

Harrow Joint Health and Wellbeing Strategy 2020-2025

Start well

Live well

Work well

Age well

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 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.

What makes us healthy?

We began this strategy well before the global Covid-19 pandemic. Since then we have seen over 1,000 laboratory confirmed cases and almost 400 deaths due to COVID-19 in Harrow. The subsequent lockdown and social distancing measures have had a huge societal impact. It is these wider measures that have shown us how our health and wellbeing is not just determined by the health services we have access to, but also how our communities can offer us resilience.

COVID-19 has exposed the huge inequalities in health that exist. It showed that if you are older, living in a deprived area and from a black, Asian or other minority ethnic community, you were more likely to get COVID 19 and more likely to die from it. We seek to address these fundamental inequalities in this strategy.

This is not new thinking. A study, by the Canadian Institute of Advanced Research (2012), showed socio-economic factors to contribute 50% of an individual's health, environmental factors 15%, genetics 15%, and health care the remaining 20%.

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; and Family friends and community

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

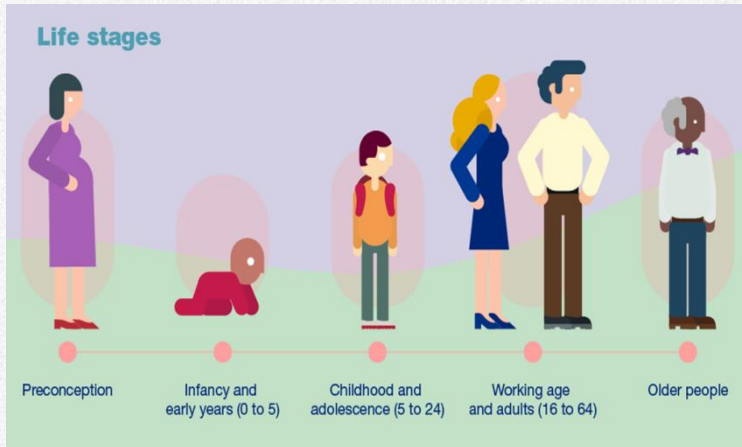
“Universal action is needed to reduce the steepness of the social gradient of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage”

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.

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

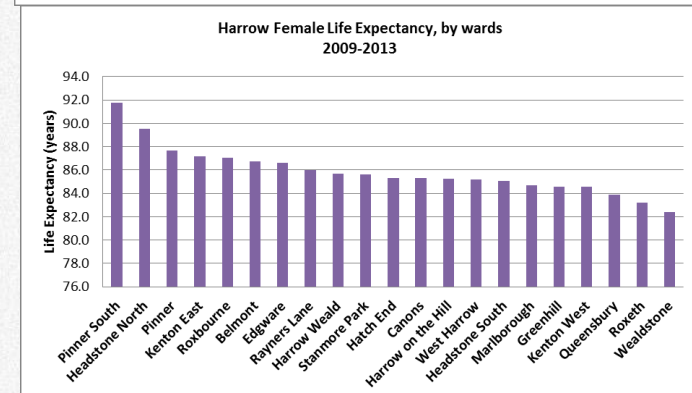
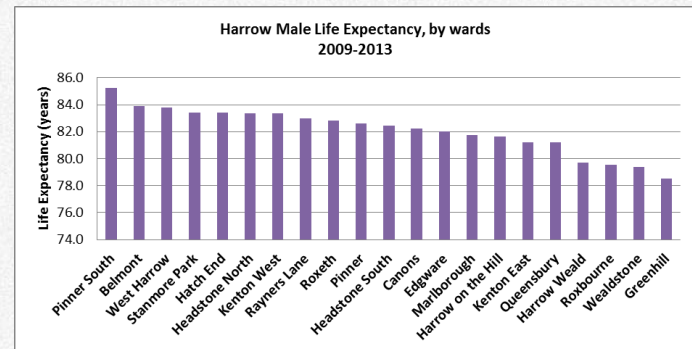
Primary transition points where impact can be had if action is taken include, for example, starting work, becoming a parent or becoming a carer. At these times, a person may adopt healthy lifestyles and build supportive social networks.

BUT sometimes the life course trajectory is 'interrupted' and is less positive, for example through ill health, **disease outbreaks**, 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 within Harrow, between wards of opposing levels of deprivation, life expectancy at birth varies by 7 years for men and 9 years for women. Reviews by Public Health England show that the emergence of Covid-19 has in some cases exacerbated health inequalities, particularly for Black, Asian and minority ethnic groups.

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.)

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). With the Covid-19 pandemic the model for the ICP has been accelerated, the original 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

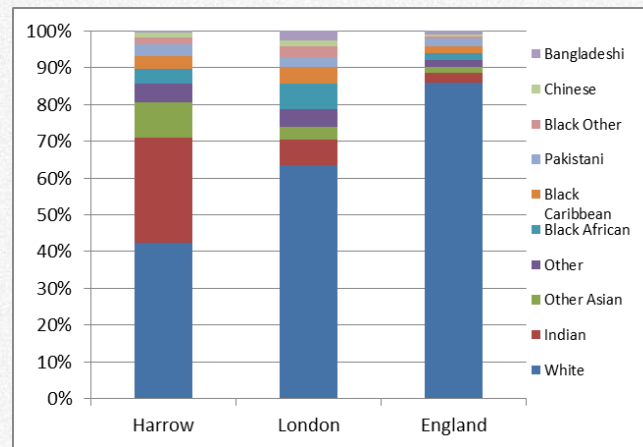
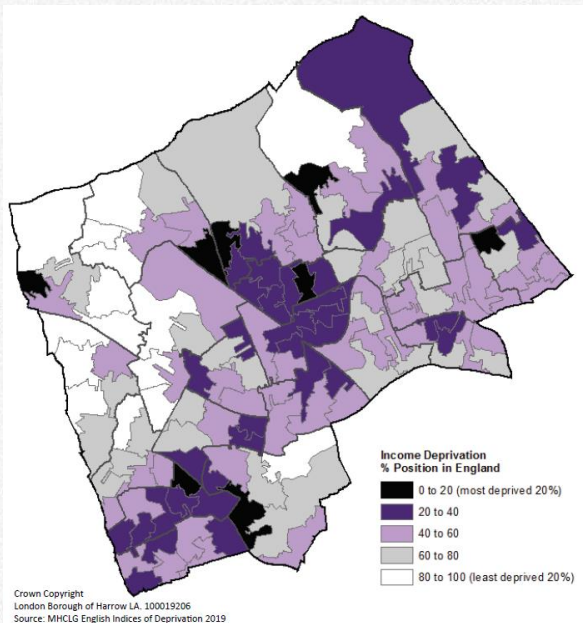
Integrated care –North West London

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.

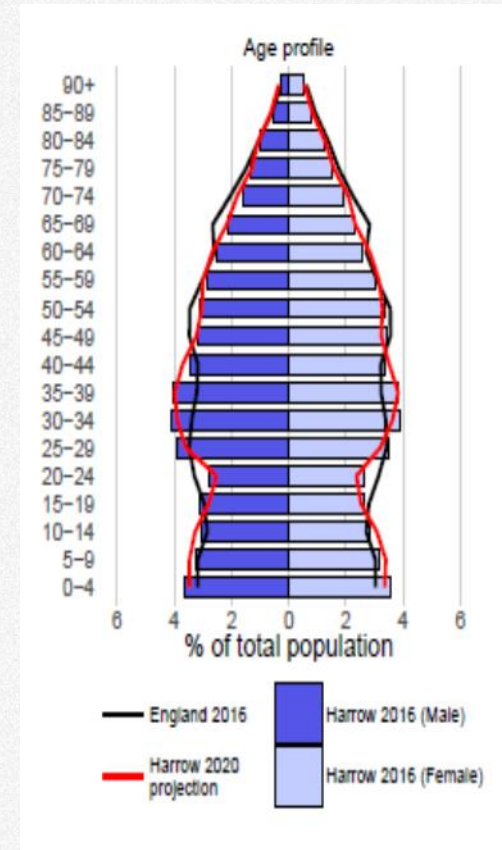
Harrow Joint Health and Wellbeing Strategy

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



Although a large proportion of Harrow is more affluent than the national average, there are some small areas that are in the 20% most deprived in England.



Harrow is a very ethnically diverse borough, with only 42% of the population being of White ethnicity. 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.



The population of Harrow is more like the National population than the London population with a larger proportion of older people than is seen in London as a whole.

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.

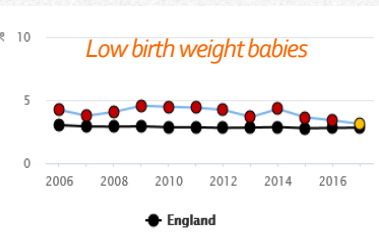
90% of mothers start to breast feed, dropping to 78% at 6-8 weeks of age (2018). Of infants that have any breast feeding, under 50% are exclusively breastfed.

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:

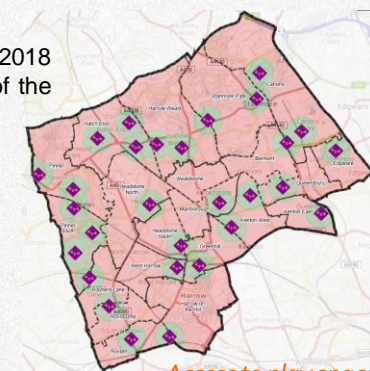
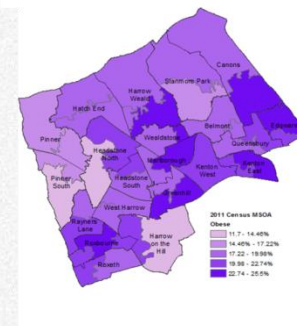
- Mental and emotional wellbeing
- Youth violence
- Accessing employment opportunities
- Inequalities
- Being active

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 63rd nationally in 2015 to 72nd 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.

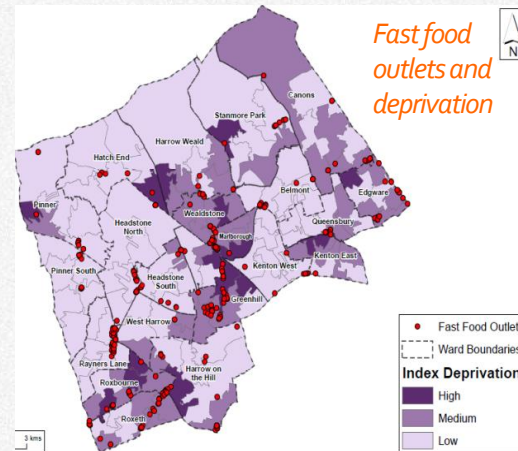
Homelessness is rising steeply and the Homelessness Reduction Act 2017 has increased the burden on local authorities. Social housing is only available to those most in need and few properties become available for new tenants each year. It is expected that there will be an impact on housing and homelessness as a result of the economic impact of COVID-19

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 cancer¹.

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.)

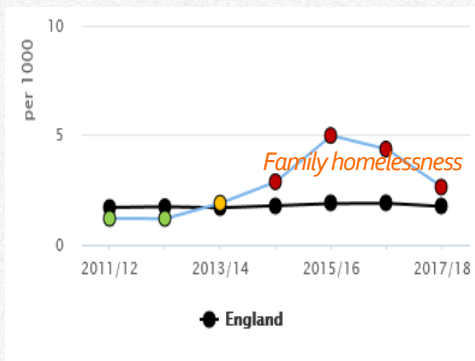
1. https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf.

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)

The COVID-19 lockdown is expected to have some significant impacts on the local and national economy and the job market.

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)

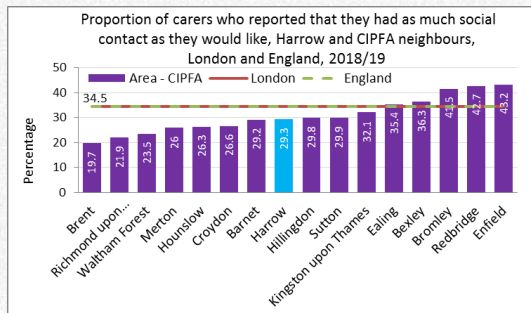
Social isolation when experienced at older ages, increases the risk of premature mortality by up to 26%. There are areas in Harrow where people at higher risk of isolation.

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

COVID-19 has had a profound impact on older people across the borough. Lockdown has meant significantly less social interaction which has been combined with fear of the virus. It will be challenging to reverse these fears and anxieties and we expect to see an impact on the mental health of many people in our society, not least older people, their families and their carers. The higher number of deaths and the inability to observe the usual funeral rituals has impacted on the grieving process for bereaved people which is also likely to have an impact on mental health and support services

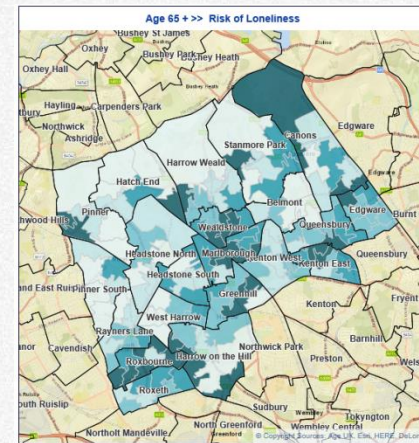
In Harrow the majority of carers (73.1%) have been carers for over five years, higher than both London and England with (67% and 65.4% respectively). Over a third of carers in Harrow (37.4%) have been caring for 20 years or more, compared to 26.5% in London and 23.5% in England (Survey of Adult Carers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



In Harrow, there are 57 care homes, 40 of which are residential catering for older people, people with learning disability or people with mental health problems (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).



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)

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 and 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? Oral health Healthy weight
Thinking about impact on family – domestic violence, universal credit, parenting skills, and the wider impact
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

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; Healthy weight, physical activity
Resilient communities – social prescribing, asset based, investing in prevention. Links to cultural services

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

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.

1. Reducing health inequalities

There is currently a difference in life expectancy across the borough of 7 years for men and 9 years for women caused by inequalities in health which in turn are caused by inequalities in life chances and deprivation. These inequalities have been highlighted by the COVID-19 pandemic. Through the course of the five years of this strategy, and through the actions across the life course, **we aim to decrease this gap by appropriately identifying and addressing inequalities in our population at all levels and proactively managing health and wellbeing.** Particular actions that will contribute to this outcome are those addressing the economic stability of the borough, school outcomes, and the living environment in the borough. As well as addressing inequalities in access to services. Ensuring a good start in life for all, will play a key part in tackling inequalities.

2. Focusing on prevention

We will work to minimise the individual and societal impact of COVID-19, and support all residents to become resilient within their communities. We will encourage uptake of immunisation and screening services, and we will help to identify and support residents in managing their health and their level of health risk. Using programmes such as Healthchecks and by supporting other evidence based local programmes the aim is to increase levels of physical activity, address access to healthy foods, improve oral health, encourage healthier sexual behaviours and support smokers, and substance misusers to manage their addiction. 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 continue to assess and reduce rates of anxiety in the borough** (Annual population survey) and in schools (developing schools questionnaire). Emotional wellbeing during and after the Covid-19 pandemic will impact children and adults, challenges across all ages such as social isolation, loneliness, anxiety and bereavement have further raised the profile of emotional wellbeing and how to cope. Preventative actions and access to further support will be strengthened across the life course in different settings - schools, workplaces, primary and community care.

4. Ensuring an integrated approach to care

Through an integrated approach, health and care can be delivered more efficiently and according to need. The COVID-19 pandemic has spurred an integrated response to health and care needs that might otherwise have taken years to achieve. We will ensure future health and care continues to be centred around the resident supported within the community. Ultimately a more resilient community will reduce the demands on a health and care system to fix the problem, and ultimately the impact will be a **reduction in the number of attendances to A&E observed before the Covid-19 pandemic.**

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	<ul style="list-style-type: none"> Difference in life expectancy across borough 	<ul style="list-style-type: none"> Obesity prevalence adults (QOF) Obesity prevalence year 6 (NCMP) 	<ul style="list-style-type: none"> Annual Population Survey (APS) Well-being dataset –anxiety School Questionnaire (as develops) 	<ul style="list-style-type: none"> Reduction in A&E attendances/ adult population
Start Well	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Decayed missing or filled teeth in under 5s Obesity in reception and year 6 Smoking at time of delivery Childhood immunisations 	<ul style="list-style-type: none"> School survey – to be developed Maternal mental health at booking Care leavers emotional wellbeing – measure TBC 	<ul style="list-style-type: none"> A&E admissions in under 5s
Live well	<ul style="list-style-type: none"> Uptake of community offers (Social prescribing evaluation) Admissions for alcohol related conditions Smoking prevalence 	<ul style="list-style-type: none"> Proportion of adults physically active Proportion Harrow residents report adequate access to health food (residents survey) Uptake of community offers (Social prescribing evaluation) Number of disease outbreak incidents in the community 	<ul style="list-style-type: none"> Uptake of community offers (Social prescribing evaluation) IAPT referrals against target Proportion of people with mental health condition receiving a physical health check 	<ul style="list-style-type: none"> Health checks invite and delivered against target NDPP delivered against target Improvement in average PAM score
Work well	<ul style="list-style-type: none"> Number of individuals supported through skills, learning and employment services Comparative increase in Harrow weekly pay vs London 		<ul style="list-style-type: none"> Referrals from workplaces for mental health support Support into work in priority groups (IPS/DWP programmes) – measure TBC 	
Age well	<ul style="list-style-type: none"> Reduction in inequalities in access to health services as evidenced by Equity profiles 	<ul style="list-style-type: none"> Number of disease outbreak incidents in care homes Number of admissions due to falls Uptake of flu vaccination 	<ul style="list-style-type: none"> Dementia prevalence against target Improvement in ASCOF carers survey outcome measures 	<ul style="list-style-type: none"> 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. Whilst the direct impact of Covid-19 on children is less significant than the adult population, the indirect impacts will need to be mitigated. The "think family" approach, will encourage the view that children and young people are not seen in isolation and their surrounding influences are also considered. A refreshed Child Poverty strategy will help direct collaborative action.

The mental wellbeing and safety of children and young people through the pandemic will be assisted with collaborative action of safeguarding and mental health support at all tiers of health need. Particular focus will be retained 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.

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 existing inequalities gap. This and the average point score in early years will be tackled through focused action. Particular focus will be given to improve opportunities for education and training for 16 plus year olds in more vulnerable groups.

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 led 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.

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. Minimizing the spread of infectious diseases such as Covid-19 infection, and understanding the potential health impacts of planning and regeneration are both policy considerations for 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. A comprehensive mental health strategy will set out the actions to ensure the right mental health services are in place that can build on the system responses to the Covid-19 pandemic.

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.

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 well known. We are expecting a recession after the Covid-19 pandemic that will have a widespread impact across Harrow. The health and wellbeing system needs to be sensitive to this and we will need a close collaboration with housing, education, training and employment services. The collaboration has already begun with the adoption of infection prevention and control guidance throughout Harrow.

We will address in work poverty and unemployment 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).

Age well

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

Responsible director:

Director of Adult Social Care, 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. Covid-19 has impacted people of the age of 80 to the greatest extent, but with the 'lock down' and social distancing in place, there has been and will continue to be a fundamental opportunity to promote self care and the adoption of healthy lifestyles.

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 a number of actions and workstreams based on clear and evidence-based pathways for people with dementia, frailty, and falls prevention. These plans will be refreshed to incorporate the learnings from the Covid-19 pandemic. 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"> - early years settings - Romanian population - special schools 	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	<p>Ensure healthy policies are built in to the refreshed local plan, including infection prevention and control, and developing an approach to health impact assessment for new developments, and reviewing fast food licensing policy</p> <p>Develop ways to improve access to green space</p> <p>Public health and transport work together to enhance approaches to active travel</p> <p>Tackle homelessness and fuel poverty through the housing strategy</p>	Health inequalities	Council
Strong community and self care	<p>Develop and implement social prescribing service – incorporate community champions initiatives, park user groups, wider service offers e.g. debt management</p> <p>Enhance and strengthen referrals routes to culture and arts, and explore development of culture hubs</p> <p>Enhance options for advice and guidance, including apps and technology</p>	<p>Health inequalities</p> <p>Prevention</p> <p>Integrated care</p>	Integrated partnership
Healthy weight	<p>Ensure comprehensive obesity strategy with action plan to deliver a system-wide approach and clear weight management pathways</p> <p>Implementation of actions from Active Harrow Group</p>	<p>Health inequalities</p> <p>Prevention</p>	Council
Mental health	<p>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</p>	<p>Health inequalities</p> <p>Emotional wellbeing</p> <p>Integrated care</p>	Integrated partnership
Substance misuse including tobacco	<p>Commission a comprehensive substance misuse service – including alcohol, drugs, and tobacco.</p> <p>Ensure targets and performance indicators around population groups at greater risk</p>	<p>Prevention</p> <p>Integrated care</p>	Council
Sexual health	<p>Take forward actions through sexual health services to reduce proportion of HIV cases diagnosed at a late stage</p>	Prevention	Council
Early identification	<p>Develop the approach to early identification in primary care through PCN work programmes, including NHS Health Checks</p>	Integrated care	Integrated partnership
Primary care access	<p>Ensure access to primary care is responsive to population need</p>	Integrated care	Integrated partnership

Work well – Plan

Topic	actions	Priority contributes to	Led by
Addressing low pay in Harrow	<ul style="list-style-type: none"> • Develop skill base of those earning less than London living wage and productivity of small businesses • Increasing take up of apprenticeships by all ages to increase skills and wage rates • Improving productivity of micro businesses through the Business Accelerator and business support programmes • Job creation above LLW through planning and procurement and regen 	Health inequalities	Council
Supporting healthy workplaces, particularly mental health	<ul style="list-style-type: none"> • Provide infection prevention and control guidance to all places of work • 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 • Develop the infrastructure necessary to increase the level of active travel • Implement actions from suicide prevention plan to promote suicide prevention training in workplaces 	Health inequalities	Integrated partnership
Employment for young people	<ul style="list-style-type: none"> • Improving knowledge of opportunities in young people • Increasing opportunities for young people (e.g. apprenticeships) 	Health inequalities	Council
Supporting people into work - learning disabilities, mental health, substance misuse	<ul style="list-style-type: none"> • Implement employment support for those with problems with substance misuse as part of substance misuse contract • 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 • Develop opportunities for employment support in most deprived areas. • Adult Community Learning curriculum and tailored employability learning for people with learning disabilities and difficulties • Evaluate pathway options for employment support for people with learning disabilities, and review feasibility to determine approach in Harrow 	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