

# Health and Wellbeing Board

## AGENDA

**DATE:** Thursday 7 June 2018

**TIME:** 12.30 pm

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

### MEMBERSHIP (Quorum 3)

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**Chair:** Councillor Graham Henson

**Board Members:**

Councillor Ghazanfar Ali

Councillor Simon Brown

Mina Kakaiya

Dr Amol Kelshiker (VC)

Rob Larkman

Harrow Council

Harrow Council

Healthwatch Harrow

Chair, Harrow Clinical Commissioning Group

Accountable Officer, Harrow Commissioning Group

Councillor Janet Mote

Councillor Christine Robson

Dr Genevieve Small

Vacancy

Harrow Council

Harrow Council

Harrow Clinical Commissioning Group

Harrow Clinical Commissioning Group

**Reserve Members**

Councillor Dean Gilligan

Councillor Maxine Henson

Councillor Dr Lesline Lewinson

Councillor Krishna Suresh

Marie Pate

Dr Sharanjit Takher

Harrow Council

Harrow Council

Harrow Council

Harrow Council

Healthwatch Harrow

Harrow Clinical Commissioning Group

### Non Voting Members:

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Carol Foyle, Representative of the Voluntary and Community Sector

Carole Furlong, Director of Public Health, Harrow Council

Paul Hewitt, Corporate Director - People, Harrow Council

Chris Miller, Chair, Harrow Safeguarding Children Board

Jo Ohlson, NW London NHS England

Vacancy, Borough Commander, Harrow Police

Visva Sathasivam, Interim Director Adult Social Services, Harrow Council

Javina Sehgal, 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](mailto:miriam.wearing@harrow.gov.uk)

# **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: Tuesday 30 May 2018**

# **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. APPOINTMENT OF VICE-CHAIR**

To note the appointment of the Chair of Harrow Clinical Commissioning Group as Vice-Chair of the Board for the 2018-19 Municipal Year.

## **3. 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.

## **4. MINUTES (Pages 5 - 10)**

That the minutes of the meeting held on 8 March 2018 be taken as read and signed as a correct record.

## **5. PUBLIC QUESTIONS \***

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

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

**[The deadline for receipt of public questions is 3.00 pm, Monday 4 June 2018. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

**No person may submit more than one question].**

## **6. 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).

## **7. DEPUTATIONS**

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

## **8. AMENDMENT TO BOARD MEMBERSHIP (Pages 11 - 14)**

Report of the Director of Legal and Governance

## **9. CHILD POVERTY AND LIFE CHANCES STRATEGY AND ACTION PLAN - ANNUAL REPORT (Pages 15 - 46)**

Report of Director of Public Health.

## **10. ACTIVE HARROW PHYSICAL ACTIVITY & SPORTS STRATEGY UPDATE 2017-18 (Pages 47 - 82)**

Report of Director of Public Health.

## **11. BETTER CARE FUND (Pages 83 - 94)**

Report of Director of Adult Social Services and Chief Operating Officer, Harrow CCG.

## **12. 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

## 8 MARCH 2018

**Chair:** \* Councillor Sachin Shah

**Board Members:**

* Councillor Simon Brown	Harrow Council
* Councillor Paul Osborn	Harrow Council
* Councillor Varsha Parmar	Harrow Council
* Councillor Mrs Christine Robson	Harrow Council
* Dr Amol Kelshiker	Clinical Commissioning Group
* Marie Pate (1)	Harrow Healthwatch
* Dr Sharanjit Takher (1)	Clinical Commissioning Group

**Non Voting Members:**

† Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
* Paul Hewitt	Corporate Director, People (interim)	
* Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
* Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council
Jo Ohlson	Director of Commissioning Operations	NW London NHS England
Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
* Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council

<b>Officers (in attendance):</b>	* Donna Edwards	Finance Business Partner, People Directorate	Harrow Council
	* Carole Furlong	Public Health Consultant	Harrow Council

\* Denotes Member present

† Denotes apologies received

## 256. Attendance by Reserve Members

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

### Ordinary Member

Mina Kakaiya  
Dr Genevieve Small

### Reserve Member

Marie Pate  
Dr Sharanjit Takher

## 257. Change in Membership

**RESOLVED:** That the following appointments be noted:-

- Chris Miller, Chair of the Harrow Safeguarding Children Board as a non-voting member of the Board
- Marie Pate as the Reserve representative for Healthwatch Harrow
- Paul Hewitt, Interim Corporate Director People, as a non-voting member of the Board
- Dr Sharanjit Takher as a Reserve representative for Harrow Clinical Commissioning Group
- Carole Furlong, Director of Public Health from 1 April 2018, as a non-voting member of the Board

## 258. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

Agenda Item 9 – Adult Social Care Vision and associated Deputation  
Councillors Chris Mote and Janet Mote declared a non-disclosurable interest in that they were carers. They would remain in the room whilst the matter was considered and voted upon.

## 259. Minutes

**RESOLVED:** That the minutes of the meeting held on 11 January 2018, be taken as read and signed as a correct record.

## **260. Petitions and Public Questions**

**RESOLVED:** To note that no petitions or public questions had been received.

## **261. Deputations**

In accordance with Board Procedural Rule 13.2, the Board received a deputation on Enhancing the Health and Social Care Vision – Developing Community Resilience in Harrow.

The Deputee presented a proposal to set up a Harrow Learning Disability Health and Social Care Focus Group in line with the future vision for the Adult Social Care model outlined in agenda item 9. She stated that, since the Learning Disability Partnership Board had been disbanded, there had been an absence of a formal co-ordinated approach, including individuals, carers, charities and voluntary organisations, to raise concerns and ideas.

The Deputee outlined suggested terms of reference for such a focus group including representation, roles and ways of working. She indicated that she had discussed the proposal and received support from officers of Harrow Council, the CCG, and local MPs.

The Chair thanked the Deputee for providing advance notice of the proposal to enable consideration. Support for and commitment to the formation of a focus group was expressed by all sectors represented on the Board. It was recognised that other boroughs had such a body and it was hoped that a structured engagement would provide increased intelligence of community needs and would support carers as part of a preventative model. The focus group would fit well with the Adult Social Care vision and help build a more specialised learning disability service.

**RESOLVED:** That the proposal presented by the deputation be supported.

## **RESOLVED ITEMS**

## **262. Pharmaceutical Needs Assessment**

The Board considered a report on the Pharmaceutical Needs Assessment for 2018. It was noted that the Health and Wellbeing Board had a statutory duty to complete a PNA at least every three years.

The Designate Director of Public Health introduced the report and highlighted the following:

- the last PNA had been approved three years previously;
- the statutory consultation had been completed and had not identified any gaps in current provision of pharmaceutical services in Harrow nor anticipated any gaps within the next three years;
- the PNA would be reviewed quarterly and supplementary statements issued as necessary;

- one response to the consultation had been with regard to mental health and suicide prevention. Whilst this was not within the scope of the PNA it was suggested that an item on this subject be submitted to a future meeting of the Board.

In response to a question from a non-voting Board Member as to the rationale for the provision of a methadone service to seven pharmacies, it was noted that the methadone service was commissioned by the drug and alcohol provider. Experience had shown that service users used only pharmacies close to their residence. It was intended to submit an item on drug and alcohol services to the July meeting of the Board and the methadone service would be included.

The Vice-Chair welcomed the advanced service provision from community pharmacies and sought information on the envisaged direction of travel, the services that could benefit from incentives and a map of the range of enhanced services provision. The officer undertook to circulate further information and stated that pharmacists were an underused source of expertise. Training in healthy living had taken place and some pharmacists had expressed an interest in providing maternity support services.

The Healthwatch Harrow representative stated that, whilst no concerns had been reported, it could be queried whether 201 responses were fully representative. However complaints had been received regarding lack of awareness on the change in arrangements for repeat prescriptions. The Board was informed of clinical concerns around repeat prescriptions particularly in connection with asthma, diabetes and analgesics.

**RESOLVED:** That

- (1) the Pharmaceutical Need Assessment 2018 be approved as an accurate statement of pharmaceutical needs of the London Borough of Harrow;
- (2) the plan for the maintenance of the PNA over the next three years in order to comply with the regulations be noted.

## **263. INFORMATION REPORT - Annual Public Health Report**

In accordance with the requirements of the National Health Service Act 2006, the Board received the Annual Report of the Director of Public Health 2018 which looked at health and wellbeing across the borough in the form of a suite of ward profiles.

The Designate Director of Public Health introduced the report stating that the profiles indicated the make up of the ward in terms of geography, essential services and residents. Information mirrored the health and wellbeing strategy with sections on Start Well, Work Well and Age Well.

In response to a question, the Director agreed to publish supplemental information on the incidence of diabetes. With regard to long term mental health, it was not classified on a ward basis.

**RESOLVED:** That the Annual Report of the Director of Public Health 2018 be noted.

## **264. INFORMATION REPORT - Adult Social Care Vision**

The Board received a report which set out the Adult Social Care Vision, a three tier approach for the adult social care navigation pathway for citizens, staff and other stakeholders in order to manage customer expectation arising from increased longevity and an increase in referrals.

The Director of Adult Social Services introduced the report highlighting:

- the vision paved the way for integrated health and social care provision, for example to mirror GP cluster hubs with the possibility of colocation. Harrow At Home initiatives included the use of extra care housing to reduce reliance on care homes and could include a cluster of homes with a central hub;
- the aim was the transformation of care from a model of needs to one of strengths and empowerment to make meaningful community connections utilising community assets including the voluntary and community sector;
- digitisation of the website would enable provision of sufficient information for residents to assess their own needs, eligibility for services and the financial consequences of their decisions for their care. Specialist brokers would work with families to identify accommodation and negotiate rent etc.

In response to a question with regard to arrangements with partners to achieve economies of scale, the Board was informed that of work with providers regarding the development of enhanced telecare and adaptive technology.

The Vice-Chair welcomed the Adult Social Care Vision, particularly with regard to prevention and patient empowerment. He suggested a seamless interface between Health and Social Care. Reference was made to the North West London dashboard which identified those with the highest likelihood of hospital admission, in particular frequent A&E attendees. Pilots for telemedicines were noted;

The Director of Adult Social Care undertook to investigate the use of the dashboard to share information and the insertion of a website link to the health website.

In response to a question the officer stated that discussion with the voluntary sector with regard to specialist sourced knowledge and will continue exploration of their key role.

**RESOLVED:** That the report be noted.

## **265. Presentation on the Healthwise Prescribing Pilot**

The Chief Executive Officer, Capable Communities, gave a presentation on the Healthwise Social Prescribing pilot scheme which was funded by the Department of Communities and Local Government through an external grant application undertaken by Harrow Council and managed by Capable Communities Ltd.

The Board noted that the scheme aimed to provide solutions to social issues and to address the wider determinants of inequality within the local demography. Members were informed of the referral process, service provision and financial returns. The organisation was in talks with Harrow Council and CCG with regard to future options.

**RESOLVED:** That the presentation be noted.

## **266. Any other Business**

### **(a) Alexandra Walk In Clinic:**

Due to public perception that there had been changes to the arrangements for the Alexandra walk in clinic, the Chair suggested that the Clinical Commissioning Group update the Board on the position. It was noted that the CCG was currently in the process of re-negotiating the contract with the provider so was unable to disclose any contractual information at this time.

The Interim Chief Operating Officer gave an assurance to the Board that consultation would take place on any changes to the current arrangements which provided up to 60,000 consultations per annum at three walk in centres in Harrow. There was a higher demand for the service than forecast with a particular impact of people who were not registered with GPs. Opportunities were therefore being considered to register those frequently accessing the service. Access to the service was not restricted to Harrow residents and 30% did not live in Harrow.

He informed the Board that additional funding of nearly £500k would be available to increase access and appointments in Primary Care Services for the next three years. Discussions were taking place with the Provider to manage the activity growth.

### **(b) Thank you to Andrew Howe:**

The Board recorded its thanks to Andrew Howe, Director of Public Health, for his services to the Board and Harrow Council and wished him well for the future.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.50 pm).

(Signed) COUNCILLOR SACHIN SHAH  
Chair

**REPORT FOR: HEALTH AND WELLBEING  
BOARD**

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**Date of Meeting:** 7 June 2018

**Subject:** Amendment to Board Membership

**Responsible Officer:** Hugh Peart, Director of Legal and Governance Services

**Public:** Yes

**Wards affected:** All

**Enclosures:** Nil

**Section 1 – Summary and Recommendations**

The Board is requested to consider an amendment to its terms of reference in view of the notification from the Metropolitan Police that it is unable to provide a representative at future meetings of the Board.

**Recommendations:**

That the Board agree to recommend to Council that it amends the terms of reference of the committee to delete a Senior Officer of Harrow Police from the non-voting membership of the Board.

## **Section 2 – Report**

Under s194(11) Health and Social Care Act 2012 a Health and Wellbeing Board is a committee of the Local Authority which established it and for the purpose of any enactment is to be treated as if it were a committee appointed by that authority under s 102 Local Government Act 1972.

Under the constitution, Schedule 3 para 1(j) it is Council that amends the terms of reference for the committees of the Council, deciding their composition and making appointments to them

The non-voting membership of the Board currently includes a Senior Officer of Harrow Police. The Harrow Borough Commander attended meetings as the Police representative.

The Metropolitan Police has advised that it has reviewed the meetings attended by police representatives following the merger of the former Barnet, Brent and Harrow police forces into a combined unit. The Harrow Health and Wellbeing Board is one of the meetings for which it will be unable to send a representative in future.

As a result it suggests that any issues identified by the multi agency representatives on the Board be brought to the attention of the relevant senior leadership team member.

### **Financial Implications/Comments**

No additional costs have been identified as a result of the proposed change to non-voting representation.

### **Legal Implications/Comments**

Under s.194 of the Health and Social Care Act, a local authority must establish a Health and Wellbeing Board. The core membership is set out under that section and may include 'such other persons, or representatives of such other persons, as the local authority thinks appropriate.'

### **Risk Management Implications**

There are no additional risks identified.

### **Equalities implications**

The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes.

## Council Priorities

The Council's vision:

### Working Together to Make a Difference for Harrow

The report incorporates the administration's priorities by improving health and wellbeing for the residents of Harrow and reduce inequalities in outcomes.

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

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

Name: Donna Edwards	<input type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 23 May 2018		
Name: Linda Cohen	<input type="checkbox"/>	on behalf of the Monitoring Officer
Date: 23 May 2018		

<b>Ward Councillors notified:</b>	<b>NO</b>
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## Section 4 - Contact Details and Background Papers

**Contact:** Miriam Wearing, Senior Democratic Services Officer, 020 8424 1542

**Background Papers:** Terms of reference of Health and Wellbeing Board  
Email notification from Police

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**REPORT FOR: HEALTH AND  
WELLBEING BOARD**

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<b>Date of Meeting:</b>	7 <sup>th</sup> June 2018
<b>Subject:</b>	<b>INFORMATION REPORT – Annual Public Health Report</b>
<b>Responsible Officer:</b>	Carole Furlong, Director of Public Health
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Child poverty and Health Inequalities Strategy

**Section 1 – Summary**

This report gives an update of the Child poverty and health inequalities strategy. The report summarises some of the key priorities and actions that the council have taken to mitigate the effects of poverty in the borough, looks at what the most recent statistics say and what it means for us in Harrow

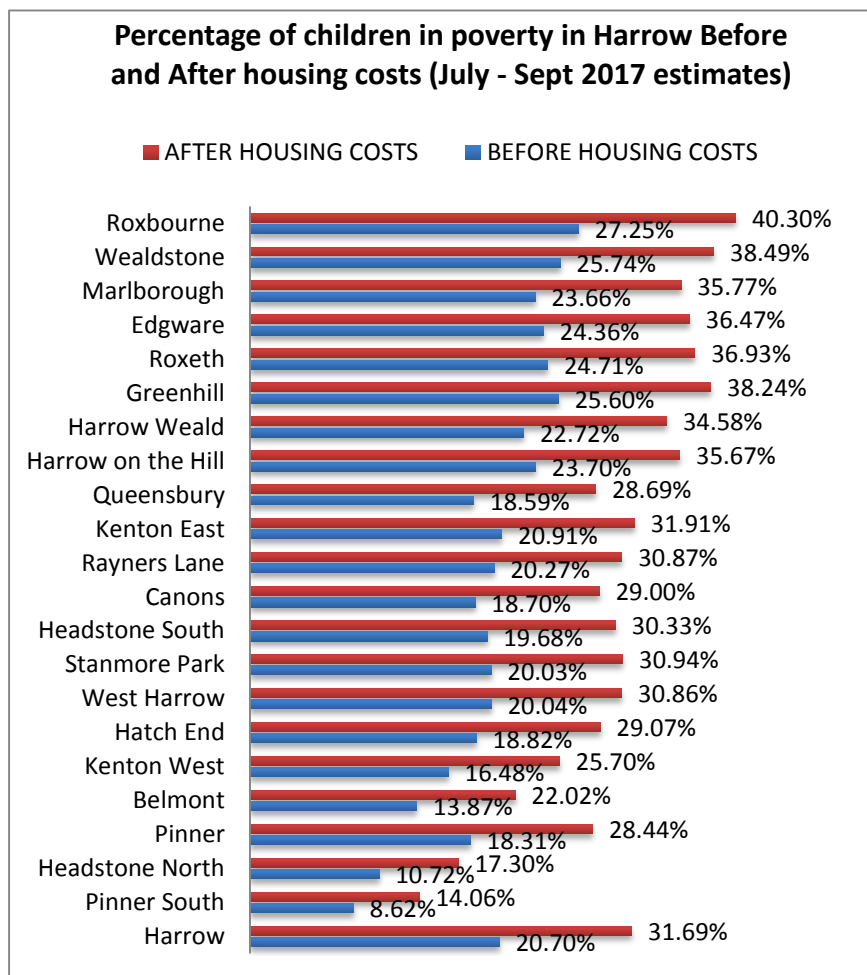
**FOR INFORMATION**

## Section 2 – Report

Public health presented the report on Child poverty at the Health and Wellbeing board in 2016. We committed to developing a child poverty strategy and action plan for Harrow. We engaged with key local partners in the statutory and the voluntary / community sector were invited to agree what we need do to mitigate child poverty and ensure that every child in Harrow has the best opportunity to meet and fulfil their full potential. This report re-visits the priorities set out for Harrow and progress on the strategy and action plan. The report will highlight some of the key actions and activities since the strategy was written.

### Child poverty landscape:

Recent figures<sup>1</sup> show that child poverty still persists in Harrow with higher numbers in poverty after housing costs (AHC). The average number of children in poverty in Harrow before housing costs (BHC) is 11,606 (20.70%). The number of children in poverty AHC goes up to 17,769 (31.69%), shown in the graph below.



Child poverty levels are highest in Roxbourne with 1,018 (27.25%) BHC, and this rises to 1,505 (40.30%) AHC. This is a stark difference when compared to wards

<sup>1</sup> <http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/>

like Pinner South where the levels of child poverty are much lower 201 (8.62%) BHC and 328 (14.06%) AHC.

Child poverty persists as a concern nationally as evidence suggests that the number of children in relative low income households will increase sharply between 2015/16 and 2021/22<sup>2</sup> (Institute of Fiscal Studies) and for a borough like Harrow it will be even more stark for wards such as Roxbourne, Wealdstone and Marlborough where child poverty levels are highest.

Evidence from the child poverty needs assessment we completed in 2016 shows that worklessness, unemployment, low incomes, high living and housing costs, low parental skills, poor health and educational attainment all contribute to higher child poverty rates. Harrow's approach to tackling poverty addresses these issues.

The 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"* (Harrow child poverty and life chances strategy 2017-2020). This vision is underpinned by the 5 agreed 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
- **Priority 4:** To improving health and wellbeing of all 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 and Disabilities (SEND)
- **Priority 5:** Support families with housing and those in temporary accommodation

Key actions are monitored by the child poverty group including colleagues from economic development, housing, early years, children's centres, voluntary and community sector and support from the child poverty action group (CPAG) and are in contact every 6 months and meet annually. The next meeting is in June 2018 where we will be refreshing the action plan.

Since the strategy and action plan were written, we have been able to influence a number of bids and applications for funding. The strategy has been referenced and has helped with a number of applications for funding for example an application to Health Education North West London (HENWL), totalling £64,000 to deliver health

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<sup>2</sup> <http://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf>

related projects targeting some of the most vulnerable people in the borough. Some key actions and activities are outlined below:

### **Public health**

Despite the huge cuts to the public health service in Harrow we are continuing to address improving health outcomes for children and young people. Our three key commissioned services including, the Harrow Substance misuse service, Sexual health service and Health visiting and school nursing (0-19 provider to begin service on 1<sup>st</sup> July 2018) all support families in the borough to improve their health and wellbeing.

The Harrow Substance Misuse Service is tailored for both young people and adults. The role of specialist substance misuse services is to support young people and adults to address their alcohol and drug use, reduce the harm caused by it and prevent it from becoming a greater problem.

Harrow Young People's substance Misuse Service is delivered by Compass. Young people can enter specialist substance misuse services with a range of problems or vulnerabilities relating to their substance misuse. Our Provider delivers an outward looking model to strengthen mainstream services and deal with lower level issues rather than meet all drug and alcohol related needs in-house. Special attention is given to Young People who have wider vulnerabilities and to enable greater engagement. There has been a significant increase in referrals from universal and alternative education in 2017/18 which outweighs referrals from the Youth Offending Team. This trend is potentially positive as it suggests young people are increasingly able to receive appropriate substance misuse interventions at an earlier stage.

Harrow Adult Substance Misuse Service is delivered by WDP. Our Provider WDP has a strong partnership with the local authority Children and Family Services and are co-located at the respective teams via a Hidden Harm Worker. The role of the Hidden Harm worker is to identify and support parents/carers who are involved in problematic drug and/or alcohol misuse and to minimise the impact on their children. This role also contributes to coordinating integrated care plans, communicating between teams and transparency with parents about joint aims of treatment.

As part of the newly commissioned 0-19 Health Visiting and School nursing we are introducing more checks for the most vulnerable at 4-5 months and 3.5-4.5 years, along with vision screening for reception age pupils. There will be an increased frequency of visits by school nurses to schools. The service will be focussing on oral health, healthy weight and school readiness.

Public health have actively supported schools and early years settings through the Mayors Healthy Schools London awards. Harrow have achieved 11 Gold, 16 Silver and 32 Bronze Healthy School London awards which means that schools

are actively working towards improving physical activity, healthy eating and emotional wellbeing of the children at their school. Norbury School, a HSL Gold award achiever for 2017, has been invited to present at the prestigious HSL award ceremony at the GLA to present the work they are doing on Female Genital Mutilation.

### **Housing and Homelessness**

The economic development team continue to give ongoing support to homeless families and those in temporary accommodation. The team support households to increase their income and manage debts, become more digitally included and reduce rent arrears. Tenants also receive floating support if they require it. The team give money advice/money management sessions and will continue to offer these sessions to households that need it. Housing continue run sessions such as Get Online/My Computer sessions in partnership with Xcite and Learn In Harrow. Information on money advice and welfare reform is provided on the housing website/portal and in the Homing In magazine that goes out to social housing residents.

There is a working group on Universal Credit to help the Housing department and tenants to get ready for the change. Housing bought in a specialist magazine for tenants on Universal Credit to give out at the residents meeting and also to a targeted group likely to be affected by UC first. Housing are also developing a digital and financial inclusion strategy for the department.

### **Economic regeneration and employment support**

Harrow is benefiting from a £1.75Bn regeneration investment, primarily into the Heart of Harrow Opportunity area. The programme is delivering 5,500 new homes, two new schools, around 3,000 new jobs. The Regeneration Strategy sets out our objectives to ensure economic benefits for our Communities and Business – by creating opportunities for local businesses, building local supply chains, tackling skills deficiencies and maximising local recruitment.

The Cabinet Report on Social Value in Procurement has led to £57m being spent with local businesses and the employment of residents and creation of apprenticeships on council contracts. The council's Xcite programme provides a range of employment services to help workless residents into sustainable employment, and its Learn Harrow service delivers a range of family learning and functional skills teaching to improve the employability of parents. The Xcite team have been successful in securing funding from the flexible support fund from Jobcentre plus to support lone parents into work. In the last financial year over 300 residents were supported into work by Xcite and Learn Harrow.

## **Section 3 – Further Information**

With the public health team being reduced significantly, the number of projects aimed at improving health and wellbeing will also be impacted. Public health will

continue to monitor child poverty levels in Harrow and work closely with key partners and cross departmentally to capture some of the actions going forward.

## **Legal Implications/Comments**

None

## **Section 4 – Financial Implications**

This report does not have any specific recommendations with financial implications, however it highlights areas of potential spend that may be necessary to address underlying health inequalities within the borough.

Should expenditure be required this will be considered as part of the future commissioning intentions and annual budget setting process and would be expected to be contained within the ring-fenced annual public health grant.

## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? No

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:  
eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010  
advance equality of opportunity between people from different groups  
foster good relations between people from different groups

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

The report considers the impact of poverty on children and an accompanying needs assessment document covers the aspects of equalities legislation that affect or are affected by poverty.

## **Section 6 – Council Priorities**

The Council's vision:

### **Working Together to Make a Difference for Harrow**

This report incorporates the administration's priorities and contributes to the following:.

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

## **STATUTORY OFFICER CLEARANCE (Council and Joint Reports)**

Name: Donna Edwards



on behalf of the  
Chief Financial Officer

Date: 18 May 2018

**Ward Councillors notified:**

**No**

### **Section 7 - Contact Details and Background Papers**

**Contact:** Sally Cartwright, Consultant in Public Health, ext 6185  
Andrea Lagos, public health strategist, ext 6240

**Background Papers:** none

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# CHILD POVERTY AND LIFE CHANCES

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A STRATEGY AND ACTION PLAN FOR HARROW  
2017 - 2020

## 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.

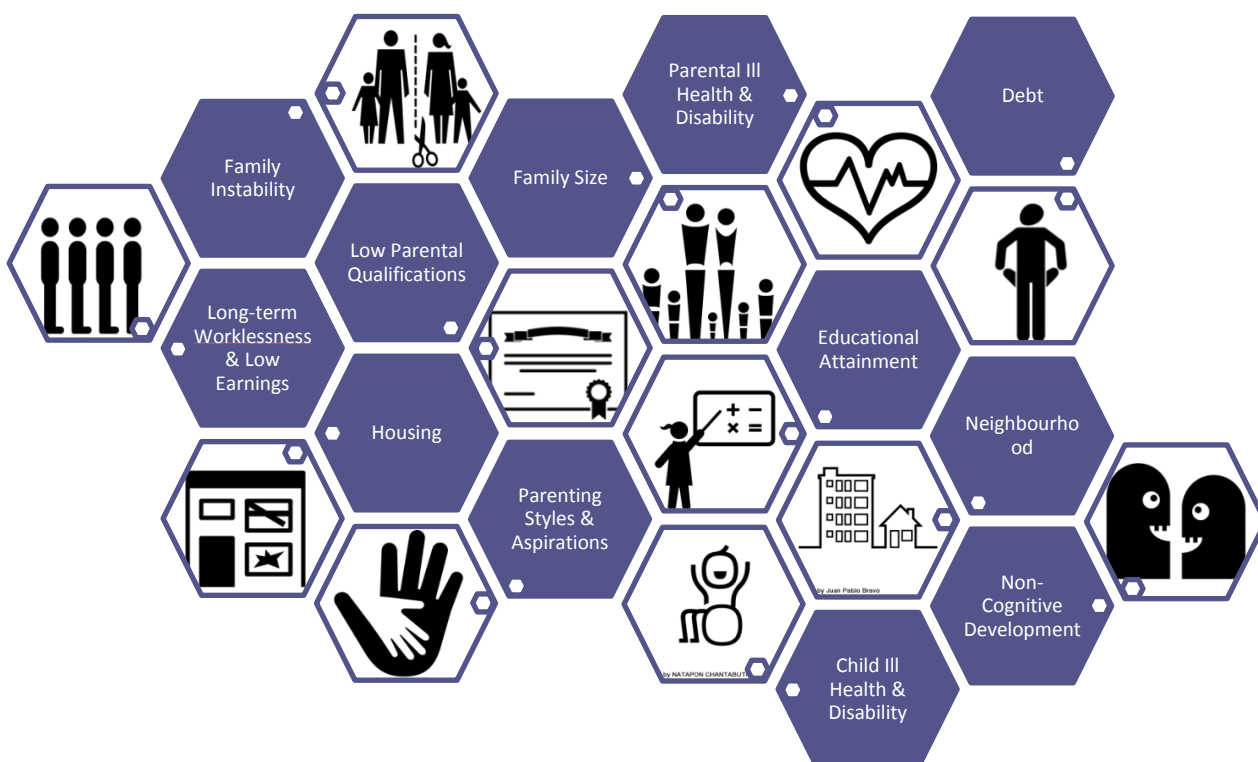
This strategy outlines some of the key focus areas developed through consultation and engaging with key stakeholders to address what we can do on a collaborative level to tackle poverty in Harrow, who are the priority groups and those most vulnerable and what our priorities should be over the next 3 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.

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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 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*

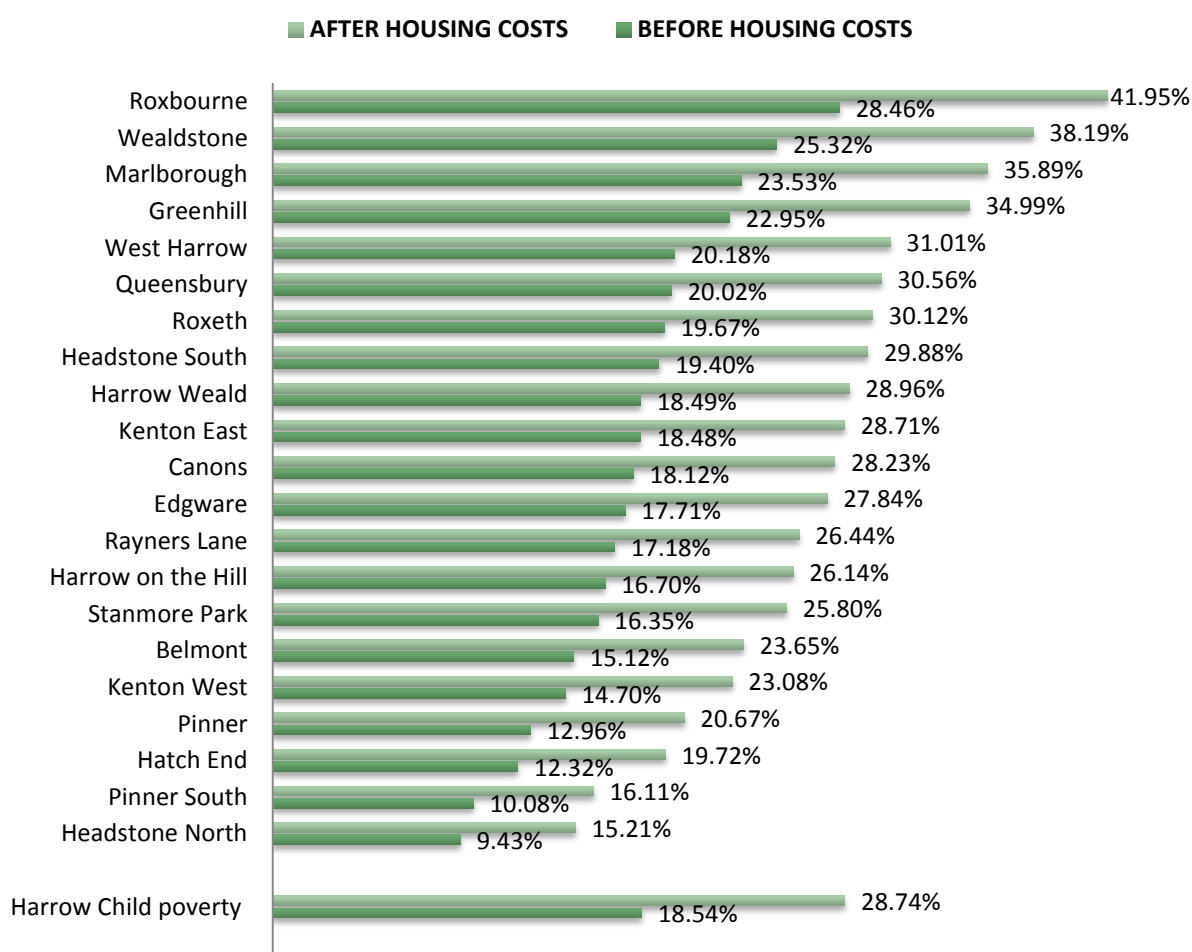
Poverty is damaging to children's health. Children living in poverty are at a significant health disadvantage because being poor negatively affects developing physiological systems. We know from research that living in poverty can have detrimental health consequences that are severe and lifelong. This 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 unrelenting 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. 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 advice 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 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

### Childcare



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

### Housing



- To reduce the gap in attainment of children in 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.

### Education



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

### Health



- 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

### Skills and employment support



- 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

### Whole family approach



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

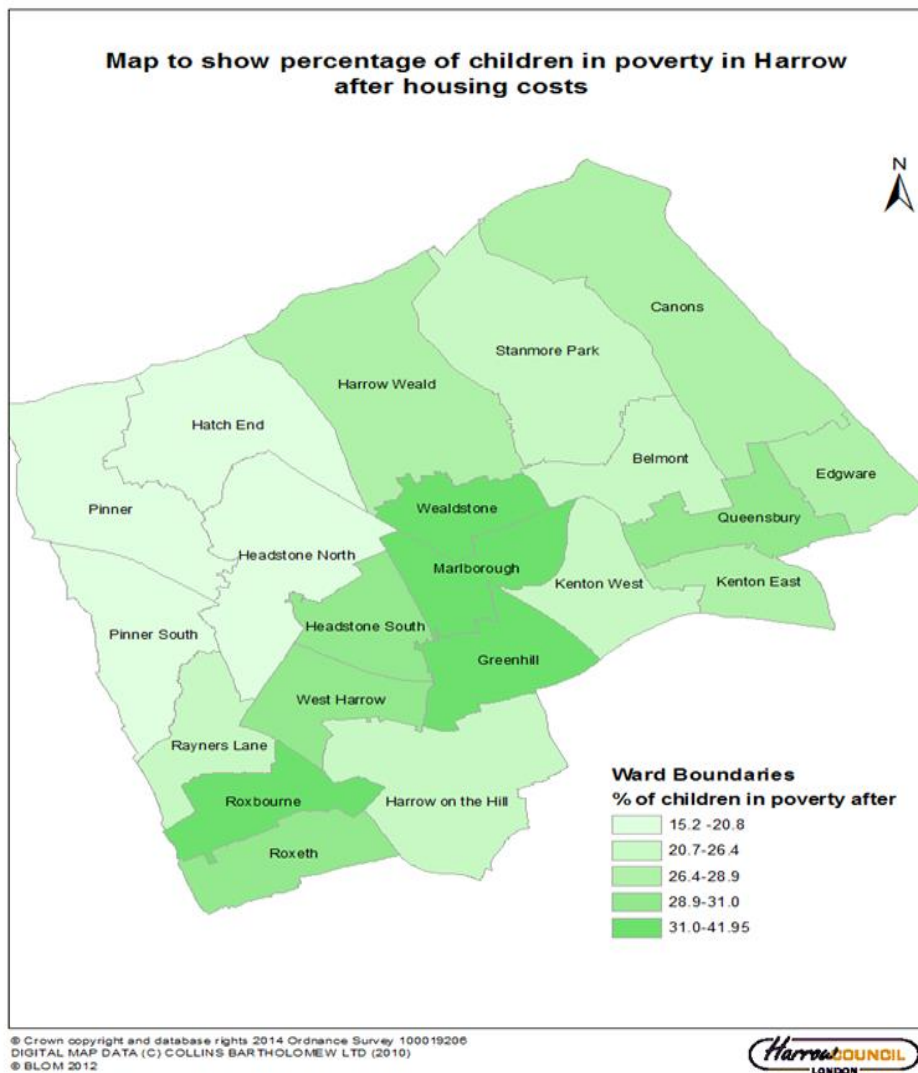
### Funding and inward investment



## 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

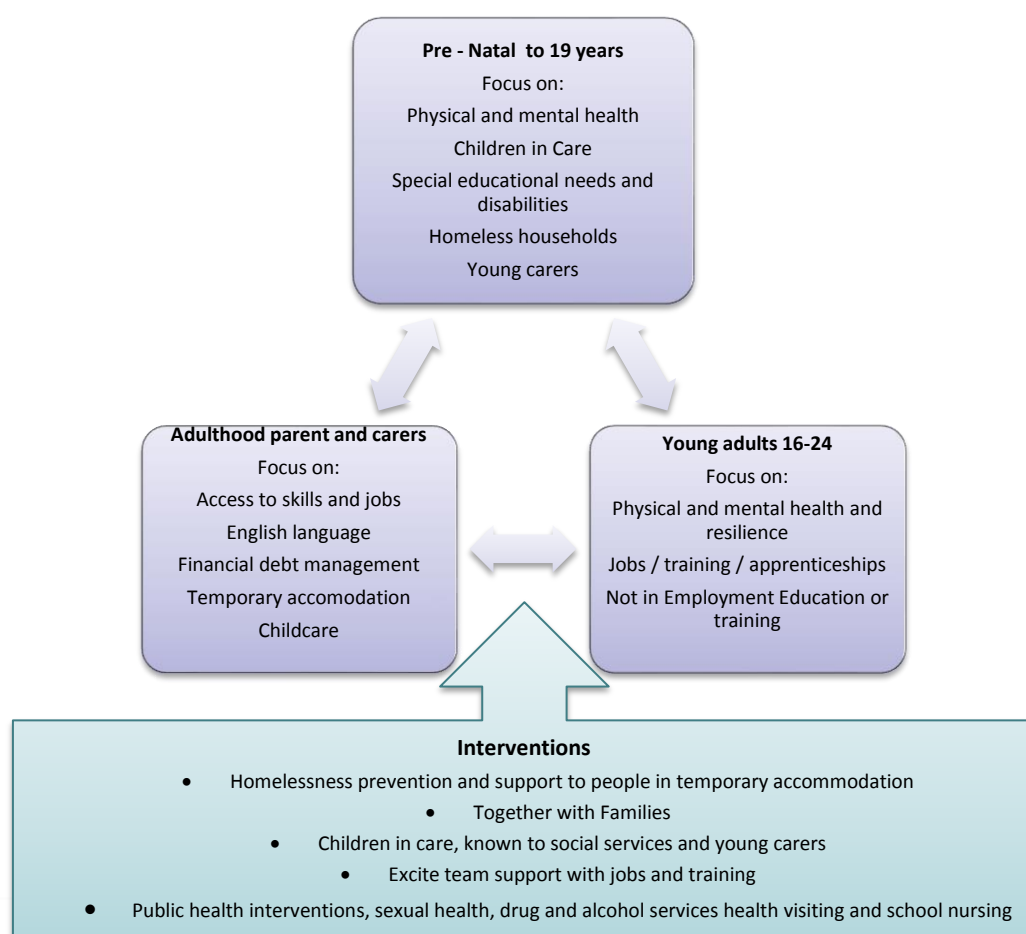
**Priority 3:** To increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

**Priority 4:** To improve health and wellbeing of all children and families. Support families access early support services. Focus improving health outcomes for looked after children, children at the edge of care, children with SEND.

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

## THE LIFE CYCLE

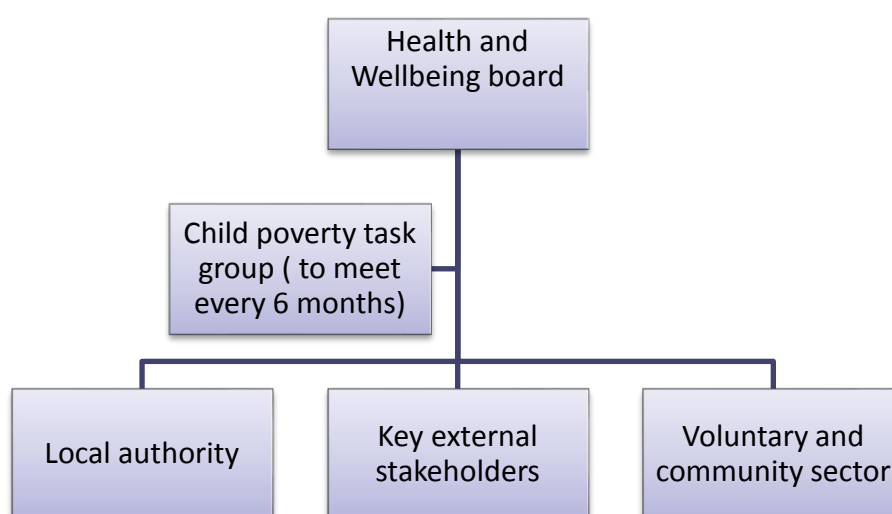
By focussing on specific points in the life cycle where there is need we can begin to tackle inequalities and mitigate child poverty in Harrow. Our vision is underpinned by the life cycle as actions at these specific touch points can have an impact on reducing child poverty and improving the life chances 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	<b>Priority 1: To increase opportunities for parents to enter employment, education and training and support adults in gaining skills</b>				
	Support unemployed families through the Xcite and Adult Community Learning with a focus on: <ol style="list-style-type: none"> <li>1. Long Term Unemployed</li> <li>2. Barriers to work (language, skills )</li> <li>3. Skills</li> <li>4. NEET group 18-24</li> <li>5. Troubled families extended programme</li> </ol>	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 <ol style="list-style-type: none"> <li>1. 1.75Bn development programme delivered</li> <li>2. Improved town centre facilities</li> </ol>	<ul style="list-style-type: none"> <li>• Civic Centre redevelopment delivery</li> <li>• Leisure Centre redevelopment</li> </ul>	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 <ul style="list-style-type: none"> <li>Jobs created – apprenticeships, local labour</li> <li>Local suppliers engaged and spend local supply chain.</li> <li>Grange Farm estate regenerated</li> </ul>	jobs and apprenticeships created)		<a href="https://www.harrow.gov.uk/www2/documents/s117992/Harrow%20Regeneration%20Strategy.pdf">https://www.harrow.gov.uk/www2/documents/s117992/Harrow%20Regeneration%20Strategy.pdf</a>
	Support families on the together with families programme who fit the following six criteria <ol style="list-style-type: none"> <li>Parents and children involved in crime or antisocial behaviour</li> <li>Children who have not been attending school regularly</li> <li>Children who need help, Child protection and children in Need, children looked after.</li> <li>Adults out of work or at risk of financial exclusion and young people at risk of worklessness</li> <li>Families affected by DV and abuse. Parents with a range of health problems.</li> </ol>	Support 1,340 Families	Harrow council and partners	2020	<a href="https://www.harrow.gov.uk/www2/ieDecisionDetails.aspx?Id=62300">https://www.harrow.gov.uk/www2/ieDecisionDetails.aspx?Id=62300</a>
<b>2</b>	<b>Priority 2: Improve life chances for children and young people raising aspirations</b>				
	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	<p>Number of known Young Carers (up)</p> <p>Average age of Young Carers at identification (down)</p> <p>Quality Assurance &amp; user feedback.</p> <p>Outcome measures (e.g. attainment, attendance, mental health) – for individuals &amp; cohort</p> <p>CIN status end rates</p>	<p>Council</p> <p>Schools</p> <p>CCG &amp; GPs</p>	<p>Most project work to be concluded by October 2017.</p> <p>On-going intra &amp; inter-agency work to continue to identify and support more Young Carers after this.</p>	<p>Harrow Carers strategy</p> <p>JSNA</p>
	<p>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</p> <p>Work with Child Poverty Action Group to influence bringing in London living wage to Harrow</p>	Interventions	<p>London Councils</p> <p>CPAG</p> <p>Child poverty commission</p>	Ongoing to 2020	National Child poverty strategy
<b>3</b>	<b>Priority 3: Improving health and wellbeing of children and families</b>				
	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	<p>SEND Strategy, 2015</p> <p>Transition Plan</p> <p>Safeguarding Board Business Plan</p> <p>Individual Service Plans</p>

			people under the age of 25 with special educational needs and those who are disabled		Learning Disability and Autism Commissioning Strategy, 2015-2018 (draft)  <a href="http://www.harrowlscb.co.uk/wp-content/uploads/2015/06/Harrow-Disabled-Childrens-Strategy.pdf">http://www.harrowlscb.co.uk/wp-content/uploads/2015/06/Harrow-Disabled-Childrens-Strategy.pdf</a>
	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
<b>4</b>	<b>Priority 4: Increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector</b>				
	<p>Working with the voluntary and community sector capacity building</p> <p>Working with organisations to achieve social change</p> <p>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</p>	<p>Working with 54 organisations across Harrow</p> <p>Achieving quality standards, reviewing quality from each organisation.</p> <p>Support with funding for grass root organisations</p> <p>Working with local people and groups to identify local needs and develop appropriate action.</p> <p>Providing a range of services that help organisations to succeed.</p>	<p>Young Harrow Foundation</p> <p>Voluntary action Harrow</p>	ongoing	<a href="https://youngharrowfoundation.org/">https://youngharrowfoundation.org/</a>
	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	<b>Priority 5: Support families with housing and those in temporary accommodation</b>				
	Homelessness prevention	More households prevented from becoming homelessness, fewer households completing the homelessness assessment process	Housing Needs	Ongoing	Homelessness Strategy <a href="http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes">http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes</a>
	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 <a href="http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes">http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes</a>
	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 <a href="http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes">http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes</a>
	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 <a href="http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes">http://www.harrow.gov.uk/info/2/00003/new_builds_housing_developments_and_policies/184/housing_changes</a>

## 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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## **REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 7<sup>th</sup> June 2018

**Subject:** **INFORMATION REPORT – Active Harrow Physical Activity & Sports Strategy Update 2017-18**

**Responsible Officer:** Carole Furlong, Director of Public Health, Harrow Council

**Exempt:** No

**Wards affected:** All

**Enclosures:**

- 1) Active Harrow Physical Activity and Sports Dashboard 2017-18
- 2) Active Harrow Physical Activity and Sports Dashboard Commentary 2017-18
- 3) Active Harrow Physical Activity and Sports Dashboard for community organisations
- 4) Active Harrow Strategic Group TOR April 2018
- 5) Summary of South Harrow proposed approach

### **Section 1 – Summary**

This report provides an update on the actions under the objectives in the Active Harrow Physical Activity and Sports Strategy 2016-2020 for 2017-18. Also included is the revised terms of reference (TOR) for the Active Harrow Group.

**FOR INFORMATION**

## **Section 2 – Report**

The Active Harrow Strategy 2016-20 is a partnership of many council departments (Public Health, Transport, Community Engagement, Sports Development) and community and voluntary sectors organisations. The strategy was brought to this board exactly two years ago for endorsement and support and enclosed is an update for 2017-18 against the objectives and outcomes in the strategy.

The update includes;

- 1) Active Harrow Physical Activity and Sports Dashboard 2017-18 – this document shows the achievements against the strategy. We have successes of Health Walks with 352 new walkers and 20 walks operating, 76 early years providers have been trained to deliver the Busy Feet programme and in adult learning walking and exercise now features in the ESOL programme which has 1000 attendees annually. The focus for 2018-19 should be the actions around active travel where we need more clarity around the council travel plan and the active travel measure for schools and also the approach in South Harrow detailed in 5). For a more detailed commentary see 2)
- 2) Active Harrow Physical Activity and Sports Dashboard Commentary for 2017-18- this provides a written summary of the dashboard
- 3) Active Harrow Physical Activity and Sports Dashboard for community organisations (draft) – the Active Harrow Strategic Group decided that the dashboard (above) only captured council achievements and so this document will aim to capture what the voluntary sector are doing to contribute to the Active Harrow objectives.
- 4) Revised Terms of Reference for the Active Harrow Strategic Group and members (April 2018) – this includes a new Active Harrow Strategic Group who will monitor the implementation of the strategy and wider Active Harrow members (Sports clubs etc) will now be supported by London Sport.
- 5) Three slides that summarise the approach used in the Sport England bid the group did last year and proposed by London Sport to develop more ways to be active in South Harrow over the next year.

All information on sport and physical activity opportunities for organisations, professionals and residents in Harrow can be found at [www.harrow.gov.uk/getactive](http://www.harrow.gov.uk/getactive)

## **Section 3 – Further Information**

The TOR state that the Active Harrow Strategic Group will provide updates when relevant and annually to the Health and Wellbeing Board.

## **Section 4 – Financial Implications**

The annual Public Health budget no longer contributes funding towards supporting physical activity in the borough, although Public Health input is provided with PH consultant representation on the strategic group and in supporting funding bids.

The implementation of the Active Harrow strategy does not identify any specific resource requirements from directorates represented in the Active Harrow Strategic Group and any recommended actions arising from the

implementation of the strategy will need to be delivered within existing directorate budgetary provision on an ongoing basis as approved as part of the annual budget setting process.

The existing resources against each area captured in the dashboard for each directorate are currently as follows:

- Sports Leisure and Libraries: £240,000 leisure services contract (although the council receives an income of £990k from the leisure centre), outdoor pitch improvements are funded by Section 106 money from the Kodak site.
- Transport: Travel planning existing budget £130,000
- Adult Learning: This is all funded by DFE grant and DCLG grants
- Parks: Harrow Park User Groups raise money to implement a range of projects and they do this in various ways through the Community Fund, sponsorship, crowd funding, raffles and from funding streams such as Tesco's Bags of Money.

The annual council budget process will determine the available funding within directorates which can be targeted towards the Active Harrow: Physical Activity and Sports Strategy 2016-20. Any changes in funding could affect the objectives and outcomes to be achieved and this will be reported in subsequent strategy updates.

## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? Yes

The strategy is focused on improving access to physical activity opportunities for vulnerable groups and initiatives will be tailored and targeted accordingly. The action plan and enclosed update identifies some of the indicators used to measure success.

## **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
  - Making a difference for communities
  - Making a difference for local businesses
  - Making a difference for families
- 
- The strategy outlined an approach to improve Harrow as a place making opportunities for being active easier. It highlights the need to ensure that our planning, transport and regeneration programmes promote and encourage active lives from the moment our residents step out of their

front doors with pleasant and safe spaces for walking, cycling, exercise and social activities.

- The focus of our approach is to ensure that groups within Harrow who have a higher risk of physical inactivity and the resulting health impacts have improved and better opportunities for being active
- A consultation with the identified vulnerable groups has been undertaken and an on-going dialogue will be maintained through implementation including a recent consultation on use of the leisure centre by inactive groups
- Specific work has been undertaken to engage with parents and children and schools have been highlighted as a priority group and this has been addressed in the subsequent action plan
- The cost of inactivity to LB Harrow is £16 million.<sup>i</sup> Health cost of inactivity in Harrow is estimated to be £4.0 million. Sports and active recreation adds an economic value of £121.4m in improved quality and length of life plus health care costs avoided. It brings in jobs and opportunities for volunteering.

## **STATUTORY OFFICER CLEARANCE**

### **(Council and Joint Reports)**

Name: ...Donna Edwards...	<input checked="checked" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: ...24/5/18.....		

<b>Ward Councillors notified:</b>	<b>NO</b>
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## **Section 7 - Contact Details and Background Papers**

**Contact:** Anna Kirk, Public Health Strategist, ext 5522

**Background Papers:** None

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References

<sup>i</sup> <http://www.ukactive.com/turningthetide/pdf/Turning%20the%20tide%20of%20inactivity.pdf>



[www.harrow.gov.uk/getactive](http://www.harrow.gov.uk/getactive)

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Physical Activity and Sports Strategy	Outcome 2020	Dashboard Indicator	Update May 2018	RAG rating	Annual Target				
					March 2017	Mar-18	Mar-19	Mar-20	Mar-21
Increase participation in sport and physical activity in priority groups by improving the accessibility, range and quality opportunities for sport and physical activity	More people will take up active travel, walk and cycle more	1. Number of new people taking part in walks program	352 new people joined April 17- March	G	100	100	100	100	100
		2. Number of targeted walk programs for priority groups and areas (The indicator March 2018-9 will be to maintain this level of walks)	20 walks running with 5 new walks set up April 17- March 18; Roxbourne Medical Centre Roxeth Park Walk Belmont Centre Walk Elliott Hall Surgery Northwick Surgery	G	5	5	5	5	5
		3. Number of schools taking part in 'Golden Mile' (and number of children recorded)	17 schools were trained to deliver the Golden Mile in January 2017	A	10	10	-	-	-
		4. Number of schools with a HSL award and a physical activity policy (Bronze, silver or gold)	10 gold, 16 silver, 32 bronze March 2018	G	25	15	5	5	5
		5. Number of early years settings supported to promote physical activity (3 hours per day)	44 in March 2017, 32 more by March 2018 (with more training scheduled for Spring) EY settings delivering after Busy Feet training	A	50	50	n/a	n/a	n/a
		(Anna Kirk / Andrea Lagos PH)							



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		6. The reduction each year of the overall proportion of children travelling to school by car (annual survey-schools/travel planning)	<i>School travel surveys completed. We are currently not measuring this due to changes in reporting from TfL. There is no function to calculate this at present and would involve a manual calculation.</i>	TBC	30%	29%	28%	275%	26%
		7. To develop the Harrow Council Travel Plan and implement the measures and achieve outcomes (tbc early 2017)	<i>Work-related travel and commuting including cycling has been handed over to Regeneration Team.</i>  <i>This is now complete. A Transitional Travel Plan (TP) will be in place from July 2018 with measures to support the transition of staff to the new Civic Centre. Once the Transitional TP has been approved the information can be added to this dashboard including measurable outcomes..</i>	TBC	Draft complete by year end	Measures to be implemented			
		<b>(Annabelle Fosu, Transport)</b>							
	More people access leisure services that are affordable	8. The numbers of people accessing council subsidised leisure facilities from our priority groups;							
		a) Number of people accessing free 60+ swimming. Target Average 3,000 per month across both centres	42,265	G	36000	37800	39600	41400	43200



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		b) Number of people accessing ladies BAME groups. <i>Target - Average 500 per month across swimming and gym usage</i>	8,695	G	6000	6300	6600	6900	7200
		c) Number of people accessing service with a disability. <i>Target: Average 350 per month across all centres</i>	4156	A	4200	4410	4620	4830	5040
		d) Number of people accessing the Exercise on Referral scheme at Everyone Active and Aspire	535 new users and 40361 previous EOR participants accessed the centre in 17/18	G	1200	1300	1400	1500	1600
		e) Number of people accessing Exercise on Referral at Aspire leisure services who have a disability	140		TBC				
		f) Number of Harrow Council Staff taking up corporate membership at Harrow Leisure Centre	413	G					
		<b>(Patricia Johnson Sports, Leisure and Libraries)</b>							
	More people from priority communities take up sport	9 a) To promote various sport and leisure development programmes / sports club initiatives in Harrow-							
		Engage minimum of 30 participants in the 10 week 'On Your Marks' disability project – funding only until March 2017	Project now ended : March 2017 67 engaged	30					
		b) Promote 'Sportivate' projects – until March 2	Engaged: 442 Retained actual = 287	Engage 365 retain at 6 weeks: 224	Funding stops March 2017				



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		c) CSPAN wider group attendance	Wider CSPAN meeting for sport clubs held 20/7/17 and 18 people attended. The governance and TOR for Active Harrow have been reviewed (April 2018) and going forward there will be annual meetings of sports clubs and quarterly Active Harrow Strategic group that reports to HWB annually	G					
		d) Number of partners in funding bids	Two partnership EOI for bids were submitted in March 2017 to Sport England bid ; Active Ageing and Local Delivery pilots. These bids were not successful but London Sport were impressed with the approach in the LDP bid and are currently supporting the Active Harrow Strategic Group to take this further by developing an Action Plan for South Harrow	G					
		(Anna Kirk/PH, Harvi Singh Sports Development)							
		10. To deliver Council's Outdoor Sports Pitch Strategy (improvements to pitches, changing facilities, and installation of 3G grass pitches by August 2018	Pre planning application Public Consultation 21 <sup>st</sup> May 2018 for the 3G artificial pitch and improvements to grass pitches. Joint Planning application will then be submitted in June 2018. Multi use planning application for Harrow Weald Pavilion submitted May 2018 .Pitch works to be completed at Bannister August 2018.	A	-	Harrow Weald Pavillion	Pitches complete August 2018	Usage to be monitored	Usage to be monitored
		(Tim Bryan – Libraries, Sport and Leisure)							



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		11. To promote physical activity through social services; in care homes and domiciliary care:							
		a) Number of care homes delivering sitting netball	10 more care homes signed up (bringing the total to 20)	G	10	10	10	10	10
		b) Number of participants in sitting netball		TBC					
		c) Number of physical activity opportunities (e.g.walks started in care homes)		TBC					
		(Una Taylor – Social Services)							
Increase opportunities and awareness for Harrow Council staff to be active	Harrow council to achieve London Healthy Workplace Charter level excellence by March 2017 and other Harrow based employers supported to achieve commitment level 2017-	12. To decrease the amount of car journeys to and from the civic centre	This is no longer happening. Instead the Transitional Travel Plan will replace this in preparation for the move to the new Civic Centre. A new action plan will be agreed by July 2018.2018/19 measures will include promotion of cycling and provision of pool bikes, as well as information and awareness raising campaigns to encourage more active travel. Pool cars will be introduced to alleviate the effects of loss of parking space	TBC	TBC	TBC	TBC	TBC	TBC



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	2020	13.To implement a programme of behaviour change to encourage the uptake of sustainable transport	2018/19 measures will include promotion of cycling and provision of pool bikes, as well as information and awareness raising campaigns to encourage more active travel. Pool cars will be introduced to alleviate the effects of loss of parking space	TBC	TBC	TBC	TBC	TBC	TBC
	(Annabelle Fosu/Kerry Edens -Transport)								
		14.Number of workplaces signed up to LHWC	Due to capacity reductions in PH this area of work will be limited						
		15. Number of Harrow Council staff taking part in activities	75 council staff members took part in free activities at the civic since (17/18) 17. Harrow Council has commissioned a Healthy Food Report including a survey which gives clear actions needed to achieve the next level of LHWC. A new survey of the canteen is looking at staff appetite for daily healthier options and meals. CCG offices at the heights runs regular lunch time group walks	A	15% of staff total	15% of staff total	15% of staff total	15% of staff total	15% of staff total
		16.Number of other organisations to achieve commitment level	1 Harrow Council		0	2	2	2	2
	(Carole Furlong PH)								



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Improve the degree to which Harrow as a place supports residents to be active as a routine part of daily life	More people will access parks, green spaces and growing areas	17. Number of Health Impact Assessments carried out	Two HIAs completed and a further 3 are underway. Large staffing reductions in Public have meant that HIAs have needed to be prioritised	A	5	5	5	5	5
		(Anna Kirk PH)							
	More people will take up active travel, walk and cycle more	18.a) More people will use active transport	The Transitional Travel Plan will replace this in preparation for the move to the new Civic Centre. A new action plan will be agreed by July 20182018/19 target will focus on increasing cycling and walking – specific target TBC once funding confirmed.		Mid 2018				



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		b) Development of Council Active Travel plan	The Transitional Travel Plan will replace this in preparation for the move to the new Civic Centre. A new action plan will be agreed by July 2018		Mid 2018				
		c) Deliver a minimum of 3 initiatives per year for schools	3 completed	G	3	3	3	3	3
		d) Deliver STP workshops twice per year	Due to work workload and unsuitable premises, we are currently not offering this to schools. We visit schools on an individual basis.		2	2	2	2	2
		e) Deliver 3 business/community engagement events per year	Due to resourcing issues we have not held separate events but worked with internal and external organisations to promote and increase awareness of sustainable transport initiatives in Harrow and London		3	3	3	3	3
		f) Increase the number of schools with STARS travel plans:	The number of Accredited schools at Gold and Silver level has increased. As of March 2018 we have 40 Travel Plans in place.	A	40	48	TBC		
		(Annabelle Fosu Transport)							



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59	More people will access parks, green spaces and growing areas	19. To deliver the 'Fitness in Our Parks' programme by March 2017	Fitness in Parks programme ended March 17	G	n/a	n/a	n/a	n/a	n/a
		(Harvi Singh Sports Development)							
	More people will access parks, green spaces and growing areas To increase community participation in management and maintenance of open spaces	20. To ensure parks are maintained and promote their use for physical activity for everyone;							
		a) To ensure all maintenance issues are monitored and dealt with to residents satisfaction and number logged as a complaint decreased	Level of complaints maintained and responded to within 15 days March 2017-April 2018	G	Levels maintained and responded to within 15 days	Levels maintained and responded to within 15 days	Levels maintained and responded to within 15 days	Levels maintained and responded to within 15 days	Levels maintained and responded to within 15 days
		b) Number of newly developed MUGA's	3 New MUGA's were in place by April 2018: (West Harrow Recreation Ground, Kenton Recreation Ground, Rayners Mead ) These will be maintained but no more regular funding for MUGAs identified.	G	1	2	Tbc (based on external funding)	TBC	
		c) Number of newly developed Green/Outdoor Gyms	Existing outdoor gym levels maintained (26)	G	25	25	25	25	25



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		d) Number of new park user groups and expansion of existing ones with new users	New park user group established in Rayners Mead, plan in place for 2 more (Byron Park and Alexandra Park). This will bring the total to 23 operational, 3 partially operational and 1 in start up by April 2018	G	20	20	20	20	20
		(Dave Corby – Community Engagement)							
Work in partnership with stakeholders to make the best use of resources and attract new funding into the borough	More people will access parks, green spaces and growing areas. More people will take up active travel, walk and cycle more	12. A joint communication plan and brand developed by Physical Activity Implementation Group with oversight by Physical Activity Strategy Steering Group within 2016	A communications plan was been developed and the Active 10 walking campaign has ran in Harrow March –May2017- The Wealdstone targeted Facebook campaign in April/May had the following results: Reached 1,655 people. Further work on communications is planned in 18/19 by the Active Harrow Strategic Group						



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		13. Number of clicks on tharrow.gov.uk/getactive	The new web page has been set up www.harrow.gov.uk/getactive in April 2017 and clicks are being monitored Clicks on the link to the Get Active page. (April 2016: 109 - April 2017: 246) and for the year 17/18 3,065 126% increase on web traffic year on year  Walking in Harrow web hits: (April 2016: 42 hits - April 2017: 140 hits) 233% increase in web traffic year on year						
		14. Number of joint promotional events run	Email banner shared with all Active Harrow members						
		(Anna Kirk/Carole Furlong PH)							
	More people joining wellbeing programmes with Adult, Community & family Learning	15. Adult Learning:							
		a) Number of people joining the Active Minds Walk leader training	Active Minds finished in July 2017. .3 people were trained and 2 tutors were trained to run regular walks including fruit picking		16	n/a	n/a	n/a	n/a
		b) Number of people joining a dance course	562	G	337	400		TBC	TBC
		c) Number of people joining a general exercise class including Yoga and fitness	208	G	113	180	190	TBC	TBC
		d) Number of older learners joining health and exercise course	292	G	28	40	40	TBC	TBC



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		e) Number of learners on English classes joining a Mile-a-day or Walking group for academic year 2017-2018	Mile a day has now finished but walking and health is now part of ESOL course. 1,000 people a year take part		n/a	20	30	TBC	TBC
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## **Active Harrow Physical Activity and Sports Strategy 2016-20 Dashboard**

### **Summary for 2017-18**

The following commentary outlines the highlight achievements from the Physical Activity and Sports Active Harrow Strategy Dashboard for the full year 2018/19:

#### **1. Physical Activity and Sports Strategy Outcome: *More people will take up active travel, walk and cycle more***

Walking:

- 352 new walkers joined the Harrow Health Walks scheme in 2017-18 and 5 new walks were set up, 4 of which were from GP surgeries showing the increasing engagement and passion for the scheme among primary care. There are now 20 walks now in Harrow.
- Of the total new walkers since April 2017, 88% are 55 years and above, 71% female, 62% from BME communities, 45% have Long Term Conditions, at least 7% have a disability and 27% just started walking. A new walk started from Northwick Surgery with 19 new walkers from 26th January 2018.
- The Active Harrow Group has submitted an expression of interest to London Sport to be part of a Walking for Health pilot using Facebook Advertising and text message support to drive people to the walks over the Summer.
- Outdoor advertising in line with the Public Health England Active 10 campaign to promote brisk walking for 10 minutes a day has focused on the Wealdstone area. The Wealdstone targeted Facebook campaign in April-August 2017 had reached 1,655 people in the area and 54 of these clicked on the walking app.
- All information on sport and physical activity opportunities for organisations, professionals and residents in Harrow can be found at [www.harrow.gov.uk/getactive](http://www.harrow.gov.uk/getactive).
- The Get Active page: During 17/18 3,065 people visited the page. The page was launched in December 2016 so we don't have a full year comparison but in the month April 2016 it had 109 clicks and in April 2017: 246. This was a 126% increase on web traffic year on year due to Active 10 promotions, use of Harrow People, word of mouth and using the logo as an email banner by Active Harrow members.

Schools:

- 76 Early Years settings delivering after Busy Feet training in 2017-18 with more training in spring 2018.
- By March 2018 Harrow had achieved 11 Golds, 16 Silver and 32 Bronze Healthy Schools London awards. Compared with 2016, where Harrow had 0 Gold, 12 Silver and 27 Bronze awards this marks a great achievement for our Harrow Schools. The bronze award alone means schools have to demonstrate their actions on physical activity.

Active travel:

- As of March 2018 we have 40 School Travel Plans in place and the number of accredited schools at Gold and Silver level has increased.
- A Transitional Travel Plan will be devised for Harrow Council Staff in preparation for the move to the new Civic Centre. A new action plan will be agreed by July 2018. Work-related travel and commuting including cycling has been handed over to Regeneration Team as part of the New Civic Plans.

- 2018/19 measures will include promotion of cycling and provision of pool bikes, as well as information and awareness raising campaigns to encourage more active travel. Pool cars will be introduced to alleviate the effects of loss of parking space

**2. Physical Activity and Sports Strategy Outcome: *More people access leisure services that are affordable***

- We have well exceeded targets access to the leisure centre for 60+ and BAME groups.
- We are behind the target for disabled people accessing the services.
- 535 new people who are overweight and have a long term condition were referred to the Exercise on Referral scheme in 17/18, and 40,361 people who have already completed the Exercise on Referral scheme at Everyone Active accessed the gym in 2017-18. At the Aspire leisure facility 140 people with a disability accessed the Exercise on Referral programme in 17/18.
- The number of Harrow Council staff taking advantage of the staff discount for membership at the leisure centre has increased 100% after promotion internally.

**3. Physical Activity and Sports Strategy Outcome: *More people from priority communities take up sport***

Active Harrow Governance:

- The governance and TOR for Active Harrow members have been reviewed (April 2018) and going forward there will be annual meetings of sports clubs and organisations delivering exercise opportunities, and quarterly meetings of the Active Harrow Strategic group which will reports updates to the Health and Wellbeing Board annually.
- It was agreed at the Active Harrow Strategic Group that community organisations and exercise provider achievements and actions to promote being active should be captured against the strategy outcomes. Attached to this board paper is a draft dashboard to capture this which includes Young Harrow Foundation, Voluntary Action Harrow, Street Games, SPORTED, London Sport and Noire Wellness.
- Sports clubs and those delivering physical activity opportunities in Harrow will be supported going forward by London Sports relationship managers and are required to sign up for two weekly newsletters sharing best practice, funding and support and online training.
- The wider Active Harrow (CSPAN) meeting for sport clubs held 20/7/17 and 18 people attended.

Funding bids:

- Two partnership EOI for bids were submitted in March 2017 to Sport England; Active Ageing and Local Delivery pilots- these were not successful. Having come very close to winning the Local Delivery Pilot bid in autumn 2017, the Active Harrow Strategic Group has been offered support by London Sport to develop the community led approach outlined in the bid in South Harrow. Work has begun on this and an action is being developed to engage further with stakeholders to shape bids later this year to Comic Relief and the GLA (please see the attached slides summarising the proposed approach).

Sports facilities:

- Pre planning public consultation will commence at the end of May 2018 for the 3G artificial pitch and improvements to grass pitches, a joint planning application will then be submitted in June 2018.
- A multi use planning application for Harrow Weald Pavilion was submitted May 2018
- Pitch works to be completed at Bannister August 2018

Social Services:

- 10 more care homes have started using sitting netball equipment bringing the total to 20 by the end of 2017/18.

**4. Physical Activity and Sports Strategy Outcome: *Harrow council to achieve London Healthy Workplace Charter level excellence by March 2017 and other Harrow based employers supported to achieve commitment level 2017-2020***

- Harrow Council commissioned a report by Food Talk in autumn 2017 which outlined the changes to catering arrangements required to reach 'excellence' level. Reduction in capacity in Public Health has meant reduced capacity on workplace health programmes.
- A Transitional Travel Plan will be devised for Harrow Council Staff in preparation for the move to the new Civic Centre. A new action plan will be agreed by July 2018. Work-related travel and commuting including cycling has been handed over to Regeneration Team as part of the New Civic Plans.

**5. Physical Activity and Sports Strategy Outcome: *More people will access parks, green spaces and growing areas***

Parks:

- Previous level of complaints maintained and responded to within 15 days
- 3 existing MUGA's in place and maintained, there is not regular funding for new MUGAs: West Harrow Recreation Ground, Kenton Recreation Ground, Rayners Mead
- 2 New Outdoor Gyms: Woodlands – (North Harrow) Cedars – Opposite Banister
- 26 existing outdoor gym levels maintained – new one built at Cedars.
- New park user group established in Byron and Harrow Weald. This will bring the total to 26 Park User Groups (3 of these are partially active and the rest fully)

**6. Physical Activity and Sports Strategy Outcome: *More people joining wellbeing programmes with Adult, Community & family Learning***

Adult Learning:

- In total 292 older learners signed up for Health and Exercise courses, 562 doing dance, 28 yoga, 33 Tai chi, and 27 Gym and Pilates.
- Walking, keeping active and health is now part of ESOL course - 1,000 attend these annually.
- 3 people were trained and 2 tutors were trained by the Walking for Health to run regular walks including fruit picking.

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## Harlow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)

Active Harrow Objective: Reduce inactivity in priority groups by increasing awareness of the opportunities available and addressing the barriers to participation						
Active Harrow Outcome		More People will take up active travel, walk and cycle more		More people access council subsidised leisure facilities from priority groups		
Organisation		Timescales	Update		Timescales	Update
Noire Wellness						
Young Harrow Foundation	Identification of organisations who could benefit from accessing facilities, for Leisure provider to work with them to overcome/negate barriers to participation.			Identification of organisations who could benefit from accessing facilities, for Leisure provider to work with them to overcome/negate barriers to participation.		
Harlow School Sports Partnership	Influence and promote physical activity programmes to schools, and development of action plans Advocate for schools to engage with travel planning, and developing initiatives to encourage/support active travel			Influence and promote physical activity programmes to schools, and development of action plans		
Voluntary Action Harlow	Identify organisations/groups working with priority groups/area for walks programmes to develop to include.			Identification of organisations who could benefit from accessing facilities, for Leisure provider to work with them to overcome/negate barriers to participation.		
Street Games						
SPORTED						

## Harrow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)

London Sport	Provide learning on successful projects in other boroughs and regions. Provide examples of supplementary services for encouraging/supporting cycling e.g. Bike exchanges for children's bikes.			Support leisure provider to develop processes/services/ staff that are more supportive to providing positive experiences for priority groups.		
Active Harrow Objective	Increase participation in sport and physical activity in priority groups by improving the accessibility, range and quality of opportunities for sport and physical activity.					
Active Harrow Outcome	More people from priority communities take up sport.					
Noire Wellness						
Young Harrow Foundation	Promotion of opportunities to be active shared through existing channels. Supporting funding applications and bringing together key partners – where appropriate					
Harrow School Sports Partnership	Promotion of opportunities to be active shared through existing channels.					
Voluntary Action Harrow	Promotion of opportunities to be active shared through existing channels. Supporting funding applications and bringing together key partners – where appropriate. Identification of organisations who offer similar settings/opportunities to work with older residents, within a care pathway.					

## **Harrow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)**

Street Games	<p>Supporting funding applications.</p> <p>Support delivery organisations to access training to create a greater understanding of young people's needs and adapt their delivery.</p> <p>Support user organisations to deliver activities that better meet the needs/motivations of young people surrounding the space.</p>					
SPORTED	<p>Support funding applications – with guidance on delivering sport for development projects.</p> <p>Support deliver organisations to capacity build, and impact measure.</p> <p>Support user organisations to deliver activities that better meet the needs/motivations of young people surrounding the space.</p>					



[www.harrow.gov.uk/getactive](http://www.harrow.gov.uk/getactive)

More People - More Active - More Often

## Harlow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)

London Sport	<p>Guidance on messaging from our behaviour change marketing lead.</p> <p>Support funding bids with check and challenge (or paid service to write bids).</p> <p>Stakeholder mapping for developing new programmes, projects or networks. Provide NGB contacts.</p> <p>Pilot new approaches to green space activation aimed at leveraging planning funds.</p> <p>Support developing impact measures that help with leveraging communities funding</p> <p>Connect care settings with delivery organisations and training options.</p>					
Active Harrow Objective	Increase opportunities and awareness for Harrow Council staff to be active					
Active Harrow Outcome	Harlow council to achieve London Healthy Workplace Charter level excellence by March 2017 and other Harlow based employers supported to achieve commitment level by 2020.					
Noire Wellness						
Young Harlow Foundation	Sign up to the LHWC Encourage community organisations to sign up to LHWC / adopt strategies for physical activity.					
Harlow School Sports Partnership						



[www.harrow.gov.uk/getactive](http://www.harrow.gov.uk/getactive)

More People - More Active - More Often

## **Harrow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)**

Voluntary Action Harrow	Sign up to the LHWCEncourage community organisations to sign up to LHWCE / adopt strategies for physical activity.					
Street Games						
SPORTED						
London Sport	Analysis of data to show impact on staff and work environment. Impact report focused on leverage funding for staff wellbeing, and cultural buy-in from SMT Provide learning on successful projects in other boroughs and regions. Provide learning on successful projects in other boroughs and regions.					
Active Harrow Objective	Improve the degree to which Harrow as a place supports residents to be active as a routine part of daily life					
Active Harrow Outcome	More people will access parks, green spaces and growing areas.					
Noire Wellness						
Young Harrow Foundation	Identify community organisations to work with/join park users groups to develop programmes in the parks to encourage physical activity.					
Harrow School Sports Partnership	Support schools to access facilities developed near their sites.					
Voluntary Action Harrow	Identify community organisations to work with/join park users groups to develop programmes in the parks to encourage physical activity.					

## Harrow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)

Street Games	Support user organisations to deliver activities that better meet the needs/motivations of young people surrounding the space. Help develop delivery programmes/actions plans for space activation					
SPORTED	Support user organisations to deliver activities that better meet the needs/motivations of young people surrounding the space.					
London Sport	Analyse data to show impact and present to help leverage funds from relevant departments/organisations Pilot new approaches to grey & green space activation aimed at releasing funding.  Support parks and open spaces to collate evidence of impact on health and wellbeing and community safety					
Active Harrow Objective	To work in partnership with stakeholders to make the best use of resources and attract new funding to the borough.					
Active Harrow Outcome	More people joining wellbeing programmes with adult, community and family learning.					
Noire Wellness						
Young Harrow Foundation						
Harrow School Sports Partnership						

## Harlow Physical Activity Strategy Dashboard for Community Organisations and exercise providers May 2018 (draft)

Voluntary Action Harrow	Promote opportunities to get active through the adult learning programme to member organisations					
Street Games						
SPORTED						
London Sport	Guidance on messaging from our behaviour change marketing lead. Analyse data to show impact and present to help leverage funds from relevant departments/organisations					

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## Active Harrow Strategic Group Term of Reference 2018 / 2019

### Aim

To oversee the implementation of Active Harrow: *Harrow Physical Activity and Sports Strategy 2016-20* and delivery of the strategy action plans. The strategy particularly targets those in Harrow who are not doing any activity (less than 30 minutes per week) as they have the most to gain from getting active but the strategy also commits to taking action to make physical activity – in whatever guise – a normal part of everyday life and encourage healthy participation by all.

### Objectives

This group will oversee and monitor progress against the objectives of Active Harrow Strategy and these as follows:

1. Reduce inactivity in priority groups by increasing awareness of the opportunities available and addressing the barriers to participation
2. Increase participation in sport and physical activity in priority groups by improving the accessibility, range and quality opportunities for sport and physical activity.
3. Increase opportunities and awareness for staff from local businesses, organisations and Harrow Council to be active
4. Improve the degree to which Harrow as a place supports residents to be active as a routine part of daily life
5. To work in partnership with stakeholders to make the best use of resources and attract new funding into the borough.

### Specific responsibilities of the Active Harrow Strategic Group

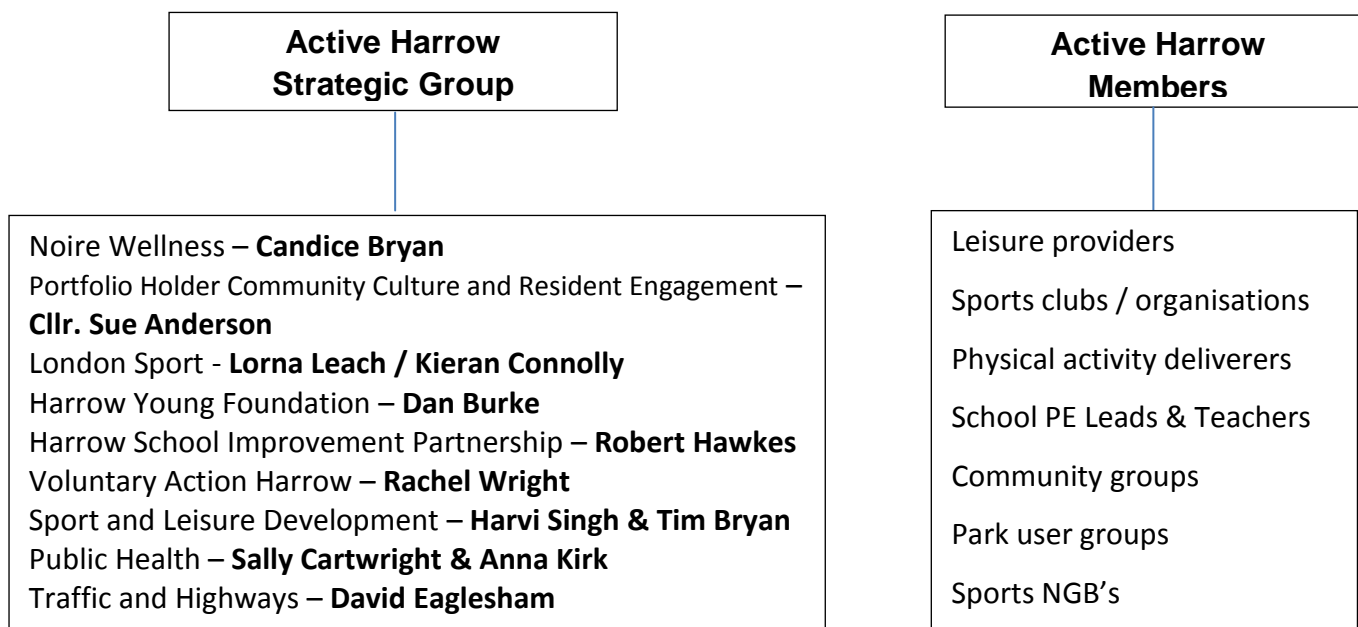
1. To monitor performance, ratify decisions and resolve barriers to implementation of the Harrow physical activity and sports strategy
2. To review and ratify an annual Active Harrow Action Plan and dashboard
3. Ensure the Active Harrow Strategy remains fit for purpose and is refreshed as appropriate
4. To help scope communication channels and support dissemination of key messages from the Active Harrow Strategy Action Plan to all external forums and partners at all opportunities
5. To maintain links with the wider Active Harrow members to support interested stakeholders with projects, funding support and marketing.
6. To support events or workshops, coordinated by the Active Harrow Strategic Group and the Active Harrow members
7. To have a championing role with local, regional and national policy makers, to ensure that policy reflects the needs, experience and aspirations of Harrow residents and promotes and reflects the diversity of Harrows population.
8. To report on progress of the delivery and implementation of the Active Harrow Strategy to relevant internal and external bodies

## Structure

The Active Harrow strategic group will be a small team, which oversees the strategy for 'Active Harrow' and engages with the wider group of Active Harrow members and stakeholders.

The Active Harrow Strategic Group will meet quarterly as determined by the group. All meetings will be held at a nominated venue, ideally in the community. The Strategic Group may be asked to give information and updates that contribute to the monitoring and supporting of the Active Harrow objectives.

The Active Harrow members will be invited to events or workshops, that an organisation in that group may host or be hosted by the Active Harrow strategic group. The members may be asked to give updates that contribute to the monitoring and supporting of the Active Harrow objectives.



## Geographical area

The Active Harrow strategic group will be contiguous in geography with the London Borough of Harrow boundaries.

## Accountability

1. Health & Wellbeing Board - The board will receive annual reports for information on the progress of the strategy against the action plan targets and outcomes
2. Active Harrow Strategic Group - The group will report to the Health & Wellbeing Board on progress, shared issues and opportunities annually and when relevant for information against the action plan
3. London Sport - Will provide insight, knowledge and expertise to all Active Harrow Member organisations working in Physical Activity and Sport.
4. Active Harrow Member Organisations - Will help shape local offer to help meet needs and priorities of Harrow residents and achieve the outcomes included in the strategy including providing updates for the meetings



### **Operation**

The Active Harrow Strategic Group will be governed by the Terms of Reference.

The Active Harrow Strategic Group will be chaired by a nominated individual from the group for a period of two years. He/ She will chair the meetings of the Active Harrow Strategic Group, lead on the production of agendas (in consultation with members) and act as a champion for all actions related to physical activity and sport in Harrow.

The secretariat will be provided by Harrow Council

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## South Harrow

Wards: Rayners Lane,  
Roxbourne and Roxeth

A local, community led delivery  
approach



# Why a community led approach?

We, **Active Harrow Steering Group**, believe that for change to happen, and become permanent it has to be driven by the people it effects, it has to be about what matters to them.

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We believe that physical activity and sport can be used as a tool for driving change across the issues that matter to the people of Harrow, including but not exclusive to:

- Addressing health inequalities
- Crime reduction
- Social exclusion

## Why South Harrow wards?

South Harrow was chosen by the Active Harrow Strategic Group for focus as it has:

- higher levels of physical inactivity, higher obesity and deprivation
- higher crime rates (Annual Public Health Report 2018)

If this approach works well the group will be looking to repeat it in other parts of the borough.

# What will we do?

	Discover	Identify (Engage)	Connect	Mobilise & Empower
What will this look like?	<p>Desk &amp; onsite investigative work</p> <ul style="list-style-type: none"> <li>• Walk arounds</li> <li>• Asset identification (physical, community groups, networks, associations)</li> </ul> <p>Identify key voices in the community to act as 'engagers'</p> <p>Local strengths, support assets, and co-produce solutions, asset identification and project development</p>	<ul style="list-style-type: none"> <li>• Build a rapport with the community engagers – develop their skills to gather insight for this work.</li> <li>• Develop community profile including demographics, statistics but also facilities, spaces, people, strengths</li> <li>• Apply for funding</li> </ul>	<ul style="list-style-type: none"> <li>• Attend network meetings &amp; events</li> <li>• Develop networks where none exist                             <ul style="list-style-type: none"> <li>• Encourage collaboration between groups</li> </ul> </li> <li>• Provide governance and training to support groups</li> <li>• Deliver local events</li> <li>• Apply for funding</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery is community led (development and delivery)</li> <li>• Training delivered</li> <li>• Recruit more community engagers</li> <li>• Share and celebrate success</li> </ul>
Delivery time- frame	2-3 months Now (May-July)	1-2 months (August-September)	6 months (October-March 2019)	Ongoing starting as an overlap with 'connect' October onwards
Outcom es	<ul style="list-style-type: none"> <li>• Stakeholder list</li> <li>• Possible 'engagers' list</li> <li>• Asset list</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce developed</li> <li>• 'Issue' log developed</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative projects and programmes planned</li> <li>• Local engagement event held</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of impact collated</li> <li>• Workforce increased                             <ul style="list-style-type: none"> <li>• Projects and programmes taking place</li> </ul> </li> <li>• Facilities developed</li> </ul>

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**REPORT FOR: HEALTH AND  
WELLBEING BOARD**

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**Date of Meeting:** 07 June 2018.

**Subject:** **INFORMATION REPORT –  
Better Care Fund Q4**

**Responsible Officer:** Visva Sathasivam, Director of Adult  
Social Services & Javina Sehgal, Chief  
Operating Officer, Harrow CCG.

**Exempt:** No

**Wards affected:** All

**Enclosures:** N/A

**Section 1 – Summary**

This report sets out progress on the BCF - Better Care Fund in the fourth  
quarter – Q4 of the 2017/18 plan.

(Plan approved November 2017).

**FOR INFORMATION**

## **Section 2 – Report**

National Guidance for the production of BCF plans was changed in 2017 with CCG's and Local Authorities mandated to produce BCF plans for a two year term rather than the one year term in place since the BCF began in 2013.

Harrow CCG & Local Authority's two year plan was submitted in September 2017 and received formal NHSE sign off in November (2017).

Due to the change in guidance and late arrival of the notification the process had been subject to some delays in relation to the plan submission dates.

This paper covers the end of year report for 2017/18, year 1 of the Harrow BCF 2 year plan 2017/19.

The two year plan was submitted to NHS England with a financial value of £20,903,860 including the sum of £1,293,294 for the DFG – Disabled Facilities Grant and £3,627,827 for the iBCF - improved Better Care Fund both of which are paid directly to the Local Authority.

The balancing figure includes the CCG's contribution to Social Care Services and a range of community based schemes.

Guidance is awaited from NHSE relating to the process for Mid Term Review at which point the financial contributions for the 2<sup>nd</sup> year of the plan will be agreed, although these are not expected to change materially.

### **The BCF agreed schemes within the 2017/18 plan include:**

- **Protecting Social Care - £6.106m**

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 - £9.877m**

Harrow CCG re-tendered its community service contract late summer 2015. The new community services model became operational in May of 2016 with the Community Rapids Discharge service following in October the same year. Since this time the service has evolved to include the Harrow 'Home First' service which provides a rapid discharge service to support hospital discharges and to reduce Delayed Transfers of Care.

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 'Integrated Care Partnership – ICP' (formerly ACS – Accountable Care System) for Harrow which will improve access to care and improve the patient experience for Harrow registered patients.

### **Section 3 – Further Information**

The 2017/18 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 revised guidance also included revisions to the metrics reporting and a new set of metrics relating to the NHSE HICM – High Impact Change Model which covers a wider range of indicators.

The year-end position on each is set out below:

The following are extracts from the Q4 report that indicate our position in relation to the various metrics. This report also has an additional section which includes the summary of year end performance – submitted April 2018.

## BCF Metric Table

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	Winter pressures have resulted in increased referrals in Q4. However at M10 (January) the CCG's YTD NEL admissions were 1% below its Operating Plan target.	NEL levels below plan during term.	None Identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sourcing appropriate placements for patients and users with complex needs remains a challenge for both the CCG and the LA.	Development of new 'Harrow is Home' supported living scheme went live in Feb 2018 and further development of the scheme is in discussion.	Recognition of 'deterioration' training to be implemented at targeted care homes with high conveyance rates to A&E.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	Data currently undergoing analysis and will be available by May 2018.	n/a	None Identified
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	Increased demand over winter period and recording on MH data (which if corrected for 17/18 would improve performance)	Maintained proactive DToC management through daily surge calls with providers. Twice weekly DToC calls with providers, LA, community and the CCG continue. Weekly 'stranded patients' calls continue. Also commissioned additional spot purchase bed capacity (5) to support patient discharge - pathway flow.	ADASS meeting (20th February) with MH trust colleagues to review and agree next steps in relation to data recording challenges.

## HCIM – High Impact Change Model

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	Established		Reporting in place to monitor patients and ensure that patients have a plan in place for discharge.	CCG supported NWLHT 'reset week' which focussed on early discharge planning and reducing delays. The trust continues to implement a process whereby ward managers can escalate any delays which impact on patient flow.	None at present.
Chg 2	Systems to monitor patient flow	Plans in place	Established	Established	Established	Established		Reporting in place to monitor patient flow.	Work planned to improve the patient flow through 'off the clock' areas at LNWHIT i.e. ambulatory care to monitor patient flow.	None at present.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established		We continue to struggle to meet the D2A trajectory despite working closely with our acute and community providers to streamline the process and raise awareness amongst staff of the scheme and its benefits.	More pro - active joint working with our providers has seen a measurable improvement in patient flow through the system. This has been demonstrated when the system has been under significant pressure.	None at present.
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		As above	The process and model has been reviewed and plans are in development to re-design pathways for our local acute centre. These will be subject to CCG sign off before implementation May onwards.	None at present.
Chg 5	Seven-day service	Established	Established	Established	Established	Established		7/7 operation in place for some but not all services - this remains a capacity and resourcing issue.	Continues to be part of our on going discussions. LB Harrow and the CCG are looking at reviewing current service provision and models as part of our WSIC planning.	None at present.
Chg 6	Trusted assessors	Plans in place	Established	Established	Established	Established		We continue to promote the model as part of our WSIC/ACS discussions.	This has been flagged as a development for 18/19 as part of a recent HWBB discussion on new ways of working between the CCG and the LA.	None at present.
Chg 7	Focus on choice	Established	Established	Established	Established	Established		We continue to work with our practitioners and commissioners to promote choice that is manageable and affordable within current available resources.	On - going.	None at present.

Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Established	Established	Established		Resourcing remains an issue for rolling out our Care Homes Programmes but we have secured additional funding to take our planned programme of work forward.	Developed an agreed work programme for our GP care homes leads and secured funding to implement the programme - short term at present.	None at present.
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Hospital Transfer Protocol (or the Red Bag Scheme)										
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.										
		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Established	Established	Established		Resource for implementation and monitoring going forward is challenging if the project is to be sustained. The scheme is currently run by a local GP who is not directly funded by the CCG for this	Harrow currently has 10 care homes "live" with the red bag scheme, there are plans for a further 6 homes to go live within the coming months.	None at present.

## Year End Feedback

### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The plan continues to support work between the key agencies through a clear shared narrative about our intentions and direction of travel. Agreeing the two year plan proved quite challenging for the partners in the context of reducing resources and increasing demand but has proved beneficial in helping us to refine our shared objectives and encouraged greater engagement between the CCG and the LA. We would also hi-light improved
2. Our BCF schemes were implemented as planned in 2017/18	Agree	Yes, all plans and work programmes within the scheme have been implemented but progress has been slower than anticipated in some areas. Developing our shared care model has been impacted by a number of factors i.e. resourcing, significant and fluctuating pressure on the system. These will remain challenges going forward but our open dialogue is enabling us to work more responsively and pro actively.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Agree	This continues to improve - we have been pro-active in reviewing pathways and supporting the system through daily operations led calls, early problem solving and reviewing our ways of working, all of which are having a positive impact, but this is difficult to measure in the short term and is affected by the fluctuating pressure on the whole system.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	We have seen our NEA levels reduce and we will do further evaluation of the schemes to see which is having the most impact and how we might build on this. We have however agreed to continue to develop our integrated work programme with the LA in both our commissioning , strategic and operational functions.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Neither agree nor disagree	Managing delays continues to be a challenge for both organisations as the increase in demand and the complexity of cases presents real challenges in sourcing placements/care services (domiciliary) both short and longer term.
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Neither agree nor disagree	The reablement data is currently under review and will be available by May 2018.
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	The Council have reported a decrease in permanent new admissions for the over 65s. For 2017-18 there were 169 new admissions compared with 182 in 2016-17, although this is a provisional figure as the year-end figures are currently being validated.

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest <b>successes</b>
Success 1	9. Joint commissioning of health and social care	A s75 service level agreement with the CCG has been signed in relation to the management of Personal Health Budgets (PHB's) by the Council, with the partnership now actively exploring joint working including the possibility of an integrated brokerage function together with joint commissioning of placements and services for the health and social care economy.
Success 2	Other	Despite the operational and financial challenges the CCG, LA and providers have worked collaboratively (regularly on a daily basis) to maximise timely assessments and discharges to improve patient flow across the system and avoid further pressures on the wider health and care system.
8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest <b>challenges</b>
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	The financial challenges for both organisations continues to be a limiting factor into 2018-19 and beyond. To assist, the new local Adult Social Care vision will enable progress towards greater integration. The stretching DToC target will continue to be challenging, particularly working with the local acute trust.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Both the CCG and the LA continue to experience challenges in securing a more stable provider market for both residential and community/domiciliary placements: The local area is well served for both residential and nursing care homes, however due to geography the borough is a large importer of patients from the boroughs surrounding the locality where there is less provision. This has made sourcing placements more challenging both in terms of volume and pricing which has become more competitive in recent years as competition for places

## **Narrative**

### **Progress against local plan for integration of health and social care**

The Health & Wellbeing Board at its meeting on 8th March 2018 received a report on the new vision for Adult Social Care which outlined the transformation of its models of care and support. This included reviewing the adult social care navigation pathway for citizens, staff and other stakeholders, with the aim of streamlining and optimising the experience. To support any future changes the CCG and LA are actively discussing a realignment of the commissioning functions for both adults and children's services. This would be particularly beneficial for our older adults population and our high frequency attenders/VW - Virtual Ward patients. The CCG is leading on the development of an Accountable Care System and has identified this cohort as its priority for service mobilisation.

This model has been overwhelmingly agreed by front line staff, managers, service users, the voluntary sector, GP's and the CCG. The new structure to deliver this model is expected to be in place by 1st July and will pave the way for seamless health and social care integration. The LA has a well established safeguarding adults quality assurance service and this will continue to work alongside the CCG to support the market including working with failing providers to maintain good quality provision in Harrow.

### **Integration success story highlight over the past quarter**

One of our local GP's has been working independently on a number of care homes projects for Harrow. The CCG is now working with this practitioner and her small team to roll out the work programme across all Harrow care homes. The work programme includes: HARROW PACT Care Homes Joint Intelligence Group which focusses on training needs for local care homes alongside the training and roll out of the 'red bag' scheme. The meetings take place quarterly and includes the LA and LAS amongst others. Red Bag Scheme, this has been successfully rolled out over 10 homes with a further 6 to go live shortly. 5 day Training Programme: a bespoke training programme that covers the last phase of life, care plans and recognising deterioration. The CCG is actively supporting this work as we have felt for some time that we have a gap around provision of support to care homes where we see a significant number of conveyances to A&E annually. The longer term plan will be to link this work into the NWL STP Older People's team work programme which included a project on care homes and IUC and others including a care homes based telemedicine project - roll out in July 2018. We have seen some reduction in care home attenders through this programme and are working on quantifying the impact more clearly than our current data allows us.

## **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 agreed amount in 2017-18 represented a reduction of £452k on the previous year figure requiring the Council to mitigate this reduction in funding.

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.

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 2018/19 the CCG is planning for £(20.2)m in year deficit ((6)% of recurrent resource limit). To deliver this plan the CCG will need to deliver a £(20.2)m QIPP (savings) plan.

In February, Council approved the budget for 2018-19, which included growth of £5.825m for Adult social care (which included raising 0.5% through the precept) to fund underlying pressures and the budget assumed the continuation of the BCF funding for the protection of social care at the 2017-18 levels of £6.106m.

The NHS planning guidance, issued at the end of March 2017, prescribed inflationary uplifts of 1.9% on the 17-18 allocations, subject to the mid year review.

## **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.....	<input type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 23 May 2018.....		

<b>Ward Councillors notified:</b>	<b>YES/ NO</b> <i>* Delete as appropriate.</i>
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## Section 7 - Contact Details and Background Papers

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

**Background Papers:** List **only non-exempt** documents relied on to a material extent in preparing the report. (eg previous reports) Where possible also include electronic link.

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