

# Harrow's Draft Joint Health and Wellbeing Strategy

14/06/2022

version 1.2

- This draft Joint Health and Wellbeing Strategy (JHWBS) has been developed following consensus across the partnership that a refreshed strategy would support a way forward that takes into account the impact of the previous two years of the pandemic.
- The aim is to facilitate the alignment of partner's delivery plans and strategic ambitions with this strategy to enable a joined-up approach to address the needs of the population and tackle health inequalities.
- The Borough Based Partnership, its delivery plan, as well as the plans of partner's for will be key to the delivery of this strategy
- The draft has been developed following discussions at the partnership away day, alignment with partnership priorities and taking into consideration findings from the recent JSNA

- Joint Health and Wellbeing Strategies are developed to meet the needs identified in Joint Strategic Needs Assessments. They are produced and owned by health and wellbeing boards. They are unique to each area that produces one and there is no mandated standard format.
- The ownership of any action plan that has come about from previous JHWBS has historically sat with health and wellbeing boards. This has led to some challenges in the ability to measure success, demonstrate impact and ensure ownership is taken and led by relevant partner officers. The reasons are multifaceted, however, the JHWBS and resulting action plan is often seen as an additional ask on partners and the system to deliver. This can lead to a lack of focus around the delivery of the plan and strategy.
- Therefore, the purpose of this version of the strategy is to set out a number of key areas of focus that all partners will be asked to consider and incorporate into their planning arrangements.

# Update on Harrow JHWBS 2020-2025: achievements and challenges

- Over the last two years, there have been a range of **achievements** experienced across the partnership. Overarching themes and enablers to this include engagement with the community, partnership working and collaboration. This list is not exhaustive but provides examples of what has worked well across the system.
- As at 8 April 2022, 190,971 Harrow residents (72% of over 12's) had received their first dose of the Covid vaccine, and 179,265 (68% of over 12's) their second dose, and 134,666 (51% of over 12s) their booster. The rollout of the vaccination and booster programme has demonstrated the value of **partnership working** and how public services need to work in tandem to deliver such services efficiently and effectively. Harrow has had one of the most successful vaccination rates across NW London.
- At the start of the pandemic, the pressing need to **improve the coordination and effectiveness** of the through-put of hospital discharges was identified. An important variable to this was the need to have more vacant hospital beds to be able to absorb the impact of Covid-19 on patients. As a result, all partners across the Acute, Health Community Services and Adult Social Care developed Independent Discharge Hubs (IDH) staffed by all partners. The shared aim was to work in an integrated style regardless of the type partner agency and its funding source, with the sole ambition to transition the citizen back to the community in the most efficient pathway. This method drastically improved the discharged flow and partnership working. It also created an integrated seamless approach to discharges for the citizen. Following its huge success, the IDH has now become business as usual and has been adopted across all boroughs.
- **Working closely with communities, community groups and partners** has been critical to addressing the challenges posed by the pandemic. A coordinated approach to engaging communities through joint working has enabled production of local resources, and greater impact and reach on the ground. The impetus given to tackling inequalities by the Black Lives Matter movement has also heightened our work with communities of Black heritage. Bringing groups together on a single platform, we held two meetings with Black heritage community leaders in 2021, with the latter one giving a significant focus on improving health inequalities, linking in with the priority to address health and social care inequality. As a result of this dialogue the council and local NHS are spending around £150k to commission ongoing engagement with these communities to reduce health inequalities.
- Some **challenges** continue to remain, in some cases have worsened, and other cases are new challenges that have evolved over the last couple of years.
- The pandemic has shone a light on inequalities and highlighted that much work needs to be done with some communities that are experiencing disparity in social, economic and health outcomes, such as the Romanian population which lags behind in access to health services. Through the efforts during the pandemic, we have been able to map and identify communities that we need to reach better. This conversation and engagement must continue to ensure that communities and residents are at the heart of addressing and tackling these inequalities.
- Harrow is one of the most ethnically and religiously diverse boroughs in the country with people of many different backgrounds and life experiences living side by side. However, the partnership can do more to enhance the lived experience and better outcomes for all residents. When the Borough Plan was refreshed in November 2020, it was agreed that the two main issues that cut across all of the priorities we want to tackle over the next decade are racial disproportionality and socio-economic inequality and disadvantage.
- The partnership heard clearly from children and young people about some of the issues they are faced regarding emotional health and wellbeing. Most said that they feel loved and supported which is testament to the wonderful families, schools and colleges in our Borough. However, some young people raised concerns around their feeling down or anxious, some young people feel unsafe in Harrow, and some groups of young people are really struggling. The survey found that young people who identify as non-binary or Chinese find life especially hard with regards to bullying, safety and life satisfaction. The survey also highlighted several areas around violence, gangs, online safety, and the ability to be assertive in relationships.
- There remain further challenges to continue the work highlighted a prioritised in the 2020-2025 Health and Wellbeing Strategy that have been adversely impacted by the events of the last two years including:
  - Addressing the child poverty agenda
  - Embedding a Health in All policies approach across the partnership
  - Developing the Mental Health strategy
  - Developing the Carers strategy

# Our JSNA Highlights

## Start Well

- Increasing trends in **births** noted over the last 10 years & **fertility rates** in Harrow remain higher than the London and national averages
- Under 19s reflect increasing **ethnic diversity** in Harrow with the largest group belonging to **Asian Indian population**
- **Infant mortality** on downward trend, and Harrow currently has the same rate as England 3.9 per 1,000 live births
- **GCSE** and **School readiness** remain higher than the regional and London averages in Harrow
- Pupils with **Special Educational Needs** increased for the 5th consecutive year
- Prevalence of **obesity** amongst 10-11 year olds twice as high as those ages 4-5, 21% compared to 9.5% on 2019
- Estimated 4861 children and young people between the ages of 5 to 17 with a **mental health** disorder in Harrow
- HAY Harrow highlighted **65%** of C&YP sometimes or often **feel down or depressed**, only **50% feel able to cope** when life gets tricky
- Highest proportion of children aged 5 with **tooth decay**, rising from 39.6% in 2017 to 42.4% in 2019 and continues to rise, almost double national trends

## Live Well

- ½ of all adults in Harrow are not meeting minimum required level of **physical activity**
- **1.1% cycle & 16% walk** for travel at least 3 days / week, under the London average
- 58.5% Harrow adults are either **overweight or obese**
- Harrow ranked 26th highest out of 149 upper tier and unitary authorities for **new STI diagnoses**
- **6.5% of all-cause deaths** in Harrow, attributable to particulate air pollution
- Over 35,000 people in Harrow diagnosed with **hypertension**; 6,669 / 19% of those people are poorly controlled
- 10.1% of patient overs 17 on GP registers have **diabetes**, and 13.4% have **hypertension**
- **Smoking prevalence** in adults with a **long-term mental health condition** in Harrow is 20.6%, nearly double the general smoking prevalence, and rates of smoking in the most deprived decile is 24%
- The under 75 years mortality rate from **cancer** is higher amongst women than it is for men in Harrow

## Work Well

- **Unemployment** in Harrow is overall low 5.9%, however there are areas within the borough with higher rates of unemployment
- 16-17 year olds **not in work or education (NEET)** are around 2.6% which has increased in the last year; London rates are 4%
- Gap in the **employment rate** between those with a **learning disability** and the overall employment rate - 67%; on a par with London and nationally
- Gap in the **employment rate** for those in contact with **secondary mental health services** and the overall employment rate – 59%; best in London

## Age Well

- Harrow has one of the **highest** proportion of those **aged 65 and over** amongst its neighbouring boroughs, at 16.1%, higher than London at 12.2%.
- In the future, there is a further **projected increase in those over the age of 65** in Harrow with an overall increase of around 22% by 2025
- Both male (82.2) and female (85.7) **life expectancy** has seen a decline due to COVID in 2020 in line with national trends but in Harrow remain higher than the regional and national averages
- The rate of **emergency hospital admissions due to falls** in people over 65 is 2,380 per 100,000, significantly higher than London and England
- Recorded prevalence of **dementia** in people aged 65 and over is 3.93%, in line with London and national averages
- **There are approximately 24,000 unpaid carers (last census; 5,000 registered with Harrow carers) in Harrow and carer-reported quality of life** score for people caring for someone with dementia – worse compared to similar LAs
- Patients in need of **palliative care/support**, as recorded on practice disease registers, irrespective of age – 0.2%, significantly lower than London and England

- The Health and Wellbeing Board (HWBB) would like to propose a different approach for this iteration of the JHWBS for Harrow. This approach has four main objectives:
  - Building on the previous Joint Health and Wellbeing Strategy and focussing on findings from the Joint Strategic Needs Assessment
  - The strategy will be prevention focussed
  - The BBP is the delivery vehicle for the strategy
  - Ensuring that partner's plans align with the principles outlined in the strategy

- Most partners across the Harrow partnership are currently considering their strategies and delivery plans as we move out of the response phase of the pandemic to recovery and restoration. There are a range of common issues to tackle together as a system.
- These include addressing inequalities and the impacts of disproportionality, addressing backlogs and waiting lists, and delivering more efficient integrated care, with patients at the heart of these models of care. This must be addressed in the current context of rising costs of living and the impending challenges that Harrow residents will face, continued pressures on the health and care system, and workforce challenges across the borough.
- The JHWBS will therefore be developed as a strategy document that is focussed around guiding principles for partners to align their workplans to. Partners will be asked to consider how their workplans deliver demonstratable outcomes as a result of actioning these principles that the HWBB feel will positively impact the health and wellbeing of Harrow residents.
- This feedback will be provided in the format of a yearly workshop to consider the partnership's successes and remaining challenges in instilling these principles. This approach will therefore put the emphasis on the partnership to meet the needs of the local population, and find solutions to the challenges. The HWBB have a role in influencing system partners to acknowledge this and play their part. Socialising this approach and the engagement with Harrow partnership will be key to this approach being successful.

## Overarching priority

Working together to ensure Harrow residents feel secure and supported when they need it, enabling them to prosper and develop flourishing relationships and communities, allowing residents to thrive and live longer healthier lives.

Theme 1: Healthy Children

Theme 2: Healthy Adults

Theme 3: Healthy Older People

Theme 4: Health policies and practices

Theme 5: Healthy and safe communities, workplaces and homes

Theme 6: Healthy environment and addressing climate change

Theme 7: Thriving economy

- Principle 1.1:
  - Giving children the best start in life by supporting parents, helping children thrive to achieve their full potential, taking a family-led “whole family” approach
- Principle 1.2:
  - Developing stronger links between schools, health and social care, harnessing and strengthening the role they play in the physical and mental wellbeing of their students

- Principle 2:
  - Creating an environment where people can be healthy and well, make decisions about their future, be resilient to adverse changes and engage in meaningful life roles in the community at all stages

- Principle 3:
  - Developing a social position for older people in the community, for example through volunteering, mentoring, or peer group involvement

- Principle 4.1:
  - Making Every Contact Count everyone's business and embedding Health Inequalities in All Policies
- Principle 4.2:
  - Ensuring that all commissioning practices, use of intelligence and technologies, and resource allocations are optimised and evidence based
- Principle 4.3:
  - Embedding prevention, emergency preparedness, health protection and infection prevention control principles, into mainstream approaches

- Principle 5.1:
  - A thriving, multicultural borough where events support our communities continued integration and values
- Principle 5.2:
  - Establish a community capacity building and leadership programme for Harrow to support community groups access to help them address issues which are important to them.
- Principle 5.3:
  - Everyone takes an individual and collective responsibility for building good relationships within their community
- Principle 5.4:
  - Instilling a supportive culture that promotes good physical and mental wellbeing in the workplace
- Principle 5.5:
  - A commitment to increasing the quality and quantity of new and existing affordable homes
- Principle 5.6:
  - Promoting Harrow as a place to live and work, including a focus on retention within front-line teams

- Principle 6.1:
  - Creating an attractive and healthy environment with improved streets, enhanced parks and accessible open spaces, providing relaxing recreation, supporting socially active and successful communities, sport and active travel opportunities for all
  
- Principle 6.2:
  - Making Harrow environmentally sustainable and health, and becoming a net zero borough by 2030

- Principle 7.1:
  - Creating quality employment opportunities to match the skills available within the borough, and enabling people to move on to better paid jobs
- Principle 7.2:
  - Encourage entrepreneurship so that micro, small and medium sized enterprises can grow sustainably in Harrow

- Engagement with all partners and Harrow residents
- Considering “what the partnership will do” to deliver the strategy
- Alignment with partner’s workplans
- Consider how we’ll know whether we’re achieving, developing an outcomes framework to facilitate this

# The role of the Health and Wellbeing Strategy in our wider planning context

The Joint Strategic Needs Assessment (JSNA) outlines the health and care needs of Harrow residents

The Joint Health and Wellbeing Strategy uses the JSNA data to address the identified needs, and sets out the ambitions and principles for addressing this need

Delivery plans such as the Borough Based Partnership, NHS Trusts, Harrow Council and CVS will address the needs through deliverable actions

The Joint Health and Wellbeing Strategy will also look across priorities within individual organisations for health and care, to see where working in partnership can have the biggest impact on the residents of Harrow

