

Working together to tackle health inequalities



Tackling health inequalities requires close partnership working. In the spirit of partnership working, this section is a selection of independent reports produced by our partners.

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4.1 Education

Michael Hart: *Interim Director of Education, LB Harrow*

Children who are healthier – physically, emotionally and socially – learn better, have higher attainment and are more likely to reach their full potential.

Harrow Education Service has produced six detailed plans, each with priorities and targets: Education Development Plan, Cultural Strategy, Early Years Development and Childcare Plan, Youth Service Plan, Annual Library Plan, Adult and Community Learning Plan

Education strategy

In 2002 the Education Service agreed a new four-year strategy document. Building on the previous emphasis on raising standards across all areas of Education, the strategy recognises the importance of reducing inequalities and of social inclusion.

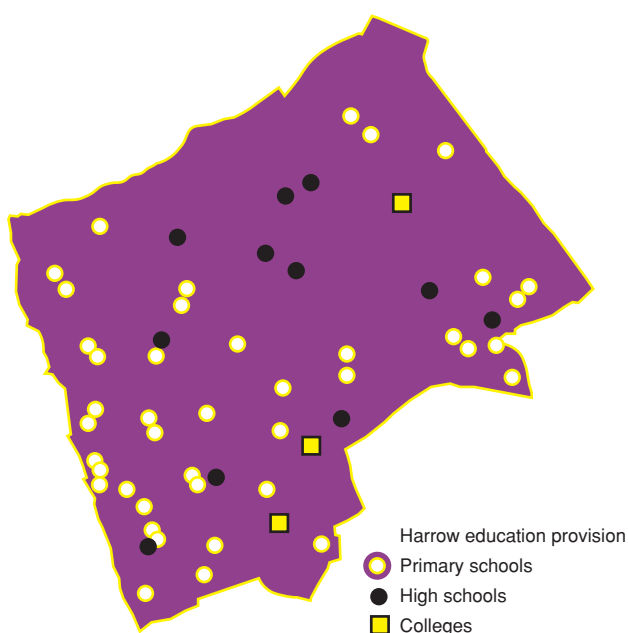
Improvements in education and health are inextricably linked, with each benefiting from progress in the other service. Higher standards of education lead to a population which is better prepared to lead a healthy lifestyle; healthier children and adults are more likely to benefit fully from educational opportunities.

Health in London illustrates this interrelationship by including the percentage of pupils achieving five GCSE grades A* – C as one of the high-level indicators relevant to reducing health inequalities. The Report states that education attainment reduces the chances of unemployment and poverty, which have a negative effect on health. Other relevant indicators include smoking, drinking, drugs, exercise, diet and provision of safe play areas for children.

Social exclusion

The Education Service's emphasis on addressing social exclusion, particularly those children and adults who may be at greatest risk of not benefiting from educational opportunities because of multiple deprivation factors, has been at the heart of many recent developments. In November 2002 the Harrow Education Service devoted its annual conference to this theme, bringing together schools, other Education Services and partners from other agencies.

A significant outcome has been to form clusters of schools working collaboratively to raise the achievement of their more disadvantaged pupils. Three clusters of schools are seeking new ways of reducing, for example, the difference in standard test results between pupils receiving and those not receiving free school meals. All three are in relatively more disadvantaged parts of Harrow.



Healthy Schools Programme

Alongside this work there has been progress in expanding Harrow's Healthy Schools Programme (for a report on this see 4.2). This programme enables schools to bring together the many strands of Health Education which make up the curriculum for Personal, Social and Health Education (PSHE). Towards the end of 2002 discussion took place between senior managers in the PCT and the Education Service about the planning structure to co-ordinate the two services, now being implemented.

A significant development in 2002 was the interest shown by the Council's Elected Members (Councillors) in the Healthy Schools initiative. Members on the newly formed Lifelong Learning Scrutiny sub-Committee researched the current provision and visited Harrow schools interviewing headteachers and other staff.

Recommendations for follow-up included:

- improvements in the quality and diversity of free school meals,
- improved labelling of school meals food,
- better access to drinking water in lessons,
- more teacher involvement in training and other central meetings about healthy lifestyles,
- greater involvement of governing bodies,
- a need for more school nurses.

Education and exercise

The theme of improving health through education arose elsewhere. For example, the Cultural Strategy established the future direction for leisure development in the Borough. It clearly links the importance of increasing access to and opportunities for leisure facilities with the associated health and social care agendas. Proposed new developments include:

- introducing a Leisure Centre Card – to increase Leisure Centre usage and with reduced rates for priority groups,
- building major new sporting facilities at the Prince Edward Playing Fields,
- a Sports Academy programme – to increase, and recognise, sporting involvement and achievement – particularly for young people
- a new post with Harrow Council for Racial Equality /Leisure Centre – to work with young people from ethnic minorities who do not exercise regularly,
- a GP exercise referral scheme – seen as a key priority in providing better services to older people.

Childcare and early years

Expansion of high-quality childcare is a government priority to enable parents to play a full role in the workforce. Harrow has taken this forward with significant success in 2002, meeting or exceeding all the targets agreed with the Department for Education and Skills.

At the same time there has been an increase in educational provision for three-year-olds (to meet the April 2004 target that provision should be available for all parents wanting a free place). A further

The Early Years Development and Childcare Partnership brings together organisations who have a role in expanding/improving the quality of Early Years Education and childcare provision for all people up to age sixteen (19 for those with special educational needs).

major achievement during 2002 was the announcement that **Hillview** would become an Early Excellence Centre. This has already led to an expansion in the facilities at the Centre, including additional sessions for parents, such as a programme called Early Bird for parents of children on the autistic spectrum. The Centre's Excellence designation will provide further opportunities to integrate facilities for the local population.

Connexions service

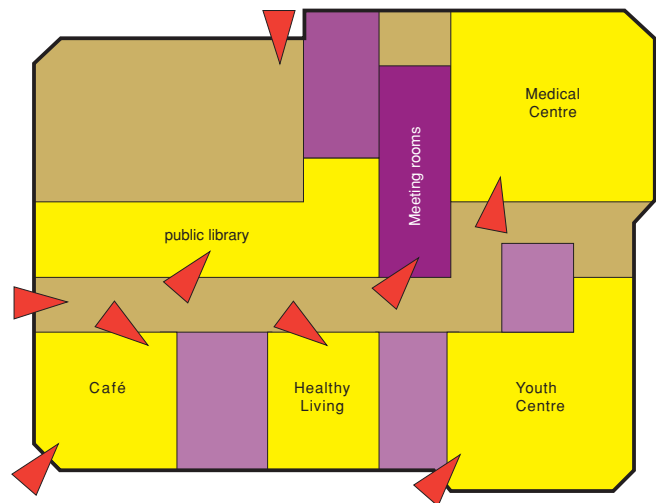
Harrow Connexions Service has been established. A Youth Service Plan has been written, which coordinates various strands of provision, including the relevant health priorities within the Youth Service curriculum. As with other parts of the Education Strategy, there is a strong emphasis on reaching out to those young people at risk of disengaging from education, employment or further training opportunities.

School and community developments

The government's Extended Schools initiative aims to extend the use of school buildings outside conventional school hours and to encourage other agencies to make use of school sites.

The Wealdstone Centre will bring together on one site, in central Wealdstone, a Healthy Living Centre, a Library, a Youth Centre, and a cafe – run by trainees with learning disabilities.

Designed to provide integrated provision for the public, planning the Centre has required extensive inter-agency working, a model the Education Service is keen to promote with partner agencies. Wealdstone Centre sets an agenda for the next phase of inter-agency working.



Activities provisionally planned for the ground floor of the Wealdstone Centre, Harrow

Connexions Service is a national umbrella organisation bringing together all young people services.

4.2 Brent & Harrow Healthy Schools Programme

Gill Roberts: *Curriculum Leader*, PSHE, LB Harrow

Background

A joint initiative between the Government departments for Education and Health, the *National Healthy Schools Initiative* was launched in 1999. Locally we have developed a Brent and Harrow Healthy Schools Programme based around education and health partnerships. The aim is to support schools to become healthier places for staff and pupils to work and learn in.

The National Healthy Schools Standard is a national framework that provides quality standards in three areas:

- partnerships,
- programme management,
- working with schools.

What is a healthy school?

A healthy school is one that is successful in helping pupils to do their best and build on their achievements.

It is committed to ongoing improvement and development.

It promotes physical and emotional health by providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health.

A healthy school understands the importance of investing in health to assist in the process of raising levels of pupil achievement and improving standards.

It also recognises the need to provide a physical and social environment that is conducive to learning.

What do young people think about healthy schools?

National research shows that young people believe a healthy school is:

- where learning is enjoyable,
- where teachers listen to me,
- where I can talk,
- where there is no bullying, and
- a place I want to go to.

Harrow school pupils also have clear views about what a 'healthy school' should be. Involving them in identifying a school's strengths and areas for improvement is one of the key principles of Harrow's programme.

The local programme – current position

The Brent and Harrow Healthy Schools programme was established in the autumn of 2000 after work with pilot schools. It was accredited to the National Standard in January 2002. The Directors of Public Health for both PCTs and Assistant Directors of Education are members of a steering group. A management group with a broad spectrum of membership (school nursing, health promotion, teenage pregnancy, drug strategy, school development services, youth service and school representation), is supported with an LEA co-ordinator.

All LEA schools are aware of the Healthy Schools Programme and 46 per cent are actively involved with the scheme at different stages (called level 3 schools). Schools expressing an interest in the programme carry out a comprehensive audit covering whole school issues such as inclusion, policy

and practice, partnership with pupils and parents and community involvement. They also consider other data, such as health profiles, to identify and prioritise needs.

Presently 12 schools in Harrow have been validated to our local programme. These include four first schools, five first and middle schools, one middle school and two high schools (one a special school).

Healthy School validation – schools are said to be *working towards* level 3 status when they use the audit to set relevant targets with clear success criteria. For *validation* a school has to show evidence of impact in their chosen areas and demonstrate:

- a whole-school approach,
 - involvement of pupils,
 - links with parents and the local community,
 - that they have been inclusive of all members of the school community, and
 - that the work will be sustainable.
-

Examples of good practice in Harrow

Drugs

A middle school identified through its consultation with pupils the need to review its drug education programme (including alcohol and tobacco). The school revised and updated its drug policy with the support of the LEA and carried out a wide consultation with the school community through its Healthy Schools task group.

It started by establishing pupils' perceptions of drugs and used this information to prioritise and determine the programme content. Staff attended in-service training on drugs and drug education. Two members of staff were given time to write a revised scheme to form part of the school's PSHE and Citizenship programme.

Impact – the school now has a drug education programme based on pupils' needs. The school community is much more aware of drugs and drug-related issues.

Emotional health and well-being and safety

A first school identified concerns about the number of accidents in the playground and behaviour during playtimes and at lunch. The Healthy Schools co-ordinator carried out a comprehensive consultation with pupils, teaching and non-teaching staff and governors. An action plan to improve the playground was drawn up and the school behaviour policy was reviewed.

Pupils were central to the development of this work. A playground club was established with representatives from every class. Issues such as bullying, 'why we fight', football rota, playground rules and new games were discussed at assemblies and in PSHE lessons. The playground club decided which way was best.

Impact – the school now has a working playground policy, there has been a reduction in the number of incidents, and both pupils and staff report 'much happier' playtime.

Healthy eating

The National School Fruit Scheme is a separate initiative by the Department of Health but obviously contributes to a perception of a school being 'healthy'. The scheme was launched in Harrow in October 2002 and provides a free piece of fruit for every Key Stage 1 pupil (aged 4 to 6) attending LEA schools. It is proving to be very popular – 92 per cent of Harrow schools have already joined the scheme and a further one is in the process of doing so.



There is very little wastage and anecdotal evidence says that the children very much enjoy eating the apples, pears, bananas and satsumas provided. This establishes a positive pattern for the future. One of our first schools was already encouraging pupils to bring in fruit daily, so their Fruit Scheme children now have a '2-a-day' habit!

Impact – children attending schools participating in the scheme eat one more piece of fruit a day. Anecdotal evidence indicates increased awareness by the school community of the importance of fruit and vegetables in a healthy diet.

Sex and relationships education (SRE)

One of our pilot high schools worked on this theme as part of their Healthy Schools Programme. They reviewed their SRE policy to ensure it was in line with new Government guidance and ensured parents and governors were consulted. They amended their SRE programme in light of school nurse' and pupils' feedback. Evaluations of the changed programme were positive.

Another high school also identified SRE as a key area for development. A group of students were involved in organising school-wide consultation about the strengths and weaknesses of the existing programme. The students chose the methods of consultation, organised the questionnaires and are currently analysing their results. These will help the school revise their SRE policy and give the pupils 'ownership' of a revised programme that meets their needs.

Impact – in both schools pupils have influenced the development of the SRE programme, making it more relevant.

Tackling health inequalities

The National Healthy School Standard is part of the government's strategy to reduce health inequalities, promote social inclusion and raise educational achievement.

At school level this will be achieved by supporting schools to consider inequalities and social inclusion in the planning, delivering and monitoring and evaluation of targets. In Harrow we are targeting clusters of schools, in the three areas of the borough that have been identified by the council as having particular needs. The first cluster of schools has already signed up to the programme.

Future plans 2003-06

The National Programme is evolving with increased focus on the role of healthy schools contributing towards improvements in the health and well-being of all children, young people and staff, as well as contributing to raising achievement.

There are new government operational targets:

- schools in England with 20% or more FSME (free school meal eligibility) are to achieve National Healthy Standard level 3 status by March 2006,
- all schools in England to continue to have access to a nationally accredited healthy schools programme.

There are now national minimum standards for level 3 status. To meet these, more support materials are being developed locally for schools and a revised school recruitment strategy aims to achieve the 'free school meal' target.

The Brent and Harrow Healthy Schools Programme is now well established. We will continue to work with our partners to support schools in making the school a place where the school community feels safe and secure, valued, stimulated, challenged and rewarded for their learning.

4.3 Harrow Children's Fund: improving life chances

Kashmir Takhar: *Children's Fund Programme Manager, LB Harrow*

What is it?

The Children's Fund is a national government initiative that targets families with children aged between 5 and 13 at risk of social exclusion. It is part of the government's wider commitment to reduce child poverty and tackle disadvantage. The emphasis is on early prevention, identifying at-risk children and young people early and making sure they have the help and support that they need.

Children's Fund objectives focus on improving school attendance and attainment, reducing health inequalities, reducing the number of young people committing crime and the number affected by crime, and the development of effective services accessible by hard-to-reach communities.

Progress locally

The development of the Children's Fund in Harrow has involved the creation of a new multi-agency partnership, with the voluntary sector taking the lead in providing services. The partnership has set out a local prevention strategy based on information collected through a mapping of risk factors known to be associated with social exclusion. This information, combined with the views of children, young people and families, and an audit of services, has helped identify:

- gaps in provision,
- priority groups for services, and
- key issues.

The strategy is based on building strong partnerships with the voluntary community and faith sectors, recognising their strengths in engaging with the more hard-to-reach communities. The aim is to develop sustainable projects that focus on the needs of the child. Presently services are being developed under three themes – Crime Prevention, Building Skills and Working Together.

Children living with domestic violence

A service is being developed to help build the emotional resilience of children living with domestic violence. Increasing their self-confidence and self-esteem should contribute to helping them cope with this type of early childhood trauma.

The work of this project is also linked to reducing the likelihood that these children become involved in risk-taking behaviour such as drug abuse or offending. Support is provided to parents to help them develop their skills and reinforce their parenting role.

By putting in place this type of service, the Children's Fund aims to help families both to deal with difficulties they face now, and to better equip them to deal with any that arise in the future.

the Children's Fund

... focusing on improving the life chances of children and young people in Harrow, ensuring that those most at risk are identified early and then providing accessible services.



4.4 Housing in Harrow

Jane Fernley: *Strategy & Resources Development Manager Housing*, LB Harrow

Gareth Llywelyn-Roberts: *Chief Environmental Health Officer*, LB Harrow

Mark Patchett, MP Consultancy Services

The Harrow Housing Strategy 2002–7 covers all aspects of housing in the borough. Key objectives include:

- to maximise the supply of affordable housing,
- to build quality and choice into housing options across all tenures,
- to combat poverty, social exclusion and increase community safety,
- to ensure housing meets the needs of all groups in the community,
- to contribute to more sustainable communities in social, economic and environmental terms,
- to ensure equal access to all services.

Many objectives contribute directly or indirectly towards improving health and tackling inequalities.

The strategy can be viewed on the Council's website: www.harrow.gov.uk/housing_strategy

Tackling homelessness

In 2003 Harrow received a national beacon award in recognition of a range of initiatives tackling homelessness. Measures include:

- Dramatically reducing the number of households placed in bed and breakfast accommodation. Instead families are offered temporary accommodation of better standard – typically self-contained and of appropriate size.
- A mediation service to try to prevent homelessness as a result of exclusion by family and friends.
- Setting up of a multi-agency Homelessness Forum, which successfully counted rough sleepers and has bid for funds to support a comprehensive approach to tackling homelessness.
- Establishing a weekly, multi-agency advice surgery for single homeless people on housing, health and benefit matters. This is particularly targeted at more vulnerable and hard-to-reach groups (asylum seekers, young people and rough sleepers).

A homelessness strategy has been produced in 2003, which developed further our approach to tackling homelessness and alleviating its worst effects, including those of social exclusion and poor health.

Meeting housing need/ increasing supply

In a London context LB Harrow has a very low level of social housing provision (11 %) of which the Authority is by far the largest single provider (over 5,000 households).

With limited land supply, high property prices, a small affordable housing sector and high levels of demand for housing, Harrow has put in place a number of measures to alleviate pressures for housing and/or increase supply. These include:

- A comprehensive package of information and advice on housing options.
- Initiating a scheme to provide information and access to affordable housing in low demand areas in the UK for families able to relocate.
- Participating in the West London choice-based lettings system for council and housing association tenancies. All in line with the government's aims of promoting choice – based on providing good information.

- A domestic violence working group to improve the safety of survivors of domestic violence in their homes, to streamline the availability of advice and to improve opportunities for possible prosecutions.
- Partnership working with housing associations, developers, planners and funding agencies to maximise the amount of affordable housing produced on local and London-wide sites and facilitate access to these by Harrow households.
- A large number of empty properties are still located above shops in district centres and will be targeted within New Harrow Project & Wealdstone regeneration.

Stanmore Park redevelopment is an example of a successful partnership. The site, a former RAF station, provides a mix of 411 private and 117 affordable homes (for rent and shared ownership) and meets a number of objectives – promoting social cohesion, environmental sustainability and construction training opportunities. Some of the affordable housing is for specific groups and includes wheelchair accessibility, management by black and minority ethnic housing associations and support for people with physical and learning disabilities.

Improving private sector housing

Harrow published the *Private Sector Housing Renewal Strategy* in July 2003. The aim is to develop an integrated multi-agency approach to help tackle poor housing, poor health and social exclusion. A key objective is to improve the worst properties in the borough, particularly where occupied by more vulnerable households; e.g. older people, people with disabilities and those on low incomes.

Current services and initiatives include the following:

- A Home Improvement Agency exists to facilitate home improvements for those over 60 and disabled people of any age to enable them to stay in their own homes, with direct benefits for their health, welfare and independence.
- A new system for allocating Housing Renewal Grants and accessing alternative finance streams (such as equity release) have been developed, targeted at those most in need, published in the Private Sector Housing Renewal Grant Policy.
- Recent service improvements should reduce waiting times for applications for Housing Renewal and Disabled Facilities Grants. These services earned an improved 'two star will probably improve' rating from Audit Commission's Housing Inspectors in 2002.
- In addition the Private Sector Housing Renewal Team have a remit to tackle fuel poverty and promote affordable warmth – promoting energy efficiency initiatives and advice, again targeted at the most vulnerable groups.
- The Private Sector Housing Enforcement Team plays an active role in maintaining and raising standards of repair, safety and management in the private rented sector. This includes a particular focus on houses in multiple occupation which are often occupied by the most vulnerable and those on low incomes.
- An empty property strategy has, over several years, brought back into use over 600 properties, with 85 per cent occupied by council-nominated families 'in housing need'. Re-use also benefits regeneration of the general neighbourhood, as empty properties are often subject to vandalism and anti-social behaviour.

Supporting People

Supporting People is a government initiative, administered locally, to oversee the contracting of housing related support to vulnerable people living in the community. The specific aims are to drive up service quality, to promote choice and flexibility in support packages and to promote independent living. A shadow strategy produced in 2002 outlines the present shape of support services and highlights needs-led priorities for future funding.

Examples of the services provided currently are floating support to people with mental health problems, warden support in sheltered schemes for the elderly, support to young single people and those with drug and/or alcohol problems.

In 2003 we have produced the first Harrow housing strategy for people with learning disabilities. This aims to increase the range of housing options available to people with learning disabilities by ensuring appropriate housing, support, advice and information to enable them to exercise choice.

In support of Harrow's teenage pregnancy strategy we are developing a new housing scheme for young teenage parents offering interim housing advice and support.

Harrow Community Handyperson Scheme (CHiPs)

CHiPs is a highly successful project which receives a 98 per cent customer satisfaction rating. The scheme undertakes small domestic repairs/safety improvements in the homes of vulnerable and elderly people, provided within the remit of the Home Improvement Agency. CHiPs has undertaken over 600 jobs with clients paying for materials and the project contributing up to six hours free labour. Eligible clients can receive Housing Renewal Grants depending on their personal circumstances.

Key partners are Staying Put Home Improvement Agency and Harrow Crime Prevention Panel, with support from Harrow Association of Voluntary Services, Age Concern and Harrow Association for Disabled People. There is significant potential to expand the scheme to support the Staying Put initiatives, Supporting People priorities and Social Services initiatives; e.g. adaptations for the disabled and hospital discharge.

Initially the scheme was ESF funded, by the Brighter Wealdstone Project, but now it receives Home Improvement Agency support (December 2002). Monitoring and evaluation procedures, in place throughout CHiPs' lifetime, meet Government Office for London good practice guidance.

Affordable warmth, the Home Energy Conservation Act

In 2001/02 the Department of Environment, Food and Rural Affairs (DEFRA) started an energy efficiency framework review – we await the outcome. Meanwhile the London Mayor's Energy Strategy places emphasis on all London Boroughs progressing energy-saving targets and use of renewable sources.

LB Harrow's Fuel Poverty Report (2000) set objectives for affordable warmth and energy efficiency across all tenures. The Sixth HECA report showed a six per cent improvement in energy efficiency in Harrow between 1996 and 2002. This calculated Harrow's private sector average standard assessment procedure (SAP) rating as 49 (nationally 44) – reflecting local ownership of modern central heating (99 against 88 per cent nationally). A high SAP rating now means finding future improvements within Harrow will be less easy. However advice, education and promotion will be used to raise awareness of the benefits of energy efficiency measures, supported by the Renewal Grants Policy which is targeted at those in need or on low income in the worst housing conditions.

An Affordable Warmth Strategy linked to the Private Sector Housing Renewal Strategy and Grant Policy will be published in 2004/05. It will address fuel poverty and target those most in need, the elderly and those on low income.

Landlord services

As a landlord the Council is carrying out a number of measures to improve the physical condition of its housing stock. For a number of years it has invested in energy efficiency in its properties to the benefit of residents' health and day-to-day affordability. There is an active annual programme of disabled adaptations.

We continue to develop resident involvement in decisions around the management of the housing service and actively support resident groups.

In July 2003 the Government approved an Arms Length Management Organisation arrangement which will enable the Council to more easily access funds to invest in the Council's housing stock. In turn this should enable Harrow to meet the government's Decent Homes standard by 2010.



Rayners Lane Estate

Warden Housing Association took over the ownership and management of some 680 houses on the Rayners Lane Estate in South Harrow from LB Harrow in October 2002. This followed an extensive consultation exercise and feasibility study with residents into the best means of achieving the much-needed improvement in the condition of the estate.

Phased over eight years some £55 millions will be invested in a comprehensive regeneration package to replace many of the present houses. The aim is to create an environment that will improve the quality of resident's lives by providing not only the type of homes they want, but also the facilities and services they need.

Key features of the regeneration plan are:

- the continuing involvement of residents in the management and decision-making bodies for the estate,
- community development and local training initiatives,
- working closely with local residents and organisations for promotion of community safety, including taking a proactive stance on tackling neighbour-nuisance and harassment.

Creating a Neighbourhood Plan was a key step. Local people were employed to conduct door-to-door consultation with residents asking questions about health, community safety, education, employment, community facilities and transport. Interviews were conducted with public service providers as well as local community and voluntary groups. Focus groups were then held to discuss the findings and identify possible solutions for incorporation into an integrated Neighbourhood Plan.

It is early days, but with all the stakeholders committed and 62 per cent of residents keen to hear more about how they can get involved to improve their community, the usual obstacle of apathy has already been overcome!

Promoting equalities

Housing recognise the particular issues faced by the diverse community groups within Harrow and have an action plan to support equalities initiatives across housing services over the coming years. In 2003/4 we will be developing a BME housing strategy in association with local stakeholders.

4.5 Crime

Ian Pearce: *Crime Reduction Manager*, LB Harrow

Research has shown a clear link between health and crime

- Crime and health are linked both directly and indirectly. Reducing crime improves public health.
- Reducing fear of crime among elderly people can reduce isolation and improve their mental health, as well as saving long-term care beds.
- Early intervention with victims of hate crime and domestic violence reduces long-term physical rehabilitation costs, especially if it targets and prevents repeat victimisation.
- Crime costs health services hundreds of millions of pounds every year and takes resources from patient care.
- Violent crime against health-care staff costs upwards of £300 million a year and reduces the effectiveness of health-care services.
- Reducing alcohol-related crime reduces injury and alcohol related-harm.
- Violence-related injury is expensive to treat: an alcohol-related glass injury can cost up to £180,000 to treat, involving as many as 48 different professionals.

Crime audit and strategy

During 2001 a Crime Audit was undertaken in Harrow, a requirement of the Crime and Disorder Act 1998. Audit consultation was wide-ranging and included hard-to-reach groups such as ethnic minorities, travellers, gays, lesbians and transsexuals.

The Audit identified seven main areas of concern:

- domestic burglary,
- street crime,
- quality of life,
- drug and alcohol-related crime (a cross-cutting theme).
- domestic violence,
- hate crime,
- young people and crime (a cross-cutting theme),

The Harrow Crime and Disorder Reduction Strategy covering the period 2002–2005 has been produced in response to the findings.

Vehicle crime, a Government priority, has also been included in the Harrow Strategy together with two emerging themes – Fire Safety and Safer Transport.

Action Plan

An action plan has been produced and is updated annually. A number of objectives will have a positive impact in terms of health, particularly:

- reducing repeat victimisation,
- harm minimisation caused by the effects of drug and alcohol,
- initiatives to support vulnerable victims including the young, elderly and minority groups.

Harrow is shown to have one of the highest levels of fear of crime in London and well above the national average. The action plan sets out to address this, developing measures to improve quality of life and reduce anti-social behaviour.

Significant external funding (around £308,000) has been made available to support the partnership approach to dealing with these problems. The PCT is a very active member of the Harrow Partnership. From April 2004, the PCT will be a responsible body under the Crime and Disorder Act, with the same responsibilities as the Local Authority and Police to both reduce crime and the fear of crime.

4.6 Physical activity: Harrow Cultural Strategy

Hugo Crombie: *Public Health Adviser*, Health Development Agency

Harrow Cultural Strategy

Promoting physical activity is an important part of the work of many local organisations including LB Harrow. The Harrow Cultural Strategy (2003-08) was launched recently.

Access to leisure centres, parks, playing fields and open spaces are important quality-of-life factors for most people. In these settings physical activity can take different forms, from specific exercise at leisure centres to play, cycling and walking. This was recognised in the Strategy with a key aim:

... to help to improve the quality of life by widening opportunities for participation and enjoyment, by ... increasing and encouraging opportunities for participation in the arts, sport and leisure.

Access by Leisure Card

An important local development will be the introduction of the Harrow Leisure Card. This will provide local people with discounted access to leisure facilities and will be rolled out later to include other benefits at leisure, arts and cultural centres elsewhere in Harrow.

Access to exercise

Health professionals have an important part to play in developing and supporting schemes to promote exercise; acting as advocates for access to exercise and ensuring their activities encourage others to be active. Recently revived is the Harrow Exercise Referral scheme. This allows health workers to refer patients to Harrow Leisure Centre for free programmes of physical activity. A planned future development is the setting up of health-related led walks.

A variety of classes and activities aimed at encouraging older people to be more active are underway. These include the work of the Partnership for Older People and Extend Exercise, to music classes for older people supported by Age Concern.

For many walking or cycling, as an alternative to using transport, is the key to becoming more active. LB Harrow supports this by providing safe cycle routes, creating cycle ways and providing workplace facilities for cyclists.

The PCT is currently examining how it can most effectively achieve more healthy lifestyles for LB Harrow residents. A component in this strategy will be increasing physical activity levels.

Harrow is well provided with over 1100 acres of parks (46) and open spaces. A recent initiative converted an under-utilised hard court area in a park to a Teen Friendly Zone – a multi-sport area with seating, making this an attractive and well-used facility.

The London Outer Orbital Path (London LOOP) links Harrow's open spaces (Gryms Dyke, Harrow Weald Common and Bentley Priory) to a network of walking paths which explore the outer edge of Greater London. There are seven walks in, or partially in, Harrow; four are fully signed walks for which LB Harrow provide maps.

4.7 Looked After Children: the NHCS programmes

Jennifer Noble: *Project Manager*, Children's Quality Information Team, LB Harrow

What is it?

Long-term research about Children who are Looked After (CLA) has consistently found that they have less favourable outcomes in education, health and life chances than their peers who are not Looked After.

The National Healthy Care Standard (NHCS) programmes have been developed to promote health and wellbeing for CLA and young people, and those leaving care. The aims and objectives are to build on existing good practice, partnership and policy.

NHCS will promote a healthy care environment based on an understanding that partnerships between agencies and participation of young people and those who are responsible for their care are essential for success.

How will it improve health?

Historically the focus of health care for CLA has been identifying and reducing illness through medical interventions such as annual health examinations, inoculations, recording, etc. Until deemed Gillick competent, CLA are subjected to a statutory annual medical – something no other group of UK children receive. Research has shown that up-take for this medical is poor and the regime is resented.

A radical new approach is needed – one that concentrates on holistic care with an emphasis on health not illness. The Harrow NHCS Project, formed Autumn 2002 following public consultation, takes this forward, encouraging and supporting all looked-after children to make decisions. The Project is committed to the holistic model and is actively encouraging multi-agency/consultant participation in life-skills training.

What we have achieved

Following an audit of needs, an NHCS Action Plan has been drawn up and has identified four key areas for work:

- Young people at risk due to lifestyle and behaviours; e.g. problematic drugs use, sexual behaviour, self-harm.
- Making health information, advice and promotion available to young people, to staff and to carers.
- Implementation of CAMHS, dental, optical and nutritional health assessments.
- Inclusion of leisure activities.

Three actions are targeted for completion by the end of September 2003.

- 1 Piloting HEALTH FAX – presently in discussion – a document unique to each individual that records their history and will always travel with them. Apart from information such as family roots, immunisation and health records it will have space for personal entries.
- 2 A successful Fun Day – held in July.
- 3 Developing a mental-health-screening tool – meetings have been held with the local CAMHS team to progress this.

What we are planning to achieve

Harrow Social Services and multi-agency partners recognise the value of adopting a holistic approach towards Harrow's CLA and intend that these children and young people should have every opportunity to participate in their health care plan.

4.8 Identification, Referral and Tracking (IRT)

Jennifer Noble: *Project Manager*, Children's Quality Information Team, LB Harrow

The Government Street Crime Initiative (SCI) identified patterns of offending, or likelihood of offending, amongst young people. It concluded that intervening in a positive way early was a strategy that was most likely to reduce street crime.

The implementation of IRT has its foundation in SCI but now has a much wider remit.

Identifying – children and young people who are at risk of social exclusion – it could be a one-off incident, such as truanting from school, which triggers concern.

Referring – the school refers them to an appropriate resource.

Tracking – by registering both the initial concern and resource provided in response, it will be possible to evaluate if the intervention worked. This approach will build up a body of evidence to optimise future responses.

How will it improve health?

Although the truanting example would at face value appear to be an educational issue, taken in a wider context a person with an incomplete education will not maximise their life chances. It is known that young people who are excluded from school often experience elevated rates of mental health difficulties as adults.

Another social exclusion risk is teenage pregnancy. Early referral to appropriate services and tracking/measuring outcomes helps ensure the well-being of both the pregnant mother and her (unborn) child.

The aim of Harrow IRT project is to provide positive outcomes for children, young people and their families, and by doing this to reduce the probability of social exclusion.

What have we achieved?

A resource directory of services has been commissioned and will be launched in the near future. It is intended that the directory be updated regularly and be available via the website and in libraries, schools and leisure venues.

The Harrow IRT Strategy Group has agreed terms of reference and a project plan, and this June held a Stakeholder Day. It is anticipated that neighbourhood panels – a forum where multi-agency professionals and Harrow residents meet – will evolve over time. The intention is that these panels hear local concerns about young people and agree an appropriate response. It is recognised that there are important issues of confidentiality and resourcing that still need to be worked through.

At this point in time information can only be held on a database or manual record if the parent/guardian of the child/young person agrees.

What are we planning to achieve?

Harrow IRT is placing emphasis on a non-stigmatising, universal service that will ensure that all children and young people who are identified as vulnerable have resources made available so they are able to maximise their life chances and have positive outcomes.

4.9 Child & Adolescent Mental Health Services (CAMHS)

Jennifer Noble: *Project Manager*, Children's Quality Information Team, LB Harrow

Sarah Mansuralli: *Service Manager*, CAMHS/Child Health, North West London Hospitals NHS Trust

Mental health or emotional well-being has been identified as a government priority since the *Health of the Nation* (DoH, 1992) and *Our Healthier Nation* (DoH, 1999). This is of particular importance because children defined as *mentally healthy* have the ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Develop a sense of right and wrong
- Resolve (face) problems and setbacks and learn from them
- Initiate, develop and sustain mutually satisfying personal relationships
- Become aware of others and empathise with them
- Play and learn
- Use and enjoy solitude.

Promoting and maintaining good mental health in children and young people is the responsibility of all professionals and agencies. The government has set out underpinning principles that CAMH services need to incorporate in developments to meet this requirement. There is a recognition that healthy and happy children will result in a reduction of long term morbidity and mortality; and that this will facilitate a positive impact upon future earnings and future individual interpersonal and family development.

What have we achieved?

An extensive review of the CAMH service was undertaken in December 2002 which resulted in recommendations intended to facilitate development of a platform from which effective inter-agency partnership working could occur. The review identified current strengths and areas of unmet need. Action taken since the review includes:

- Drafting of an inter-agency strategy for development of services
- Establishment of a multi-agency CAMHS Strategy Group
- Appointment of a joint Commissioner and Development Coordinator for CAMH Services
- Setting up of Stakeholder and partnership reference groups to contribute to the development of the inter-agency strategy.

What are we planning to achieve?

CAMHS aims to promote and develop high quality, responsible and comprehensive mental health services for children, young people and their families and carers within Harrow. These services will:

- Address the prioritised needs of children, young people and families
- Improve the mental health and well being of children and young people in Harrow
- Improve the life chances of children and young people
- Be supported by the involvement of both users and carers
- Be appropriately and equitably targeted to local need
- Be evidenced based
- Reflect national policy and guidance
- Promote joint working across the whole system, based on inter-agency working
- Ensure continuity of care and smooth transition within and between services.

The CAMHS inter-agency strategy for development aims to ensure that an integrated approach to improving children's welfare and mental health is implemented. This will be linked to other children's plans and strategies throughout Harrow, with the aim of ensuring effective collaborative working.



4.10 Harrow's School Nursing Service: modernisation

Peter Lachman: *Consultant Pediatrician*, North West London Hospitals NHS Trust

Janet Riddell-Heaney: *Designated Nurse, Child Protection*, Harrow PCT

There are five school nurses (SNs) in post, all but two part-time. There are staff vacancies in the service. Based at Northwick Park Hospital, the service provides cover for some 30,000 school children, 877 with Educational Statements.

The Department of Health's *Making a Difference, Strengthening the Nursing Midwifery and Health Visiting Contribution* (1999) publication emphasised:

... (the) need to develop the public health role of the school nurse too, building on the opportunities their contact with children and young people provide.

The *School Nurse practice development pack* (DoH 1999) offered a framework promoting a child-centred public health approach in school nursing. It stressed the interdependent relationship between individuals, families, school and the wider community – a continuum with overlapping elements:

- Community programmes – NSF implementation, PCT/LEA partnership liaison (e.g. YOT, Healthy Schools Standard, Healthy Care Standard), multi-disciplinary work (e.g. accidents, teenage pregnancy, smoking cessation).
- School/community programmes – Healthy Schools programme, policy development (e.g. sex education, healthy diets, accident prevention, clinical policies), community based health projects with young people.
- Group work – listening, smoking cessation, asthma clubs, peer groups, parenting groups (coping with teenagers).
- Health prevention work – care plans for individual disabled children/those with health care needs, drop-in clinics, providing health information, child protection/support, and immunisation.

Responding to health needs

SNs have a positive role to ensure that all children get the best start in life. To improve present practice change is needed, in the following key areas:

- More effective joint working with health visitors to deliver 'total care' services.
- More flexible working arrangements when delivering care programmes or health promotion.
- Education and training updating skills so that SNs work effectively across agency boundaries and better engage with children, young people and their families.

Restructuring Harrow services

The Team Leader's role will expand, advising senior management about SNs, modernisation issues and providing input to the partnership planning process.

Apart from routine work it is intended that each SN specialise in a particular key field (presently these are – smoking cessation, drugs and alcohol, domestic violence, CAMHS, accident prevention, teenage pregnancy, black and ethnic minority health needs). After appropriate training (shadowing, visits, etc.) the SN 'expert' would then advise colleagues on a day-to-day basis when problems arise.

Derbyshire has introduced Healthy Schools (HS) teams that include HS specialists and SNs working alongside nursery nurses and teacher mentors. The Trust should consider Harrow's SNs contributing more effectively to partnership working.

Recommendations

- 1 SNs should have strategic and operational input to the local Health and Education Partnership. This would give SNs more opportunity to develop/deliver local Healthy School Programmes. (Statement 1 of the *NHSS*)
- 2 Reorganise the distribution of work by linking a SN with a particular community clinic, and the schools served by that clinic. This would improve communication with health visiting, education and social services. It is suggested that clinic catchment areas be determined at PCT level. This proposed SN reorganisation mirrors change brought about as part of Health Visitor Modernisation. Work on teenage pregnancy, smoking cessation, Quality Protects and SEN Code of Practice would particularly benefit from rearrangement.
- 3 Local retraining and reorganisation would create a cost-effective, skilled and well-motivated SN work force that would ease pressures elsewhere within the health economy. It is recommended that the Workforce Confederation, North West London, be approached to pay for SN retraining.

The main theme within the Healthy Schools Initiative is best practice, achieved through team working. These recommendations for reorganisation would reinforce this approach in Harrow.

4.11 Health visitors: the modernisation agenda

Rachel Stephen: *Clinical Lead for Health Visiting, Harrow PCT*

Background

The NHS Plan (2000) was a blueprint emphasising the need to develop accessible services delivered to a consistently high standard. Health Visitors have a key role in achieving these goals.

The significance of the Health Visitors' contribution to public health was first underlined in *Saving Lives: Our Healthier Nation* (1999). This envisaged a family-centred role – working with individuals, families and communities to improve health and tackle inequality.

- *Parents will receive improved support including parenting education, health advice and information.*
- *Individuals and families will be able to have a tailored family health plan agreed in partnership with the Health Visitor to address their parenting and health needs.*
- *Health Visitors will initiate and develop programmes for peer support, where local parents use their experience to support others.*
- *Neighbourhoods or special groups such as homeless people within a practice or PCT will have their health needs identified by Health Visitors who will lead public health practice and agree local development plans.*
- *Local communities will be helped to identify and address their own health needs, for example accident prevention for older people.*

Saving Lives: Our Healthier Nation

Locally a Modernisation Programme for health visiting has been rolling out over the past two years.

Objectives include:

- **Reviewing the Child Health Surveillance Programme** in light of recent research and national guidance

Rationale – there is growing evidence that child development resources are better focused on preventing the development of problems early, as opposed to screening children at fixed intervals. Health Visitors will deliver care based on individual assessments of families. Interventions may include home visits, individual/group parent education/support, networking opportunities, written information and advice.
- **Targeting resources**, including intensive home visiting, parenting and literacy programmes, on vulnerable families living in deprivation

Rationale – compared with the nation as a whole, people who have low incomes, or are living in areas of deprivation, are more likely to encounter a range of health difficulties. They have higher incidence of depression, poor general health and unhealthy lifestyles. Their children are more likely to be of low birth weight (associated with higher risk of illness, and sudden and unexpected death), to be neglected or abused, and to have more dental decay, more childhood injuries and more educational problems.

As the children grow older, they are more likely to have unplanned teenage pregnancies, engage in substance misuse, leave school with no qualifications, and develop mental health problems. Research suggests that intensive home visiting a vulnerable family has an effect in reducing social exclusion and impacts on determinants which influence health. In addition there is a great deal of evidence to suggest that focused programmes can reduce behavioural problems, enhance language acquisition and improve pre-literacy skills.

■ **Identifying and targeting** the needs of families from ethnic minorities

Rationale – the incidence of socio-economic deprivation is higher in minority ethnic groups. The negative effects of poverty may be compounded for this group by language barriers, racism, social isolation and post-traumatic stress.

■ **Developing Health Visitors' skills** in public health/community development

Rationale – an increasing body of research and experience suggests that community-wide issues must be addressed if real progress in addressing health inequalities is to be made.

These issues will include health needs assessment, *working with* rather than *doing to* local people, supporting minority ethnic and carers groups, etc. Other activities might include lobbying for changes such as provision of safe play areas for children, identification of data regarding health trends and community capacity building.

There is also evidence that social networks do influence outcomes for children and families, and can be changed for the better.

■ **Organisation** of Health Visitors into defined geographical areas

Rationale – to facilitate the development of a wider public health function, Health Visitors need to work within defined geographical boundaries. This enables them to develop networks, partnerships and a rich picture of the needs within an area. With these in place, Health Visitors can prioritise their work to achieve the greatest impact and use local partnerships to bring about change.

■ **Post-natal depression**, training Health Visitors to provide post-natal screening and intervention

Rationale – post-natal depression affects around 10 per cent of mothers; in low-income families this figure rises to 40 per cent. Maternal depression has an enormous impact on the whole family. Adverse affects include impact on child behaviour, cognition and emotional development. There may also be an increased risk of childhood accidents, sudden infant death and child abuse. Early Health Visitor screening and intervention have been shown in a number of studies to have a significant positive impact on maternal mood. [2]



4.12 Acute hospitals policies: Claiming the health dividend

Philip Sutcliffe: *Director of Corporate Services*, North West London Hospitals NHS Trust

NWLHT hospitals, Central Middlesex (CM), and Northwick Park and Saint Marks (NPSM), provide a full range of routine and acute NHS services for Harrow residents. Although Claiming the health dividend is only a very small part the total NHS Modernisation agenda here we report on some of the contributions made by Trust Corporate Services.

Buildings, energy management and public transport

Both NWLHT's acute hospitals have had record investment this year. At Northwick Park Hospital investment has focused on a £4million state-of-the-art pathology development – the hub of a Trust-wide service with new IT systems linked directly to GP surgeries. Work started on the final phase of the Children's Centre, with the total refurbishment of the maternity and neonatal children's units to follow. A number of wards and common areas have received much-needed makeovers.

The hospital has worked closely with Transport for London to improve public transport access. A new bus interchange has been approved, with completion due early 2004. Apart from having extra capacity, one route will also circle the ring road to stop nearer the residences and hospital entrances.

A more efficient boiler management system has been installed that reduces both gas consumption and emissions of harmful carbon dioxide to the atmosphere.

At Central Middlesex Hospital expenditure will total some £70 millions. Preparations for the Brent Emergency Care and Diagnostic Centre (BECaD) have seen substantial enabling works take place, including temporary outpatients, pathology and main entrance facilities, with a new midwife-led birthing centre and an extension to the Ambulatory care & Diagnostic Centre also being constructed.

A brand new temporary boiler house and emergency generator installation will support the needs of the old hospital while the new hospital is being built.

Until BECaD construction finishes (summer 2006), Central Middlesex has to cope without an onsite bus service and bus stops have been temporarily repositioned in local streets.

Employment and human resources activity

Management/clinical teams are exploring a number of new initiatives, such as attending local recruitment events, to attract staff with entry level skills, and to provide them with a robust training programme.

To encourage and support a career within the Trust, teams have been looking into ways of redesigning and developing job roles within the Trust. An Apprenticeship Scheme (with European Social Funding support) launched in January 2002, has already proved to be very successful. The scheme will be extended to become Trust-wide.

Contracts and procurement

In the last year NWLHT has awarded a number of contracts on a long-term partnership basis, e.g. the supply and management of beds, new patient transport service, and an innovative logistics service.

Equipment procurement evaluations routinely include whole-life costs (such as maintenance, decontamination, consumables and training). The Trust's purchasing appraisal protocol has recently been modified to include an environmental impact assessment.

Childcare

Northwick Park presently has a heavily oversubscribed 40-place nursery. A successful £800k bid will expand capacity to 90 places at Northwick Park (late 2003) and also fund a new 88-place nursery at Central Middlesex.

A full-time Childcare Co-ordinator has been appointed to network with other providers and agencies, including the local authorities; work will include establishing holiday playschemes.

Waste

Following an extensive review of present arrangements for waste management and disposal, an Environmental Risk Group has been established, with waste management as an important part of the Group's agenda. A new contract for clinical waste disposal is due soon, all cardboard waste is being recycled using a specialised compactor, and new arrangements have been made for confidential waste and print cartridge recycling.