A Strategic Framework to Reduce Health Inequalities in Harrow

2010 – 2015

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1 Introduction

Unacceptable inequalities in health and wellbeing exist in Harrow as in the rest of the UK. People living in different social circumstances experience differences in their health and wellbeing and in the length of their life. People living in the poorest parts of Harrow live on average 7 years less than those in the richest areas. These differences are avoidable but can't be addressed by health services alone. Health inequalities occur because of inequalities in society – in the places where we live, in education, access to employment and the sort of jobs we do and the money we have to live on and the lifestyle choices we make as a result.

The local Sustainable Communities Strategy[1], has a vision that by 2020, Harrow will be recognised for:

- Integrated and co-ordinated quality services, many of which focus on preventing problems from arising, especially for vulnerable groups, and all of which put users in control, offering access and choice;

- Environmental, economic and community sustainability, because we actively manage our impact on the environment and have supported inclusive communities which provide the jobs, homes, education, healthcare, transport and other services all citizens need.

- Improving the quality of life, by reducing inequalities, empowering the community voice, promoting respect and being the safest borough in London.

In order to achieve this vision, inequalities in health and wellbeing must be addressed to improve the quality of life for all residents. Reducing health inequalities and promoting wellbeing and independence for adults and older people is a key goal in achieving the 2020 vision.

This strategy for health and wellbeing in Harrow sets out the strategic direction for partners to work together to improve health and wellbeing, reduce health inequalities and promote independence. The success of this work will be guided and measured by the Health and Wellbeing Partnership Board.

2 Purpose

The purpose of this strategy is to identify the inequalities in health in Harrow and to highlight the areas where actions can be taken to address them. It aims to bring together the wide variety of areas that impact on health making those links explicit. As we enter a new phase where funding will be limited for public services, partnership working and maximising the benefits of preventing ill health will become even more important. To this end, we recognise the need to build capacity to deliver public health programmes in the voluntary/third sector and the important contribution that front line staff working in both public and business sectors have in delivering the health improvement vision.

3 The health and wellbeing of the people of Harrow

3.1 The people of Harrow

The population structure of Harrow is more similar to the England average than London. There is a lower proportion in the 20-40 age group in males and 20-50 in females and a greater proportion in the over 50s, particularly in females, compared to London. Unusually, Harrow does not see the "baby boomer" peak in the 55-65 age group that is seen elsewhere. The age distribution of the population varies within the borough, with the highest proportion of people aged over 65 in Canons ward and the highest proportion of under 5s in Wealdstone. Harrow's population, of around 215,000, is projected to grow over the next ten years, with the greatest growth in the older age groups (45-59 and 60+). There is also a predicted increase in numbers of children under 15 but a predicted reduction in the 15-44 age group.

More than half of Harrow's population is from Black and minority ethnic groups, making Harrow one of the most ethnically diverse boroughs in the country. The largest group, after White, is Indian. There is variation within the borough and wards in the south-east of Harrow tend to have a higher proportion of population from black and minority ethnic groups. The composition of the population of Harrow is forecast to change over the next 10 years according to the GLA projections. All non-white ethnic groups are forecast to increase: Asian by 18%, Black by 11% Chinese by 2% and all other ethnicities by 37%. Over the same time period, the White population is forecast to decrease by 17%.

3.2 What are the health inequalities in Harrow?

Inequalities result from differences in health outcomes (i.e. mortality rates, life expectancy, etc.) which occur as a consequence of differences in health status (socio-economic, deprivation, life styles and behaviour). Life expectancy is higher than the England average in both men and women. Smoking prevalence and teenage pregnancy are amongst the lowest in England and mortality from heart disease and cancer are also lower than those of England as a whole. However, diabetes rates and tuberculosis rates are higher than the England average. From the Harrow Joint Strategic Needs Assessment (JSNA) a number of inequalities were identified[2].

3.2.1 Life expectancy inequalities

There are huge inequalities in life expectancy within Harrow. Women in Pinner South can expect to live more than 10 years longer than women in Wealdstone. Men in West Harrow can expect to live for five and a half years longer than men in Greenhill ward. (Figure 1)

Figure 1 Life expectancy within Harrow 2002-7

Life expectancy within Harrow 2002-7
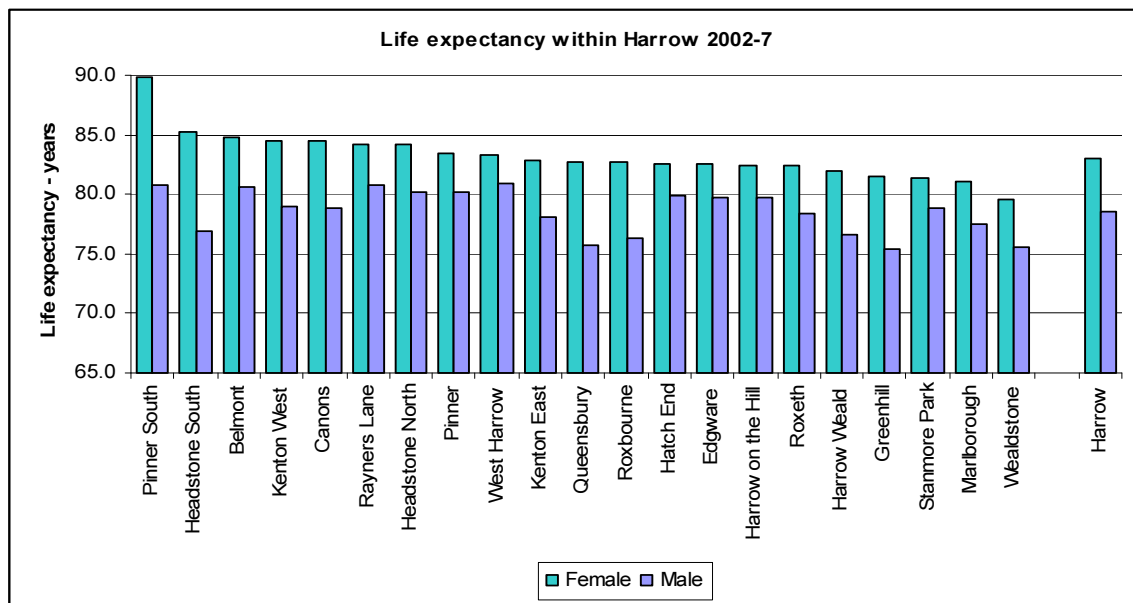
Source: LHO

3.2.2 The Slope Index of Inequality for Life Expectancy

Although there are big variations in life expectancy, Harrow compares favourably to London as a whole. The Slope Index of Inequality (SII) is a single score which represents the gap in years of life expectancy between the best-off and worst-off within the PCT, based on a statistical analysis of the relationship between life expectancy and deprivation scores across the whole PCT. It represents the gap in years of life expectancy at birth between the most deprived and least deprived in the PCT.

Figure 2 The Slope Index of Inequality for Life Expectancy

Slope Index of inequality
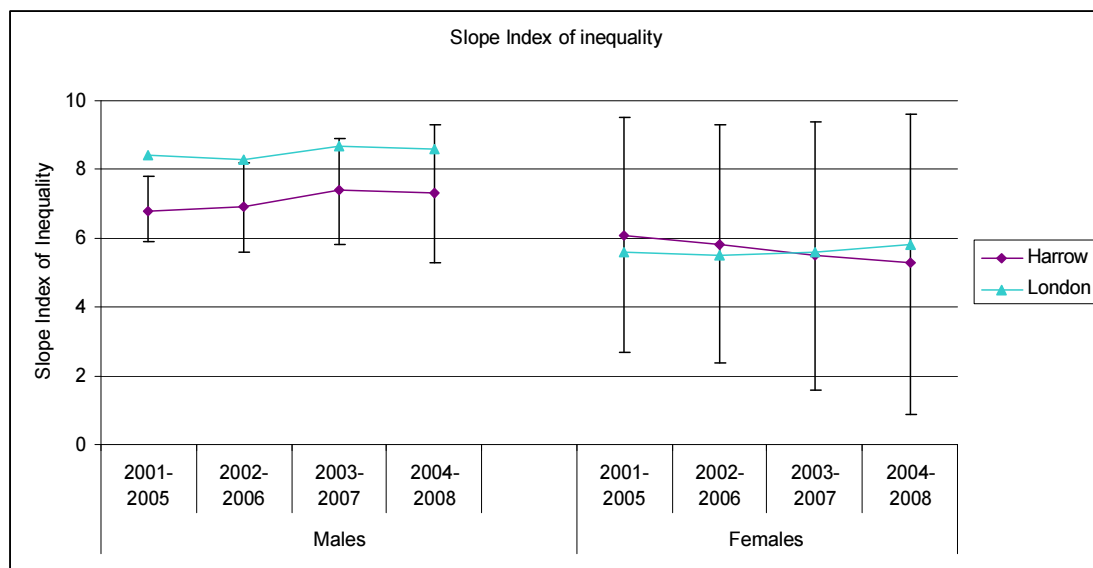
Source: London Health Observatory

For males, the SII for 2004-8 was 7.3. This can be interpreted as a difference in life expectancy of 7.3 years, between the most and least deprived individuals within the

PCT. This compares favourably with the London index, which shows a difference in life expectancy of 8.6 years and both Harrow and London SIIs have increased slightly over the past 4 years.

The index for females in Harrow is broadly similar to that of London. However, it does show an encouraging downward trend.

3.2.3 What is driving this gap in life expectancy?

If we look at the causes of death in the most affluent and the most deprived wards in Harrow, we can get an idea of the diseases that are causing this cap in life expectancy. We see that the biggest impact on life expectancy could be made by focusing on circulatory disease. If mortality rates from Coronary Heart Disease in the most deprived parts of Harrow were to reduce to the rate seen in the most affluent, life expectancy would increase by over a year in males and over 9 months in females. Lung cancer in men, breast cancer in women and COPD[1] in both sexes are the other areas where significant gains in life expectancy could be made.

Figure 3 Diseases driving the life expectancy gap within Harrow
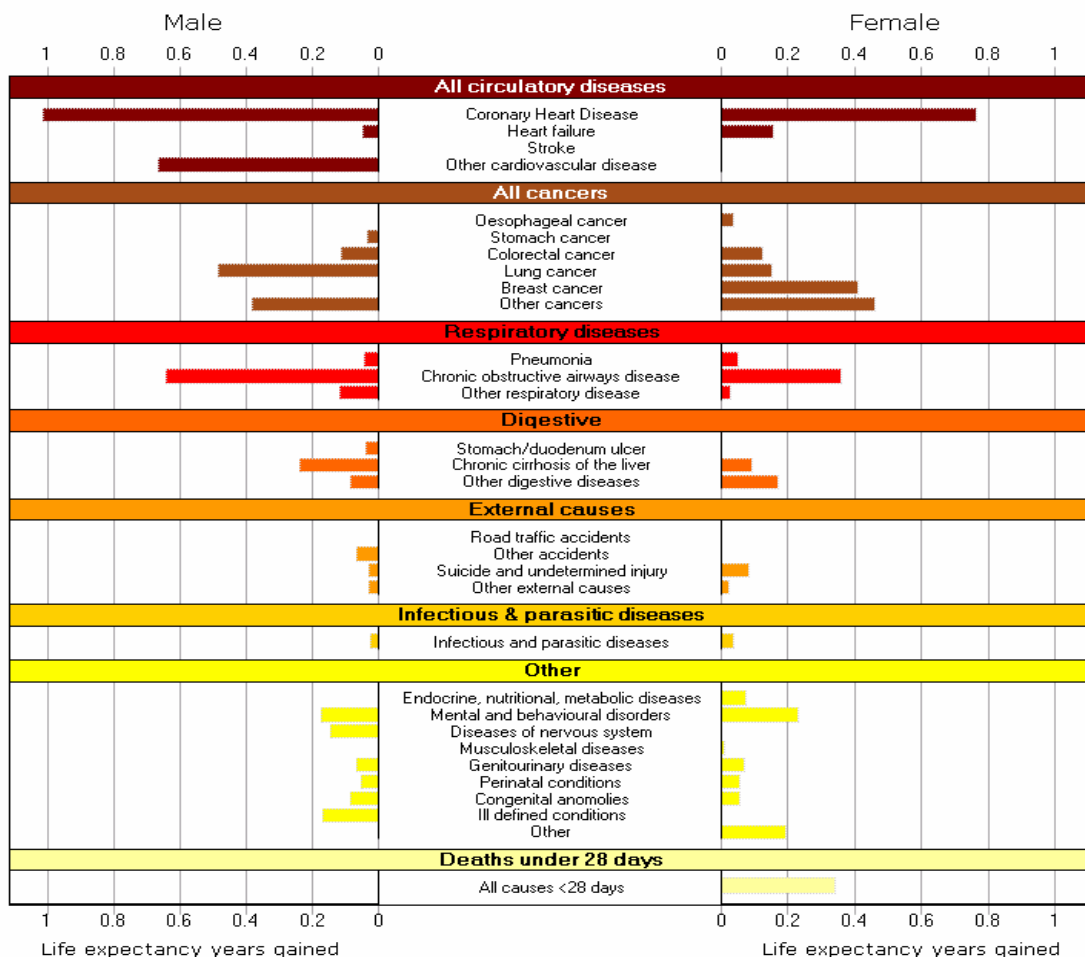
Source: London Health Observatory

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[1] Chronic obstructive pulmonary disease – lung diseases such as emphysema and chronic bronchitis which are largely caused by smoking

3.3 Inequality from conception to grave

Health inequalities can be seen to occur at all stages of life. The following section gives a snapshot of some of the inequalities in Harrow. For further information on these topics and others, refer to the Annual Report of the Director of Public Health 2009-10[3]; the Harrow JSNA[2] and the Harrow Vitality Profiles[4].

3.3.1 Low birth weight

Low birth weight has long term impacts on health. Harrow has a higher rate of low birth weight babies than both the London and England averages. The rate is higher in the south of the borough than the north.

3.3.2 Child poverty

A third of Harrow households have dependent children. Child poverty is defined as children living in a household that receives a means tested benefit. Child poverty affects almost one in four children in Harrow compared to one in five across England. There are a number of reasons for this. Six percent of households with dependent children have lone parents. A high proportion of these single parent households are of black ethnicity and are in poor housing. There are around 4,000 children who are refugees or asylum seekers and almost one in 20 households with dependent children has no adult in employment compared to one in 16 across London. The disproportionate impact on the black ethnic group is illustrated by the eligibility for free school meals. Significantly more Black children are eligible for free school meals in Harrow than the national average. Significantly fewer Asian children are eligible for free school meals than the England average and than any other ethnic group in Harrow including the White British group.

3.3.3 Lifestyle factors

Smoking is the biggest cause of preventable ill health. In 2007, there were 687 deaths related to smoking in Harrow. Obesity is in the news a lot these days. In Harrow, 19.1% of adults are estimated to be obese. 9.4% of reception year children and 17.9% of year 6 children were found to be obese in 2007-8. The World Health Organisation reported in 2002 that 9.6% of male deaths and 11.5% of female deaths were related to obesity in England. In 2007, in Harrow this would equate to 156 deaths per year.

The proportion of people who smoke (14.5%) or binge drink (9.7%) in Harrow is lower than that of London and England as a whole and a higher proportion of people eat healthily (5 or more portions of fruit and vegetables per day). However, a slightly lower proportion of people take regular exercise. (Figure 4)

Figure 4 Lifestyle indicators
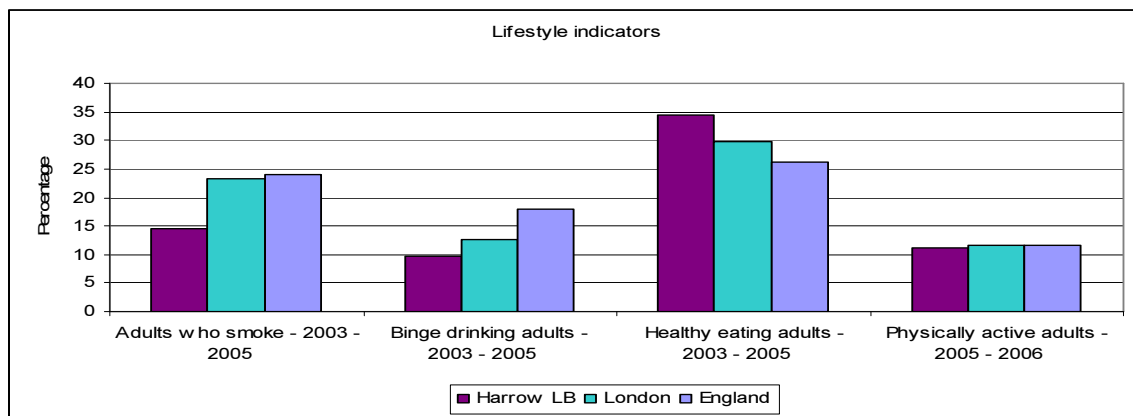
Source: ONS/NHS Information centre

3.3.4 Inequalities in perceived health and unpaid care

Of course, health and wellbeing is not only about the diseases that we die from but also the things that impact on our quality of life. The highest proportion of people reporting that they had poor health are found in Harrow Weald (8.6%) compared to the lowest in Pinner South (5.4%). Pinner south also has the lowest percentage of people reporting a long term limiting illness (12.5%) compared to 17.8% in Stanmore Park. The number of people providing unpaid care was highest in Kenton East and the lowest in Wealdstone.

Figure 5 Ward level indicators affecting quality of life

Source: Neighbourhood statistics, from 2001 census

Each of these indicators is relevant to older people who are more likely to have poor self reported health and long term limiting illness as well as being the recipients and often the providers of unpaid care. As would be expected as people age they report that they suffered from a limiting long-term illness more often. In Harrow the proportion of those reporting limiting long term illness who were aged 65 to 74 years was 37%, increasing to 52% in those aged 75 to 84 years and to 70% in those aged 85 years and above. In all age groups, the proportion of Harrow's population reporting limiting long-term illness was a little lower than the corresponding figures for England and London

Figure 6 Percentage of people in each age group reporting long term limiting illness

Source: Census 2001
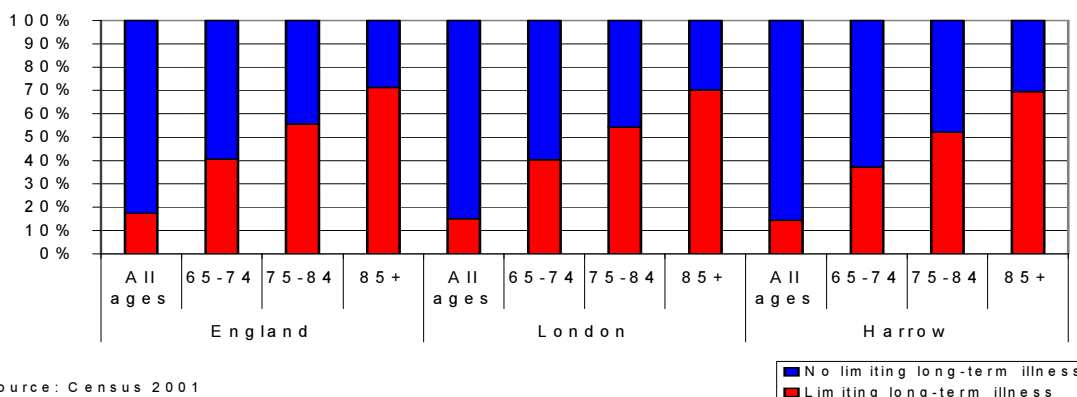
3.3.5 Deaths from specific causes

For the more common diseases, it is possible to calculate the slope index of inequality (SII) specific to that disease or group of diseases. The following data compares the SII of Harrow to that of other PCTs in Northwest London and London as a whole. It is important to note that the SII shows the degree of inequality within each PCT and not a measure of inequality between them, i.e. in Figure 7 the inequalities in cancer mortality within Ealing are significantly lower than the inequalities in cancer mortality within Kensington and Chelsea although the mortality rates from cancer in Ealing are greater than those in Kensington and Chelsea as a whole.

The SII for cancers under 75 is slightly lower but is broadly similar to that of London as a whole but is smaller than the majority of the PCTs in North West London. It shows that in the most deprived areas of Harrow there are 40.4 more deaths per 100,000 from cancer in those under 75 than in the most affluent areas.

For lung cancer, the inequalities within Harrow are less than in other PCTs in North West London and in London as a whole. It shows that in the most deprived areas of Harrow there are 11.4 more deaths per 100,000 from lung cancer in those under 75 than in the most affluent areas. This is likely to be due to the low rates of smoking across Harrow.

The within area inequalities for circulatory disease in Harrow are broadly similar to those for London as a whole. It shows that in the most deprived areas of Harrow there are 73.1 more deaths per 100,000 from circulatory disease in those under 75 than in the most affluent areas.

Figure 7 Slope index of Inequality for all cancers - persons under 75s 2004-8

Slope Index of Inequality (SII) for all cancer mortality by local deprivation quintiles, persons under 75s, 2004-08
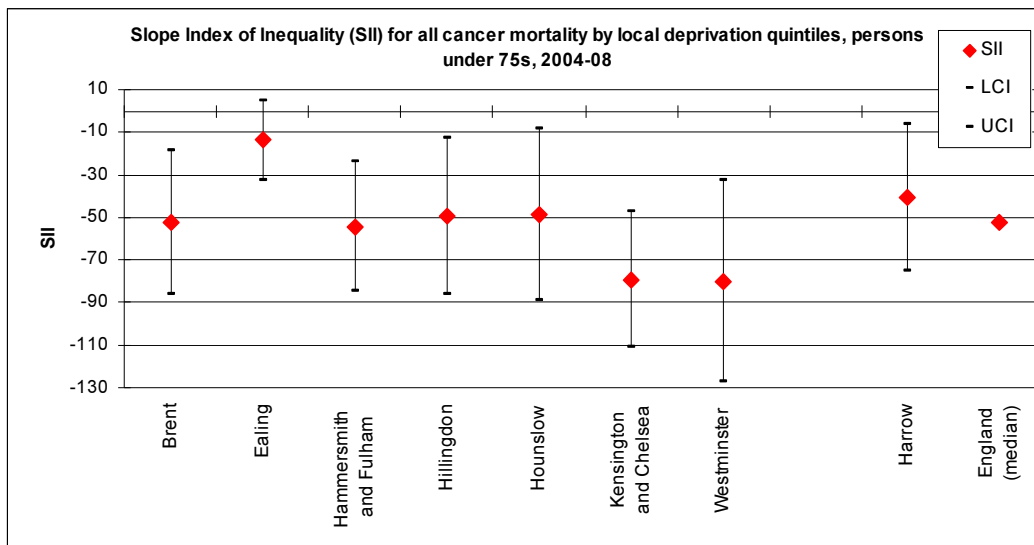
Figure 8 SII for Lung Cancer - persons under 75 2004-8

Slope Index of Inequality (SII) for lung cancer by local deprivation quintiles, persons under 75s, 2004-08
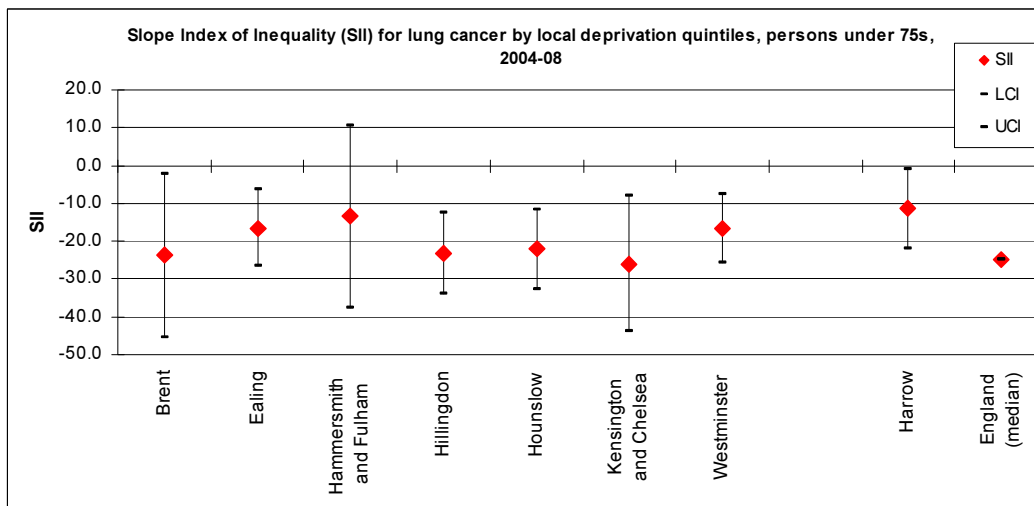
Figure 9 SII for circulatory disease – persons under 75, 2004-8

Slope Index of Inequality (SII) for circulatory disease mortality based on local deprivation quintiles, persons under 75s, 2004-08
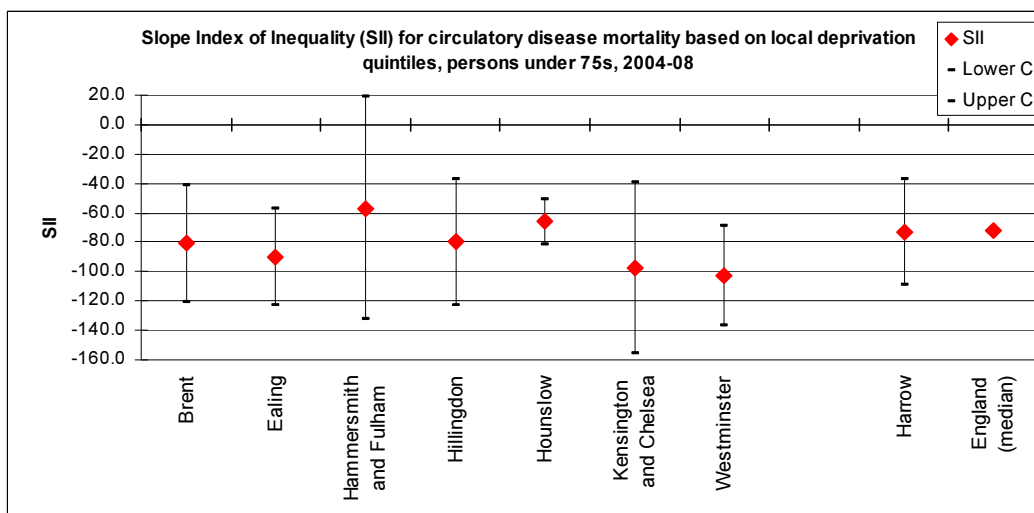
3.4 Mosaic profiles

The traditional way of looking at inequalities is to present data geographically or by age group or deprivation. An alternative way to look at the population is by segmenting it into groups defined by their similarities in circumstances, lifestyles and attitudes. The Harrow Strategic Partnership has joined together in an information sharing project to support the various strategies and action plans. Experian were commissioned to develop a local version of the Mosaic Public Sector tool that is specific to Harrow. This tool uses a wide variety of datasets to segment the local population into eight groups (see Figure 10). These groups give us a deeper understanding of the local population, their attitudes and preferences. It will allow us to develop and adapt services and messages in a more targeted manner.

Figure 10 Harrow Mosaic profile

- ■ Population segment A
- ■ Population segment B
- ■ Population segment C
- ■ Population segment D
- ■ Population segment E
- ■ Population segment F
- ■ Population segment G
- ■ Population segment H
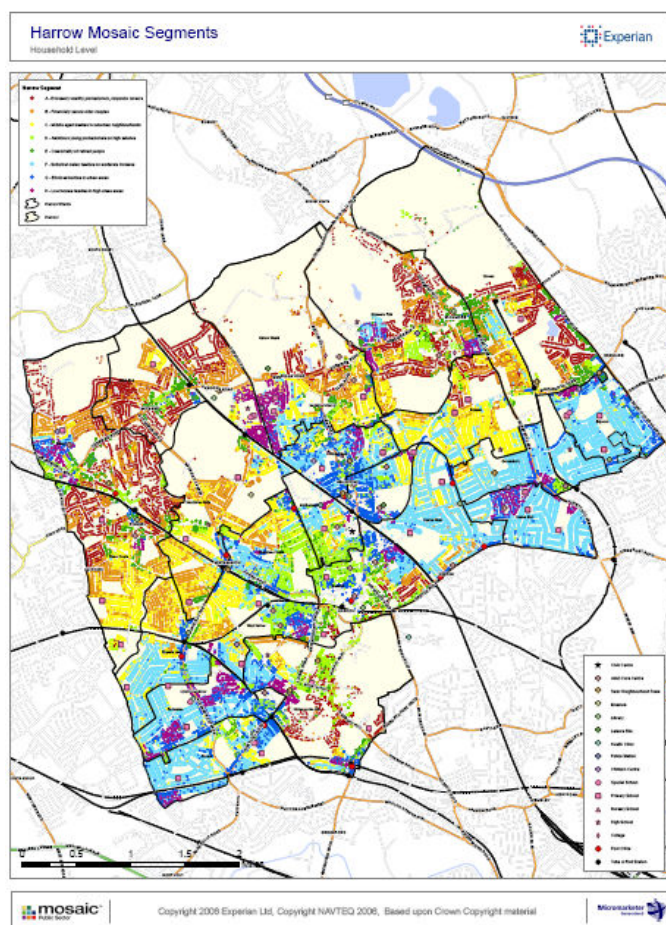
3.5 Inequalities in health spending

Another way of identifying inequalities is to look at the spending on certain disease areas compared to the outcomes being achieved. Comparing Harrow with other PCTs in England, spending on trauma services is slightly lower than average but the health outcomes are significantly higher. Spending on neonates is significantly higher than the national average and outcomes are similar to the average. Spending on both maternity and mental health is higher than average but outcomes are a little

worse than average suggesting improvements are needed. Of course, this only reflects the spending and outcomes related to health services and not those of local authority or other public services.

Figure 11 Spend and Outcome Analysis for Harrow 2008-9
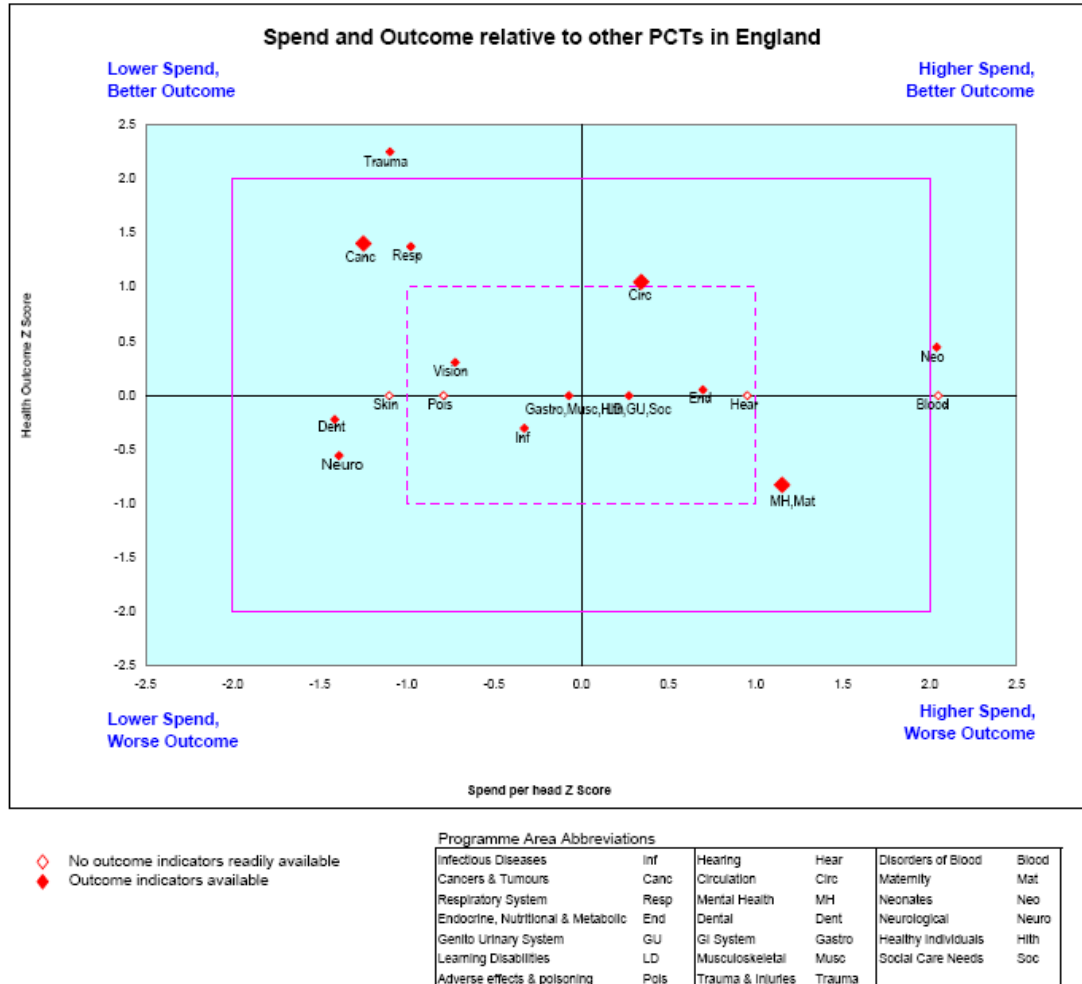
Source: Yorkshire and Humber Public Health Observatory

4 Health is everyone's business

Health improvement is everyone's business. As health technologies become more advanced and more successful so should our efforts in improving health. A strategy for health improvement looks to engage both public sector and private sector organisations in its task there-by making health improvement part of mainstream systems for incentives, performance management, regulation and inspection.

4.1 The wider determinants

As we have already said health and well being is everyone's business. No single person or agency determines a population's health

- Our age, gender and genetic make up are something we can't get away from. Some diseases are more common in one gender; some conditions increase with age; some people are genetically predisposed to certain diseases.
- The decisions we take about our lifestyle will influence our health. Do we eat healthily, take enough exercise, smoke, drink alcohol, use drugs, sunbathe, have unprotected sex, or engage in high risk behaviours? All of these and more will have an impact on our health and wellbeing
- Our family and social networks and the way we interact with society around us also have an impact on our health. Our health habits are shaped as children and many of our health behaviours are influenced by our peers. Socially isolated people are more likely to have poorer health – and people with poorer health can become socially isolated.
- Where we live, what we do, how much we earn, the quality of our food, our water, our natural and built environment and what services are available to us can make us more or less healthy. Health services are only a small part of this whole picture. They are important in responding to ill health and in promoting good health.
- Taxation policy, funding of public services, global warming, intra- or international conflicts and economic recession are all issues that affect health and wellbeing but which have to be dealt with at a national and sometimes global level.

Figure 12 The influences on health
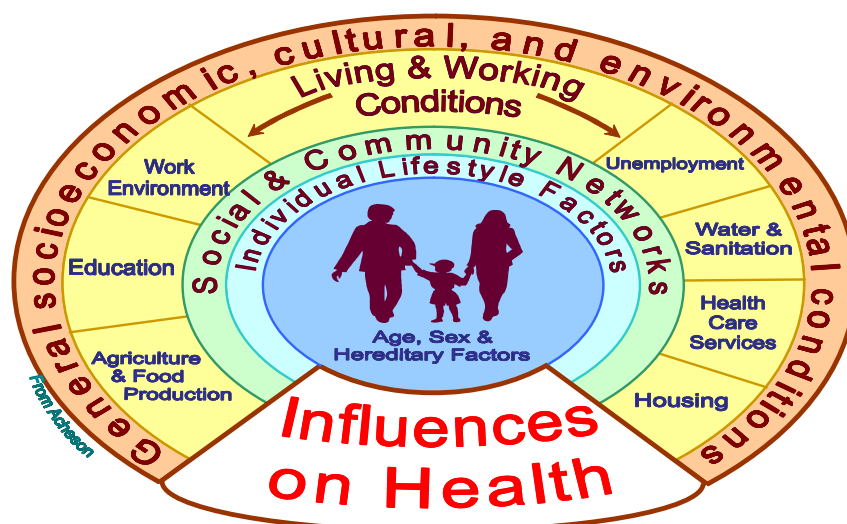
4.2 The Prevention Triangle

We can only achieve improvements in health and wellbeing by coordinated efforts of the "whole system". Figure 13 shows the prevention health triangle and suggests the sort of activities that could be undertaken to improve the health at people at different levels of health need. Obviously efficient, effective and targeted health and social care services are needed to address those with complex or substantial needs. This is already being addressed by the health sector and local authority and is not part of this strategy. Where we can make a big difference is in the coordinated actions to address the needs of those with low and medium need and, of course, the general population.

Figure 13 Framework for understanding prevention
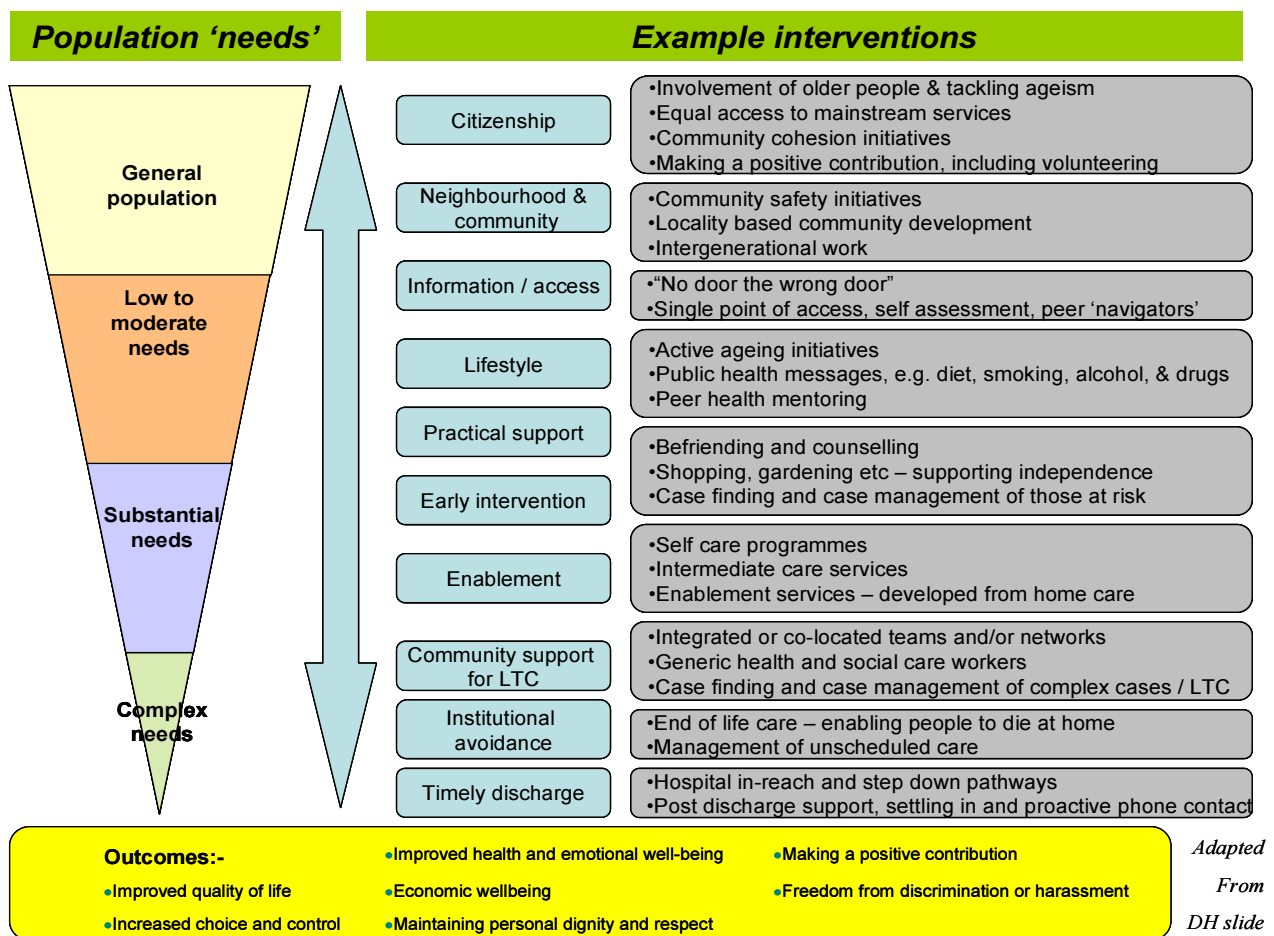
Source: Department of Health, Putting People First, 2009

5   Our approach to reducing health inequalities

In developing this strategy we have used the best available evidence of what works to reduce health inequalities. We have developed this strategy by taking a whole systems approach and, in consultation with our local partners, identified the local concerns and priorities. It is using this partnership approach that will deliver the reduction in health inequalities that we are seeking. To support our approach we will continue to use evidence of what works and learn from others to adopt policies and interventions that will work in Harrow and which are acceptable to our diverse population. We have a number of policy drivers that will support us in implementing

the strategy. We have engaged with stakeholders to ensure that our understanding matches theirs and that we are working towards the same goals without duplicating the effort unnecessarily. We have a range of tools and techniques that we will employ to support the development of action and implementation plans that will support the strategy.

5.1 Evidence and best practice

Using and promoting evidence based practice is key to the delivery of effective health improving programmes. We will, wherever possible use the best available evidence from a range of sources.

NICE provides a wide range of reviews of effectiveness of public health programmes. However, not all of the topics we want to focus on or the groups where we know there are health inequalities are covered by NICE guidance. In these cases, we will use other evidence based reviews such as those from the Cochrane Collaboration, the national Library for Public Health and in published reviews in peer reviewed journals.

The Department of Health currently has a National Support Team for health inequalities. The team has been supporting spearhead areas (the group of PCTs and local authorities with the greatest health inequalities in 2005) and we will use the evidence they have gathered to develop the individual strands of our strategies[5]. In addition to the health inequalities NST, there are other NSTs such as the Sexual Health NST who have been supporting the development of better sexual health services in Harrow.

Where evidence is not available we will use best practice guidelines to develop programmes to address our priorities and ensure that there are measures of effectiveness embedded in each programme as well as robust evaluation.

5.2 National policy drivers

There is a wealth of evidence that shows that we need to shift the focus of health and wellbeing. Our current model relies on providing services to respond to health needs. The shift needs to move towards providing services to reduce the likelihood of future ill health through prevention and early intervention targeted at those with the greatest need as this will be the most cost effective way forward.

5.2.1 History of evidence on health inequalities

In 1998, the Acheson report[6], a UK inquiry into health inequalities, outlined inequalities in health between the wealthy and deprived groups, which were evident in life expectancy, mortality rates, mental illness and premature mortality rates from major causes. Harmful health behaviours were more prevalent among people living in deprivation, notably smoking, alcohol, food choices and levels of physical activity. Acheson reported that communities most in need of preventative care had least access to these services.

The two Wanless reports, in 2003 and 2004,[78] showed that generally, about one third of the people, who are mostly living in the most deprived areas of the country, have much poorer health than the rest of the population and are more likely to die prematurely.

Wanless called for a 'fully engaged' scenario. This is characterised by high levels of public engagement in relation to their health; public confidence in the health system;

public demand for high quality care; a responsive health service with high rates of technology uptake, particularly in relation to disease prevention; and the efficient use of resources. He said that this would achieve a greater increase in life expectancy; a dramatic improvement in health status and a lower increase in health and social care costs. This then must be our ultimate aim for health and wellbeing in Harrow.

The Public Health White Paper, Choosing Health (2004), looked at how healthy lifestyles could be made an easier option for people though provision of better information and services. The Health and Social care White paper, Our Health, Our Care, Our Say (2006), assumed that individuals would manage their own health, health care and social care.

Common to all of these reports are the ideas that:

- individuals should take greater responsibility for their health and health care
- individuals should adopt healthier behaviours to avoid ill-health in later life
- if individuals change their behaviours, the health improvements will reduce future health costs.

Other evidence shows that for every £1 spent on preventive services to older adults, there is on average a £1.73 benefit and that good specialist support services improve not only health outcomes in terms of how many people end up in hospital but also the quality of life[9]. (Partnerships for Older People Project, DH 2009).

5.2.2 Supporting Policies

Tackling Health Inequalities: A programme for action[10], published in 2003, set out the national strategy to reduce health inequalities as measured by the gap in life expectancy and infant mortality. It set two main targets:

- Reduce the gap in life expectancy by 10% between the most affluent and the most deprived quintiles in England by 2010 ; and
- Reduce the gap in infant mortality between those babies born to parents in routine and manual jobs and the rest of the population by 10% by 2010.

The strategy status updates in 2005 and 2007 showed that there had been slight progress on the infant mortality gap target but little progress on the life expectancy targets. In 2007, the update also talked of sustaining the focus on these targets after the lifetime of the strategy which finishes in 2010.

The health and social care strategy Our Health, Our Care, Our Say[11], sets out a vision for more effective health and social care in the community and increased the control that people have over their care through the choice and personalisation agenda. It sets out four goals:
- Improving prevention through earlier interventions
- Increasing the choice that service users have in determining where they get their care
- Improving access to community services specifically targeting those in greatest need and thereby reducing inequalities
- Supporting people with long term conditions.

Building on "Our Health, Our Care, Our Say" and Strong and Prosperous Communities[12], the Commissioning Framework for Health and Well-being[13] set out

how we should work in partnership, not only to treat people when they are ill but, to keep them healthy and independent. It includes the requirement to produce a joint strategic needs assessment for the local strategic partnership in order to put people at the centre of commissioning and understand the needs of the local community.

The recently published Marmot Review, Fair Society Healthy Lives[14] highlights inequalities and the actions that are needed to address them.

Figure 14 Key findings of the Marmot Review, Fair Society Healthy Lives

- Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.
- There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
- Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.
- Reducing health inequalities will require action on six policy objectives:
  - Give every child the best start in life
  - Enable all children young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill health prevention
- Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and

> community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.
> - Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

In addition to the national strategies, two Regional strategies are also important and relevant. The London Mayor's first Health Inequalities Strategy recognises the need to address the wider determinants in order to close the health inequalities gap. The strategy sets out five key themes:

- Empowering individuals and communities
- Equitable access to high quality health and social care services
- Income inequalities and health
- Health, work and wellbeing
- Healthy places.

The London Mayor's strategy[15] identifies 10 challenges for leaders of public private and voluntary organisations and 10 further individual challenges to every Londoner. Finally, Healthcare for London[16] is an ambitious programme to improve health services across the capital. Reducing health inequalities is at the heart of the strategy which covers a range of topics including maternity care, cancers, stroke, major trauma, diabetes, mental health and the health of children and young people.

5.3 Tools and techniques

There are a number of tools and techniques that will be used to deliver the strategy and monitor its impact. These tools are considered best practice in public health.

5.3.1 Equity audit

Equity Audit is an important method for systematically assessing the inequitable mismatch between the need of a population for services and interventions and those that are being provided. Fundamental to this is an understanding of the difference between Equality (where everyone gets the same level of health care) and Equity (where people with higher need get more). It begins with an equity profile but does not stop there. It must include agreed recommendations and actions to address the inequities identified and evaluation of the impact of the actions undertaken to reduce the inequity.

We plan to conduct at least four Equity Audits per year on a variety of topics as agreed by the PCT and other partners.

5.3.2 Health Impact Assessment

Health Impact Assessment (HIA) is a technique to assess the positive and negative impact of policies, plans and proposals. HIA will recommend how the negative impacts on health can be minimized and positive ones maximized. It can be undertaken at a variety of levels – a rapid stakeholder appraisal to a full health impact assessment – which have different resource implications. It can also be undertaken prospectively and retrospectively.

We will adopt a local tool for undertaking HIAs on partnership policies.

5.3.3 Needs assessment

Needs assessment is the process by which the needs relating to a particular population group, disease topic or determinant are analysed and actions required. Health needs assessments (HNAs) are worthwhile only if they result on changes that will benefit the population and it is therefore it is essential that adequate resources are available and the outcomes that are required to be achieved are realistic unachievable. HNAs involve epidemiological profiling the current and future needs, opinions of stakeholders (including patients) and a comparison with other similar areas. It is underpinned by robust evince of what works to address the needs that are identified. It will include action plans and risk management or risk minimisation plans and measuring the impact and reviewing the plan.

We will undertake a minimum of four health needs assessments per year on the priorities identified by the PCT and partner organisations.

5.3.4 Social marketing

As we have shown, there are many differences in the population cross Harrow. Targeting the right messages and delivering the right services to the right population in a way that is acceptable to them and addresses their needs is vital to achieving an effective and efficient health and well being programme. Each of the Harrow Mosaic profiles illustrated in section 2.2.5 includes characteristics about the preferences of different groups, their attitudes and beliefs about health and other services and how best to communicate with them. This targeting of segments within the community is known as social marketing and this approach will underpin the delivery of the strategy.

6 Consultation on the strategy

6.1 Themes

A large number of stakeholders were interviewed, answered questionnaires or attended workshops to develop the strategy. A wide range of themes were identified and seven themes stood out among all others:

1. Smoking and other tobacco issues;
2. Obesity and healthy eating ;
3. Increasing physical activity;
4. Improving transport and the built environment;
5. Promoting community cohesion, equality and respecting diversity;
6. Reducing crime and fear of crime;
7. And a final priority which should be a result of the other priorities - creating a happier Harrow.

Each of these themes is picked up in the framework in the final section of this document.

6.2 Measures of success

On each of these themes a range of suggestions were made as to what was needed and how improvements should be measured. There was broad agreement of the long term life expectancy measures and recognition that focussing on specific disease types where the mortality gap can be reduced is the right approach. Others focussed on traditional health-related process measures, some more innovative than others:

- Levels of physical activity in adults and children
- The number of smoking quitters
- Numbers of people using services or attending A&E
- Numbers of fast food outlets or number of fast food outlets per head of local population
- Miles of cycle lanes (Numbers of bicycles owned / used by Harrow residents or alternative measure of confidence in use of cycle lanes e.g. cycling proficiency levels)

There was also a strong call for measures from local surveys.   The sorts of data suggested were:

- Recall of health related messages or campaigns to assess the penetration of both local and national health campaigns which would precede behaviour change
- Opinion of local statutory services

Finally, and perhaps the most difficult to measure, there was a very strong feeling that there needs to be a measure of "happiness" and "well-being". The definition of mental health and wellbeing adopted by the Department of Health is:

> "A positive state of mind and body, feeling safe and able
> to cope, with a sense of connection with people,
> communities and the wider environment."[17]

The measure for this clearly needs to be defined carefully so that the method used to assess wellbeing is both robust and reproducible. A regional working party was established in January 2010 to determine what robust measure of well being can be used across London and perhaps nationwide.

7 What do we want to achieve?

7.1 Targets

There are two main targets for Harrow:

- To increase life expectancy in both men and women to maintain our position in the top ten highest life expectancies in England

- To reduce the gap in life expectancy between the fifth most affluent and the fifth most deprived in Harrow

In addition to these overarching targets, the PCT has set a number of health goals in its Commissioning Strategy Plan (2009-14). These are shown, with the accompanying indicators, in Figure 15.

Figure 15 World Class Commissioning Goals for Harrow PCT
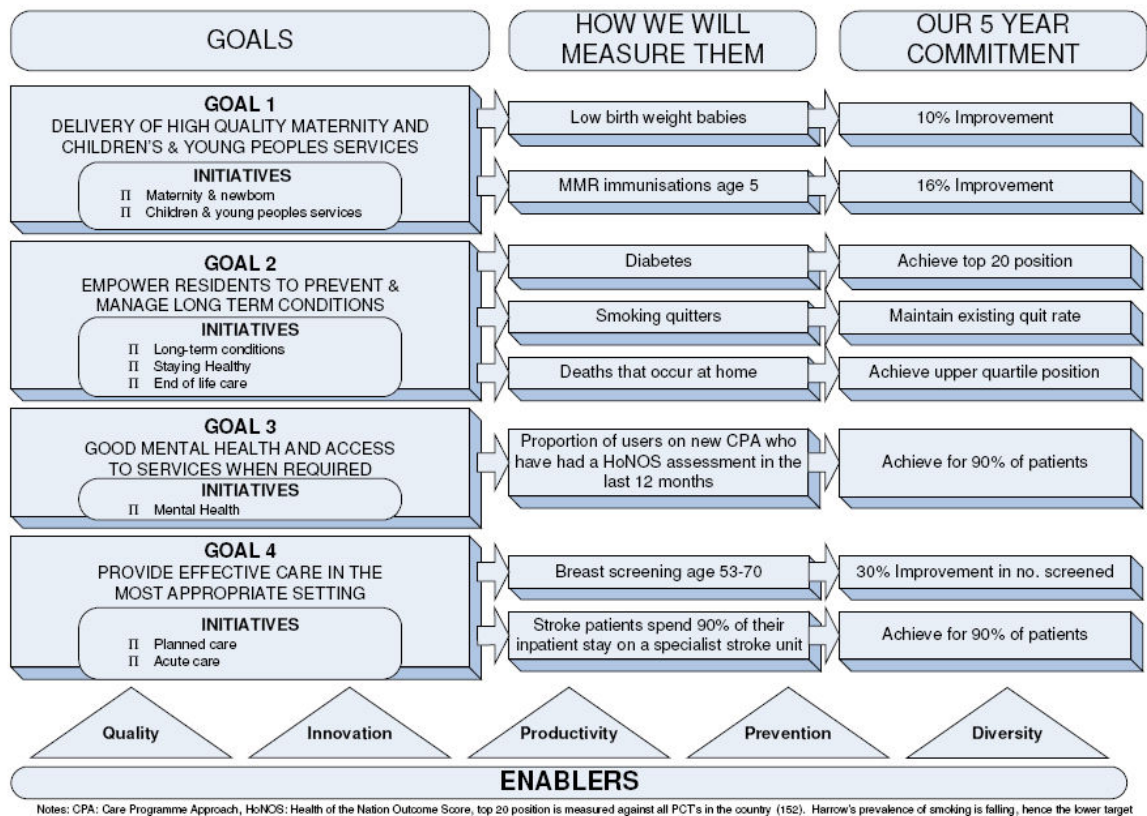
7.2 Balanced Scorecard for monitoring inequalities in Harrow

The balanced scorecard is a tool for measuring and monitoring the difference and inequalities in a system. The PCT has a balanced scorecard for general practice to both performance manage general practices and stimulate the development of better services. This inequalities strategy will use a balanced scorecard approach which picks up the indicators that stakeholders identified and for which there are existing robust methods of data collection and analysis.

Health Outcomes	Personal experience
• Life expectancy • Slope index of inequality for life expectancy • Rate of A&E attendance • Rate of emergency admissions	• Opinion of local statutory services • Self reported health • Reported fear of crime • Perception of local race relations
Lifestyle	**Structural Indicators**
• Smoking prevalence • The number of 4 week smoking quitters • Levels of physical activity in adults and children • Obesity rates in adults and children	• Unemployment rate • Measure of cycling activity (TBC by relevant delivery group) • Other LAA indicators tbc

8   Coordinating action across Harrow

Harrow Strategic Partnership (HSP) is the multiagency group which sets the strategic direction for the partnership organisations and agrees the Sustainable Community Strategy, Local Area Agreement and other joint strategic documents. The operational group of the strategic partnership is the Harrow Chief Executives (HCE). This group is tasked to ensure that strategies are joined up and meet the local priorities. In 2009, The HCE identified five priorities and 'Health and Wellbeing' is one of these priorities.

Figure 16 Harrow Strategic Partnership Management structure.

Harrow Strategic Partnership						
Harrow Chief Executives						
Sustainable Development and Enterprise Management Group	Safer Harrow Management Group	Adult Health and Wellbeing Management Group	Community Cohesion Management Group	Children's Trust	Older People's Reference Group	Voluntary Sector Forum
Delivery groups	Delivery Groups	Delivery groups	Delivery groups	Delivery groups		

The HSP has five management groups and a number of task or delivery groups. This strategy is led by the Adult Health and Wellbeing (AHWB) Management group but it is important to recognise that as health or ill health is a consequence of many factors, the actions required to address the inequalities in health will lie within the different management groups. In Section 7 of this report, we present a framework identifying the different contributions of the other management groups. This framework has been developed jointly with them.   The governance and leadership for this strategy lies with the AHWB management group.

It is obvious then that, this strategy links in with the other major strategies for Harrow. These include the Harrow Sustainable Community Strategy, the Comprehensive Area Assessment, the Local Area Agreement and NHS Harrow's Commissioning Strategic Plan. The targets are shared across the HSP and the links between health and its wider determinants are made explicit in these strategies.

Taking the strategies forward and running alongside the Health Inequalities Strategy are two significant streams of joint work: 'total place' which focuses on the benefits of pooling resources, reducing duplication and working in partnership to create a better Harrow and the 'better together' work stream of the better deal for residents programme which aims to engage residents in positive behaviour change.

None of these actions can be delivered by working alone or in silos. It is vital that there is communication at all levels across the strategic partnership and with the people of Harrow. We will need to be innovative and take our wellbeing messages and actions out to the communities, to engage with them and deliver them in a wide range of settings: from LA and NHS premises to schools and colleges to community buildings, parks and local businesses.

8.1.1 Existing supporting functions and tools

There already exists a joint analytical group across the Harrow Strategic Partnership. This group will be essential in supporting the delivery of the various assessments. The development of closer analytical links across the partnership and data sharing agreements will improve this further. One of the joint projects is the development of the use of social marketing data to support effective targeted interventions. The partnership has bought access to Experian's Mosaic tool. This tool facilitates a deeper understanding of the local population, their beliefs and behaviours and how to improve the way we deliver appropriate services to them.

9 Harrow framework for achieving health improvement and reducing health inequalities

The Marmot report gives us a framework to reduce health inequalities. Using this framework and the comments and opinions of the stakeholders we have built o the local framework for health and wellbeing that was published in 2009 in the Director of Public Health's Annual Report (Part 2). The following tables set out what we plan to achieve and the lead Management group and or delivery group that is responsible for delivery.

Workstream A. Strengthening the role and impact of ill health prevention

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Reducing the use of tobacco	• Stopping young people from starting smoking • Helping people to quit smoking • Developing and improving access to services in areas with higher smoking prevalence and greater deprivation • Targeting routine and manual workers to reduce prevalence of tobacco use in this group • Identifying and addressing niche tobacco product use (e.g. shisha, chewing tobacco etc) • Ensuring relevant legislation is adhered to	Tobacco Control strategy	NI 123 Smoking prevalence. Smoking quitters (LAA, CQC)	Adult Health and Wellbeing Board.	Tobacco Control Alliance	Tobacco manager, NHS Harrow
Reducing obesity and improving healthy eating	• Creating and promoting healthy eating for local residents • Working in partnership with local stakeholders to prevent and reduce the level of obesity in Harrow • Using the NCMP data to help identify overweight/ obese children, and develop range of appropriate interventions • Providing access to weight management programmes for both children and adults, particularly those from disadvantaged backgrounds. • Providing schools, children and early years setting with advice and support to ensure healthy eating is promoted to children and families	Healthy Living Strategy. Health Support and Intervention Plan	VSB 09 Childhood obesity. NI 55 Obesity among primary school age children in Reception Year. NI 56 Obesity among primary school age children in Year 6	Adult Health and Wellbeing Board	Healthy Living Partnership Group Health Support and Intervention Group	Public health Strategist, NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Improving sexual health and reducing teenage pregnancy	• Integrate SH services to ensure that STI screening and treatment are undertaken in contraceptive clinic sessions and vice versa and thereby increase the access to all sexual health services • Reduce proportion of late HIV diagnosis by the introduction of a walk in community clinic for rapid HIV testing • Improve access and uptake of LARC • Continued reduction in the rate under 18 conceptions through focus on education in secondary schools and colleges and provision of Clinic In A Box outreach service • Improving the care pathway in order to reduce the rate of repeated terminations of pregnancy in both under 19s and older age group	NST Team recommendations. Sexual Health strategy (Aug 2010)	No. of pts with CD4 <200. LARC QoF indicators. Prescribing LARC in gen practices. NI 112 Conception rate under 18 & N of repeated ToP	Adult Health and Wellbeing Board.	Sexual Health and HIV Partnership	Public Health Manager for Sexual Health, NHS Harrow
Reducing alcohol related harm	• A&E Alcohol Screening Service to reduce the revolving door admissions due to alcohol misuse • Alcohol Diversion Scheme to reduce relapse rates for those with conditional cautioning • (Alcohol misuse and prevention education within high schools) • (Alcohol Awareness campaign to increase awareness of alcohol units)	Alcohol Action plan	NI 39 Alcohol Harm related hospital admissions (LAA target). HES & Alcohol Attributable fractions	Safer Harrow	JATAG Alcohol Delivery Group	Public Health Consultant, NHS Harrow
Improving levels of physical activity	• Raising physical activity levels for all ages in Harrow • Integrating physical activity into the lives of Harrow community • Increasing and facilitating active travel	Healthy Living Strategy. NI 8 LBH Action Plan	NI8 Increased adult participation in sport and active recreation, NI55, NI56, NI57	Adult Health and Wellbeing Board	Healthy Living Partnership Group	Leisure services Manager Harrow Council

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	opportunities • Awareness raising of all local initiatives • Work towards a whole family approach rather than with individuals to increase sustainability • Engaging local communities in delivery of physical activity opportunities • Making physical activity play a wider role in the community such as reducing crime, improving education and social inclusion • Increasing local access to physical activity for children and families through extended schools					Public Health Manager for physical activity, NHS Harrow
Improving the primary prevention of cardiovascular disease	• Raising awareness in high risk communities, including through use of health trainers and local health events • Increasing public awareness of cardiovascular risk factors and how to reduce them • Promoting uptake of NHS Health Checks • Developing opportunities for delivering Health Checks in non-healthcare settings in targeted areas • Involve partners and family members of those with Cardio Vascular Disease in cardiac rehabilitation and lifestyle modification • Ensure application of NICE lipid and anti-hypertensive guidelines by GPs	Health checks project plan (in development). Healthy Living strategy. EOR work plan 2010/11	Vital sign: VSC3 NHS health checks. NI 121 Mortality rate from all circulatory diseases at ages under 75	Adult Health and Wellbeing Board	Healthy Living Partnership Group	Public Health Consultant, NHS Harrow
Improving the secondary prevention of cardiovascular	• Expand exercise-on-referral programme • Develop and expand self-care opportunities, such as Expert Patient Programme • Involve partners and family members in	QoF measures	QoF, GP balanced scorecard; VSC23	Adult Health and Wellbeing Board	Healthy Living Partnership Group	Public Health Consultant, NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
disease	• cardiac rehabilitation and lifestyle modification • Ensure application of NICE lipid and anti-hypertensive guidelines by GPs					
Improving primary care	• Reducing inequality of clinical practice through reduction in variation • Improving access to primary care through more access points (e.g. Urgent Care Centre, GP led health centres and Polyclinics) • Partner organisations to promote GP registrations and use of primary care when in contact with new entrants • Care closer to home with an increase in secondary care activity occurring in primary care settings, e.g. outpatient clinics, diagnostics such as X-Ray and USS in the polyclinic and GP led health centres • More seamless patient pathway between primary and secondary care through joint pathways delivered jointly by primary and secondary care clinicians integrated with community services • Polysystems delivering integrated pathways • Implementing agreed joint service targets and priorities for access to services for families with children under five including access to ante-natal care, child health clinics and the Child Health Intervention Programme (CHIPS)	NHS Harrow Commissioning Strategic Plan (CSP), Operating Plan. QoF measures. Balanced scorecard. Practitioner Performance Policy. 'Health Support and Intervention'	Improvement in QoF and GP Balanced scorecard. Reduced variation between GP practices in Harrow.	Adult Health and Wellbeing Board	Health Support and Intervention Group	Primary care Commissioners , NHS Harrow
Reducing the impact of diabetes	• Raising awareness in high risk communities including through use of health trainers and local health champions	NHS Harrow CSP, Operating	Improvement in QoF, and GP Balanced	Adult Health and Wellbeing	Healthy Living Partnership	Public Health Consultant, NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	• Providing opportunities for healthy eating and physical activity (as above) • Involve partners and family members and other carers of those with diabetes in lifestyle modification • Intensive lifestyle management for those with pre-diabetes • Implement London plan for commissioning diabetes services	Plan	Scorecard. Reduced variation between GP practices in Harrow	Board	Group	
Reducing the impact of Chronic Obstructive Pulmonary Disease	• Service review of COPD to address gaps in current provision • Review of GP practices with highest rates of COPD admissions to hospital • Review of GP practices with lower rates of COPD diagnosis than expected • Addressing early discharge • Referral to appropriate services to support self management (e.g. pulmonary rehab and stop smoking services) • Development of a Community-based specialist respiratory outpatient service • Development of user and carer support network	COPD Strategy (In development)	QOF - COPD prevalence. Admission avoidance - Reduce number of admissions - Reduce LOS	Adult Health and Wellbeing Board	Health Support and Intervention Group	Public Health Officer, NHS Harrow Commissioning Manager NHS Harrow
Preventing cancer through screening	• Raise awareness of benefits of cancer screening, (cervical, breast and bowel) through Health Trainers, who will be trained to deliver healthy outcome message associated with screening programmes • Support primary care to improve and promote benefits of screening, i.e. follow up non-attenders - ensure patients understand the	Cancer Screening Action Plan. Service specifications for screening provision	NHS Vital signs: coverage of Breast screening, cervical screening and bowel screening. NI 122 Mortality rate from all cancers at ages	Adult Health and Wellbeing Board	Screening Improvement group	Screening Commissioner, NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	benefits of screening and are able to make informed choices • Improving relationships with local communities to empower them to improve the health of their local population. Focus message to wards where uptake is low in order to improve outcome • Health Promotion Manager for Bowel Screening targeting community groups and age related groups i.e. Age Concern • Improve access to breast screening by offering extended hours, and increasing static sites • Improve access for cervical screening by ensuring service provision at polyclinics with 7/7 and 8.00 – 8.00 opening hours • Ensure that information leaflets are available in relevant languages for our diverse population. • Ensure appropriate arrangements and information available for women/men with learning disabilities		under 75			
Improving outcomes from Stroke	• Develop stroke prevention initiatives to ensure communities at particular risk of stroke are aware of risk and have access to preventive interventions • Education and training for all healthcare professionals, especially primary care, in benefits of stroke prevention • Lifestyle management of those at risk promoting healthier lifestyles (link to NHS	Stroke Strategy Implementation Plan	90% of time spent on a stroke unit TIA target	Adult Health and Wellbeing Board	Stroke project group	Commissioning Manager NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	Health Checks) • Stroke Association commissioned to provide support and education to patients and carers • Investigation and medical management (antihypertensives and statins) of those on existing disease registers: Diabetes/Hypertension/CHD • Harrow Community Stroke programme, including sessions on Stroke/Secondary prevention; Controlling Blood Pressure; Communication; Equipment Adaptations; Relaxation/Gentle Exercise; Benefits/Work and Stroke • LA Stroke Co-coordinator to support stroke patients in the community following discharge					
Improving oral health	• Increasing dental access in those areas with higher DMFT rates • Ensuring that oral health education and 'brushing for life' is targeted at those most in need and in multiple settings– including children's centres, through health visitor contacts, school events, bottle to cup scheme • Improving patient awareness of good access to dentistry through communications campaign	Oral health strategy	NHS Dental Access targets	Adult Health and Wellbeing Board	NHS Harrow's Oral Strategy Group	Consultant in Dental Public Health , NHS Harrow/NWL sector
Maintaining independence in older adults /social care clients	• Improving advice, information and advocacy • Implementing 'New Horizons' for mental health service users • Increase service users choice of, and control over, care options • Increasing uptake to the 'reablement service'	Adult social care prevention strategy. Advocacy strategy. Information and	NI 130 Social Care clients receiving Self Directed Support. NI 136 People supported to live	Adult Health and Wellbeing Board	London Borough of Harrow Social care directorate	Director of Adult Social Care, Harrow Council

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	(and ensuring integration with the intermediate care initiatives • Increasing the use of telehealth and telecare initiatives • Increasing access to libraries and e-enabling older people / housebound library service • Ensure that support mechanisms for carers are in place	advice strategy. Reablement strategy	independently. NI 125 Achieving independence for older people through rehabilitation/intermediate care. NI 139 People over 65 who say that they receive information, assistance and support needed to exercise choice and control to live independently		Supporting people Commissioning Body	SP Commissioning Manager, Harrow Council
Engage drug users in effective treatment and enhance recovery and social re-integration	• Deliver a shift of emphasis of services to ensure effective engagement, recovery and social reintegration for drug treatment • Ensure that commissioning and contracting arrangements result in high level of service performance • Establish strategic alliance with the goals of multiagency co-ordination, information sharing and joint working protocols • Invest in service user and carer involvement and development • Implement workforce training and development plan	Adult Drug Treatment Plan 2010/11. Integrated Commissioning Strategy 2009/2014	LAA target. NI 40 Increasing number of PDU in effective treatment	Safer Harrow Management Group	Harrow DAAT	Joint Commissioning Manager for Drugs and Alcohol NHS Harrow DAAT coordinator Harrow Council
Improving public mental	• Targeted mental health promotion for groups at high risk, e.g. refugees.	Harrow's Suicide	Results of PCT Suicide Audits.	**Safer Harrow**	Harrow's Suicide	Public Health Consultant,

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
health	• BME Mental health promotion 'Dissolving Barriers, Bridging Cultures' reaching out to BME groups experiencing isolation • Mental Health Promotion within youth settings supported by Psychology services to reduce suicidal ideation and intent • Mental Health Promotion intervention within Hotspots. Counselling service to tackle suicidal ideation/ intent within Harrow's St. Georges shopping centre • Building emotional resilience project – Psychology training and support to staff within Harrow pharmacies on detection of psychological problems and signposting clients • World Mental Health Day in October – annual high profile event to raise mental health awareness	Prevention Action plan	Adherence To the Mental Capacity Act / Section 75. NI 51 Effectiveness of child and adolescent mental health (CAMHs service). NI 50 Emotional health of children. NI 150 Adults receiving secondary mental health services in employment		Prevention Group	NHS Harrow
Reducing accidents and injuries	• Promotion of active transport which will reduce the numbers of cars on the road and thereby reduce the likelihood of road traffic accidents • Falls prevention programme as part of promoting independence • Introduction of alcohol diversion scheme to reduce the number of admissions and attendances at A&E due to accidents and injuries	Active travel plans. Prevention Strategy for Adult Social Care 2010. Supporting People housing strategies for vulnerable groups. Alcohol	NI 136 People supported to live independently. Reducing alcohol related admissions.	Adult Health and Wellbeing management group	Various	

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
		Strategy to be developed				
Preventing excess seasonal deaths	• Addressing fuel poverty (see elsewhere) • Improving flu vaccination uptake • Annual medications review • Preventing falls programme (see elsewhere) • Introducing telecare and telemedicine • Implementing heat wave policy and plan • Developing a personal crisis contingency plan (e.g. including a buddy scheme, where, where no close friends or family, to watch for danger signs and provide someone to call)	Preventing excess seasonal deaths framework	NHS vital signs – Emergency bed days / mortality rates. NI 134 The number of emergency bed days per head of weighted population (LAA target). NI 120 All age all-cause mortality rates	Adult Health and Wellbeing Board	Winter planning group	Public Health Specialist, NHS Harrow
Dementia	• Raising awareness of the benefits of physical activity, healthy eating and blood pressure control in preventing dementia. • Providing physical activity opportunities for people who have dementia • Supporting carers of people with dementia • Promoting the Expert Patient Programme or other self care programmes for people with early dementia	Dementia Strategy (in development - June 2010)	NI 136 People supported to live independently. NI 130 Social Care clients receiving Self Directed Support	Adult Health and Wellbeing Board	Dementia Strategy group	Public Health Consultant, NHS Harrow
Improving prevention and treatment of Tuberculosis	• Ensure services are tailored to meet the needs of the local population in order to achieve completion of TB treatment • Raise awareness of symptoms and services for communities at high risk (e.g. those from African or Asian subcontinent, and those with HIV) from TB therefore reducing risk of	Joint TB Strategy (Brent and Harrow- in development)/ National HPA strategy	TB completion NHS Vital sign. Neonatal 95% BCG vaccination target	Adult Health and Wellbeing Board	Brent and Harrow TB steering group NWL TB group	Public Health Specialist, NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	ongoing transmission and stigma within the local community • Deliver and promote BCG programme where appropriate e.g. Universal for under 2s and transfers in • Ensure new entrants are followed up if at high risk and develop a local care pathway • Implement NICE guidance for TB					

Workstream B. Give every child the best start in life

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Reducing infant mortality	• Improve access to effective and appropriate antenatal and postnatal care (see elsewhere) • Promote breastfeeding at 6 to 8 weeks • Implementation of Child Health Promotion Programme and modernised Health Visiting service as part of the National Service Framework for Children, Young People and Maternity Services • Extra support and follow up for vulnerable families and babies and improving links/referral between agencies • Reduce smoking in pregnancy (see elsewhere) • Reduce Teenage pregnancy rates including healthy schools programme providing SRE	Harrow's Infant Mortality action Plan. Harrow breast Feeding Policy	NI 53 Coverage and Prevalence of breastfeeding at 6-8 weeks from birth. Reduce Pregnancy smoking rate from 12% to 8%	**Children's Trust**	Be Healthy subgroup	Public Health Consultant, NHS Harrow
Improving maternal and child nutrition	• Implementation of the national healthy start programme that targets pregnant women and children from deprived households (who are on income support) • To implement NICE guidance on maternal and child nutrition-focuses on pregnant women and early years so that children can have a healthy start in life	NHS Healthy start programme	Implementing NICE guidance	**Children's Trust**	Be Healthy subgroup. NHS Harrow Clinical effectiveness subgroup	Public Health Consultant, NHS Harrow

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Improving access to maternity services	• To increase registration of pregnancy before 12 weeks of gestation so that the outcomes for both the mother and child can be optimised. • To focus on 'hard to reach' pregnant women through targeted health promotion interventions (including the Somali community) • To target the most vulnerable pregnant women through a dedicated PH midwife • Improving postnatal care including implementation of screening for postnatal depression	NHS Harrow CSP -2010/11. Breastfeeding strategy.	90% women registered within less than 12 weeks of gestation. NI 126 Early access for women to maternity services	**Children's Trust**	Maternity Service Liaison Committee	Children's Commissioner, NHS Harrow Public Health Consultant, NHS Harrow
Increasing vaccination and immunisation uptake	• Increase immunisation uptake within the Harrow population to 95% coverage • Implement the 2009 NICE guidelines targeting the hard to reach populations and ensure services are commissioned to meet the needs of the population • Ensure data quality and information sharing for immunisation coverage is valid and reliable, then ensure the partnership target resources efficiently • Actively promote immunisation and vaccination at all opportunities with the public e.g. social services, education services and NHS	Immunisation action plan	CSP immunisation outcome target. NHS Vital Signs targets	**Children's Trust**	Immunisation subgroup.	Public Health Specialist, NHS Harrow
Improving 'early years' provision	• Develop an integrated service delivery framework for children with additional needs within universal services (including increasing access to speech	Early Years and Community Services Business Plan	Range of local indicators in Early Years	**Children's Trust**	Health Support and Intervention Group.	Group Manager (Early Years, Childcare and

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
	and language therapies) • Increase the range of parenting outreach interventions across the children's centre network • Deliver the 'Healthy Child' programme throughout childrens centre network (including targeted support on breastfeeding, oral health, antenatal care • Provide targeted support for early education provision (2 year olds) • Increase provision of childcare places	2010-11. Parenting strategy	and Community services business plan		Parenting Strategy Board	Parenting) Harrow Council

Workstream C. Enabling all children, young people and adults to maximize their capabilities and have control over their lives

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Narrowing the gap in educational attainment	• Working with schools to: • Focus work on pupils from Black Caribbean, Somali, and white working class communities • Target extended services (e.g. 'weekend school') • Target allocation of resources to target disadvantage	'Narrowing the gap' implementation plan. 'Golden Threads' programme	NI 108 Improve Key Stage 4 attainment for Black and minority ethnic groups.	**Children's Trust**	Schools and Children's Development	Director of Schools and Children's Development

	• Reduce permanent exclusions •		NI 114 Reduction of permanent exclusions			
Implementing and developing 'extended schools'	• Support extended school clusters to have in place a range of targeted activity for children, young people and their families which responds to identified needs • Ensuring an 'activate plan' is in place across all clusters	Early Years and Community Services Business Plan 2010-11	NI 88 100% extended schools by 2010	**Children's Trust**	Harrow Council Adult and Community Learning	Extended School Cluster Co-ordinators
Providing support for 16-25 year olds	• Increasing access for the 'NEET'group to access "Youthstop" Centre providing: • Career interviews and information and guidance on workplace learning opportunities • Advice, information and assistance on housing and homelessness, sexual health & drug and alcohol issues • "Next Step" provision for 19 and upwards offering advice and support	NEET Strategy	NI 117 % of young people aged 16-18 who are NEET	**Children's Trust**	Connexions Direct	Connexions Manager
Improving life long learning opportunities	• Opportunities targeted at those most vulnerable: • 2-year project for ESOL training and work placement for parents on benefits. Age Concern to start a computer club for their members to help with shopping online • Art classes provided at the Art Centre • Provision of adult learning programmes by Harrow College • Delivery of basic IT training within 8 community centres	Family learning action plan. Personal Community Development Plan. Community Service Development Plan. (As of April 2011, a single Adult Learning Plan will be developed)	LSC Number of learners	**Children's Trust**	Harrow Council Adult & Community Learning	Group Manager, Lifelong Learning Services Harrow Council

Workstream D. Creating fair employment and good work for all

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Increasing access to employment opportunities	• Addressing skills shortages by developing work placements in the construction industry, through enforcement S106 • Delivery of a range of workshop events with local employers to identify skills shortages • Coordinating approach to IAPT (Improving access to psychological therapies) which will also consider the PCT approach to supporting and employing people who use mental health or learning disability services • Creating opportunities for young people utilising the Future Jobs Fund allocation that Harrow has secured • NHS Harrow / Harrow Council are supporting the "Sliver's of Time" initiative to assist people back into employment.	Locally identified priorities led by the Economic Development Unit forming part of the Enterprising Harrow Work stream for 2010 – 2013. Draft West London Worklessness Assessment	NI152 Working aged people out of work benefits. Local indicator: Job seekers allowance. JTAG dashboard	Sustainable Development and Enterprise Management	LBH Economic Development Unit. Harrow College Enterprising Harrow. Job Centre Plus/ West London Consortium. NHS Harrow	Head of Economic Development, Harrow Council
Improving Workplace health	• Supporting businesses to deliver healthy lifestyle initiatives • Development of Travel Plans for local businesses ('better together' initiative) • Promoting Active Travel	Healthy Living Strategy	NI175 (LAA) Access to services and facilities by public transport, walking and cycling. NI186 Per capita reduction in CO_2 emissions	Adult Health and Wellbeing Board	Healthy Living Partnership Group	Public Health Consultant, NHS Harrow

Corporate citizenship	• Whilst individual organizations have developed their own plans, Harrow Chief Executive's have recently agreed that there should be a single plan developed across the partnership.	Locally identified priority led by LBH Climate Change lead.	NI186 Per capita reduction in CO_2 emissions	Sustainable Development and Enterprise Management Group		Head of Climate Change Harrow Council

Workstream E. Ensure a healthy standard of living for all

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Increasing access to debt advice and improving uptake of benefits	• Citizens Advice, Job Centre Plus and Access Harrow (Part of LBH) provide benefits advice. In addition, a number of third sector organizations locally provide benefits advice. • The Citizens Advice Bureau has received additional funding (from the LA led Recession Busting Group and Surestart Grant) to increase its capacity which has been supported by a number of Law Graduates provided by Westminster University to assist with an enlarged caseload. • Improving access by publication of the NHS National Stress Helpline on the PCT website • Provision of MacMillan service information office based at NWLHT where people with concerns about Cancer are able to receive a financial assessment and advice	LBH Economic Development Unit plan	Local indicators: - Jobseeker allowance claimants - House benefit enquiries - Enquiries to citizen advice bureau - Redundancies - Numbers of families receiving tax credits - Numbers of families with children under five accessing CAB support	Sustainable Development and Enterprise Management	Enterprising Harrow	Head of Economic Development, Harrow Council

Workstream F. Create and develop healthy and sustainable places and communities

Aims	Key Objectives	Specific / Related Delivery Plan	Headline outcomes indicator	Lead Partnership Board	Delivery group	Lead
Improving active travel/ sustainable travel	• Increase Sustainable Travel opportunities– Individual partners have developed active travel plans, however LBH / NHS Harrow and NWLH have agreed to further integrate this planning by developing a sustainable travel plan focusing on increasing cycling and walking amongst the local population • Reduce the level of single occupancy car trips to and from the sites • Enhance the levels of access to the sites by non car means • To increase the use of public transport for trips to / from the sites	NHS Harrow, London Borough of Harrow and North West London Hospitals NHS Trust travel plans / strategies. LBH Local Implementation Plan	NI186 Per capita reduction in CO_2 emissions. NI 198 Children travelling to school / mode of transport used. NI 185 CO2 reduction from LA operations. Congestion – average journey time per mile during the morning peak	Sustainable Development and Enterprise Management		Head of Climate Change Harrow Council
Improving energy efficiency / fuel poverty	• Improving warmth and reducing individual homes carbon footprints; LBH have recruited and trained 40 volunteers to visit members of the public in their own homes to provide advice • Implement Healthy Outlook program, operated by the Met Office, for those suffering from COPD- informing them of sudden changes in temperature that could cause an exacerbation of the illness • Target those considered as being in fuel poverty with benefits advice and referral to government schemes such	Fuel poverty strategy. LBH Climate Change Strategy Action Plan,	NI186 Per capita reduction in CO_2 emissions. NI 187 Tackling fuel poverty- % of people receiving income based benefits living in homes with low/high energy efficiency rating	Sustainable Development and Enterprise Management	Fuel Poverty delivery group	Head of Climate Change Harrow Council

	as Warm-front or energy providers for those requiring additional insulation					
Tackling Homelessness	• Encouraging affordable housing to be developed in accessible locations • Reducing the pockets of deprivation that affect parts of our borough, to increase social inclusion. For example ensuring that Alcohol and Mental Health Service Users are referred to 'supporting people' services and to employment and training advice services • Ensure continuous improvement in the quality of housing, affordability and choice of type, size and tenure • To ensure sound multi-agency communication and practice around protecting children from harm and promoting their welfare • Developing accommodation opportunities	Harrow Homelessness strategy 2008 – 2013	NI D140 Tackle Exclusion. NI 141 Number of vulnerable people achieving independent living. NI 155 Number of affordable homes delivered (LAA). NI 142 % of vulnerable people who are supported to maintain independent living. NI 156 Number of households living in temporary accommodation.	Adult Health and Wellbeing Board	Harrow Homelessness forum	Head of Housing
Supporting vulnerable groups accommodation needs	• To develop a Supported Accommodation strategy with a particular focus on reconfiguring Older People's accommodation and support options in the context of Adults services work to develop reablement as part of the total place agenda • To ensure that vulnerable people are supported to maintain their independence • To ensure that services are commissioned to enable dependent	Supported Accommodation strategy (in preparation)	NI 141 Number of vulnerable people achieving independent living. NI 142 % of vulnerable people who are supported to maintain independent	Adult Health and Wellbeing Board	Supporting People Commissioning Body	Supporting People Commissioning Manager

	• people become independent •		living.			
Reducing crime and fear of crime	• Reduce victimisation and increase detections in serious acquisitive and violent crimes • Reduce ASB, Environmental and Criminal Damage • Raise awareness of domestic violence and abuse, encourage reporting with the overall aim of reducing the level of such offences and providing support to victims/survivors • Prevent offending, reduce re-offending by young people and to protect the community from harm	Community Safety Partnership Plan 2008-2011. Strategic Assessment 2009-10	NI 17 Perceptions of anti social behaviour (LAA). NI 32 Repeat incidences of domestic violence (LAA)	CDRP/Safer Harrow Management Group	JATCG	Chief Inspector, Met Police Community Safety Manager, Harrow Council
Improve Community cohesion	• Communicate with the community and partners to provide active involvement, celebrate diversity, achievement and success • Improve Community Cohesion through enhanced reporting of race hate crime, preventing victimisation, community tension and prevention of violent extremism			Community Cohesion Management Group		Head of Service – Community Development, Harrow Council
Community Engagement Project for Black and Minority Ethnic Groups with specific drug and alcohol problems	• Ensure that BMEG gain a better understanding of substance misuse issues for their communities • Provide capacity building for BMEG communities to deliver drug prevention, education, outreach and support • Ensure that BMEG can access appropriate treatment services • Engage with BMEG community leaders, service users and carers in the planning and development of drug and	Adult Drug Treatment Plan. HASVO SLA. Adult Treatment Needs Assessment	Substance misuse target	Safer Harrow Management Group	BMEG SMS Advisory Steering Group Somali community-Interagency Taskforce.	Chief Inspector, Met Police Drug and Alcohol Manager, Harrow Council

	alcohol treatment services					
Community Development	• Strengthening Community leadership and partnerships • Sharing knowledge, encouraging innovation and improving performance • Building stronger communities, social capital and community cohesion • Tackling poverty, inequality and isolation (and extending volunteering) • Improving communication and celebrating diversity • Stimulate community participation in all aspects of health and local authority service planning, development and delivery	Community development strategy for Harrow 2007-2010. Community Cohesion Action Plan. NHS Harrow/LBH community development/ engagement plan (in development).	NI 1 % of people who believe people from different backgrounds get on well together in their local area. NI 2 % of people who feel that they belong to their neighbourhood. NI 23 Perceptions that people in the area treat one another with respect and dignity. NI 4 % of people who feel they can influence decisions in their locality	Community Cohesion Management Group.		Head of Service – Community Development, Harrow Council
Volunteering and development of third sector capacity	• Enabling third sector organizations to help improve quality of life in Harrow and reduce inequalities by: • Increasing opportunities for Third Sector involvement in design and delivery of public services • Supporting the development of the capacity of voluntary and community organizations • Strengthening the role of the Third Sector as a strategic partner	Harrow Council Third Sector Strategy	NI 7 An environment for a thriving third sector. NI 6 Participation in regular volunteering	Community Cohesion Management Group.	Third Sector Working Group	Director of Community and Cultural Services

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