

# Health and Social Care Scrutiny Sub-Committee AGENDA

**DATE:** Tuesday 3 March 2020

**TIME:** 7.30 pm

**VENUE:** Committee Rooms 1 & 2, Harrow Civic Centre,  
Station Road, Harrow, HA1 2XY

## **MEMBERSHIP** (Quorum 3)

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**Chair:** Councillor Mrs Rekha Shah

### **Councillors:**

Michael Borio  
Natasha Proctor

Vina Mithani (VC)  
Chris Mote

### **Reserve Members:**

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1. Niraj Dattani
2. Dan Anderson
3. Chloe Smith

1. Chetna Halai
2. Dr Lesline Lewinson

### **Advisers:**

Julian Maw  
Dr N Merali

Healthwatch Harrow  
Harrow Local Medical Committee

**Contact:** Daksha Ghelani, Senior Democratic Services Officer  
Tel: 020 8424 1881 E-mail: [daksha.ghelani@harrow.gov.uk](mailto:daksha.ghelani@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:

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

### **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: Monday 24 February 2020**

# AGENDA - PART I

## 1. ATTENDANCE BY RESERVE MEMBERS

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

Reserve Members may attend meetings:-

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

## 2. DECLARATIONS OF INTEREST

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

- (a) all Members of the Sub-Committee;
- (b) all other Members present.

## 3. MINUTES (Pages 5 - 12)

That the minutes of the meeting held on 21 January 2020 be taken as read and signed as a correct record.

## 4. PUBLIC QUESTIONS \*

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

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, Thursday 27 February 2020. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

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

## 5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

## 6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

To receive any references from Council and/or other Committees or Panels.

**7. UPDATE ON GP ACCESS CENTRES IN THE BOROUGH** (Verbal Report)

Report of the Managing Director, NHS Harrow CCG.

**8. CONSULTATION ON DRAFT HARROW HEALTH AND WELLBEING STRATEGY 2020-2025** (Pages 13 - 36)

Report of the Director of Public Health.

**9. UPDATE FROM NW LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** (Pages 37 - 42)

Report of the Director of Strategy and Partnerships.

**10. DATES OF FUTURE MEETINGS - MUNICIPAL YEAR 2020/21**

24 June 2020 (moved from 23 June 2020) – 7.30pm  
19 November 2020 – 7.30pm  
23 February 2021 – 7.30pm

**11. ANY OTHER BUSINESS**

Which cannot otherwise be dealt with.

**AGENDA - PART II - Nil**

**\* DATA PROTECTION ACT NOTICE**

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

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

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 21 JANUARY 2020

**Chair:** \* Councillor Mrs Rekha Shah

**Councillors:** \* Michael Borio \* Chris Mote  
\* Dr Lesline Lewinson (2) \* Natasha Proctor

**Advisers:** \* Julian Maw - Healthwatch Harrow  
\* Dr N Merali - Harrow Local Medical  
Committee

\* Denotes Member present  
(2) Denotes category of Reserve Member

### 49. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Vina Mithani

Councillor Dr Lesline Lewinson

### 50. Declarations of Interest

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

Agenda Item 55 - Update on Recommendations Set out in the Scrutiny Report on Dementia

Councillor Dr Lesline Lewinson declared a non pecuniary interest in that she was a Visiting Lecturer in Health & Social Care for Bedfordshire University and that her father was in a Harrow Nursing Home. She would remain in the room whilst the matter was considered and voted upon.

**51. Minutes**

**RESOLVED:** That the minutes of the meeting held on 12 June 2019, be taken as read and signed as a correct record.

**52. Public Questions**

**RESOLVED:** To note that no public questions were received.

**53. Petitions**

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

**54. References from Council and Other Committees/Panels**

None received.

**55. Update on Recommendations set out in the Scrutiny Report on Dementia**

The Health and Social Care Scrutiny Sub-Committee in September 2017 had agreed that a review should be undertaken on dementia friendly housing in the borough.

The research undertaken as part of this review had indicated the need for some long-term strategic thinking by the Council to ensure that it was able to meet and manage the needs of a growing ageing population with complex needs, utilising current resources and opportunities, against a backdrop of increasing financial pressures and limited resources.

Through the evidence gathered, five recommendations had been formed and the Sub-Committee received a report providing an update on the progress being made in relation to each of the recommendations as follows:

**Recommendation 1 – Demand for Accommodation**

- The results of the statistical modelling exercise to analyse demand, had estimated that by 2025 a range of between 153-580 people referred to the local authority could be catered for with Extra Care housing, depending on the type of provision and financial arrangements involved and relevant provision available to meet diverse cultural needs;
- Council departments had been working together to explore ways to increase the supply of Extra Care Housing for Older People in the Borough;

- there was currently one Extra Care scheme in Harrow, Ewart House (Harrow Churches Housing Association); however additional Extra Care homes were in the pipeline including Watkins House, having been transferred from Harrow Council to Harrow Churches Housing Association. The Wolstenholme & Rectory site (Harrow Churches Housing Association) would provide 57 units (replacing the 32 current units of sheltered housing on part of the site, thus a net increase of 25);
- the developer of Harrow View East / Kodak had been requested to provide an Extra Care housing scheme as part of the affordable housing contribution for the site; and
- opportunities for additional Extra Care developments were being reviewed on an ongoing basis.

### **Recommendation 2 - Developing a cost neutral solution for Extra Care Housing**

- A number of site options would be explored including the potential for development on the Poets Corner site. The potential for existing older persons housing schemes to be upgraded to better meet the needs of frailer older people was also being considered; and
- a report on Extra Care Housing presented to Cabinet on 15 November 2018 had set out the Adults Social Care vision for extra care housing in Harrow and the strategy to increase the supply of extra care housing for older people in Harrow. Reports would be brought back to Cabinet as options were identified and business cases and funding arrangements developed.

### **Recommendation 3 - Production of Older People's Housing Strategy Update**

A review of all the Council's published Housing Strategies was currently being undertaken and a new Strategy would be reported to Cabinet in 2019/2020 to include, amongst other things, a section on supported housing incorporating Housing for Older People including those with dementia.

### **Recommendation 4 - Refresh the Borough's Joint Dementia Strategy**

- The final draft of the Harrow CCG and Harrow Council Joint Dementia Strategy 2018–2021, presented to the Health and Social Care Scrutiny Sub-Committee in October 2018, had outlined the significant progress that had been made since 2010 in a number of areas;
- the Strategy provided a framework for creating and empowering the dementia environment for people living with dementia and their families;
- the Strategy would be subject to scrutiny to identify potential gaps and learn from comments received;

- since publication of the Strategy work had been carried out collaboratively on delivering several themes forming the dementia Improvement Plan including: Admiral Nurses; Dementia Hub; A clear pathway for people living with dementia; single point of access; information and training;
- a new post-diagnosis pathway had been designed and was being tested before full implementation;
- a second Dementia Hub at the Bridge Centre, Christchurch Avenue, was launched on 16 April 2019 to complement the first Dementia Hub, known as 'Annie's Place'; and
- combined, the hubs were being accessed by up to 80 people per week with the running costs being met by Public Health's wider social determinants budget.

### **Recommendation 5 - Explore Opportunities for Increased Partnership Working**

- Harrow Clinical Commissioning Group, the Local Authority and key Providers in Harrow had been working in partnership to develop and deliver integrated care initially for a subset of older adults, one group being the 65+ with dementia;
- in accordance with the publication of the NHS long term plan, the North West London Sustainable Transformation Partnership (STP) was developing their approach to create integrated care across North West London;
- Harrow CCG and Harrow Council were working with Providers, the newly established Primary Care Networks (PCNs) and the VCS to establish the Integrated Care Partnership (ICP) in Harrow;
- the Council had been working with Voluntary Action Harrow (VAH) to raise awareness of dementia diagnosis and support services among BAME communities; and
- in addition, VAH, as part of Harrow Community Action, was actively involved in the roll out of social prescribing in Harrow which aimed to address the needs of people who did not have a clinical or social care need and who could be making better use of services in the community or voluntary sector to help them improve their wellbeing.

In responses to questions from Councillors Mote and Dr Lewinson a number of issues were clarified/confirmed including the following:

- the preliminary results from the survey carried out indicated that users were very positive and appreciative of the support provided at the Bridge Hub;



- some uncertainty existed on whether the resources for next year to support dementia would be at the same level as this year's level;
- progress was being made to use assistive technology, including making greater use of the website to disseminate relevant information, to support those diagnosed with dementia to remain in their homes with feedback from carers also being positive;
- progress was being made to increase awareness of, and access to, services, especially amongst Harrow's older Black and Minority Ethnic Communities by, for example, providing more information on the website, holding training awareness events. providing guides and working with partner organisations including Voluntary Action Harrow; and
- progress was being made, for example the deployment of a pre-screening tool to reduce the number of people with dementia but not diagnosed.

The Sub-Committee, whilst recognising the need for more work, was pleased to note the progress that was being made to implement the recommendations.

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

## **56. Harrow Safeguarding Adults Board (HSAB) Annual Report 2018/2019**

Under the Care Act 2014 the local Safeguarding Adults Board had 4 core (statutory) duties including one to publish an annual report. The Sub-Committee received a report attaching as an appendix the Harrow Safeguarding Adults Board (HSAB) Annual Report 2018 – 2019 which set out an overview of safeguarding adults activity undertaken in 2018/2019 by the Council and its key partners through the work of the HSAB.

The Annual Report also set out the progress that had been made against objectives, analysed the referrals received and outlined priorities for the current year (2019/2020).

Some examples of the work carried out by the HSAB in 2018/19 were highlighted in the covering report and included:

- the HSAB and HSCB third joint conference in January 2019 had focussed on the trafficking of adults and children into slavery and exploitation. Evaluation was almost 100% positive from the 150 multi-agency staff who had attended and there was a commitment from both Boards to continue collaborating on events in future years;
- *3 “deep dive” statistical reports (looking at an area of safeguarding work in more detail) had been presented to the HSAB in 2018/2019 – sexual abuse by location and national comparisons (twice). CNWL had*

*also carried out a further analysis of the financial abuse statistics following the deep dive report presented to the HSAB in March 2018;*

- Mind in Harrow had facilitated 4 scams and fraud awareness sessions attended by over 50 of their service users, reporting positive feedback from participants; and
- London Northwest Hospitals NHS Trust (Northwick Park site) had incorporated domestic abuse into the training provided to Trust staff and located two Independent Domestic Violence Advocates (IDVA's) in the Emergency Rooms at both Ealing and Northwick Park Hospitals to provide support to patients attending the hospital and as a crucial resource for front line staff delivering care.

The covering report went on to highlight some of the areas the Board intended to action in 2019/2020 and details of the support the Board received in terms of staff and resources.

The Sub-Committee was particularly asked to note the following changes since the 2017/2018 annual report and key messages:

- the appointment in June 2019 of Chris Miller as Independent Chair. Being also the Chair of the Children's Safeguarding Board the appointment provided more opportunities for bringing the work of the two Boards together;
- the inclusion of the issues highlighted in The Learning Disabilities Mortality Review Programme which had reviewed the deaths of people with a learning disability and to learn from these deaths;
- in Harrow elderly women remain the highest risk group with most abuse taking place at their home with family or partner being the most likely people alleged to have caused harm;
- the HSAB continued to prioritise awareness training for people living in their own home;
- Harrow remained slightly different to the national picture in respect of where the abuse took place with a greater number of concerns in the person's home and less than the national average in care homes;
- an important strand of the HSAB's work was prevention; and
- the Board's annual conference joint with the Children's Safeguarding Board on the topic Mental Health and Suicide Preventions across all Age Groups would be held on 31 January at the Harrow Arts Centre.

Following a question from Councillor Proctor for more details about the training programme, the Sub-Committee was advised that 1247 staff across all organisations had received some safeguarding adults training last year. Mind in Harrow had provided induction training to over 50 new volunteers on

how to report a safeguarding concern and the Council's Safeguarding Assurance Team had organised training sessions on a number of issues including diabetes awareness and dementia challenging behaviour. Comprehensive training was also provided for Council staff and basic training was also offered to Councillors with a session due to take place in March 2020.

Responding to a question from Councillor Borio about the key messages for the impending safeguarding adolescents peer review in mid November the Sub-Committee was advised that it would receive the response that the Corporate Director, People had prepared.

In connection with a question from the Chair, the Sub-Committee was informed that although all HSAB partner agencies were facing their own challenges, there was a strong commitment to safeguarding adults work in Harrow and whilst there was always more to do, progress was being made collaboratively.

**RESOLVED:** That the work undertaken in 2018/19 by the Harrow Safeguarding Adults Board, together with its action plan for 2019/20, be noted.

#### **57. Update from NW London Joint Health Overview and Scrutiny Committee**

The Council's on going participation in the NW London Joint Health Overview and Scrutiny Committee (JHOSC) had ensured that Harrow residents' perspectives were put forward to the NHS as it implemented the NW London Shaping a Healthier Future (SaHF) Programme.

In accordance with its role to receive regular update reports so that it could pick up any local issues and feed into JHOSC agenda and planning deliberation, the Sub-Committee received an update on the discussions that had taken place at meetings of JHOSC on 21 June and 22 July 2019.

These discussions had included a discussion on the case for a single CCG and borough arrangements for the development of integrated care in the light of the decision of the Secretary of State for Health in March 2019 to close down the SaHF programme and develop a new plan for health and care in NW London. The JHOSC had responded to the proposal in August 2019.

The Sub-Committee noted that the JHOSC were developing a protocol for change to include a revision of its terms of reference to reflect the closure of SaHF. Items on the long term plan and the NHS Estates Strategy would be included in the agenda for the next meeting of JHOSC on 27 January 2020.

The Sub-Committee particularly noted that the NW London Collaboration of CCGs was engaging the public and stakeholders on the new local plan for health and social care and how this would align with the NHS long-term plan and looked forward to receiving updates on the engagement process.

**RESOLVED:** That the update on the work of NW London Joint Health Overview and Scrutiny Committee be noted.

**58. Date of Next Meeting**

The Sub-Committee noted that the meeting due to be held on 3 February 2020 had been postponed to 3 March 2020.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.23 pm).

(Signed) COUNCILLOR REKHA SHAH  
Chair



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**REPORT FOR: HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	3 March 2020
<b>Subject:</b>	Consultation on Draft Harrow Health and Wellbeing Strategy 2020-2025
<b>Responsible Officer:</b>	Carole Furlong Director of Public Health
<b>Scrutiny Lead Member area:</b>	Councillors Michael Borio and Vina Mithani (Scrutiny Lead Members for Health)
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Strategy

### **Section 1 – Summary and Recommendations**

The Joint Health and Wellbeing Strategy is a statutory requirement, and sets the strategic objectives and focus for the Joint Health and Wellbeing Board, to address the health and wellbeing needs of the population of Harrow. The strategy will be for a five year period from 2020 – 2025.

**Recommendations:**

The HOSC is asked to review and comment on the strategy so that comments can be fed into the final version when it is submitted to the Health and Wellbeing Board.

### **Section 2 – Report**

Please see attached strategy document.

## Ward Councillors' comments

n/a

## Financial Implications/Comments

None .

## Legal Implications/Comments

None

## Risk Management Implications

The Joint Health and Wellbeing Strategy is aligned to the strategic direction set through other strategies in the borough including the Borough Plan, integrated care. This will maximize the opportunities and strengthen delivery plans.

As with other strategies, flexibility and adaptation to changing political landscape will be important.

## Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these.

If no, state why an EqIA was not carried out.

The strategy is grounded in tackling inequalities and addressing health and wellbeing needs across the borough.

## Council Priorities

Please identify how the decision sought delivers these priorities.

The strategy addresses the priorities for Harrow 1-5 through collaborative actions across the council, CCG and wider partners.

### 1. Building a Better Harrow

- Create a thriving modern, inclusive and vibrant Harrow that people can be proud to call home
- Increase the supply of genuinely affordable and quality housing for Harrow residents
- Ensure every Harrow child has a school place
- Keep Harrow clean
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion

### 2. Supporting Those Most in Need

- Reduce levels of homelessness in the borough
- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive

- Reduce the gap in life expectancy in the borough

**3. Protecting Vital Public Services**

- Harrow has a transport infrastructure that supports economic growth, improves accessibility and supports healthy lifestyles
- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues
- Harrow continues to be one of the safest boroughs in London

**4. Delivering a Strong local Economy for All**

- A strong, vibrant local economy where local businesses and thrive and grow
- Reduce levels of in-work poverty and improve people’s job opportunities
- Harrow is a place where people and businesses invest

**5. Modernising Harrow Council**

- Deliver excellent value for money services
- Reduce the borough’s carbon footprint
- Use technology and innovation to modernise how the Council works
- Improving access to digital services

**Section 3 - Statutory Officer Clearance**

Finance and monitoring clearance are not required.

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director of People
Date: 24 February 2020		

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

**Contact:** Carole Furlong, Director of Public Health  
Tel: 020 8420 9508

**Background Papers:** None

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# Harrow Joint Health and Wellbeing Strategy 2020-2025

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*Start well*

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*Live well*

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*Work well*

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*Age well*

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# Introduction

*The Joint Health and Wellbeing Strategy aims to improve the health and wellbeing of the local community and reduce health inequalities in all ages*

## What makes us healthy?

There are wide-ranging factors that contribute to our health and wellbeing, not just health services. One study, by the Canadian Institute of Advanced Research (2012), showed socio-economic factors to contribute 50% of an individual's health, genetics 15%, environmental factors 15%, and health care up to 25%.

The Health Foundation model showed contributing factors to include:

- Good work
- Our surroundings
- Money and resources
- Housing
- Education and skills
- The food we eat
- Transport
- Family friends and community

The Marmot review (Fair society, healthy lives, 2010), found that:

“Universal action is needed to reduce the steepness of the social gradient of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage”

The review recommended that action should be focused on:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities
- Strengthening the role and impact of ill-health prevention

Seven cities in the UK have been declared Marmot cities, with extra focus to tackle inequalities, focusing on the life course and recommendations made in the report.

## What is the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy is a statutory requirement, jointly owned by the local authority and Clinical Commissioning Group (CCG). It aims to meet the population needs identified in the Joint Strategic Needs Assessment, and the Health and Wellbeing Board has responsible oversight.

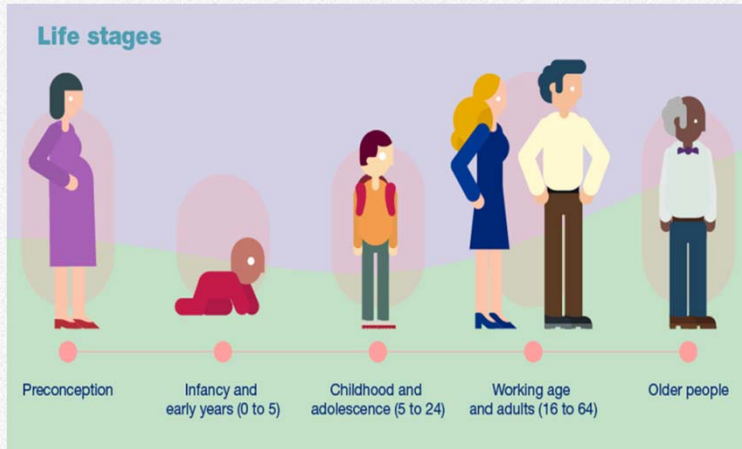
The strategy is a five year plan that aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It provides leadership and strategic direction across Harrow to tackle the issues that influence health and wellbeing, including wider issues such as housing and education.

It enables planning and commissioning of integrated services that meet the needs of the whole local community, and gives opportunities to take a system-wide approach to health and wellbeing, reflecting on key national deliverables and must-dos set out in the NHS Long Term Plan.

This will need to be delivered within the allocated budgets of both the Local Authority and the CCG, recognising the need to make efficiencies in the coming year to ensure sustainability.



# The life course approach



There is a wide range of protective and risk factors that interplay in health and wellbeing over the life span. The life course approach considers the critical stages, transitions, and settings where large differences can be made to health and wellbeing.

Looking at the life course enables action on social determinants of health, both to address negative risk factors and build empowered and resilient individuals and communities. Addressing factors across the life course can reduce the cumulative effects throughout life and across generations

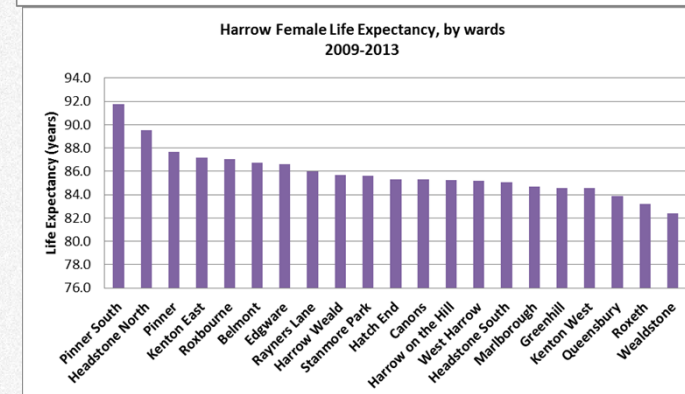
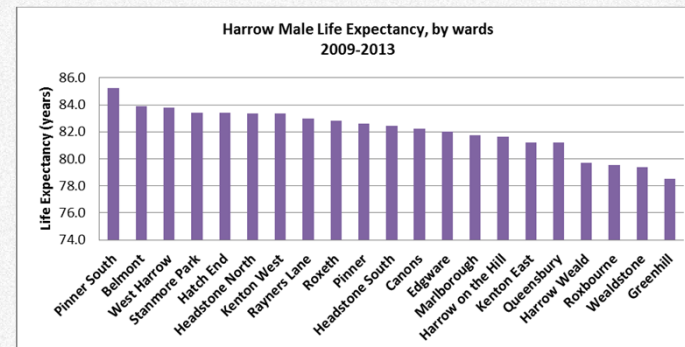
Primary transition points where impact can be had if action is taken include, for example, starting work, becoming a parent or becoming a carer. At these times, a person may adopt healthy lifestyles and build supportive social networks.

BUT sometimes the life course trajectory is 'interrupted' and is less positive, for example through ill health, unhealthy lifestyles or coming into contact with the criminal justice system.

Harrow is relatively affluent and relatively healthy, with average life expectancy higher than the England average (82.7 years for males and 85.7 for females compared to 79.4 and 83.1 years respectively, 2015-17, PHE Fingertips).

But inequalities exist and there are still important areas where there is a need to focus efforts.

Between wards, life expectancy at birth varies by 7 years for men – 78.5 years in Greenhill and 85.5 in Pinner South – and 9 years for women – 82.2 in Wealdstone and 91.7 in Pinner South. Using the life course approach allows us to focus on and take action where these inequalities exist at different points across the life course.



Source: ONS 2018 (note data source and analysis method means this data is some years out of date. Update is expected soon.)



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# The strategic approach across Harrow

The Health and Wellbeing Strategy for Harrow is part of a strategic approach for Harrow. The developing strategic plan for Harrow as set out below is the wider 10 year framework for the borough, with the Health and Wellbeing Strategy forming a composite part of this. The Health and Wellbeing Strategy also sets out the joint work being undertaken between the Local Authority and the CCG through integrated care, as outlined further below.

## *Harrow's Borough Plan*

Harrow is currently developing its Borough Plan which will set 10 year vision for Harrow. It will create a vision that demonstrates why we are proud of Harrow and sets out aspirations across the borough, encapsulating our sense of community. The plan will be consulted on during 2020 prior to being finalised for February 2021.

Through the borough plan, the aim is for Harrow to be a diverse and high achieving place where everyone can feel at home: caring for each other and our environment. The aim is to deliver a vision for Harrow, tackling inequality, ensuring equality of opportunity for all our communities who contribute significantly to the diversity and culture within the borough.

There are three emerging areas that will form the foundations of the plan, where the standard of provision is currently good:

- Sustaining quality education and training
- Celebrating communities and cohesion
- Maintaining low crime levels and improving community safety

The plan proposes to address five priority areas across Harrow including:

- Improving the environment and addressing climate change
- Tackling poverty and inequality
- Building homes and infrastructure
- Addressing health and social care inequality
- Thriving economy

## *Joint commissioning*

As part of the Borough Plan, Harrow CCG and the Local Authority are working to scope services that could more effectively be commissioned together. The areas being reviewed initially are: Mental Health and Learning Disabilities, Children and Young People, Admissions Avoidance and Discharge and Carers. This review will endeavour to highlight key priority areas where patient pathways can be improved and organisational handoffs can be minimised.

## *Integrated care – Harrow*

Health and care partners and local people are working together to develop and deliver truly integrated care for the whole population of Harrow. The vehicle for delivering this will be an Integrated Care Partnership (ICP). The vision for integrated care is below.

*“We will work together with pride to deliver a high-quality, value-for-money, joined-up health and care service, that supports our population to manage their health and wellbeing, and anticipates and responds to their needs in the right place and at the right time.”*

The ICP partners are the acute trust, community providers, Harrow CCG, voluntary sector, Harrow GP federation, Harrow Council, a hospice, the patient participation network, and Primary Care Networks (PCNs). The partnership has agreed a set of high-level areas of focus:

- Prevention and strengths-based work
- Early diagnosis and self-care
- Primary care management and surveillance
- Crisis management and unplanned care
- Last Phase of Life

## *Integrated care –North West London*

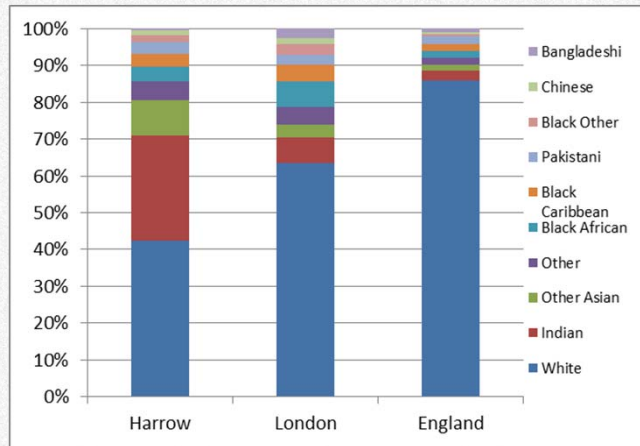
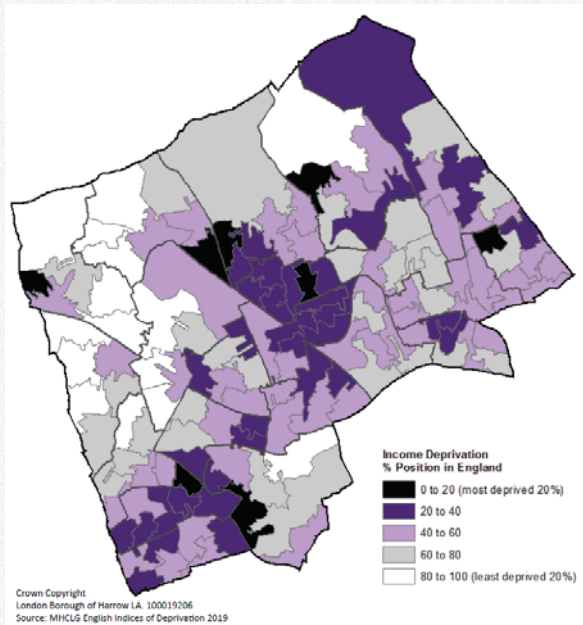
North West London is currently on a System Architecture Accelerator programme with a view to becoming an Integrated Care System (ICS) by April 2021. It has developed a clear vision and robust governance arrangements, supported by a well-developed population health approach. There will be clear alignment of primary care networks and integrated care partnerships through to the ICS. Promoting and encouraging strong community and place-based care, and by clear areas for system focus, the ICS will ensure equity of provision and experience for all residents in North West London.

## *Harrow Joint Health and Wellbeing Strategy*

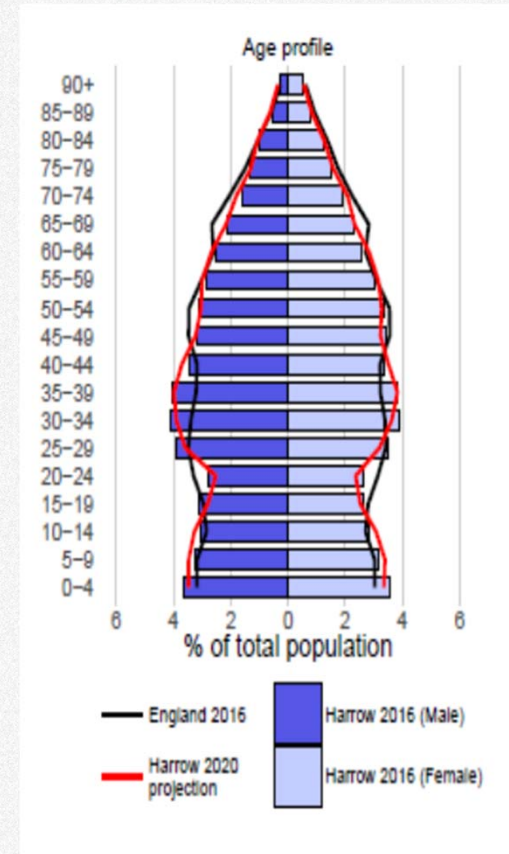
Building on and supporting all of these strategies, the Health and Wellbeing Strategy sets out the specific vision and actions over the next five years to tackle health outcomes and inequalities across the borough.



# Harrow population



Source: GLA 2019



Harrow has some small areas in the 20% most deprived in England. Areas with higher deprivation tend to be in a corridor of the North of the borough, centre, and southern most area.



Harrow is a very ethnically diverse borough, with less than 50% of the population White British. The second largest group is Indian. Local research has shown the Romanian population to be about 5% of the population although it could be more.



In Harrow's population, there is a higher proportion of 25 – 40 year olds than the National population



# Start well

The first year of life can have a huge impact on the health and wellbeing of an individual. Much research has shown the importance of the first 1000 days (Health and Social Care Committee, 2019).

Harrow has for a number of years had higher than England average proportion of low birth weight babies and infant mortality, although both have improved in recent years.

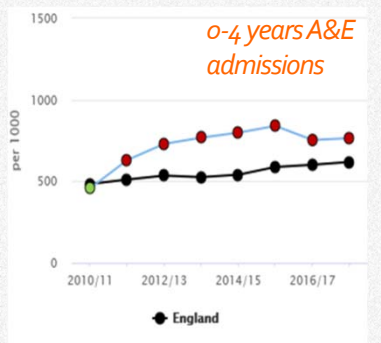
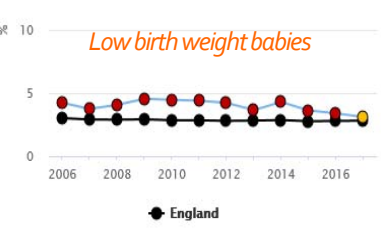
90% of mothers start to breast feed, dropping to 78% at 6-8 weeks of age (2018). Of infants that have any breast feeding, under 50% are exclusively breastfed.

A local audit of 1,085 infants under 28 days old attending A&E in 2017 showed 20% of these babies were admitted to the wards – with 39% of those being related to feeding problems, dehydration or jaundice – likely preventable admissions.

Harrow has had a low smoking prevalence in its population, including women smoking during pregnancy. However this has been increasing, and in 2018/19 it had increased from a prevalence of 3.4% to 4.6%. Data from the hospital shows that a large proportion of these are Romanian mothers.

The proportion of 0-4 year olds admitted to A&E in Harrow is higher than the England average.

Harrow has the highest rate of decayed missing or filled teeth in five year olds in London, with 39.6% of five year olds with DMFT in 2016/17.



Source: PHE Fingertips

The National Childhood Measurement Programme measures height and weight in reception and year 6 children annually. Childhood obesity is disproportionately higher in more deprived groups, and in black ethnic groups (in year 6 prevalence in black ethnic groups was 26.1% compared to 18.1% in white groups and 20.1% in Asian groups for combined years 2013/14 to 2017/18). In addition, there is a greater proportion of boys compared to girls who are obese (24.1% of males vs 16.7% of females in year 6 for same years).

Access to play space is not consistent across the borough, with some areas have much more limited access. This can impact on risk of obesity and wider health and wellbeing.

The Young Harrow Foundation conducted a survey in 2018 taking in the views of 4,358 young people (around 15% of the Harrow 10-19 population).

Through the results of this survey, five themes were identified as important for young people of Harrow:

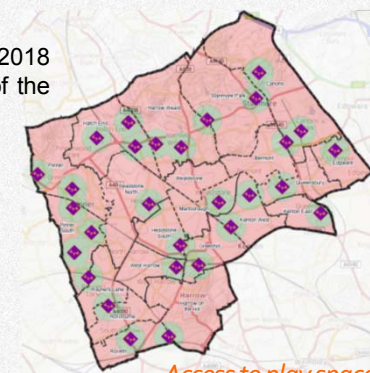
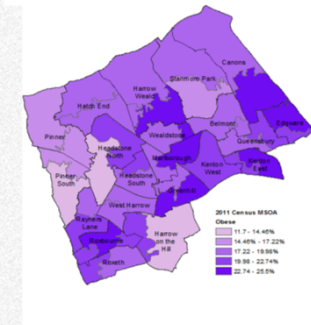
- Mental and emotional wellbeing
- Youth violence
- Accessing employment opportunities
- Inequalities
- Being active

In the survey, when asked about support needs for self and others, mental health, suicidal thoughts, and self harm, were all in the top four issues raised.

In education, Harrow is a high performing authority and there is much to celebrate. However, analysis and evaluation of performance information for 2018-19 indicates that areas for improvement include reducing the achievement gap between the lowest attaining 20% of children and all children (Harrow has moved from ranking 63<sup>rd</sup> nationally in 2015 to 72<sup>nd</sup> in 2019), and in KS1 raising further the proportion of pupils achieving greater depth in reading and writing, including boys and disadvantaged pupils, and Children Looked After.

There also is a need to improve the proportion of children looked after and with special educational needs in education employment or training at 16.

Map to show the proportion of obesity children in year 6, in 2015/16, 2016/17 and 2017/18 combined



Access to play space in Harrow



# Live well

Harrow has a target of 8,020 new homes over the next 10 years and an expectation that the population will grow from 250,000 to approximately 300,000. With this changing and increasing population, there is a need to ensure the health and wellbeing of the population is supported and inequalities continue to be tackled.

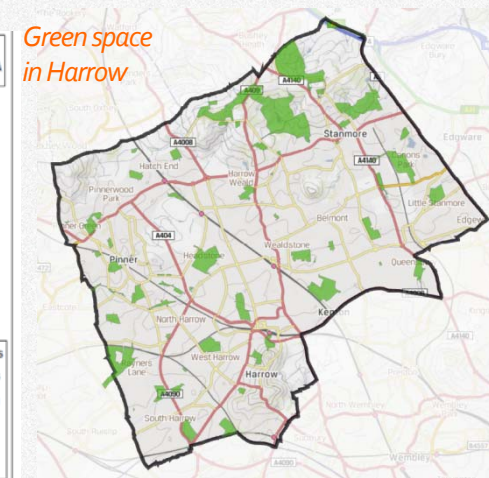
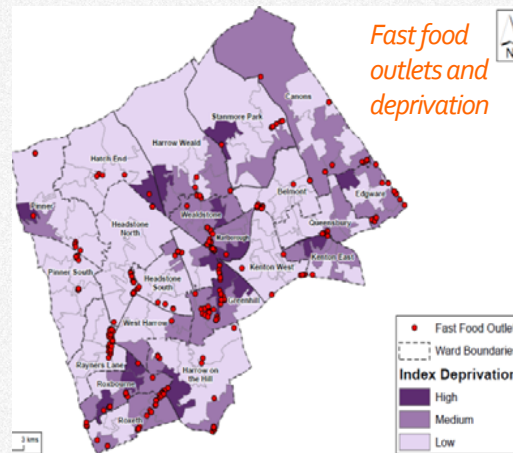
Homelessness is rising steeply and the Homelessness Reduction Act 2017 has increased the burden on local authorities. Social housing is only available to those most in need and few properties become available for new tenants each year.

Harrow has an increasing proportion of the population who are obese. Measured in primary care, in 2018/19 this was 7.7% of the population, although this is lower than the England rate which is 10.1% (QOF data, PHE Fingertips).

There are many health risks associated with obesity, including an increased risk of stroke, cardiovascular disease, type II diabetes, depression and some types of cancer<sup>1</sup>.

The term “obesogenic environment” refers to the influence that environmental factors have on promoting weight gain in individuals and populations. Key features of an obesogenic environment include availability and accessibility of unhealthy foods and a built (physical) environment that promotes inactivity. This can be influenced through the work of the local authority and through the actions of this strategy.

The local community can also have a big impact on health and mental wellbeing, through having the right information and advice that can help people look after themselves, a feeling of belonging purpose, and social interactions that give connectedness in the community. Harrow has a large number of voluntary organisations and community groups, that provide important services and support to the community.



A high proportion of Harrow's adult population are physically inactive, 30.1% in 2017-18, which is the fifth highest in London. People can be active through use of leisure facilities, active travel, or use of parks and green space.

Harrow has a prevalence of mental health issues – schizophrenia, bipolar, and other psychoses - slightly higher than the England rate of 0.94% at 1.04%, and 59% of all social care users had depression and anxiety in 2017/18. People with mental health problems are more likely to require support from other services, and have a much higher smoking prevalence than the general population.

Over the last three years, rates of admissions for alcohol specific reasons have increased for both males and females. These have increase from 611 to 731 per 100,000 of the population for males (directly standardised rates) and from 144 to 209 per 100,000 (DSR) for females from 2014/15 to 2017/18 (PHE Fingertips). While Harrow's smoking prevalence is low overall, rates are much higher in vulnerable groups and the poor health implications therefore disproportionately affect those who are already more at risk of poor health. Harrow also has a high proportion of HIV cases that are diagnosed late (51.8%, third highest in London for 2016-18.)

1. [https://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf).

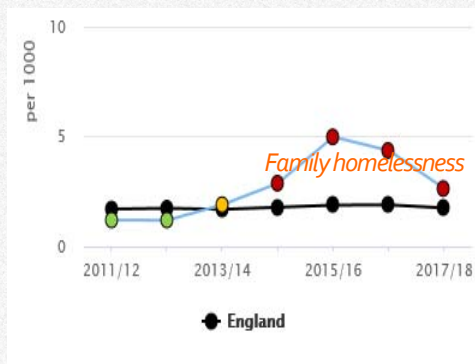


# Work well

As adults in employment spend a large proportion of their time in work, our jobs and our workplaces can have a big impact on our health and wellbeing. Work provides the income needed to live a healthy life, is a source of social status, and offers opportunities to participate fully in society.

There is clear evidence that good work improves health and wellbeing across people's lives, not only from an economic standpoint but also in terms of quality of life. Employment is also a major influence on family income and poverty and lack of employment can in some circumstances lead to a chain of events culminating in homelessness.

Harrow benefits from high Economic activity and low unemployment. Harrow Town Centre provides nearly a fifth of the total jobs in the borough. People in Harrow earn substantially less than the London weekly wage. However people living in Harrow but working outside earn just above the London weekly wage. An annual survey (2018) of earnings by workplaces showed Harrow full time workers were paid £574 a week, which is 61% of the rate of the London weekly pay of £713.20.



The District Centres provide easily accessible community hubs delivering goods and services and acting as employment sites. Nearly half of the borough's population are working in professional, managerial or technical roles and a significant number are running their own businesses. However, pay rates are low which impacts on health and wellbeing. The town centre and district centres are threatened by changes in shopping patterns and e-commerce. The impact of e-commerce can reduce the economic vibrancy of those centres and in turn increase social isolation and poor health.

Self employment in the borough is rising, at a faster rate than the London average. The majority of self employment is in men, which has grown from 2015 to 2018 from 20.2% to 25.7% of all employment, whereas women has stayed stable. Self employment can be stressful and isolating if done without support.

There has also been an increase in part time jobs of 8% between 2015 and 2018 and a decrease of 6.25% of full time jobs. This limits earning potential.

The majority (99.1%) of businesses in Harrow employ fewer than 10 people. These types of small businesses are more likely to be less productive and pay lower wages.

Related to these business trends, there are 87,000 households in Harrow, and 19% of households are claiming housing / council tax benefits, whereas unemployment is 2% (3,245 people).

The gap in employment rate for those in contact with secondary mental health services and the overall employment rate in 70.9% for Harrow compared 68.2% for both London and England (2017/18)



# Age well

The older a person is, the more likely they are to experience chronic diseases and disabilities of both the body and brain. In recent years Harrow has seen an increase of 27% (over 10,000) in elderly population, which brings increasing demand on both health and social services.

Harrow has high numbers of people living with long term conditions. Of particular importance in Harrow is diabetes, rates are increasing with latest primary care data showing Harrow to have nearly 10% of the adult population to have diabetes, the highest rate in London. Harrow also has very high rates of coronary heart disease, hypertension, a stroke compared to London.

Numbers of people with dementia is also increasing, and is set to continue increasing at a pace over the coming years. Harrow has the seventh highest prevalence of dementia in London boroughs.

Harrow has a high rate of hospital admissions due to falls in people aged over 65 compared to the England average.

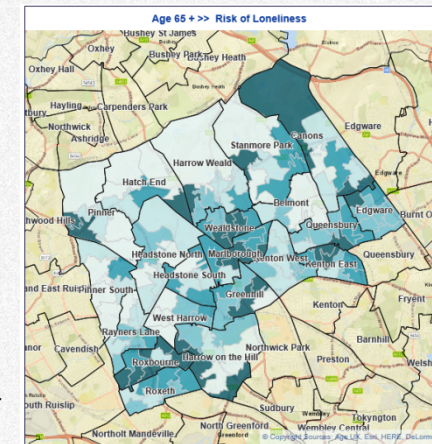
In the Adults Social Care Outcome Framework, Harrow has a low proportion of service users (65+) who report having control over their daily lives (63.8%) and a low proportion of users who report having as much social contact as they would like (39.5%). These indicators are both substantially lower than England rates (2017/18)

Social isolation when experienced at older ages, increases the risk of premature mortality by up to 26%. There are areas in Harrow where people at higher risk of isolation.

Three life events in particular are associated with social isolation among older people:

- retirement and losing connection with colleagues
- falling ill and becoming less mobile
- a spouse dying or going into care

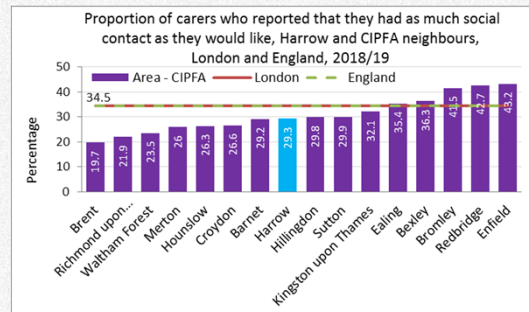
In Harrow the majority of carers (73.1%) have been carers for over five years, higher than both London and England with (67% and 65.4% respectively). Over a third of carers in Harrow (37.4%) have been caring for 20 years or more, compared to 26.5% in London and 23.5% in England (Survey of Adult Carers in England (SACE) 2018- 2019).



In Harrow a relatively low proportion of carers report having as much social contact as they would like.

Harrow also has a lower than London and England average for carer reported quality of life score (7.3 versus 7.8)

(Source: PHE Fingertips)



In Harrow, there are 57 care homes, 40 of which are designed for older people (1,050 beds), and 10 of which are nursing homes (600 beds).

Two of Harrow's care homes are amongst the top ten highest LAS callers in North West London, and emergency admissions from care homes are increasing. In the period April 2018 to March 2019 there were 1019 incidents where ambulances were called out across all the care homes. 859 of these were conveyed to hospital.

In Harrow, the percentage of residents whose place of death is in their usual place of residence is increasing but still falls below the England average at 40% (all ages).



# Stakeholder feedback

Through workshops across partners, we looked at the evidence and discussed what the priorities and challenges are for Harrow. Attendees were:

- Local authority officers – public health, adults services, children's services, education, children's commissioning, leisure, employment, culture, housing, adult learning, communities
- Councillors
- CCG
- Police
- Acute – midwife, paediatrics
- Voluntary sector
- Healthwatch

## overarching concepts and themes:

- Supporting the most vulnerable / tackling is important.
- There is a recognition of the impact of wider issues such as employment, cultural services etc on health
- Health should be considered within decision making
- Needs to be more joined up working – across the council between departments, with the CCG, health care, vol sec. Need to make the most of things going on
- Data sharing and access between partners needs to improve
- Communication approaches are important – so people know what services are available, what projects are being worked on

## Start well

Smoking in pregnancy is an important issue to give babies the best start in life – particularly thinking about groups with higher smoking rates in pregnancy e.g. Romanian women  
 Low birth weight babies – what are the reasons?  
 Thinking about impact on family – domestic violence, universal credit, parenting skills, and the wider impact  
 Oral health  
 Mental health – perinatal and in children and young people  
 Gangs and fear of crime. Linked to mental health, and family approach. Relevant community activities for young people – dance, music recording, etc  
 Healthy weight

## Live well

Healthy place – focus on health impacts in regeneration and new housing, think about green space and access to parks, fast food outlets proliferating. Air quality, parking  
 Mental health – pressure on services  
 Diabetes and long term condition prevention and management  
 Resilient communities – social prescribing, asset based, investing in prevention. Links to cultural services  
 Healthy weight, physical activity

## Work well

Businesses locally – not just a commuter town  
 Healthy workplaces  
 Engage work places in mental health, local champions  
 Supporting vulnerable into work  
 Volunteering opportunities

## Age well

Carer support important – training and support, working conditions, social prescribing  
 High users of services – focus on prevention, engaging to tackle problems early, community networks  
 Loneliness  
 Mental health, dementia  
 Multiple conditions  
 Care homes and right care in right place  
 End of life – care in the right place



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# A vision for Harrow

Our vision for Harrow is that of a healthy, happy borough. All individuals should have equal opportunities to education, health care, healthy living conditions and access to healthy food and physical activity opportunities. These opportunities should be available and appropriate to all, at all stages of life. Maintaining a life course approach to this strategy allows for focus on opportunities and impact on all life stages.

The following pages outline the vision for this strategy across the four areas of the life-course. Each of these four chapters will have a responsible director or officer from both the local authority and CCG who will report back to the Joint Health and Wellbeing Board on an annual basis with progress. The high-level plans for the first 1-2 years are outlined.

Through this approach and the actions laid out in this strategy, there are 4 priority areas where we aim to see impact. How we will measure this impact is also outlined.

## 1. Reducing the gap in life expectancy

There is currently a difference in life expectancy across the borough of 7 years for men and 9 years for women. Through the course of the five years of this strategy, and through the actions across the life course, **we aim to decrease this gap.**

Particular actions that will contribute to this outcome are those addressing the economical stability of the borough, looking at school outcomes, and looking at the living environment in the borough. Ensuring a good start in life for all, regardless of ethnicity, socio-economic group, or gender, will play a key part in tackling inequalities.

## 2. Focusing on prevention

Through focusing on prevention we will work to increase rates of physical activity, address access to healthy foods, improve oral health, and ensure services are available to support early intervention and screening (e.g. through the Health Checks programme), stopping smoking, substance use, healthy sexual behaviours, and that self care is facilitated and encouraged.

Through a focus on prevention we aim to **halt the rise of obesity prevalence in both adults (QOF) and children (NCMP yr 6)** by 2025.

## 3. Improving emotional wellbeing

Emotional wellbeing and resilience is vital for a healthy happy population. We **will reduce recorded rates of anxiety in the borough** (Annual population survey) and in schools (developing schools questionnaire).

Emotional wellbeing is important through out childhood and adulthood, for resilience and happiness. Actions across the life course in different settings - schools, workplaces, primary and community care - will tackle emotional wellbeing and increase access to mental health services.

## 4. Ensuring an integrated approach to care

Through an integrated approach, care will be delivered in the right place, at the right time. Across the care system, impact will be seen through a **reduction in attendances in A&E in adults.** We will ensure care is centred around the patient in the community, through an integrated approach which breaks down organisational barriers. We will work to reduce variation across care provision, keep care local and improve access.

### Annual impact measures

The impact measures for this strategy will be refined and finalised following consultation. The below are an initial suggestion, with further work required to ensure these are meaningful.

It is proposed that these will be reported back to the Health and Wellbeing Board as part of an annual report by the responsible directors for each life-course chapter.

	Reducing inequalities	Tackling prevention	Improving emotional wellbeing	Integrated care
Primary measure	Difference in life expectancy across borough	Obesity prevalence adults (QOF) Obesity prevalence year 6 (NCMP)	Annual Population Survey (APS) Well-being dataset –anxiety School Questionnaire (as develops)	Reduction in A&E attendances/ adult population
Start Well	Proportion of 16 year olds in employment education or training – CLA and SEN Early years average point score Improvement in gap in inequalities in early years foundation stage attainment Family homelessness	Decayed missing or filled teeth in under 5s Obesity in reception and year 6 Smoking at time of delivery Immunisations	School survey – to be developed Maternal mental health at booking Care leavers emotional wellbeing – measure TBC	A&E admissions in under 5s
Live well	Uptake of community offers (Social prescribing evaluation) Admissions for alcohol related conditions Smoking prevalence	Proportion of adults physically active Proportion Harrow residents report adequate access to health food (residents survey) Uptake of community offers (Social prescribing evaluation)	Uptake of community offers (Social prescribing evaluation) IAPT referrals against target Proportion of people with mental health condition receiving a physical health check	Health checks invite and delivered against target  NDPP delivered against target  Improvement in average PAM score
Work well	Number of individuals supported through skills, learning and employment services Comparative increase in Harrow weekly pay vs London		Referrals from workplaces for mental health support Support into work in priority groups (IPS/DWP programmes) – measure TBC	
Age well			Dementia prevalence against target Improvement in ASCOF carers survey outcome measures	Reduction A&E admissions and attendances in 65+ Reduction in admissions for long term conditions Reduction in emergency hospital admissions for falls in 65+ A&E admissions from care homes Death in usual place of residence Reduction in Delayed Transfers of Care Reduction in NEL admissions 65+



# Start well

**Enabling every child to have the best start in life**

**Responsible director:**

Director of Children's services, Harrow Council  
Managing Director, Harrow CCG

Aligned with Marmot's recommendations, our ambition for Harrow is for every child to have the best start in life - from birth and first year of life, early years experience, and schooling.

Through the commissioned services across the borough, pregnant and postnatal women will receive support that's right for them, around giving up smoking, infant feeding, weaning, and oral health, to ensure that positive behaviours and prevention actions are embedded early. Through focus on smoking in pregnancy we will reduce the rising numbers of women smoking at time of delivery. Focus on infant feeding and weaning will be part of multi-factorial actions to tackle healthy weight and oral health in children.

Early years attainment should be high universally without the inequalities gap currently seen. This and the average point score in early years will be tackled through focused action. Focusing further on inequalities, focus will be given to improve opportunities for education and training for 16 plus year olds in more vulnerable groups.

Through services there will be a focus on the "think family" approach, ensuring young people are not seen in isolation and their surrounding influences are also considered. Child poverty will be tackled through a refreshed strategic approach, ensuring that wider influences on poverty are addressed collaboratively.

Through the actions of this strategy and beyond, we aim to reduce the proportion of five year olds with decayed missing or filled teeth (DMFT). As the borough with the highest proportion of DMFT in London, action is needed to turn this trend around. This will be through action lead by the oral health steering group.

Healthy weight in children is of huge importance to maintain health and wellbeing through into adulthood. In Harrow overweight and obesity is a greater problem in year 6 children compared to reception. Through a system-wide healthy weight strategy we will address the multiple factors that influence this. Actions will be multi-factorial looking at the environment including play space, activity travel, access to healthy foods, as well as in-school activity, and weaning approaches. Particular focus will be on inequalities.

Mental health and wellbeing is also an important issue in Harrow. Through collaborative action a comprehensive offer for mental health support for children and young adults will be available at all tiers, with clear links to other services. Particular focus must be on those that are high risk, such as children leaving care.

Young people should feel safe and secure in the borough. As part of Harrow's approach to community cohesion, a clear approach to tackling youth violence will be developed using a public health approach which looks at the evidence and involves collaboration across partners.



# Live well

**Enabling a healthy life and promoting wellbeing through the environment and community we live in**

**Responsible director:**  
Director of Public Health and  
Director of Strategy and Partnerships,  
Harrow Council  
Managing Director, Harrow CCG

Our ambition for Harrow is to be a healthy, happy place to live with the infrastructure and environment to enable healthy lifestyles and a strong community.

This will be achieved through developing a clear approach to embedding health into all policies, particularly thinking about the health impacts of planning and regeneration and consideration of healthy policies as part of the refresh of the Local Plan. The environment can have a huge impact on health through access to healthy foods, green space, travel options, and living conditions. Through tackling these wider determinants of health and wellbeing, inequalities in health can be addressed across the borough. Housing requirements for those with greatest need will also be tackled through the housing strategy and fuel poverty work programme.

Early identification of illness through screening and health checks will allow for better management of conditions. Work around access to primary care and reducing variation in care will improve outcomes.

A strong, connected community is vital for the wellbeing of Harrow residents –feeling a sense of belonging, feeling safe where you live, and having the right services available to meet needs, are all important factors in health and wellbeing. This will be addressed through the development of social prescribing for Harrow residents as an option for those with non-clinical health and wellbeing support needs, including clear referral pathways to art and culture opportunities, and through continued development of the wider community services and opportunities across Harrow. Focus will also be given on self care opportunities in the borough, ensuring people have the right information and advice, including through apps and technology, to help them help themselves.

Through a collaborative approach, we will lead a refreshed obesity strategy, addressing the rising prevalence of obesity and the low rates of activity in the adult population through a system-wide approach. There will be increased focus on opportunities for physical activity, through a wide range of approaches and partners – through access to sports and leisure opportunities, parks, active travel, participation in dance, drama, music and other opportunities.

The right mental health support also needs to be in place. This will be addressed through a comprehensive mental health strategy setting out clear actions to ensure the right mental health services are in place to meet need and accessible to the population.

Strong commissioned services for substance misuse, alcohol, stop smoking service, and sexual health will address the needs of those most at risk of harmful alcohol, drug, and tobacco use, and address the high proportion of HIV cases in the borough diagnosed late.



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# Work well

Creating and strengthening employment and good work for all

**Responsible director:**  
Director of Economic Development,  
Harrow Council

The importance of economic sustainability, and stable and healthy employment for the wellbeing of the population of Harrow is clear.

We will address in work poverty and worklessness and stimulate inclusive growth to improve the health and wellbeing of residents.

We will develop provision to ensure residents to have the skills to secure fulfilling work, and access to lifelong learning to enable them to adapt to social and economic change.

Supporting those in work to have strong mental health and resilience is important for a healthy workforce. Addressing this will be a key part of Harrow's mental health strategy. We will also continue to develop tailored learning and employability initiatives for residents with mental health issues, learning disabilities and difficulties to enable individuals in these higher risk groups to access employment.

We will develop collaborative working with the voluntary, business and education sectors to create opportunities and paths into employment for young people and ensure young people are aware of those opportunities.

Structured activity will help business start ups and micro-businesses gain the skills to develop, adapt and grow in response to economic change, and the provision of an infrastructure for business growth in Harrow's town centres and district centres reflecting our diverse economy and community will work to help these areas thrive economically.

To enable healthy lifestyles of those in work and travel routes to and from work, an approach will be developed to regeneration programmes that improve walking and cycling routes and access to public transport, to increase physical activity levels and improve air quality (as part of Live Well).



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# Age well

Promoting independence and ensuring the right care is in the right place at the right time

**Responsible director:**

Director of Adults Services, Harrow Council  
Managing Director, Harrow CCG

The aging population in Harrow brings with it challenges around health and social care service use through more people living with long term conditions and therefore having greater health and social care needs.

As people age, there is an increased risk of frailty and falls, a higher prevalence of dementia and other long term conditions, and a greater need for carers and the subsequent support needs for the carers themselves. There is also a need for a robust care home offer, and that people can end their life in the place of their choosing with dignity.

The integrated care partnership in Harrow sets out actions and workstreams addressing these priorities. Through the actions of the integrated care work, there will be clear and evidence-based pathways for people with dementia, frailty, and an evidence based pathway for falls prevention. Linked to this, the housing strategy will mean that individuals will be able to live independently for as long as appropriate, with the right care and support for them.

Addressing social isolation is an important part of ageing well. This will be addressed the social prescribing programme and work being undertaken to strengthen community resilience and the voluntary sector (outlined in Live Well)

The offer in care homes will be further developed to have a clear pathway to prevent unnecessary ambulance call outs and hospital admissions.

As this develops, appropriate and robust actions will be in place to ensure that Harrow residents experience the end of life in the place most appropriate to them with the care and dignity that they require.

Through these actions, there will be reduced demand on acute services, and the integrated primary and community offer will enable people to have the right care in the right place when they need it without unnecessary referrals across the system between organisations.



# Start well – Plan

Topic	Actions	Priority contributes to	Led by
Child poverty	Refresh child poverty strategy	Health inequalities	Council
School readiness	Focusing early years team to focus on narrowing the inequalities gap and increasing the average point score in early years	Health inequalities	Council
Education employment and training in vulnerable groups	Programmes to increase proportion of children looked after and special education needs in EET	Health inequalities	Council
Vulnerability violence and exploitation	Implement recommendations from the scrutiny review into prevention youth violence and the adolescent safeguarding peer review Continue to build on and deliver partnership led early intervention programmes for young people	Health inequalities Prevention Emotional wellbeing	Council
Oral health	Develop and embed actions from oral health steering group, focusing on: <ul style="list-style-type: none"> <li>- early years settings</li> <li>- Romanian population</li> <li>- special schools</li> </ul>	Health inequalities Prevention	Council
Mental health	Ensure comprehensive mental health strategy in place with an action plan including pathways for crisis support	Health inequalities Emotional wellbeing Integrated care	Integrated partnership
Healthy weight	Ensure comprehensive obesity strategy with action plan to deliver a system-wide approach and clear weight management pathways Ensure actions for young people are clear in Active Harrow Action plan	Prevention Integrated care	Council
Smoking in pregnancy	Develop an easy to access pathway in acute setting for pregnant mums to stop smoking. Focus particularly on addressing groups with higher prevalence.	Prevention	Council

# Live well – Plan

Topic	Actions	Priority contributes to	Led by
Healthy place	Ensure healthy policies are built in to the refreshed local plan, including developing an approach to health impact assessment for new developments, and reviewing fast food licensing policy Develop ways to improve access to green space Public health and transport work together to enhance approaches to active travel Tackle homelessness and fuel poverty through the housing strategy	Health inequalities	Council
Strong community and self care	Develop and implement social prescribing service – incorporate community champions initiatives, park user groups, wider service offers eg debt management Enhance and strengthen referrals routes to culture and arts, and explore development of culture hubs Enhance options for advice and guidance, including apps and technology	Health inequalities Prevention Integrated care	Integrated partnership
Healthy weight	Ensure comprehensive obesity strategy with action plan to deliver a system-wide approach and clear weight management pathways Implementation of actions from Active Harrow Group	Health inequalities Prevention	Council
Mental health	Develop a comprehensive mental health strategy with action plan to develop the right support options, including provision of health checks for people with mental health conditions	Health inequalities Emotional wellbeing Integrated care	Integrated partnership
Substance misuse including tobacco	Commission a comprehensive substance misuse service – including alcohol, drugs, and tobacco. Ensure targets and performance indicators around population groups at greater risk	Prevention Integrated care	Council
Sexual health	Take forward actions through sexual health services to reduce proportion of HIV cases diagnosed at a late stage	Prevention	Council
Early identification	Develop the approach to early identification in primary care through PCN work programmes, including NHS Health Checks	Integrated care	Integrated partnership
Primary care access	Ensure access to primary care is responsive to population need	Integrated care	Integrated partnership

# Work well – Plan

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Topic	actions	Priority contributes to	Led by
Addressing low pay in Harrow	<ul style="list-style-type: none"> <li>• Develop skill base of those earning less than London living wage and productivity of small businesses</li> <li>• Increasing take up of apprenticeships by all ages to increase skills and wage rates</li> <li>• Improving productivity of micro businesses through the Business Accelerator and business support programmes</li> <li>• Job creation above LLW through planning and procurement and regen</li> </ul>	Health inequalities	Council
Supporting healthy workplaces, particularly mental health	<ul style="list-style-type: none"> <li>• Build in actions from emerging mental health strategy to develop an approach to mental health and wellbeing in the council and other local employers (considering self employed) and to develop the pathway to mental health support from workplaces</li> <li>• Implement actions from suicide prevention plan to promote suicide prevention training in workplaces</li> </ul>	Health inequalities	Integrated partnership
Employment for young people	<ul style="list-style-type: none"> <li>• Improving knowledge of opportunities in young people</li> <li>• Increasing opportunities for young people (eg apprenticeships)</li> </ul>	Health inequalities	Council
Supporting people into work - learning disabilities, mental health, substance misuse	<ul style="list-style-type: none"> <li>• Implement employment support for those with problems with substance misuse as part of substance misuse contract</li> <li>• Continue to develop pathways to support individuals with mental health needs into employment through Work and Health programme and tailored DWP / ESF provision and IPS</li> <li>• Develop opportunities for employment support in most deprived areas.</li> <li>• Adult Community Learning curriculum and tailored employability learning for people with learning disabilities and difficulties</li> <li>• Evaluate pathway options for employment support for people with learning disabilities, and review feasibility to determine approach in Harrow</li> </ul>	Health inequalities Prevention Emotional wellbeing	Council

# Age well – Plan

Topic	Actions	Priority contributes to	Led
Support for carers	Monitoring the strategy action plan and reviewing to align with the Green Paper in 2020	Health inequalities Integrated care	Integrated partnership
Dementia	Develop and implement evidence-based pathway as part of the ICP work stream	Integrated care	Integrated partnership
Frailty and falls	Develop frailty identification and pathways as part of ICP  Implement actions from housing strategy to promote independence in own home for longer  Review evidence and develop a clear falls pathway	Health inequalities Integrated care	Integrated partnership
Social isolation and loneliness	Ensure pathways to refer to social prescribing, and build in activity to strengthen the offer for loneliness and isolation in the community	Health inequalities Prevention Emotional wellbeing Integrated care	Integrated partnership
Care homes and end of life	Implement actions developed through care homes ICP workstream, to implement a model and imbed across borough  Develop strategic approach to end of life as part of ICP	Integrated care	Integrated partnership
Management of long term conditions	Implement actions developed through ICP workstreams to transform pathways Implement actions developed through Population Health Management board work programme: Understand population at risk of LTC, at risk of poor outcomes, and high users of services to determine actions locally	Health inequalities Integrated care	Integrated partnership
Crisis management in community	Develop and implement an approach to crisis management in the community including MDTs, risk stratification tools	Integrated care	Integrated partnership



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**REPORT FOR: HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	3 March 2020
<b>Subject:</b>	Update from NW London Joint Health Overview and Scrutiny Committee
<b>Responsible Officer:</b>	Alex Dewsnap, Director of Strategy and Partnerships
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

This report provides an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 27 January 2020.

**Recommendations:**

The Sub Committee is asked to consider the update and provide any comments / issues that are to be raised in advance of the next JHOSC meeting on 9 March 2020 at Richmond Council.



## Section 2 – Report

### Background

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) comprises elected members drawn from the boroughs geographically covered by the NHS NW London Shaping a Healthier Future (SaHF) programme and was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012. The proposals set out the reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications for out-of-hospital care.

The JHOSC published its final report in October 2012, making recommendations on how the SaHF proposals could be developed and implemented, including the risks that needed to be explored. The JHOSC also recommended that the committee continue to meet beyond the original consultation period to provide ongoing strategic scrutiny of the development and implementation of Shaping a Healthier Future.

Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF ensures that scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme. The Health and Social Care Scrutiny Sub Committee receives regular update reports on the JHOSC so that it can pick up any local issues in its own work programme as well as feed into the JHOSC's agenda planning and deliberations. Harrow's member representatives on the JHOSC for 2019/20 are Councillors Rekha Shah and Vina Mithani.

On 26 March 2019, the Secretary of State for Health announced the closing down of the Shaping a Healthier Future programme. In a letter dated 26 March 2019, the NW London Collaboration of CCGs confirmed the decision and stated:

*“All parts of the NHS are now in agreement to draw the SaHF programme to a conclusion and bring our on-going efforts to improve health and care together in a new programme as part of our NHS Long Term Plan response. We will not be taking forward the plans as set out in SaHF for changes to Ealing and Charing Cross hospitals, but this does not mean that services across NW London will not change...We want to work with local people, communities and organisations to develop this new plan for NW London, which ensures high quality care for all our residents. We think it should include continuing our expansion of primary and community services and the development of more integrated care. We are also clear that services will need to be configured in such a way as to build a health system that is both clinically and financially sustainable. If we are to improve care and outcomes for local residents, we know that the status quo is not an option. This new plan for health and care in NW London will therefore still need to include changes, involving some difficult decisions and trade-offs, if we are to offer high quality, person-centred care sustainably. By*

*realigning under the NHS Long Term Plan, updating our planning assumptions and enabling all of our staff, patients, partners and stakeholders to be involved in its development and delivery over time, we will have the best possible chance of success.”*

Officers supporting the JHOSC are developing a protocol for change following the annual review of the JHOSC. This will include revised terms of reference for the JHOSC to reflect the closure of the Shaping a Healthier Future programme.

### **JHOSC meeting 27 January 2020**

The last JHOSC meeting held on 27 January 2020 (postponed from 10 December due to the General Election) was at the Royal Borough of Kensington & Chelsea and attended by Councillor Rekha Shah. The agenda for this meeting included:

Update on the Long Term Plan - the NW London Health and Care Partnership is a collaboration of over 30 organisations, including the NHS, local authorities, voluntary sector and Healthwatch. Bringing eight boroughs together and serving a population of 2.4million makes it the largest health and care partnership in the country. The partnership presented its draft strategic delivery plan for the NHS Long Term Plan - the partnership's plan for the next five years to meet the new national requirements set out in the NHS 'Long Term Plan', to improve the quality of patient care and health outcomes, while focusing on building an NHS fit for the future.

Babylon GP at Hand – a briefing was received about Babylon GP at Hand which is a GMS practice in Hammersmith and Fulham, contracted to the CCG to provide services under a standard GMS contract to its registered population. It is a digital first practice that offers services to patients within Hammersmith and Fulham and in a range of other geographic locations. The practice started offering digital first services in November 2017. The practice list size has increased from 2,500 to 74,358 as at January 2020. This is made up of 72,640 on the main list and 1,718 for Birmingham. The practice has been authorised to provide services in a number of locations across London and Birmingham in line with contract variations approved by the CCG's Primary Care Commissioning Committee and NHS England.

NHS Estates Strategy for NW London - in alignment with the national plan, North West London NHS ambitions for its estates strategy are that it should:

- Improve quality and patient care
  - Improve productivity
  - Be more sustainable, for example in terms of energy efficiency
  - Reinvest money from unnecessary land into patient care
  - Support government target of building new homes for NHS staff
- In addition to these national ambitions, in public engagement locally in North West London, the patient population has expressed concerns about accessibility, premises that fit the need for modern health and care services, and the need to be as environmentally-sustainable as possible.

The next JHOSC meeting will be held at Richmond Council on 9 March 2020.

### **Ward Councillors' comments**

Not applicable as all wards affected.

### **Financial Implications**

The costs of delivering the health scrutiny work programme will be met from within existing resources.

### **Performance Issues**

There are no specific performance issues associated with this report.

### **Environmental Impact**

There is no specific environmental impact associated with this report.

### **Risk Management Implications**

There are none specific to this report.

### **Equalities Implications**

There are a number of equalities implications that relate to the reconfiguration of health services in North West London as a whole. These implications form part of the ongoing considerations of the JHOSC.

### **Council Priorities**

The work of the JHOSC relates most to the delivery of the following council priorities:

#### **Supporting Those Most in Need**

- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

#### **Protecting Vital Public Services**

- Healthcare services meet the needs of Harrow residents

## **Section 3 - Statutory Officer Clearance**

Statutory clearances not required.

Ward Councillors notified:	N/A
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## **Section 4 - Contact Details and Background Papers**

### **Contact:**

Nahreen Matlib, Senior Policy Officer, [nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

### **Background Papers:**

Agendas papers for the JHOSC meetings can be found at:

<http://www.harrow.gov.uk/www2/ieListMeetings.aspx?CId=1102&Year=0>

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