	x	on behalf of the Monitoring Officer

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Sarah Crouch, Consultant in Public Health x 6834

Background Papers: Harrow Health and Wellbeing Strategy

Appendix 1: Harrow Health and Wellbeing Board 2016/17 action plan – End of year report

The table below outlines the actions which the Health and Wellbeing Board have committed to in 2016/17 and an update on year end progress.

	Objective	Explanation	Actions	HWB sponsor/ executive lead	April 2017 update
Start well					
1.	Transforming children and young people's mental health and wellbeing	In Harrow Children and young people currently have an inconsistent approach to services depending on the area, school, and GP they have. We want an integrated solution which provides a different sort of service for children and young people and their parents. We plan to deliver this through our Children and Adolescent Mental Health Service (CAMHS) transformation plan over the next 5 years and the Future in Mind programme.	- To identify additional resources to support the pilot of the new model of service delivery without impacting on existing services - To provide additional services for unaccompanied asylum seeking children - To commission a new eating disorder service across 5 boroughs - To develop an options appraisal for CAMHS service transformation across West London - To review workforce training needs	Dr Genevieve Small Jessica Thom	• Local Pilots project to support the joint Emotional Health and Wellbeing Targeted Service running until Summer Term 2017, pilot evaluations will be completed • New Community Eating disorder service is delivering in Harrow and will be evaluated in June 2017 • Harrow CCG has funded a 2 year pilot for an Integrated LD CAMHS post to work within Social Cares CYAD team • The new Joint Emotional Health and Wellbeing Targeted Service has been procured and the new provider (Barnardos) is due to begin a soft launch in April 2017, great collaboration between CCG, Council and Schools has been noted and part of the success • Harrow CCG have put additional investment into Tier

					3 CAMHS to reduce waiting times in LD CAMHS and CAMHS. • Public Health have delivered training to 13 primary schools. The feedback has been excellent and there has been more requests for continued training in the remaining primary schools. • A successful bid to HEENWL by Public Health has provided funding for provision of mental health first aid training and youth health champions in schools. This project will deliver within 2017-18 in secondary schools.
2.	Transforming early help for children and young people	In Harrow, the services available for early help have been identified as having a degree of duplication and fragmentation. In order to make the services providing early help more effective and efficient we will review the current services with a view to developing an integrated offer of early help for children and young people that need it. Giving every child a good start means ensuring that the pre-natal and early years services identify and address problems in children and their families as early as possible. This means we will also	- To establish a project Board to review the current services - To agree the outcomes for the early help services - To redesign the early help service in collaboration with staff and users - To review the Health visiting service against the needs of the local population	Chris Spencer Paul Hewitt Errol Albert	The review of the Early Intervention Service began in January 2016 and has culminated in a redesigned model of service delivery. From January 2017, Harrow's Early Intervention Service within Children's Services became known as **Early Support**. **Early Support** encompasses the work of Children's Centres, Early Intervention Teams (Teams Around the Family) and the Youth

		need to review the health visiting services to ensure that they coordinate with the new integrated early help service.			Development Team to become an integrated service to meet the Early Support needs of children and young people ages 0 to 19 (or 25 if deemed to have a special educational need) and their families. Early Support has been designed to provide families with the right support, early on when issues first arise through a range of time-limited services delivered via Early Support Hubs thereby increasing family resilience. The main focus is on prevention and ensuring that Early Support services will lessen the need for more targeted services in the future. Key points to note include from January 17: ● There are now 3 community based hubs – Cedars, Hillview and Wealdstone (Youth) where all Early Support staff are now based and a range of Early Support services are being delivered from, along with other sites across the borough. ● The staff group are known as either - Early Support: Coordinators, Practitioners or Educators overseen by an Early Support Manager for

					each Hub, of which there are three. ● There will be an increased use of evidence-based group work, parenting programmes and signposting to appropriate Universal services. ● Whilst group work will be the core mechanism of delivery, home visits will be undertaken only when they are deemed by an Early Support Manager as being necessary and purposeful and where there is full agreement from the family. ● Youth services and activities will work towards delivering an overarching Youth Engagement and Prevention strategy with partners and be focused on curriculum-based activities, tackling issues relevant to young people in the borough and strengthening the preventative work of the YOT. ● The Youth Offer within Early Support will work with the whole family and be more aligned to local/national trends and the more complex needs of Harrow's high risk/vulnerable young people. ● Early Support will build on the principle of working in partnership with children, young people and their families through the delivery of consent based services.

					An Early Support Project Board has been set up and is overseeing the continued progress of several Work Streams including systems, pathways and processes, performance monitoring, ICT, commissioning and communications. There are to be further engagement/awareness-raising sessions with partner agencies, young people and families from the start of the New Year and further details of Early Support developments will be communicated between April and June.
Live well					
3.	Explore new models to empower Harrow residents to do more for each other	Harrow Communities Click (HCC) is a membership organisation aiming to promote and facilitate mutual networks and time banking to improve the quality of life for people living in Harrow. Harrow Communities Click is different to volunteering as you gain a one hour time credit per hour that you give, which you can use when you need support. In addition to this, Harrow Council is currently reviewing all the Council's approach to volunteering, considering best practice (including digital means of engagement).	- Health and Wellbeing Board to learn more and promote the Harrow Communities Click model and support integrated working - Share Harrow Council's review of best practice in relation to empowering the community and resident's preferences - Support the VCS to consider how they would like to engage with the Health and Wellbeing Board and how to link up work across the Harrow	Alex Dewsnap Andrew Howe	Communities Click performance update from March 2017 is as follows: • Total number of hours exchanged – 7494 • Number of members – 1399 plus 66 organisations/community groups whose members/staff are also members. • Total number of individuals who have

		The Health and Wellbeing Board will promote Harrow Communities Click and review further opportunities for joint working with the Voluntary sector in Harrow to empower residents to support each other.			accessed HCC through the various activities to date – 18046 Public Health led an alliance of more than 30 organisations to submit a £13m bid to Sport England at the end of March 2017 which is centred on a place-based community led programme. VCS organisations were extensively involved in the development of this bid and the activity also encouraged the VCS to lead an 'active ageing' bid focusing on increasing physical activity in the over 55s.
4.	Improve joint communications and promote effective engagement with all Harrow residents	The Health and Wellbeing Board has committed to provide the leadership to enable everyone living and working in Harrow to join together to improve health and wellbeing. As part of this, it is important that there is joined up approach to engaging with residents and for new ways of working to be explored to ensure a two way dialogue is established between a representative cross section of the Harrow population and the Health and Wellbeing Board. In particular it is acknowledged that the population of Harrow is extremely diverse and	- Set up an engagement working group tasked with developing an integrated plan for communications - To develop a shared planner which outlines all planned engagement events in 2016 and look for synergies between planned activities of partners to increase efficiency and integration of messages - To develop a shared list of stakeholders and channels of communication with them - To incorporate into the planner key messages that Health and Wellbeing Board partners will be	Healthwatch Carol Yarde Niall Smith	A shared contacts and channels list has been developed by Public Health and shared with Council and CCG teams. There is improved collaboration on the messages incorporated within key publications and better use of these channels for reaching residents but still more work to be done to align an approach to engagement and communications given the emergence of the STP. In terms of campaigns, Public Health has launched a major campaign to promote physical activity in April – Active10 using

		there is a need for a working group to highlight inequalities in Harrow and the needs of marginalised groups to ensure that the vision to improve the health and wellbeing of all, with particularly concentrated focus on those with the greatest need is addressed. An integrated approach to communication and engagement will enable health and wellbeing messages to be more co-ordinated, targeted and powerful; culminating in residents feeling more informed about progress and future developments.	disseminating to residents at specific points in 2016 - To agree shared mechanisms to communicate the mission, vision and objectives of the Harrow Health and Wellbeing Board to residents and progress against these objectives - To share learning in relation to engaging with seldom heard groups and improving access to services and facilities which promote health and wellbeing		billboards, mainly centred in Wealdstone and Facebook advertising as major components. Harrow CCG has focused much attention on launch of the Harrow Health Now app.
5.	Assess the health impact of Harrow regeneration schemes	Regeneration of Harrow is a major priority for the years ahead. The Kodak site, College Road, sites in Wealdstone and major council sites, such as the Civic Centre, will be redeveloped with new affordable housing being a particular feature. There is an opportunity to consider how to enhance the positive impact this regeneration scheme will have on health, wellbeing and health inequalities and to minimise any possible negative impacts.	- Pilot the use of a Health Impact Assessment framework on Grange Farm re-development and make recommendations to promote health and wellbeing - Evaluate the effectiveness of the piloted HIA framework - Conduct an HIA on Civic Centre redevelopment - Planning and Public Health to participate in joint training with a view to mainstreaming the HIA approach within the Council - Consider a strategic approach to estates	Andrew Howe	- Health Impact Assessments are underway for the following sites: Flexible Futures (New Civic site workplace approach), Wealdstone Square and High Street Regeneration, Byron Quarter, Grange Farm (completed) - A proposal has been taken to the Corporate Equalities Group (CEG) to harmonise a Health Impact Assessment process with the existing established Equalities Impact Assessment process in a 'Inequalities Impact Assessment' which will aim to ensure that staff time is used effectively and efficiently and that we are doing all we can to reduce the burden of

					inequalities in the borough. - It was been agreed by CEG in February 2017 that a pilot site from each Council directorate will use a newly developed form and guidance notes that meet the criteria for both impact assessments (whilst not detracting from the statutory equalities duty) and there will be a report on these in June and final feedback on pilot experiences of the merged process in September 2017 for the CEG to consider way forward.
Work well					
6.	Pilot integrated employment/ mental health support and ensure that Harrow residents are signposted to talking therapies available	We know that mental health problems such as depression and anxiety are common in Harrow but many don't get the help and support they need. It is estimated only 25% of those experiencing common mental health problems receive help compared to 90% of those with diabetes. Talking Therapies are effective psychological treatments available for free and through self-referral for Harrow residents but take-up of this service is below target. The Health and Wellbeing Board partners will champion the service and improve signposting to increase uptake of the service. Common mental health problems	- Increase uptake of Talking Therapies amongst Harrow residents - Secure external funding to initiate the employment/mental health pilot - Consult with stakeholders to develop a service specification for integrated employment/mental health service which meets needs and is integrated with current local provision - Develop targets for the employment/mental health service for 2016 - Procure a provider for the service and ensure the service fits well with other related local services such as Talking Therapies	Andrew Howe	The Mental Health and Employment Trailblazer pilot has now gone live and the service is operational from March 2017 and will provide specialist employment support to people with common mental health problems. The 1.5 FTE worker(s) will be based within the existing IAPT talking therapies service hosted by CNWL, and the service is contracted from Twining Enterprise by London Councils. A local Task and Finish Group is being hosted by the Council to support local delivery and inform the monitoring. Work is underway to ensure that robust pathways are set up between primary care and Job Centre plus and the Task and Finish Group is meeting in

		are also major reasons for unemployment in Harrow. An estimated 28% of people claiming Employment Support Allowance (ESA) and Jobseekers' Allowance (JSA) have a common mental health problem and 95% of these people will continue to be out of work for more than 12 months. While unemployment in Harrow is reducing, there has not been a commensurate reduction in the number of people with mental health conditions getting back to work. A programme will be launched in 2016 which will trial the impact of joining up employment and mental health support with a view to helping residents back to sustained employment.	- Launch and promote the service - Monitor outcomes in line with targets set		April. The service will be operational in Wealdstone, Greenhill and Roxbourne although additional funding has been sort by London Councils to widen it to borough wide in 17/18.
7.	Commit to London Healthy Workplace Charter	Each Health and Wellbeing Board member organisation will demonstrate that they take the health of their staff seriously by signing up to and implementing the London Healthy Workplace Charter. The Charter is a set of standards which if met, will enable us to get the best from the health and wellbeing workforce in Harrow and position the Health and Wellbeing Board members as exemplary employers, inspiring other local businesses and organisations. Harrow Council has already signed up to the Charter achieving	Harrow Council will take action in 2016/17 to attain 'achievement' status of GLA Healthy Workplace Charter Harrow CCG will take action in 2016/17 to attain 'Commitment' level of the GLA Healthy Workplace Charter A plan for engaging other local organisations will be developed	Andrew Howe Sarah Crouch/ Jason Parker and Bashir Arif	Public Health continues support the Council to work towards 'excellence' on the GLA healthy workplace charter. As a result of this, HR have now published a Wellbeing Strategy and a variety of campaigns are being run in the Council – particularly around mental health and physical activity. Harrow CCG submission to the GLA for 'commitment' level has been made but the CCG has not yet been accredited

		'commitment' grade but should now work towards 'excellence' grade.			It would be great to see more Health and Wellbeing Board partners commit to signing up to the GLA Healthy Workplace Charter for the benefit of their employees, many of whom may be Harrow residents.
Age well					
8.	Roll out virtual wards ensuring an integrated approach to health and social care is adopted	Virtual wards are a team of health and social care professionals who work together to provide integrated health and social care to Harrow residents aged 65 and above with one or more long term condition. The Virtual Wards will provide hands on care to the patient, either in a GP Practice or the person's home and give support to their GP / social worker in managing their conditions. The group of professionals come together to provide treatment to patients with complex conditions as if they were on a hospital ward - intensive but proactive treatment. It will mean people will be better for longer, it will mean that when people become ill, their experience of being cared for will be more integrated (and thus better), it will mean people will avoid unnecessary visits to hospitals and GPs when they can be better cared for at home. The Health and Wellbeing Board	- Three virtual wards presently established - Six virtual wards to be operational by 31 March 2016 - Virtual Wards to be supported by multi disciplinary team consisting of social care, community and specialist nursing staff, case manager and dedicated GP	Amol Kelshiker/ Bernie Flaherty Garry Griffiths/ Visva Sathasivam	A review of the Whole Systems Integrated Care programme has been undertaken and the findings will be used to develop the outline plan being for Harrows Accountable Care Organisation model. The plan aims to define the framework for commissioning an Accountable Care Organisation , with pooled budgets across the system. Work will commence in April 2017 and will continue throughout the year with an ambition to have a Harrow ACO in place for April 2018.The first workshop is planned for 5th April and is being supported by Imperial Health Partners.

		will support full roll out of virtual wards and ensure an integrated approach to health and social care is adopted.			
9.	Join up approaches and signposting which enable residents to keep themselves healthy and well	Harrow has one of the highest older people populations in London and this is set to rise by around 12% by 2020. One of the key priorities for all Health and Wellbeing Board partners is to 'add life to years' and enable older people to remain well and independent in their own homes for longer. Enabling people to care for themselves for longer means signposting people and their carers – many of whom are over 65 as well - to facilities and sources of information and support which keep them healthy. It is particularly important to consider mental wellbeing in older age groups, given they may be more vulnerable to social isolation and loneliness due to the loss of friends and family, mobility or income. A one size fits all approach will not work in a community as diverse as Harrow and special consideration should be given to engaging with seldom heard groups of older people. The Health and Wellbeing Board can help to improve signposting to appropriate facilities and sources of support and campaign to promote wellbeing. This does not necessarily mean having a single point of access to information but ensuring that at every point a	- Promote 5 ways to wellbeing - to connect, be active, keep learning, take notice and give - amongst older people - Explore what mechanisms are already in place to signpost residents to facilities, information, advice and services which promote health and wellbeing. - Promote existing mechanisms for signposting residents to facilities, information, advice and services which promote health and wellbeing. - Identify gaps and opportunities to improve signposting, particularly for seldom heard groups and those who do not have access to digital information.	Sarah Crouch Carole Furlong Alex Dewsnap Rachel Gapp	Public Health team have been running mental health awareness sessions, in partnership with Mind in Harrow, with organisations who engage with older people in the community. Harrow Public Health team has been offering 6 week programmes on self-care and management for Harrow residents living with or caring for people with long term conditions (LTCs) for the past 5 years. These are intensive, evidence-based and well received initiatives under the banner of Expert Patient Programme (EPP). PH team has managed to secure external funding through HEE NWL and Local communities Fund for this financial year, to be able to roll-out 6/ 7 more sessions for Harrow residents with an additional offer of diabetes specific courses. Harrow has one of the highest prevalence rates for diabetes and pre-diabetes and there is a need for a programme which prepares those diagnosed to understand their condition

		resident may seek out information, they find the same high quality comprehensive information and support.			better before going in for an advanced structured education programme like the XPERT programme available locally. Harrow Public Health working alongside the policy team supported a local charity, Capable Communities to plan and secure a £69k funding to offer a range of social prescribing options for Harrow residents. This project will offer additional range of training, awareness, checks and self-care and empowerment for Harrow residents in this financial year. Harrow public health supported the development of the Harrow Diabetes Stratetgy including the roll-out of the new Diabetes UK led “Know Your risk” prevention pilot for Harrow. The Warm Homes Healthy People Project has supported almost 900 people over the past three years. The project’s main aim is to help people who live in cold homes. As well as dealing with fuel poverty issues, the advisors also signpost people to social activities and befriending schemes to reduce social isolation. Corporate team have led a review

					of information, advice and advocacy services and a new strategy and commissioning approach has been developed.

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 May 2017
Subject:	Child Poverty and Life Chances Strategy and Action Plan
Responsible Officer:	Andrew Howe, Director of Public Health Harrow Council
Public:	Yes
Wards affected:	All
Enclosures:	Child Poverty and Life Changes Strategy and Action Plan

Section 1 – Summary and Recommendations

This report presents the child poverty and life chances strategy which brings together the actions currently being undertaken by the council and partners that will help mitigate the impact of child poverty in Harrow.

Recommendations:

The Board is requested

- to support this strategy and action plan
- to agree a frequency for reporting progress on the implementation of the strategy and its outcomes.

Section 2 – Report

Child poverty has a major impact on health inequalities and the life chances of children. Although the Child Poverty Act 2010 was renamed the Life Changes Act 2010 and the responsibilities of Local Authorities were repealed as part of the Welfare Reform and Work Act 2016, we have continued with the planned development of a local strategy and Action plan to address child poverty in Harrow.

Although Harrow is an affluent borough with good health outcomes on average, the data obscures some stark inequalities in health and wellbeing. The needs assessment published in October 2016 showed the extent of these inequalities.

18.5% of children in Harrow live in poverty. By adding in housing costs, this rises to 28.7%. – more than 1 in 4 of Harrow's children. This average masks the inequalities within the borough where 15% of children in Headstone North live in poverty compared to 42% in Roxbourne (after housing costs).

The impact of living and growing up in poverty can be seen in the poorer educational attainment of young people leading to lower paid employment and a continuing cycle of poverty. It is also seen in the health outcomes of children and young people in higher rates of poor oral health, childhood obesity, child accidents and injuries, respiratory illnesses and long term conditions such as asthma.

The Child Poverty and Life Chances Strategy has been developed by a multidisciplinary group of stakeholders from within the council and partner organisations. The strategy brings together the actions that are currently being undertaken or which are planned which have an impact on child poverty. The strategy developed began with an understanding that there will be no additional funding available for new programmes of work and that any actions need to take into account the financial situation of the public sector organisations in Harrow and the impact this has on the capacity of the voluntary and charity sector to deliver.

The strategy identifies the 8 areas within the borough that have the highest rates (and numbers) of children in poverty and where actions should be focused:

- Roxbourne
- Wealdstone
- Marlborough
- Greenhill
- Roxeth
- West Harrow
- Headstone South

- Queensbury

We have identified five priorities:

Priority 1: To increase opportunities for parents with English as a second language to enter employment, education and training and support adults in gaining skills

Priority 2: To tackle financial exclusion, including debt management, financial literacy, affordable credit and maximise benefit take up

Priority 3: To increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

Priority 4: To improving health and wellbeing of children and families and access early support services with a focus on looked after children, children at the edge of care, children with SEN.

Priority 5: To support families with housing and in temporary accommodation.

Each of these has an action plan which identifies the work being undertaken to address the priority.

Financial Implications/Comments

There is no specific budget earmarked to support the delivery of this strategy. Where actions or programmes have been identified within the strategy and associated action plan, any required resources have been identified within existing Council budgets. As a result the action plan is expected to be delivered within the existing financial envelope for partner organisations.

Given the financial challenges across both the Council and partner organisations, any activities arising from future actions within the strategy (which covers the period 2017 to 2020), in particular those with resource implications, will need to be considered and prioritised within the context of the respective annual budget setting processes.

Additional funding will be sought from grants wherever possible.

Priority 3 makes an explicit recommendation to seek funding from external sources. Public Health has already been successful in obtaining grants for training on oral health and mental health first aid in schools both of which have been identified in priority 4. The Public Health team has also supported a successful bid for social impact funding of a local voluntary group.

It should be noted that in February 2016 Cabinet, as part of the Medium Term Financial Strategy, approved significant reductions to the public health team and the services commissioned from April 2018. As a result it may prove challenging to continue to support the strategy, including accessing external grant funding, within the reduced level of resources.

Legal Implications/Comments

The Child Poverty Act 2010 Part 2- required a number of things from local authorities and their partners:

Section 21 - to cooperate to tackle child poverty in their local areas;

Section 22 - a duty to publish a local child poverty needs assessment (The Harrow child poverty needs assessment was published in October 2016).and

Section 23 - a duty to publish a child poverty strategy for their area.

The Child Poverty Act 2010 was renamed the Life Chances Act 2010 and the requirements for local authorities repealed as part of the Welfare Reform and Work Act 2016, Section 7 Despite this change, the local strategy development group agreed to continue to produce a strategy due to impact of child poverty on health inequalities, which is a local priority.

Risk Management Implications

In developing this strategy, the steering group and stakeholder group have been mindful of the financial situation within the council and it's partner organisations. However, funding still remains a risk to delivery of some of the programmes if further budget cuts are required.

Capacity to deliver and monitor the strategy must also be flagged as a risk as further cuts are planned to public health staffing within the coming year. A set of indications that are already collected elsewhere will be identified to minimize the impact of monitoring the strategy.

Equalities implications

Was an Equality Impact Assessment carried out? No

An EqIA was not carried out.as the strategy is directly impacting on at least one of the protected characteristics. Many of the individual parts of the action plan will already have undertaken EQIAs

The strategy also seeks to reduce the impact on heath inequalities which in itself is not a protected characteristic.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The strategy supports action on the following priorities

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

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

Name: Donna Edwards Date: 20 April 2017	x	on behalf of the Chief Financial Officer
Name: Noopur Talwar Date: 24 April 2017.	x	on behalf of the Monitoring Officer
Ward Councillors notified:		**NO**

Section 4 - Contact Details and Background Papers

Carole Furlong, Public health Consultant, 020 844209508

Andrea Lagos, Public Health Strategist, 020 8736 6240

Background Papers:

A Hand Up, Not A Hand Out: the Annual Report of the Director of Public Health for Harrow 2016
http://www.harrow.gov.uk/info/100010/health_and_social_care/1181/the_annual_public_health_reports

Child Poverty Needs Assessment, 2016 (awaiting publication on website)

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CHILD POVERTY AND LIFE CHANCES

A STRATEGY AND ACTION PLAN FOR HARROW
2017 - 2020

Harrow COUNCIL
LONDON

FOREWORD (ANDREW HOWE)

Child poverty has never been high on the agenda in Harrow since the Act came into force in 2010 and this is because Harrow isn't comparatively deprived at a borough average level. We have to look below the surface and at a range of information to understand where the pockets of deprivation and inequality are in the borough. Our needs assessment shows that housing being one of the biggest issues. Child poverty levels in Harrow are 19% before housing costs (BHC) and rise to 29% after housing costs (AHC). The difference is bigger in some of the more deprived areas for example Roxbourne 28% BHC and 42% AHC.

Mitigating child poverty is a priority for local authorities and is already reflected in the Harrow corporate plan 2016-2019 and also the health and wellbeing strategy. Harrow is generally better than other London boroughs when looking at the index of multiple deprivation (IMD) and child poverty levels. However this report shows that there are children and families in the borough who are experiencing poverty. For example Harrow's high housing and childcare costs can make it harder for low income families and low skilled workers to survive on their incomes.

•Our focus should be on areas of most deprivation but also on new arrivals, those with language barriers, large families, low skills, health problems.

•Housing quality and availability is a major and growing issue. In fact, the cost of decent housing is probably the biggest issue we have locally

•The social determinants of health can impact on a child's health and wellbeing

•Low wages is also an issue locally. Wages paid in Harrow (£489) in 2014 were below the national average of £523.30 and considerably lower than London's average of £660.50. Harrow is not signed up to the living wage.

•Those attending food banks, CAB, registering unemployed, increase in temporary accommodation, rent arrears and debt all indicate pressures families face and can be barometers of poverty levels in Harrow

•The unemployment rate in Harrow was below the rates London and England. However, unemployment in Wealdstone and Marlborough was above London levels.

•We know that there are changes to benefits and welfare, so what will be the impact be of lowering the benefit cap to £23,000 and of universal credit?

Knowing this information and the impact it can have on children's life chances and can be intergenerational. It is challenging in the face of financial challenges and budget constraints but we know how it can blight the life chances of our children and also impact on the economy in years to come. This can only be achieved through collaborative working with key stakeholders and across the council to ensure that there is support for the most vulnerable in our community to mitigate the effects of poverty. Child poverty is everyone's business.

This strategy outlines some of the key focus areas developed through consultation and engaging with key stakeholders to address what we can do on a collaborative level to tackle poverty in Harrow, who are the priority groups and those most vulnerable and what our priorities should be over the next 3 years. By focussing on specific points of the life cycle we can help to alleviate the impact of poverty, for example supporting families into work through the Xcite programme or sourcing funding to tackle health inequalities such as oral health promotion.

TABLE OF CONTENTS

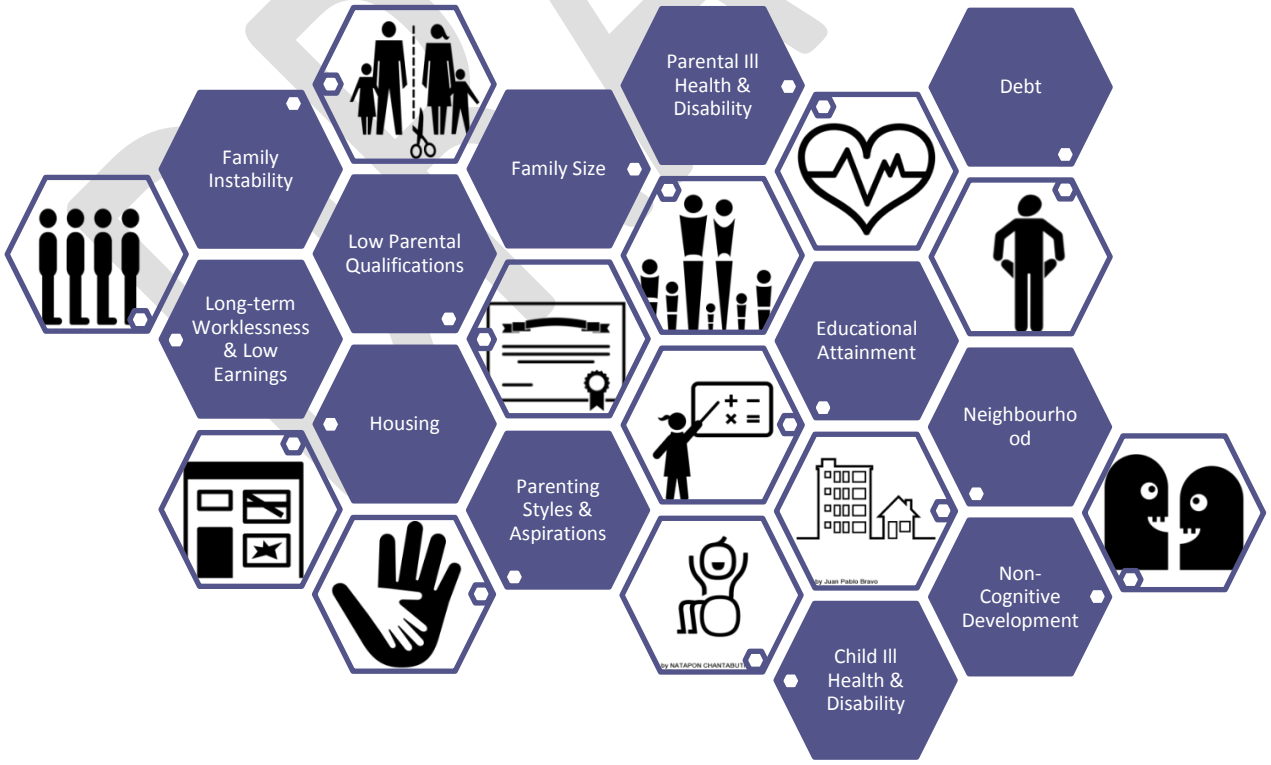
BACKGROUND INFORMATION:

In March 2010 the Child Poverty Act 2010 was passed, compelling action to be taken on local and national levels to meet the target of eradicating child poverty by 2020 in the UK. The Act required the government to publish a child poverty strategy which was published in 2011, and then renewed in June 2014. Independent reviews by Frank Field and Graham Allen which focused on children's life chances and the importance of early intervention. Both reviews are referenced in the governments' national strategies. The Marmot review published in 2010 is also a key player in assessing health inequalities and the impact on poverty.

The Child Poverty Act 2010 also required local authorities and their partners to cooperate to tackle child poverty in their local areas; this included the duty to publish a local child poverty needs assessment (The Harrow child poverty needs assessment was published in October 2016).and a child poverty strategy for their area. The Child Poverty act was renamed the Life Chances Act 2010 and the requirements for local authorities repealed as part of the Welfare Reform and Work Act 2016, Section 7 Despite this change, the local strategy development group agreed to continue to produce a strategy due to impact of child poverty on health inequalities, which is a local priority.

The definition of child poverty that we are using in this document is "children living in households with incomes below 60 per cent of the median income" Children in households with low incomes, are families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income. This measure provides a broad proxy for the relative low-income measure as used in the Child Poverty Act 2010 and enables analysis at a local level.

The Drivers of Child Poverty



THE CYCLE OF CHILD POVERTY

Marmot's *Fair Society Healthy Lives 2008*, shows that there is a direct correlation between socioeconomic status and health outcomes is highlighted. The report proposed the most effective evidence-based strategies for reducing health inequalities in England from 2010. Marmot's work on inequalities stressed that there was a social gradient in health – the lower a person's position the worse his or health. We can identify a number of factors that are driving child poverty today. Many of these have a long term impact and drive poor children to grow up into poor adults. Thus the cycle continues. Children who grow up in poverty are four times as likely to become poor adults, becoming the parents of the next generation of children living in poverty. These are the difficult issues we need to tackle if we are going to make a difference.

OUR VISION FOR HARROW

Our vision for Harrow is:

> ***"To support children and their families break the cycle of poverty and deprivation in order to thrive live safe, happy, healthy and lead successful fulfilling lives"***

Our vision will be achieved through 5 priority areas:

Priority 1: To increase opportunities for parents with English as a second language to enter employment, education and training and support adults in gaining skills

Priority 2: To tackle financial exclusion, including debt management, financial literacy, affordable credit and maximise benefit take up

Priority 3: To increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

Priority 4: To improving health and wellbeing of children and families and access early support services with a focus on looked after children, children at the edge of care, children with Special Educational Needs (SEN)

Priority 5: To support families with housing and in temporary accommodation.

The strategy brings together work that is currently being undertaken across these priority areas and is supported by an action plan. This strategy builds on our child poverty needs assessment 2016. In 2016 consultation took place with stakeholders, residents and the voluntary and community sector in Harrow. The public health team will lead on the delivery of the strategy with the support of cross council partnerships. Progress will be reported to the health and wellbeing board annually.

KEY FINDINGS FROM THE CHILD POVERTY NEEDS ASSESSMENT AND CONSULTATION

We conducted a needs assessment in 2016 which has highlighted some of the key drivers of child poverty in Harrow. We also spoke to various stakeholders through our child poverty workshop and conducted interviews with professionals to understand the views of people who work in different service areas (e.g. Young Harrow Foundation, Housing, Employment, Smoking Cessation, DV and Education) regarding child poverty.

All stakeholders who participated in the interviews identified child poverty as an issue in Harrow, or a problem affecting pockets of areas within the borough. Stakeholders from all interviews have engaged and worked with most at risk groups including, lone parents, access to childcare, long-term unemployed, individuals with language and skill barriers, mental health and disabilities, black and minority ethnic groups (BAME) and those suffering from housing issues and homelessness.

> *"There are usually some common factors of families who are in poverty, these include unemployment, numerous health issues, poor networks of support around them and an income that doesn't meet their needs Interagency communication is key" - Smoking Cessation Specialist*

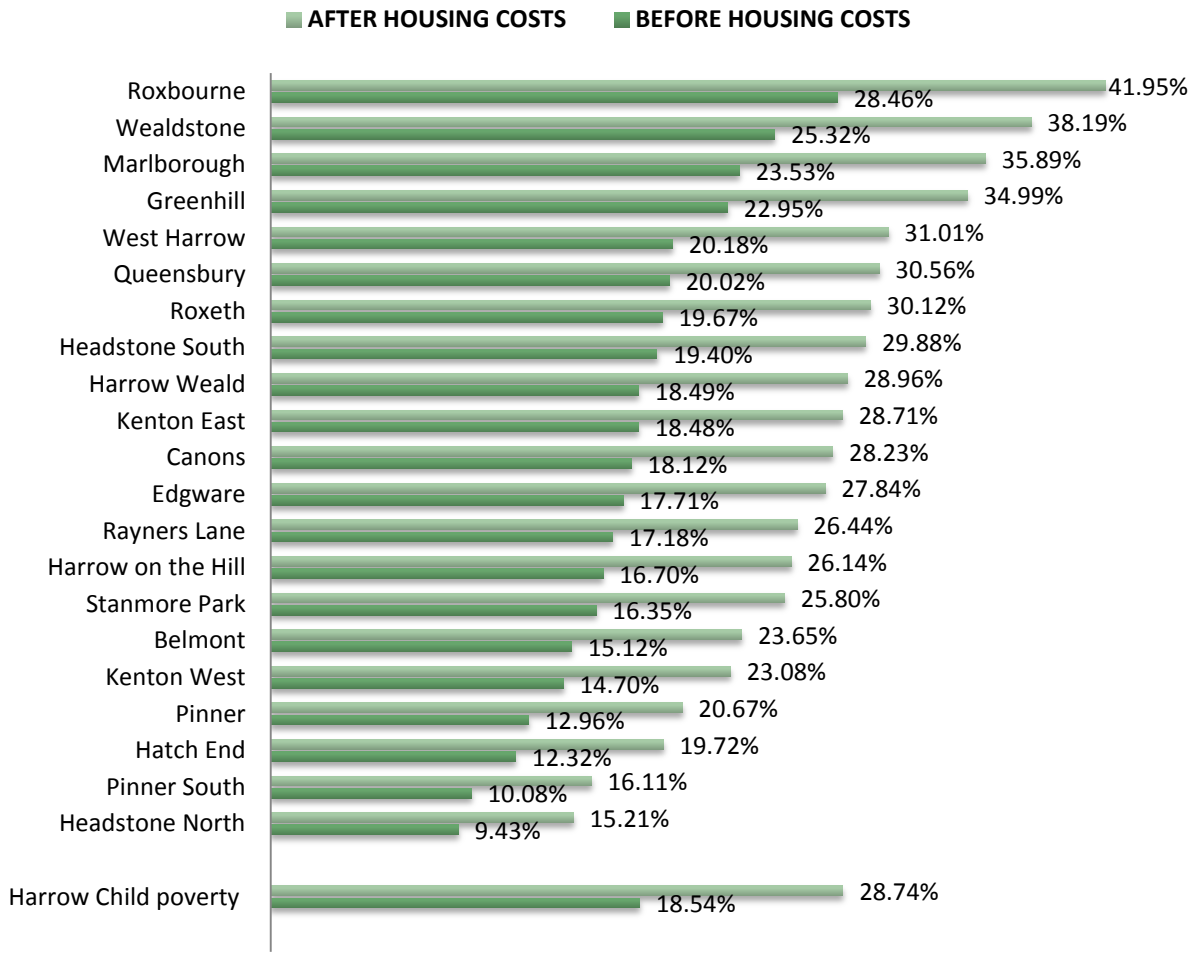
Poverty is damaging to children's health. Children living in poverty are at a significant health disadvantage because being poor negatively affects developing physiological systems. We know from research that living in poverty can have detrimental health consequences that are severe and lifelong. This is linked to multiple health problems that can be costly to treat and cause outcomes that can limit economic potential. And that's not all, it feeds into an unremitting cycle affecting generations.

Giving children a healthy start pays off in health and well-being. This is not just important for children and their families, but for society as a whole.

LEVELS OF CHILD POVERTY

London's poverty profile report shows 27% of people in London were in poverty, 7 percentage points higher than the rest of England which was 20% in 2015. The cost of housing is the main factor explaining London's higher poverty rate.

Child poverty levels in Harrow are 18.5% before housing costs (BHC) and rise to 28.7% after housing costs (AHC). Poverty rises in some of the more deprived areas of the borough, Roxbourne has the highest percentage of child poverty levels with 28.5% BHC rising to 42% after (AHC). Wealdstone, Marlborough, Greenhill, West Harrow, Queensbury and Roxeth have the next highest child poverty levels in the borough.



"In Harrow, there are small pockets of poverty and but they are sometimes hidden by areas that are financially stable. Because of this proximity, people suffering from poverty in these pockets don't ask for help because of pride. They would rather go without help than let people know they are suffering from poverty" - Young Harrow Foundation

DRIVERS OF CHILD POVERTY

LOW INCOME:

Families experience poverty for many reasons, but its fundamental cause is not having enough money to cope with the circumstances in which they are living. A family might move into poverty because of a rise in living costs, a drop in earnings through job loss or benefit changes. Childcare and housing are two of the costs that take the biggest toll on families' budgets. Wealdstone, followed by Roxbourne are the most deprived wards in Harrow for income deprivation affecting children. Harrow's ranking for income deprivation affecting children has improved considerably since 2010 where five LSOAs (Lower Super Output Areas) are in the country's least deprived 10 percent, these LSOAs are situated in Harrow on the Hill, Hatch End, Headstone North, Pinner and Pinner South wards. Harrow CAB reports that the number of enquiries on fuel debt has increased in past three years. In Harrow, there are small pockets of poverty which are occasionally hidden by financially stable areas. Due to this proximity, people suffering from poverty in these pockets do not ask for help and would rather go on without any support then let others know that they are suffering from poverty.

> *"Firstly, people are not aware of foodbanks and secondly, some people are ashamed to be associated to such places. They do not want to be seen going into these places. I have to look for food banks in different areas to accommodate for this" - Decant and Rehousing Officer*

UNEMPLOYMENT:

For January 2017 there were 745,000 people claiming unemployment related benefits. This was: 42,400 fewer than for December 2016 and 2,800 more than for a year earlier. This consisted of: 498,100 people claiming Jobseeker's Allowance & 246,900 people who were seeking work and claiming Universal Credit. There were 1.60 million unemployed people (people not in work but seeking and available to work), little changed compared with July to September 2016 but 97,000 fewer than for a year earlier. **Harrow Claimant Count**: There were 5 more claimants than the previous month and a 17% (271) increase in January 2017 compared to the same month last year.

Lack of work can be associated to a number of factors including, poverty, crime, substance abuse, poor health, low education levels and family breakdowns. In August 2014, there were 2,490 individuals in Harrow claiming Jobseeker's Allowance, a rate of 2.3% which was the lowest level of unemployment of all West London boroughs. According to research, in addition to various other life adjustments, unemployment can hinder a family's ability to purchase less fresh foods and eat a balanced meal due to the high prices of healthy foods.

> *"We have to understand that when parents are not working, this will cascade to the children"- LA officer*

There are a lot of employment programmes in Harrow, either payment by results or only focussed on the short term. . Harrow Council runs a range of programmes through Xcite and these supported over 300 claimants into work in 2016/17 To put things into context, the number of JSA claimants in January 2017 was 1,885, so the 333 people supported into employment is equal to 18% of the total number of jobseekers. The Xcite team work closely with Revenue and Benefits, Housing, and Troubled Families which has helped to reduce the number of

long term unemployed in the borough. (Case studies below). It is important that the targeted interventions offered by this type of locally delivered provision continues. Xcite have targets to sustain clients in employment and to support their development once in work through a Skills Escalator programme. Mental health:

Referrals to the Harrow Multi Agency Safeguarding Hub in Harrow show that the most commonly found presenting needs were domestic violence, accounting for just over 34% of all needs identified, followed by parental substance abuse, accounting for nearly 19% of needs identified. Referrals have also come from some of the areas in the borough where child poverty levels are highest.

CHILDCARE COSTS:

The average spend on childcare per week is £153. This increases to £199 in the North East of the borough and decreases to £86 in the South East Area. The acquisition of childcare is an important parameter which determines the employability status of a parent. Essentially, the take up of formal childcare is lower in Harrow at only 9 percent compared with London (14 percent) and England (15 percent) averages. Access to childcare is a major issue where it is almost impossible to find childcare that is affordable enough to incentivise parents into work. Parents often fail to see the long-term benefits childcare could provide.

> *"Access to childcare is a massive issue, it is nearly impossible to find childcare that is cheap enough to incentivise parents into work, even for those people who want to change. The Young Harrow Foundation are looking at ways to train people from poverty to provide cheap childcare, to benefit all"- CEO Young Harrow Foundation*

Many single parents have more than one child. It is especially difficult for single parents to cope during the half term as not all children are off school at the same time. Parents, therefore find it difficult to take holidays from work and hold the job to look adequately look after children.

LOW WAGES:

Wages paid in Harrow (£489) in 2014 were below the national average of £523.30 and considerably lower than London's average of £660.50. Boroughs with the largest increase in low-paid jobs since 2010 were Harrow (from 21% to 37%), Waltham Forest (from 21% to 35%) and Newham (from 17% to 29%). Research shows when households are faced with financial difficulties, one of the first areas where cuts are made are in relation to household food brought per week, most frequently, healthier foods including fruits and vegetables. However, such cutbacks bring about consequences towards health and wellbeing. The council has secured funds to deliver the Skills Escalator programme to residents in low paid jobs, this programme provides advise and guidance and access to appropriate training to support residents progress into better paid jobs.

> *"I feel more social housing should be provided and wages paid to individuals should be increased as wages in Harrow are lower than other boroughs"- Senior Xcite Employment Advisor*

ENGLISH LANGUAGE BARRIERS:

Kenton East scores highest in relation to those adults who experience barriers to learning and disadvantage in the labour market due to lack of English proficiency. Overall, adult skills levels are worse in the centre, south-east and south-west of Harrow. An LSOA in Harrow Weald, in England's most deprived 20%, is the borough's worst ranked for adult skills. Proficiency in English language can be a barrier to work leading to low paid low skills jobs. School census data shows that in 2013-14 there were 168 languages spoken in Harrow schools representing the richness and diversity in the borough. In January 2014 English as a first language dropped to 38.8%. English along with Gujarati, Tamil, Somali, Arabic and Urdu continue to be the main languages spoken by Harrow's pupils. In line with the changing ethnic groups Middle Eastern and Eastern European languages are increasing significantly year on year.

Language barriers are the second highest deterrent to employment witnessed in the Job Centre Plus. English as an additional language (EAL) is only suitable for people who want to learn basic language skills for day-to-day activities such as, going to the shops, however this is not effective enough to gain these people employment. Lone Parents also face many barriers, including lack of confidence, not being able to find affordable child care as well as skills barriers.

The Council's Adult Community Learning service works with a range of providers to support the delivery of ESOL provision and will be increasing provision on 2017/18.

POOR HOUSING:

Poor housing overcrowding and rising rent in the private rented sector coupled with very low availability of social housing sector and increase in use of temporary accommodation are all associated with poverty. High average house prices in Harrow indicate home ownership to also be out of reach for those on lower incomes. Out of all London boroughs, Harrow has the lowest proportion of social housing, with a low turnover of social housing properties every year. Approximately, 10 percent of Harrow's household live in social rented housing. Despite prevention efforts made by the housing team, there are still a high number of families dwelling in temporary accommodation. Most families who become homeless are likely to be offered a home away from Harrow, often outside London. Homeless households will usually be placed in the private rented sector and are very unlikely to be offered social housing.

Harrow is nationally ranked 24th for overcrowding, where 1st is the most overcrowded. Harrow wards with the highest rates of overcrowding are Greenhill, Edgware and Marlborough. In Harrow, approximately, 6,100 children aged 0-5 years live in the 30% most deprived areas. Living in temporary accommodation is probably the worst type of living situation, being limited in space and creating a reliance on unhealthy meals, such as takeaways. Poor housing conditions, such as overcrowding and disrepair, can lead to a range of health and social problems. The presence of damp and condensation may have a negative impact on health. The lack of space to play, socialise and study can have a negative impact on health and social development, including educational attainment and the stigma of not being able to invite school friends to visit.

> *"Some families have to move out of the borough and go to another as they can't afford rent- they have to upheave everything which is inconvenient for everyone including children as they have to move schools"- LA officer*

There are more private renters in poverty than social renters or owners in London. A decade ago it was the least common tenure among those in poverty. Most children in poverty are in rented housing, half with a registered social landlord and half with a private landlord. The number of children in poverty in private rented housing has more than doubled in ten years.

The wards with the highest rates of overcrowding are Greenhill, Edgware and Marlborough. 400 cases accepted as eligible and unintentionally homeless in 2014/15, more than double since 2013/14 (180) and a huge increase since 2010/11 (45). Loss of private rented accommodation now accounts for nearly 75% acceptances, up from under 40% in 2009/10. There is a huge focus on homelessness prevention through mediation/conciliation, debt and Housing Benefit advice, rent & mortgage intervention, emergency support, negotiation/legal advocacy and the Sanctuary scheme as well as other private rented sector assistance.

WELFARE REFORMS:

Housing reforms plus welfare benefit changes since 2011 have led to an increase in homelessness applications and acceptances in Harrow, resulting in more families being placed in bed and breakfast at an average cost to the council of £12,000 per family per year. Whilst Harrow is a top performer in terms of managing and preventing homelessness (one of the lowest acceptances in London, lowest number in B&B in West London) there are no signs that the upward trend is going to reduce in the near future.

There is often a shortfall between private rented sector rents and the Local Housing Allowance rates on which Housing Benefit entitlement is calculated. Households need to meet the shortfall in rent from their other income, which can be challenging.

Due to high and unaffordable high private rent, certain families have to move boroughs. The family must therefore upheave everything which is inconvenient for everyone including children due to changing schools. If children with Special Education Needs (SEN) move out of Harrow, whilst waiting for a school place, they may be out of education for a long time. Housing and benefit problem may be masked e.g. if children are dropped off at school by transport, staff do not see the parents. How do we 'join the dots' and identify these children?

IMPACT ON EDUCATIONAL ATTAINMENT:

Child poverty has long-lasting effects. By GCSE, there is a 28 per cent gap between children receiving free school meals and their wealthier peers in terms of the number achieving at least 5 A*-C GCSE grades. The inequality gap in achievement in Harrow continues to narrow, however is still above national averages. Of Harrow's schools, 87 percent were good or outstanding as at October 2014, only 12 percent of schools required improvement whilst 2 percent judged inadequate. Whilst pupils in Harrow have performed above national averages overall, particular ethnic groups within Harrow do not fare as well as others. Inequalities in education exist in Harrow, particularly amongst children with special educational needs (SEN), those eligible for FSM and ethnic groups.

CHILD HEALTH:

Concerning health and wellbeing factors for children includes poor mental and emotional wellbeing, tooth decay, obesity, increase in type 2 diabetes in children and low physical activity is worse in areas with higher child poverty levels. In 2011/12, 35.1% of five year olds had one or more decayed, filled or missing teeth. This was worse than the England average. Poor health indicators are, most frequently, found in the more deprived areas of Harrow whilst better health outcomes, in the more affluent parts. Poverty means a parent not able to

keep their property warm enough and buy fresh foods in order to take care of the needs of the child. There have been instances where children are wearing socks or are wrapped up in a duvet at home as the mother cannot afford to pay for heat.

The financial resources coming into the household is usually less where both parents are not working, this is a significant factor of child poverty. Working with troubled families, it is recognised that household income is largely affected by a family out of work. Parental wages and employment greatly impacts children, including how the child is fed.

> *"Child poverty is exacerbated by inequalities and so tackling these inequalities means that we can mitigate child poverty and poor outcomes for children and their families". Marmot*

HIGH IMPACT AREAS TO MITIGATE CHILD POVERTY

Childcare

- Childcare to support people to work / child tax credits
- Free childcare available to those who need it through NEG2,3 and 4 (increasing to 30 hours from September 2017)
- Look at Flexible Childminder pool - best practice example from LBBrent

Housing

- Increase the availability of good, affordable housing to rent or buy.
- Increase social housing in the borough
- Support families in temporary accomodation and affected by the benefit caps

Education

- To reduce the gap in attainment of childrenin priority areas
- Work with Schools and early years providers to support those on Free School Meals
- Skills for jobs in growing sectors where there are skills shortages.

Health

- Increase awareness amongst staff (particularly school staff). Health visitor, GP and pharmay.
- Harrow healthwatch / voluntary and community sector to support vulnerable groups.
- HSL award in schools oral health, healthy eating and physical activity

Skills and employment support

- Bring London Living wage to Harrow
- Support- parents learn skills and secure work / voluntary work
- Raise awareness in communities on support from Jobcentre Plus and other employment and skills providers.
- CAB benefit and debt advice

Whole family approach

- Together with families 1,340 families
- Children in care and known to social services / child protection
- Early Support services and access to local early support hubs, DV
- Working with the voluntary and community sector VAH and Young Harrow Foundation

Funding and inward investment

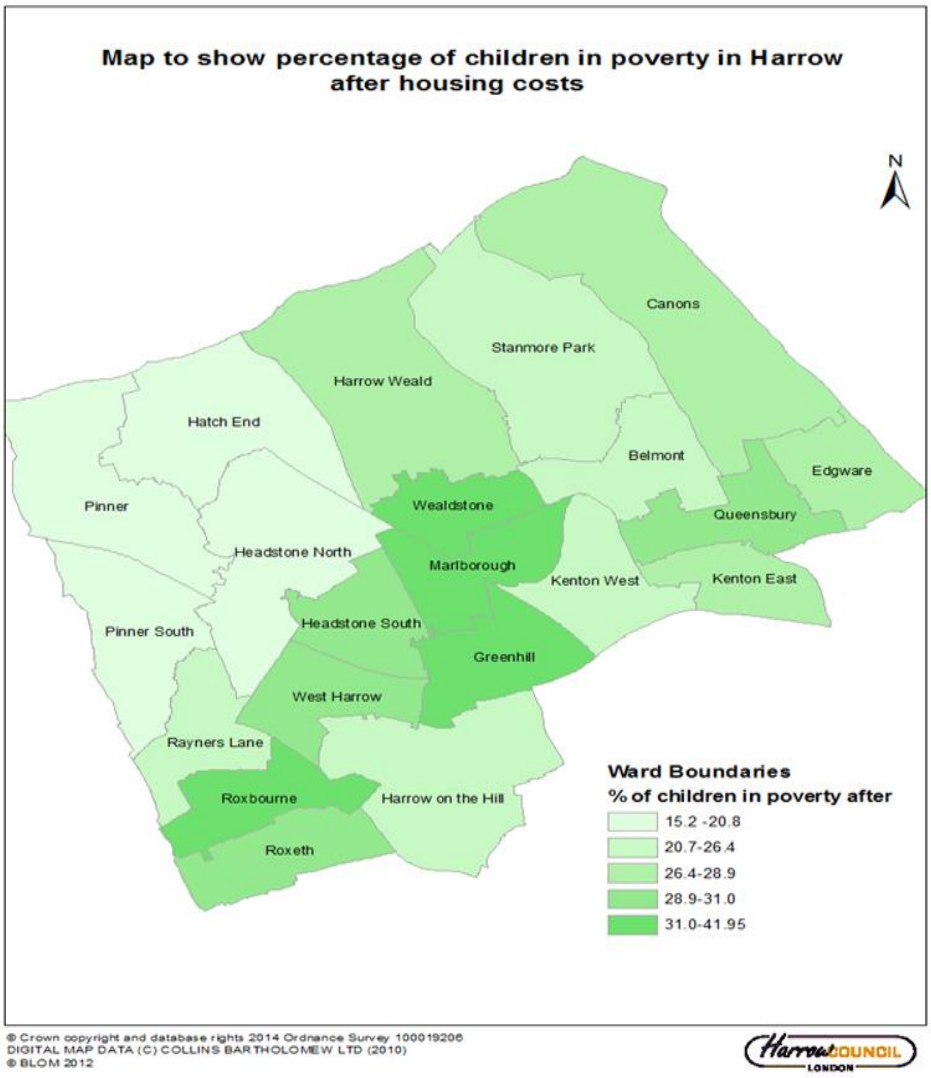
- Sponsorship of pilots to attract funding for example Health Edcation England funding for health improvement interventions
- Funding for back to work support, Regeneration and social regeneration
- Social bonds

Harrow COUNCIL LONDON

OUR STRATEGY

The strategy for Harrow is to focus support and interventions on the eight areas in the borough where the disparity between income and health is higher compared to other ward counterparts. These areas are:

1. Roxbourne
2. Wealdstone
3. Marlborough
4. Greenhill
5. Roxeth
6. West Harrow
7. Headstone South
8. Queensbury



PRIORITIES TO REDUCE CHILD POVERTY IN HARROW

Priority 1: To increase opportunities for parents with English as a second language to enter employment, education and training and support adults in gaining skills

Priority 2: To tackle financial exclusion, including debt management, financial literacy, affordable credit and maximise benefit take up

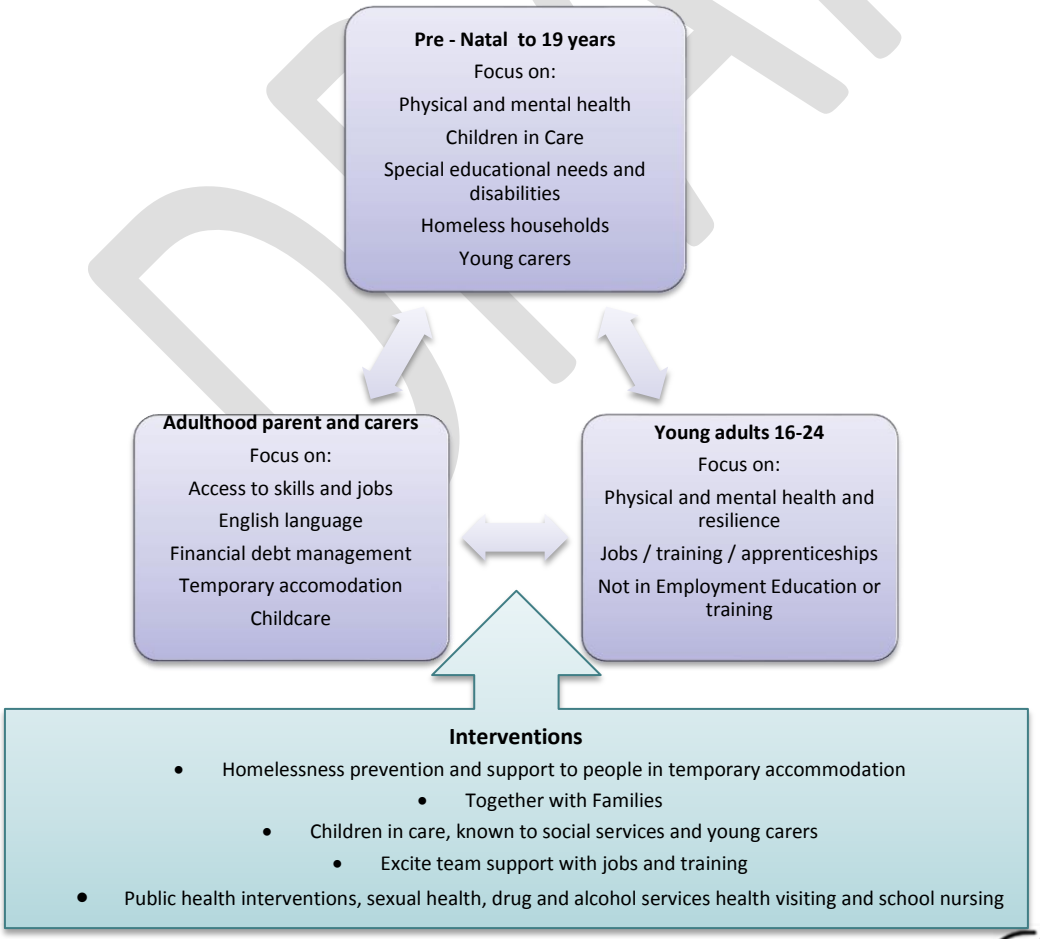
Priority 3: To increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

Priority 4: To improving health and wellbeing of children and families and access early support services with a focus on looked after children, children at the edge of care, children with SEN.

Priority 5: To support families with housing and in temporary accommodation.

THE LIFE CYCLE

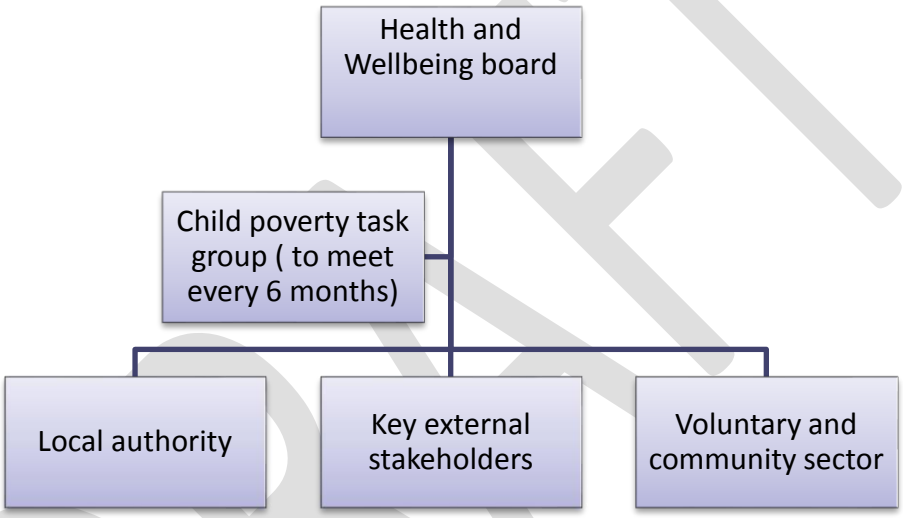
By focussing on specific points in the life cycle where there is need we can begin to tackle inequalities and mitigate child poverty in Harrow. Our vision is underpinned by the life cycle as actions at these specific touch points can have an impact on reducing child poverty and improving the life chances of children and families in Harrow.



GOVERNANCE

Our Child Poverty Strategy sets out actions for the next 3 years (2017 – 2020) and is brings together the existing work plans and strategies into a focussed work stream dedicated at monitoring what we are doing to mitigate child poverty. The strategy covers children and young people aged 0-19 years (25 years for children with a disability) and their families.

Actions and progress towards achieving outcomes will be monitored by the child poverty task group which will report into the health and wellbeing board who will have ultimate responsibility for owning the child poverty strategy and action plan. As well as the health and wellbeing board we would expect that the individual service areas and partners responsible for their operational delivery. It is also proposed that Child Poverty be a standing agenda item at a number of existing strategic groups who already have responsibility for a number of the actions.



ACTIONS TO REDUCE CHILD POVERTY 2017 – 2020					
	Action	**Measures of Success**	**Lead agencies**	**Timescales**	**Links to plans and strategies**
1	**Priority 1: To increase opportunities for parents to enter employment, education and training and support adults in gaining skills**				
	Support unemployed families through the Xcite and Adult Community Learning with a focus on: 1. Long Term Unemployed 2. Barriers to work (language, skills) 3. Skills 4. NEET group 18-24 5. Troubled families extended programme	Number of people into work focus on based on priorities or levels of unemployment	Harrow Economic development team, JCP Adult community learning Karen Bhamra Karen.Bhamra@harrow.gov.uk	Ongoing	Regeneration strategy Harrow Ambition Plan learninharrow.org.uk
	Support families affected by benefit cap	Families to find work for 24 hours to be exempt	Housing and economic development team team Jacky Suiter	Ongoing	Housing strategy Harrow Ambition Plan
	Financial resilience	Number of people supported through CAB, benefit and debt advice Better off calculations	CAB JCP	Ongoing	
	Sign up to London living wage	Sign up to London Living wage	Harrow council	2020	Link to CPAG
	Regeneration programmes 1. 1.75Bn development programme delivered 2. Improved town centre facilities	• Civic Centre redevelopment delivery • Leisure Centre redevelopment	Regeneration team (infrastructure) Economic Development (supporting people into	Ongoing until 2026	LONDON BOROUGH OF HARROW REGENERATION STRATEGY 2014-26

	3. Renewed and expanded housing stock 4. Healthier community 5. Increased economic activity 6. Resilient business base	delivery • Jobs created – apprenticeships, local labour • Local suppliers engaged and spend local supply chain. • Grange Farm estate regenerated	jobs and apprenticeships created)		https://www.harrow.gov.uk/www2/documents/s117992/Harrow%20Regeneration%20Strategy.pdf
	Support families on the together with families programme who fit the following six criteria 1. Parents and children involved in crime or antisocial behaviour 2. Children who have not been attending school regularly 3. Children who need help, Child protection and children in Need, children looked after. 4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness 5. Families affected by DV and abuse. Parents with a range of health problems.	Support 1,340 Families	Harrow council and partners	2020	https://www.harrow.gov.uk/www2/ieDecisionDetails.aspx?Id=62300
2	**Priority 2: Improve life chances for children and young people raising aspirations**				
	Access to Early Support	Number of families engaged with early support hubs	Early Support Hubs	Ongoing	Early Support Hubs
	Access to NEG2,3 and 4	Number of families eligible for NEG 2,3 and 4 grant 30 hours of free childcare from September 2017	Harrow Early Years team	Ongoing	Early Years Strategy and steering group

	Supporting young carers	Number of known Young Carers (up) Average age of Young Carers at identification (down) Quality Assurance & user feedback. Outcome measures (e.g. attainment, attendance, mental health) – for individuals & cohort CIN status end rates	Council Schools CCG & GPs	Most project work to be concluded by October 2017. On-going intra & inter-agency work to continue to identify and support more Young Carers after this.	Harrow Carers strategy JSNA
	Harrow to follow best practices from other boroughs who have a well-established strategy and action plan support – look at similarities and ways of adapting to meet local need Work with Child Poverty Action Group to influence bringing in London living wage to Harrow	Interventions	London Councils CPAG Child poverty commission	Ongoing to 2020	National Child poverty strategy
3	**Priority 3: Improving health and wellbeing of children and families**				
	Number of families accessing health visiting and school nursing service	New health visiting and school nursing contract	Public health commissioning	2018	
	Support children with Special educational needs and disabilities	Number of children supported in Harrow with SEND	Harrow Council launched a new website in September, which sets out the services and support available in our borough for children and young	Ongoing	SEND Strategy, 2015 Transition Plan Safeguarding Board Business Plan Individual Service Plans

			people under the age of 25 with special educational needs and those who are disabled		Learning Disability and Autism Commissioning Strategy, 2015-2018 (draft) http://www.harrowlscb.co.uk/wp-content/uploads/2015/06/Harrow-Disabled-Childrens-Strategy.pdf
	Training and development for early years settings to support public health outcomes including: 1. Oral health 2. Physical activity 3. Healthy Eating and healthy weight 4. Emotional wellbeing 5. Infant feeding 6. Health protection and immunisations 7. Smoking cessation 8. Accident prevention under 4's 9. Healthy start vitamins	Number of training accessed by professionals Number of families supported to improve health and wellbeing	Public health CCG NHS	2016-17	Joint strategic needs assessment Health and wellbeing strategy Public health children and families Action plan 2016-17
	Working with schools Healthy School London award	Number of schools achieving an award	Public health team Schools Early Years Early Support GLA	2016-17	Health and wellbeing strategy
	Supporting families with emotional wellbeing accessing	Number of adults accessing IAPT in Harrow	NHS Commissioned by CCG	2016-2019	

	Like Minded IAPT	Number of children supported by Barnardo's	delivered by Barnardo's		
	Drug and Alcohol services	People with drug and alcohol problems accessing service	Commissioned by public health delivered by WDP and COMPASS	2016-2019	Health and wellbeing strategy
4	**Priority 4: Increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector**				
	Working with the voluntary and community sector capacity building Working with organisations to achieve social change Voluntary Action Harrow is a not-for-profit workers co-operative who support people and not-for-profit organisations to make a difference in their local community	Working with 54 organisations across Harrow Achieving quality standards, reviewing quality from each organisation. Support with funding for grass root organisations Working with local people and groups to identify local needs and develop appropriate action. Providing a range of services that help organisations to succeed.	Young Harrow Foundation Voluntary action Harrow	ongoing	https://youngharrowfoundation.org/
	Harrow Connect	Connect Harrow Council suppliers to Harrow's community and voluntary sector, enabling the latter to benefit from the latter.	Procurement, Economic Development, Strategy	2017	
	Sport England bid	Sport England to fund	Public health Young	2017	Physical activity strategy

		borough led physical activity interventions	Harrow foundation and 30 organisations across Harrow		
5	**Priority 5: Support families with housing and those in temporary accommodation**				
	Homelessness prevention	More households prevented from becoming homelessness, fewer households completing the homelessness assessment process	Housing Needs	Ongoing	Homelessness Strategy http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes
	Affordable homes and plans for new housing	Increase in new supply of affordable housing	Housing Regeneration and New Supply, Planning and Regeneration	Ongoing	Housing Strategy http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes
	Supporting people in TA	More households in TA assisted to gain employment, increase their income and find accommodation to meet their housing need	Housing Needs, Xcite	Ongoing	Homelessness Strategy http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes
	Supporting council tenants	More households able to increase their income and manage debts, more households digitally included, reduction in rent arrears, tenants receiving floating support if they require it.	Resident Services, Resident Involvement, Floating Support providers, VCS partners	Ongoing	Housing strategies and policies http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes

ACKNOWLEDGEMENTS

This strategy draws on research and expertise from a number of groups and organisations. We would like to thank all those who have supported this work from across Harrow and wider, namely:

- Child poverty Action Group
- Harrow Housing services, Economic development, the Excite team, social services, intelligence teams, policy and performance, public health, Early intervention team, children's social services and Troubled families
- Voluntary and community sector, HOPE, Young Harrow foundation
- Citizens advice bureau, Harrow Foodbank
- Jobcentre Plus
- NHS health visiting and school nursing teams
- Public health placement volunteer Pooja Vaghela (currently studying Masters and with a chosen area of Child poverty for dissertation)

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1. Vitality Profiles
2. Childcare sufficiency assessment, 2016
3. Joint strategic needs assessment
4. Health and Wellbeing Strategy
5. Housing Strategy 2013-2018
6. Harrow Carers Strategy
7. Harrow Economic and welfare reform impact dashboard
8. Domestic Violence strategy
9. Obesity Strategy
10. Framework I data
11. Child poverty needs assessment 2016
12. Annual public health report 2016 – video link here
13. Physical activity strategy

External reports:

14. Frank Field The foundation years: preventing poor children becoming poor adults, December 2010 http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf
15. Marmot Review, Fair society Healthy lives 2010, http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report
16. Beyond the food bank, 2015 https://www.trustforlondon.org.uk/research/publication/beyond-the-food-bank-london-food-poverty-profile/
17. Graham Allen report on early intervention: next steps, Jan 2011 http://grahamallenmp.co.uk/static/pdf/early-intervention-7th.pdf
18. Government child poverty strategy April 2011, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177031/CM-8061.pdf
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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 May 2017
Subject:	**INFORMATION REPORT –** Better Care Fund (BCF) Update Quarter 3 2016/17 and 2017/18 Planning
Responsible Officer:	Chris Spencer, Corporate Director People Services & Paul Jenkins, Chief Operating Officer, Harrow CCG (Interim).
Exempt:	No
Wards affected:	All
Enclosures:	None

Section 1 – Summary

This report sets out progress on the BCF, Better Care Fund in the third quarter – Q3 of 2016/17.

(Report submitted to NHSE 10 March 2017).

FOR INFORMATION

Section 2 – Report

The Harrow BCF annual plan 2016/17 was originally submitted to NHS England on June 17th 2016. The agreed value of the Better Care Fund in Harrow is £16.258m, £1.181m of which reflects the capital funding in relation to Disabled Facility (the Community Capacity Grant having been discontinued).

The balance of £15.077m allocated to revenue funding supports two agreed schemes.

NHS England subsequently made a number of changes to the reporting format for the plan which was re-submitted on September 8th 2016 along with the S75 agreement between Harrow CCG and Harrow Council.

As a result of the changes to the plan format a number of changes were made to the reporting template which was released later than anticipated incurring a delay in reporting timelines.

This report covers the Q3 report of the 2016/17 plan.

The BCF agreed schemes within the 2016/17 plan include:

- **Protecting Social Care - £ 6.558m.**

  To ensure that maintaining social care provision essential to the delivery of an effective, supportive, whole system of care is sustained. The scheme includes the provision of access and assessment from the acute and community sector, Reablement services, a diverse range of services to meet eligible needs through personal budgets and comprehensive and effective safeguarding arrangements including support to carer's.

  These schemes are a continuation of schemes established in the 2015/16 BCF plan.

- **Whole Systems & Transforming Community Services - £8.519m.**

  Harrow CCG re-tendered its community service contract late summer 2015. The new contract award was made in December 2015 and the new service became operational in May of 2016 with the Community Rapids Discharge service following on October 4th 2016.

  Through the re-commissioning and re-configuration of community services Harrow CCG has better aligned its community service provision with primary and social care towards establishing a Single Point of Access to community services. The new community service provider transferred its IT operating system to EMIS Community, the system used by Harrow GP's on November 7th 2016.

This development will support the CCG and partners to deliver more integrated and joined up services that will support reducing admissions into acute care and delivery of care in community settings.

The community services model underpins the vision for an 'Accountable Care Organisation – ACO' for Harrow which will improve access to care and IMPROVE the patient experience for Harrow registered patients.

Section 3 – Further Information

The 2016/17 BCF plan also agreed a plan to deliver the national conditions as set out by NHS England.

The conditions are as follows:

- Protection of social care services.
- 7 day services to support patients being discharges
- Data sharing – NHS number being used as the primary identifier for health and social care services and appropriate agreements in place
- Joint assessments and lead professionals in place for high risk populations
- Agreement on the impact of changes with the acute sector.

The following are extracts from the Q3 report that indicate our position in relation to the plan. The submission template is no longer pre–populated with activity data – this change occurred in 2016/17.

We have supplied data in narrative form in key areas to give an indication of where we estimate our end position.

National Conditions – Table 3.

Condition (please refer to the detailed definition below)	Please select "Yes" "No" or "No - in progress"	If the answer is "No" or "No –in progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No – in progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services – please confirm:			
(i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically	No – in progress	01/04/2017	There are a number of services operating 7/7 which include an out of hours Emergency Duty Team EDT for social care. Longer term we plan to offer a 7/7 social work service as well as D2A – Discharge to Asses.

appropriate			
(ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No – in progress	01/04/2017	Some services are available 7/7 but not as part of an agreed comprehensive pathway. This will be developed as part of our 'Whole Systems Integrated Care' work programme.
4) In respect of Data Sharing – please confirm:			
(i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
(ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
(iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
(iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	No – in progress	01/04/2017	Work is underway to move towards a single assessment process.
6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans.	Yes		
7. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care.	Yes		

8. Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan.	Yes		

National and locally defined metrics – Table 5.

Non-Elective Admission	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Performance against our NEA targets has deteriorated due to an increase in presentations at the local acute unit. In additional significant pressure on the system during the winter period has also had an impact on performance overall. This issue is being monitored through a range of daily calls and recovery plans overseen by the SRoG/A&E Delivery Board.

Delay Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target.
Commentary on progress:	We have experienced an increase in our DToC numbers since October with the trend continuing through the winter surge period. We have a daily SITREP call with our acute providers, community providers and social care which has enabled us to better manage our DToC numbers which remained in single figures for the CCG. We have also optimised our community bed capacity to support early discharge and we are exploring options for D2A.

Local performance metric as described in your approved BCF plan	Social Care User Satisfaction was identified in the BCF as the local performance metric. This is measured annually
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Data available in Q4.

Local defined patient experience metric as described in your approved BCF plan If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	Overall GP experience
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Current performance is 78% (32% Very Good, -46% fairly good) which maintains the previous quarter and years level of performance.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	108 per 100,000 as at 31st December 2016. The targets this year have been modelled on the pattern of admission seen in 2015-16, with few initially but then a larger number in Q3. The target is being achieved despite pressure from hospital discharges and 'complex cases' in the community. Increasingly, community based solutions are actually more extensive than residential options. Results last year show Harrow was average in London and may improve this year.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
Please provide an update on indicative progress against the metric?	Data not available to assess progress.
Commentary on progress:	Data available in Q4 (Q1 17/18) as annual measure.

Section 4 – Financial Implications

Both the Council and CCG continue to face financial challenges and optimising the allocation of BCF resources remains a key priority of the plan. The HWBB should note that the amount of funding transferring to the Local Authority for 2016/17 was agreed at £6.558m.

The national picture for the finances of the public sector continues to remain very challenging. Projections by London councils based on the government spending plans are for additional reductions of over 30% over the next two years. As a result this is likely to translate into further significant grant cuts in the coming years although projections show on–going pressures on the Councils budgets driven largely by the statutory responsibility on the council to meet the increase in demand relates to individual with complex care needs requiring higher intensity care provision. This national picture is reflected locally as the quarter 3 position reported to Cabinet in February reported an overspend of £2.8m on the Adult Social Care budget.

Financial models to support the development of the local and NWL STP are being jointly developed by CCG CFOs. These plans are expected to assist in contributing to and achieving financial balance for health budgets. These plans will be presented as they are developed for consideration and approval through the relevant governance processes (CCG & LA), to ensure that any proposals can be delivered within the existing MTFS and financial plans.

The CCG has developed a recovery plan that has been submitted to NHSE. For 2017/18 the CCG is planning for £21.2m in year deficit ((6.5)% of recurrent resource limit). To deliver this plan the CCG will need to deliver a £17.5m QIPP (savings) plan.

In February, Council approved the budget for 2017/18, which included growth of £4.629m for Adult social care (funded by the 3% precept) to fund these underlying pressures and the budget assumed the continuation of the BCF funding for the protection of social care. The NHS planning guidance, issued at the end of March, prescribed inflationary uplifts of 1.79% on the 16/17 allocations, although the 2017-18 BCF has yet to be agreed.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The BCF will improve the following priorities:

- Making a difference for the vulnerable
- Making a difference for communities

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Name: Donna Edwards	x	on behalf of the Chief Financial Officer
Date: 20 April 2017		

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Garry Griffiths, Assistant Chief Operating Officer, 0208 966 1067

Background Papers: None