

Health and Wellbeing Board Supplemental Information

Date: Tuesday 8 June 2021

9. **Development of the Harrow Integrated Care Partnership (Pages 3 - 12)**
10. **Integrated Better Care Fund (Pages 13 - 18)**
11. **Annual Public Health Report (Pages 19 - 36)**
12. **Public Health Quarterly Update (Pages 37 - 42)**
13. **Health Watch Report: The experience of GP Services (System Response)
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Harrow ICP

Development of the Harrow Integrated Care Partnership

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Harrow Health & Wellbeing Board

8th June 2021

Introduction and Context

1. Integrated Care Partnerships (ICP) are at the heart of health and care integration and improving population health in England.

- Unlike the Integrated Care Systems (ICSs) that have been mandated across England, or Primary Care Networks which are designated building-blocks in the NHS Long Term Plan, the scope, ambition and focus of ICP development has been relatively undefined and varies significantly nationwide.
- Both recent publications from NHS England & Improvement and the Department of Health and Social Care White Paper have re-emphasised the “primacy of place”, in a London context our borough-based ICPs, in the future architecture of the NHS.

2. Developing ICPs has proven particularly complex in the context of ongoing financial and operational pressures across health and social care services and the voluntary and community sector.

- After working together over four years to develop the Whole Systems Integrated Care (WSIC) model for the over 65s in Harrow, a decision was taken in 2016 to create an Integrated Care Alliance / Partnership (ICP) in Harrow as a vehicle for improving health and care outcomes.
- In August 2017 an Integrated Care Development Programme team was established and programme and governance infrastructure developed, with detailed plans to progress the broader development of integrated care in Harrow.
- In 2019, the decision was made to transition from the development stage of the ICP (which included prototyping service developments) to a delivery stage, involving “scaling-up” and accelerating change across the system.

3. At the start of 2020 the Harrow Joint Management Board (JMB) re-affirmed the vision and objectives of the ICP jointly developed across Harrow; committing to a clear roadmap for improvements at scale, built around the future health and wellbeing of the people of Harrow.

4. The Harrow Health & Care Executive (HHACE) was formed in February 2020 bringing together system leaders from across the local authority including public health and social care, CCG, Primary Care Networks, community, mental health, acute services, and voluntary and community sector partners to oversee a “100 day programme” of joint work across Harrow, based on the roadmap and priorities agreed by the JMB.

5. From February 2020 onwards HHACE and the broader ICP became involved in helping to co-ordinate Harrow’s pandemic response including formally being designated as the Borough Silver Command in October 2021.

6. In June 2020 the ICP published its “Out of Hospital Recovery Plan”, jointly developed with all partners and used as a model across London focussing on renewed commitments to mutual aid and support; and applying the learning from COVID-19, re-doubling efforts to address health inequalities in Harrow.

7. From March 2021 the ICP has been looking at how it continues to develop and puts patients, citizens and communities at the heart of everything it does one year on from the establishment of HHACE and in the context of national, regional and local developments around integrated care.

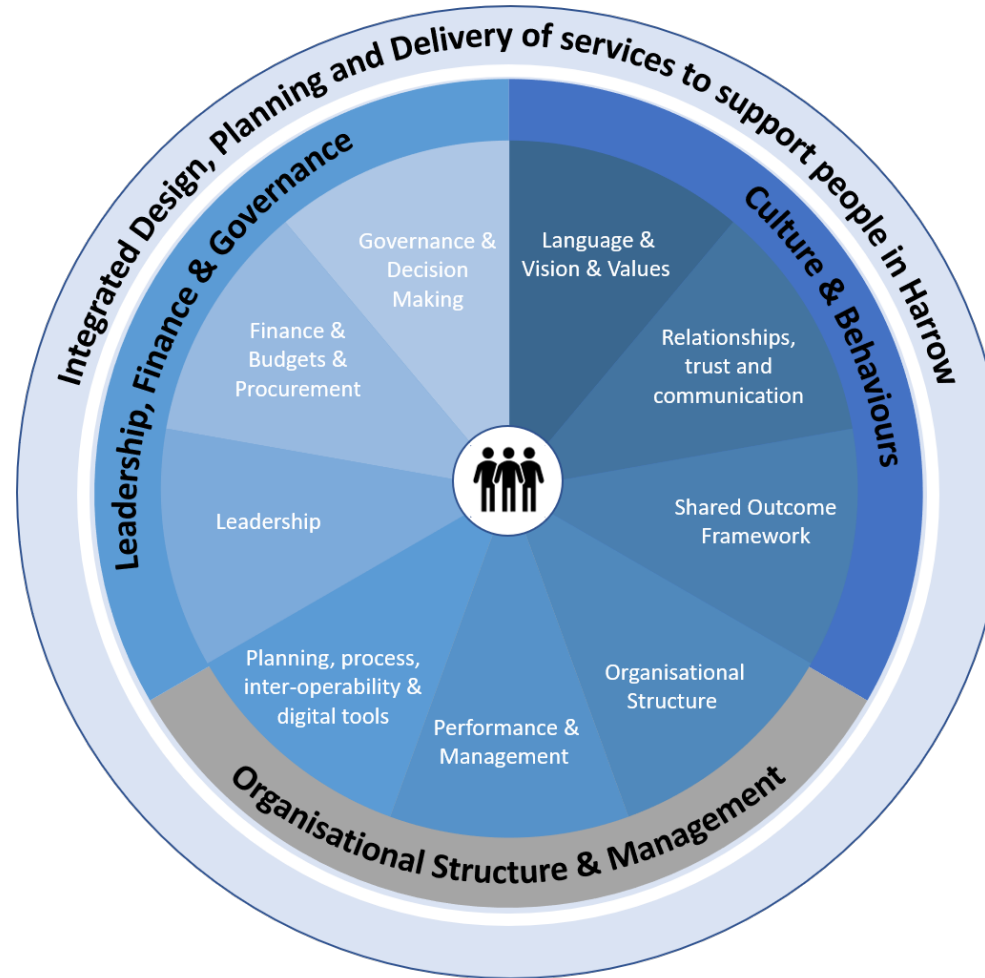
What is the ICP?

Integrated Design, Planning and Delivery of Services

- Across all areas of health and wellbeing, being able to come together to produce real change, from jointly designing new services to delivering shared outcomes for local people, co-produced with them.

Leadership, Finance & Governance

- Clear, shared, strategic leadership with well-understood roles and responsibilities.
- Shared financial understanding and pooling resources around the needs of our communities wherever possible and practical.
- Robust, flexible and purposeful governance, where decision-making is transparent and respected, and actions are taken forward with Harrow-wide support.



Culture & Behaviours

- Shared vision and values for how we can improve people's health, wellbeing and lives in Harrow.
- A shared set of outcomes which we are all working towards – a joint view on what “good” looks like.
- Shared language describing key concepts we need to be able to co-ordinate effectively.
- Recognition and spread of collaborative behaviours and skills at all levels.

Organisational Structures & Management

- A pragmatic organisational structure and processes to operate effectively and enable collaboration.
- Shared performance metrics.

What does this mean in practice?

Working together as individuals, professionals, patients and service users, carers and families, organisations and as Harrow to improve health and wellbeing across all of our communities.

Although our plans have been significantly impacted by the pandemic, we have continued to work jointly on developing number of key priority areas:

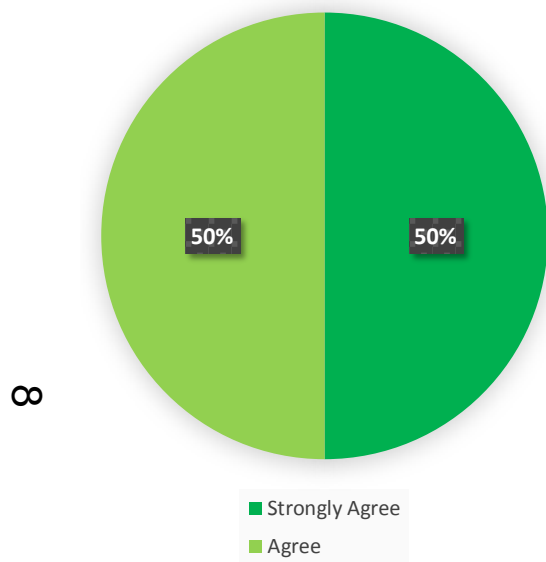
- **Frailty and Care Settings**
- **Mental Health and Wellbeing**
- **Learning Disabilities and Autism**
- **Prevention, Self-care and Social Prescribing**
- **Long Term Conditions**
 - **Children and Young People**
 - **Tackling Inequalities**
 - **Support to Carers**
 - **Integrated Education and Training**
 - **Digital Transformation**
 - **Communications and Engagement**

Harrow Health & Care Executive: Reflect and Refresh, 1 Year On

Area		Key Lines of Enquiry
1	Overall lessons learnt	<ul style="list-style-type: none"> What has worked well, what would we like to do differently: e.g. membership, priorities, links to other structures and the ICS? Feels like we are operating as a system, but a lot is based on individuals and their goodwill: how do we build on this to improve integration (not just services but outcomes), codifying relationships between health and care, develop our “blueprint” for areas such as performance, delivery and culture; and understanding of who is doing what?
2	Enhancing support to primary care	<ul style="list-style-type: none"> Primary Care and our five PCNs have performed a critical role in Harrow during the pandemic response: as we work jointly to restore services, and to address both long-standing and new inequalities in our communities arising from Covid, how do we ensure that primary care colleagues are appropriately recognised, represented and supported at all levels of local and system governance?
3	Responding to the White Paper	<ul style="list-style-type: none"> What is the likely future “ask” of Harrow as part of North West London ICS: how can we use the experience of HHACE to help shape and influence this? What are the implications for our ICP: how can we get ahead, and use the direction in the White Paper to accelerate our priorities? What is our experience of place-based working, and how will this affect the future role of place and neighbourhoods: how can we build the required tools, infrastructure and freedoms?
4	Addressing resourcing challenges	<ul style="list-style-type: none"> How will changes in the CCG model affect the work of the partnership: there is an opportunity and a need to think about how we staff and deliver our priorities, including agreed principles resourcing and funding partnership activity. What is the role of HHACE: for example, in managing some of the shared financial challenges ahead.
5	Understanding our future priorities	<ul style="list-style-type: none"> Understanding our current priorities: including reducing health inequalities, maintaining progress on discharge, addressing Long Covid, supporting mental health, growing critical care and diagnostic capacity. Understanding what this means for existing workstreams: for example frailty, and what is important / how these link moving forwards.

Harrow Health & Care Executive: Reflect and Refresh, 1 Year On: Findings

I believe the Harrow Health & Care Executive has been effective in improving joint-working over the last 12 months...



What people said...

"Issues get resolved"

"Trust has grown between partners"

"Partners are equal players"

"Partners [are] getting closer to a single shared vision"

"...support across the system has been mobilised quickly, especially in relation to testing and vaccine hesitancy"

"[in the] joint Covid response in Harrow [HHACE] allowed us to work through areas of concern across all partners with joint solutions often achieved."

"Strong, productive relationships in place"

"Has fostered closer relationship between partners"

"Solutions focussed - e.g. between primary and secondary care; community and local authority support for primary care"

"definitely feel more connected with partners, especially the Local authority"

"Very good at sharing and mobilising support during Covid - suspect the alliance at 'the top' has facilitated more cooperation and action at a 'lower' operational level"

"[there is a] sense of genuine collaboration within the Friday meetings"

"I want HHACE to be the voice of Harrow population within the ICS and [to] give Harrow citizens the best caring services they deserve by bringing in the resources to address inequity and co-morbidities."

Harrow ICP conversations June – July 2021

Friday 11th June 8 – 10.30am
Putting patients and citizens at
the heart of the ICP

Friday 25th June 8 – 10.30am
Reaffirming shared
commitments

Friday 18th June 8 – 11.30am
How we hold ourselves to
account?

Friday 9th July 8 – 10.30am
Developing our shared culture

1. **Putting patients and citizens at the heart of the ICP:** Including in the planning, delivery and assurance of better health and care outcomes
2. **How we hold ourselves to account?** Including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the ICS
3. **Reaffirming our shared delivery commitments:** Including the operational changes and workstream development to support the above
4. **Developing our shared culture:** Including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing

Key next steps

1. Putting patients and citizens at the heart of the ICP

- **Invitations to community groups and representatives** including the 35 groups which are part of the **Covid Awareness Funding** in Harrow; patient representatives including **Healthwatch Harrow**, **Harrow Patient Partnership Network** (HPPN) and the **Patient Participation Groups** (PPGs); and an open invitation to help us extend the invite to any other organisations and communities we may have missed.
- **Support to HHACE / JMB members** to facilitate the first hour through small-group breakouts which will pair each system leader with approximately 4-5 community representatives to hear their stories.
- **Plenary session** to share feedback.
- **Part two of the meeting** will bring system leaders back together to reflect on individual conversations and to develop specific thinking and practical proposals for how to incorporate into the ICP development roadmap for Harrow.

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There is a risk we keep asking people to repeat to us their priorities, and then failing to deliver on what we are told. The focus of this session is moving beyond the “what” to the “how” we will take these priorities forward as an ICP.

1. Afghan Association
2. African Cultural Association
3. Alridha Foundation
4. Carib and Co Brunch Community Interest Company
5. Community Barnet
6. Greater London Youth Foundation
7. Harrow African-Caribbean Association (HACAS)
8. Harrow Carers
9. Harrow Ghanaian Association
10. Harrow Mencap
11. Harrow Sikhs
12. HASVO
13. Hendon Tamil School
14. HFTRA (Harrow Federation of Tenants and Residents Associations)
15. I Serve
16. Ignite Youth
17. Institute of Jainology
18. KSIMC of London
19. Lohana Community North London
20. Middlesex Association for the Blind
21. Noor Trust Charity (Represented by its subsidiary Noor Orphans Fund).
22. North Harrow Community Library
23. Pegasus Partnership Trust
24. RCCG House of Joy
25. RCCT CIC
26. Roconnect
27. Romanian Women in UK
28. Sangat Centre
29. Special Needs Community CIC
30. Sri Lankan Muslim Cultural Centre UK
31. St Lukes Harrow and Barnet
32. St Paul's Church
33. The Pothohar Association UK
34. The Tamil Association of Brent
35. Zawiyah

Workstream Summaries (1/2)

Frailty and Care Settings

Simon Crawford, Angela Morris and Dr Amol Kelshiker

- A task and finish group is being convened to review and support the completion of CMCs and care plans for care home residents and other frail patients in the community.
- Work is on-going to ensure a coherent link between the hospital and community frailty pathways
- Primary Care Enhanced Frailty Service: PCNs have commenced their plans for delivering this.
- The development of the workstream outcome indicator dashboard will be resumed when the ICP BI Analyst is recruited.

Mental Health and Wellbeing

Ade Odunlade and Dr Dilip Patel

- The workstream membership now includes patient Experts By Experience and VCS organisations.
- Partners are currently populating the whole system matrix – mapping existing service offerings to a matrix of life course vs three key areas in the care spectrum (Prevention, Living with Mental Ill Health and Crisis Management)
- Transformation work will be agreed based on whole systems matrix.

LD and Autism

Paul Hewitt

- Priorities are now based on life course + three key areas: Prevention, Living with LD and Autism, Crisis Management
- LD and Autism Strategies will be drafted into one document.
- Annual Report paused due to COVID-19 Pandemic

Prevention, Self-care and Social Prescribing

Carole Furlong and Dr Meena Thakur

- Work programme prioritized as:
 - Immunisations
 - Screening
 - Ethnicity coding in practices
 - Proactive case-finding for NHS Healthchecks
 - Delivery of the obesity strategy
- A workstream dashboard will be developed to track the indicators linked to logic model outcomes – when ICP BI Analyst is recruited.

Long Term Conditions

James Benson and Dr Kaushik Karia

- Review of the ToR – incl. Primary Care Enhanced Services and CVD, NW London CRGs, including Diabetes and Respiratory. Addition of CNWL mental health reps to the membership
- Primary Care Enhanced Services (Level 1 and Type 2 REWIND): Focus on mobilisation, including establishing baselines. Level 2/3: Focus on PCN, ARRS, Community, and Mental Health integration
- Respiratory Diagnostic Hublets: Focus on establishing these in Harrow, in conjunction with NW London colleagues
- Pulmonary Rehab: Focus on streamlining pathway
- Cardio-Vascular Disease (CVD): Diagnostics: Focus on reviewing pathway, with a view to including a network approach.
- Atrial Fibrillation: Link in with NW London workstream

Children and Young People

Paul Hewitt and Dr Varun Goel

- ToR being developed
- Initial CYP priorities have been agreed and fed back to the NW London CYP programme.
- Priorities to be formally adopted at the June Board.
- A work plan is being developed and leads assigned to each programme of work.

Workstream Summaries (1/2)

Tackling Inequalities

Alex Dewsnap and
Dr Meena Thakur

- HTIG is bringing together intelligence from ongoing engagement work with specific communities to identify areas for targeted interventions e.g. feedback from the Black Community Leaders meeting, GP work with Somali community on infant mortality risk factors. This should all also help the models of care workstreams identify inequalities and mitigations when they review their equalities impact assessments using the HEAT tool.
- A pilot has started in Harrow East PCN to identify top 5 population groups, enable engagement, encourage GP registration, promote screening and checks. After a pilot period, progress will be assessed and increased uptake measured. Harrow East PCN is the most geographically-defined area so is well-suited for a pilot. Other PCNs could adopt a similar approach if pilot is successful.
- Work is ongoing to improve data integrity, collection and mapping to Indices of Multiple Deprivation.
- A business case is to be developed to demonstrate the need for additional resource to support the work on tackling inequalities in Harrow specifically on engagement and analytics.

Carers' Sub-group

Ayo Adekoya (lead)

- The new Carers strategy will be developed as a joint LA/CCG strategy using the 10 principles for commissioning for carers as the starting point. Carer engagement will be part of the strategy development.
- Public Health colleagues are developing a literature review for the strategy.
- An action plan template has been created with the 10 principles to be populated by commissioning colleagues.

Integrated Education and Training

James Benson and Dr Ashok Kelshiker

- First workstream meeting to take place on 4th June 2021; will consider feedback from the Black Community Leaders' meeting.
- Work on workforce education and training will be discussed as part of the **Cultural Development** Away-day session.

Digital Transformation

Andrew Chronias

- Immediate Priorities:
 - Single platform for MDT discussions
 - Record sharing across MDT providers. Screen sharing on MS Teams (tactical). Strategic solution in the pipeline (HCIE)
 - Electronic prescribing for LNWUHT
 - Sharing investigation requests – NWP/Primary Care
 - Stop paper letters from LNWUHT to GPs
- Medium to Long Term Priorities:
 - Record sharing at the point of care (HCIE)
 - Clinical workflow solution (e.g. transfers of care)
 - Digital solution for managing capacity as a system
- A Data Protection Impact Assessment (DPIA) and a guidance for use of MS Teams as a collaboration and comms tool has been developed for sign-off during the week commencing 31st May.
- Clinical workflow is the only element of our medium-long term plans for which a solution is yet to be developed.

Communications and Engagement

Internal: Mike Waddington External:
Alex Dewsnap

- Work continuing in local communities to increase vaccination uptake
- First JMB/HHaCE Away-day session will cover **Putting patients and citizens at the heart of the ICP**. Aiming to link in with NWL EPIC work.
- Work to engage staff will also be discussed as part of the **Cultural Development** Away-day session.

Health & Wellbeing Board

8th June 2021

Better Care Fund 2020-21 & Planning for 2021-22

- National & Local

- To support integration of health & social care
- NHS long term plan for joined up & person centred care
- Department of Health & Social Care White Paper (11th February 2021) “Integration and Innovation: Working together to improve health and social care for all”

- BCF & Covid

- Formal plans not required to be submitted
- However funding to be agreed and national conditions met
- Year end reconciliation & template submission required
- Discharge funding agreed through s75

- 2019-20 core elements
 - Promotion of Independent Living
 - Development of Harrow Integrated Care System (ICS)
- 2020-21 approach
 - Align and build on successes of 2019-20
 - Incorporate elements of Health & Wellbeing Strategy and underpin work to establish ICP
 - Covid context resulted in 2019-20 schemes being rolled forward
- 2021-22 approach
 - Policy guidance awaited
 - Align to ICP Out of Hospital Plan with a shift towards prevention over the coming years
 - Task & finish group to develop proposals and metrics

Funding & Schemes Summary

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BCF Funding	Value
Disabled Facilities Grant [DFG]	£1,721,553
iBCF	£6,467,630
CCG [minimum contribution]	£16,271,185
2020-21	£24,460,368
Schemes	Value
Local Authority	£14,420,882
CCG	£9,377,004
2020-21	£23,797,886

- Schemes should total BCF funding – work in progress to reconcile schemes
- The local government settlement 2021-22 has confirmed the DFG & iBCF at 2020-21 levels
- The CCG contribution 2021-22 will increase by 5.3% in line with the NHS Long Term Plan settlement.

- Note the schemes funded by the Better Care Fund in 2020/21 and the Performance submission
- Note the approach to develop schemes for 2021/22
- Receive a further report on the progress of the BCF schemes

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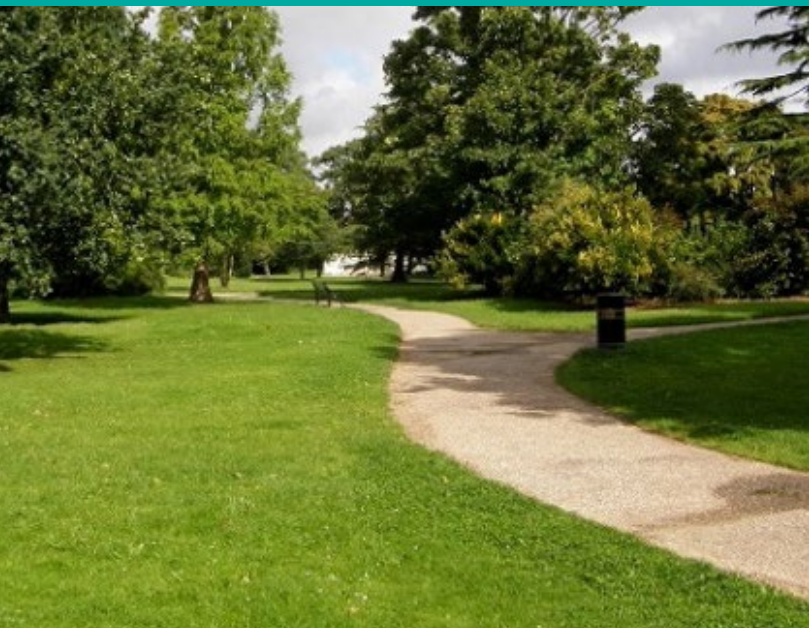
HARROW

Annual Public Health Report 2021

LET'S GO OUTSIDE: USING NATURE TO RECOVER

What are green spaces?

The term green spaces refers to 'open, undeveloped land with natural vegetation'¹ which covers a wide range of natural areas in our local environment, such as parks, woodlands, forests and nature reserves as well as other open spaces like allotments, sports pitches and golf courses and private back gardens. It also includes less obvious spaces like street trees, grass verges and land next to canals and railways.



This is my third annual Public Health report as Director of Public Health for Harrow.

The annual Public Health report is an independent report from the Director of Public Health which reflects the local population's health and wellbeing needs. It usually has a different focus each year, choosing to highlight and raise awareness of key health issues or Public Health initiatives affecting the borough. My first report was a set of ward level profiles to show the picture of health at a hyperlocal level. The second was a series of quarterly updates on the work that I and my team had been doing to improve health in Harrow. Last year, due to the pandemic, we were too busy to produce a traditional report but we did produce a report looking at the impact of the first wave of the pandemic and how Harrow had responded. This year we have chosen to look at green spaces, to showcase the many opportunities around us and promote a healthier lifestyle.

The past year has been one that has been difficult for all of us. The Coronavirus pandemic has touched all our lives and has changed the way we work, live and interact with people. It was during the Coronavirus pandemic that many people discovered their local green spaces and the positive effects they had on health and wellbeing during an otherwise very trying

time. As we look towards recovering from the pandemic, we hope that this report is a push to include green spaces and nature in that recovery process, both in our individual lifestyles and on a larger scale within our local communities

This report is therefore first and foremost for the residents of Harrow, who we hope will be inspired by the possibilities listed here to make the most of the range of green spaces on their doorstep as we come out of lockdown. We have tried to showcase the variety of opportunities available in the borough and hope that people find something that excites them.

This report is also for all health and wellbeing partners, anyone working with the public and for those working in service commission and public strategy. We hope that by outlining the benefits of green space on physical and mental wellbeing as well as the greater benefits to society, they will be inspired to enthusiastically promote green spaces to their clients and consider green space in their own projects.

Carole Furlong

Director of Public Health for Harrow

Ways to make the most of your local green spaces



Physical Activity in Harrow

33.5%

of adults
walk to work

24.6%

of adults do less than 30 minutes
of physical activity a week ^[18]

1.3%

of adults cycle to
work at least three
days per week ^[18].

35%

of children and young
people in Harrow do
less than 30 minutes of
exercise a day ^[19].

Urbanisation

82% of the UK's population now live in urban environments and only half of people in England live within 300 metres of green space². Urbanisation creates various Public Health problems through environmental pollution, accidents and hazards, heat island effects and climate change, as well as by promoting physical inactivity. Physical inactivity is substantial contributor to the growing obesity problem, which is associated with significant morbidity and mortality. Urbanisation also influences mental health with conditions such as psychosis and depression occurring at higher rates in urbanised areas^{2,3}.

82%

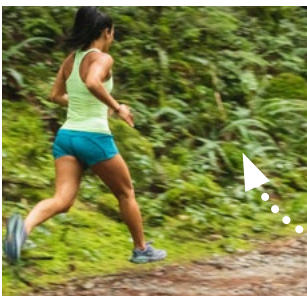
UK population
that live in urban
environments



Sedentary urban lifestyles have led to increasing physical and mental ill health and its associated effect on individuals and communities are placing an ever-greater burden on our health care system. In order to improve Public Health, we need to focus not just on individuals but the wider determinants of health, in which the natural environment plays a key role.

What are the benefits of green spaces?

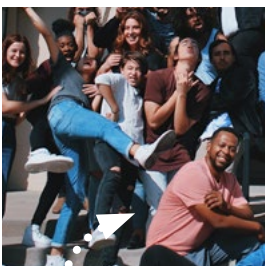
The benefits of interacting with nature and green spaces can be divided into five broad areas:



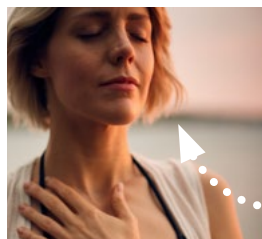
Improved
Physical Health



Improved Social
Cohesion Within
Communities



Reduced Health Inequalities
Within Communities



Improved
Mental Health



Improved Well-being



How do green spaces provide these benefits?

Increased Physical Activity

Physical inactivity is the fourth largest cause of disease and mortality in the UK. Being physically active for 30 minutes a day can directly reduce the risk of obesity, strokes, cardiovascular disease, type 2 diabetes and some cancers⁷. However, 48.6% of people in Harrow are less active than this⁸. Green spaces promote physical activity by providing spaces where people can exercise, for example walking, running or playing sports. Living close to green space also makes you more likely to use it and do so more frequently⁹.

Stress Reduction

The aesthetic experience of being in a green space can have positive effects on psychological wellbeing by evoking positive emotions^{10,11}. Studies have shown that people exercising outdoors report lower feelings of stress or anxiety than those doing the same activity indoors^{12,13}. Self-reported feelings of happiness and mental well-being are higher and feelings of anxiety, anger and stress lower in those exercising in nature^{14,6}.

Attention Restoration

Green spaces have been shown to improve cognitive function and reduce stress, mental fatigue and irritability. Green spaces also encourage people to spend more time outdoors and in sunlight, which promotes healthy sleep and increases vitamin D levels, which in turn improves physical health and cognition⁴.

Social Cohesion and Interaction

Green spaces are communal areas that provide opportunities for social interaction which can indirectly improve public wellbeing by facilitating social networking and promoting social inclusion¹⁵. They foster a sense of community and belonging that is beneficial for mental health, particularly in otherwise isolated groups of people^{16,6}.

Improved Local Environment

Green spaces facilitate water drainage, absorb air pollutants and reduce heat retention by urban land

What challenges do we need to overcome to promote green spaces?

Accessibility

People are more likely to use green spaces if they're closer and easy to access, whether by public transport or by walking [9]. Connectivity is particularly important for children and young people and the elderly.

Ease of Use

Public green spaces are more likely to be used and by a wider range of people if they have well-maintained footpaths, maps, signposts and amenities such as toilets and car parks.

Quality

Well maintained and well-designed green spaces are more attractive to the public, whereas spaces that are littered or unclean will deter them instead.

Safety

The perceived safety of a green space has a significant impact on the likelihood an individual will use it, particularly for women and the elderly who may feel more vulnerable.

Negative Health Effects

Increased exposure to environmental allergens especially pollen can increase the risk of allergies and reduce use, particularly during hay fever season.

surfaces, thus improving the quality of the local environment^{4,6}. The ability of natural spaces to improve air quality by capturing pollutants and particles is particularly important as it reduces the adverse impact of pollution on cardiovascular and respiratory health. They are also effective at capturing and sequestering carbon emissions and so have an important role in tackling global warming. Alongside this, green spaces increase biodiversity by providing natural habitats for wildlife mitigating the impact of urban development on the ecosystem⁶.

Economic Benefits

By providing widespread social and health benefits to the whole community, green spaces reduce the cost of mental and physical ill health on the government. Green space also increases the value of the neighbourhood and local properties and draw businesses and individuals to the area by enhancing its appearance and liveability^{2,6}.

Health Inequalities

Socio-economic status has a marked impact on health. Low-income areas are associated with poorer quality housing, education and diet and limited access to green spaces².

The cumulative effect of this deprivation creates a social gradient whereby the most deprived have worse health outcomes and greater mortality than the least deprived. In 2017-2019 the life expectancy of the most deprived 10% of residents in Harrow was 10 years lower for men and 6 years lower for women than the least deprived 10%²².

Green spaces have the potential to be an important mechanism by which we can reduce these health inequalities¹⁵. A UK study found that income deprivation related health inequalities in mortality (from all causes and cardiovascular disease specifically) is lower in areas with more green space²³. Within the most deprived groups, the number of mortalities is halved in the areas with the greenest space^{24, 25}.

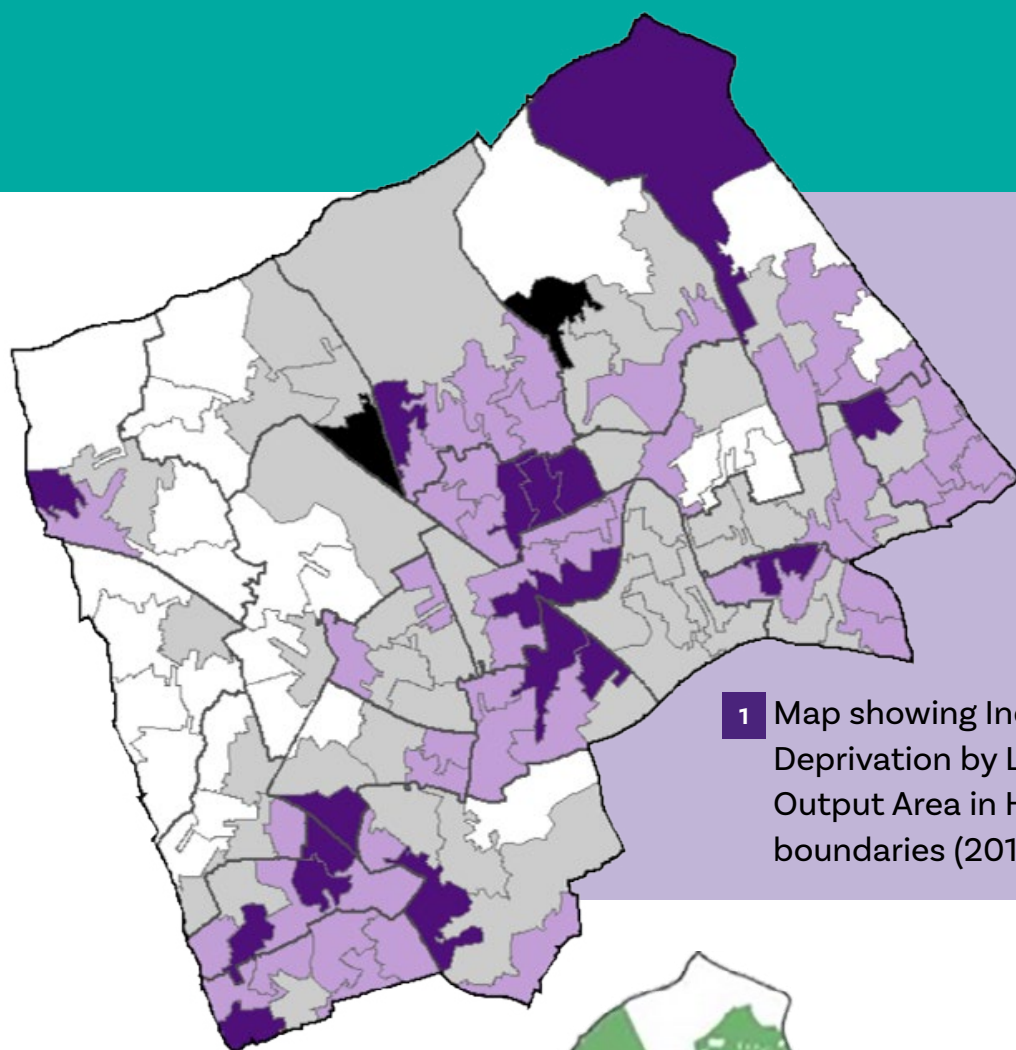
For those in lower socio-economic positions, the health improvement benefits of green spaces can have a significant impact as they modify the pathways by which deprivation causes worse health outcomes. Deprived areas may not be conducive for physical activity or the opportunities limited and the cost prohibitive. Green spaces however promote physical activity and provide an opportunity



for exercise that is easily accessible and free. Physical activity in green spaces also has greater psychological and physiological benefits than physical activity in other settings, thus potentiating the benefits for lower socio-economic groups^{12, 13}. Further, the psychological benefits of green space and the impact they have on improving stress and well-being may also ameliorate the impact of the stress of poverty on physical health²³.

Green space however is not evenly distributed, and is often clustered in areas of least deprivation, with fewer green spaces in the most deprived areas¹⁵. The most deprived groups therefore have fewer opportunities to benefit from green spaces, particularly as proximity to green space is a key factor determining frequency of use. In fact, green spaces have the greatest benefit when they're within 1 kilometre of the home²⁶. In Harrow, there is limited green space in the central and southern areas of the borough, which reflects the areas of greater deprivation²⁷. In order to address these health inequalities, we must focus our efforts on increasing access to green space in those areas.

“ In Harrow, there is limited green space in the central and southern areas of the borough, which reflects the areas of greater deprivation²⁷ ”

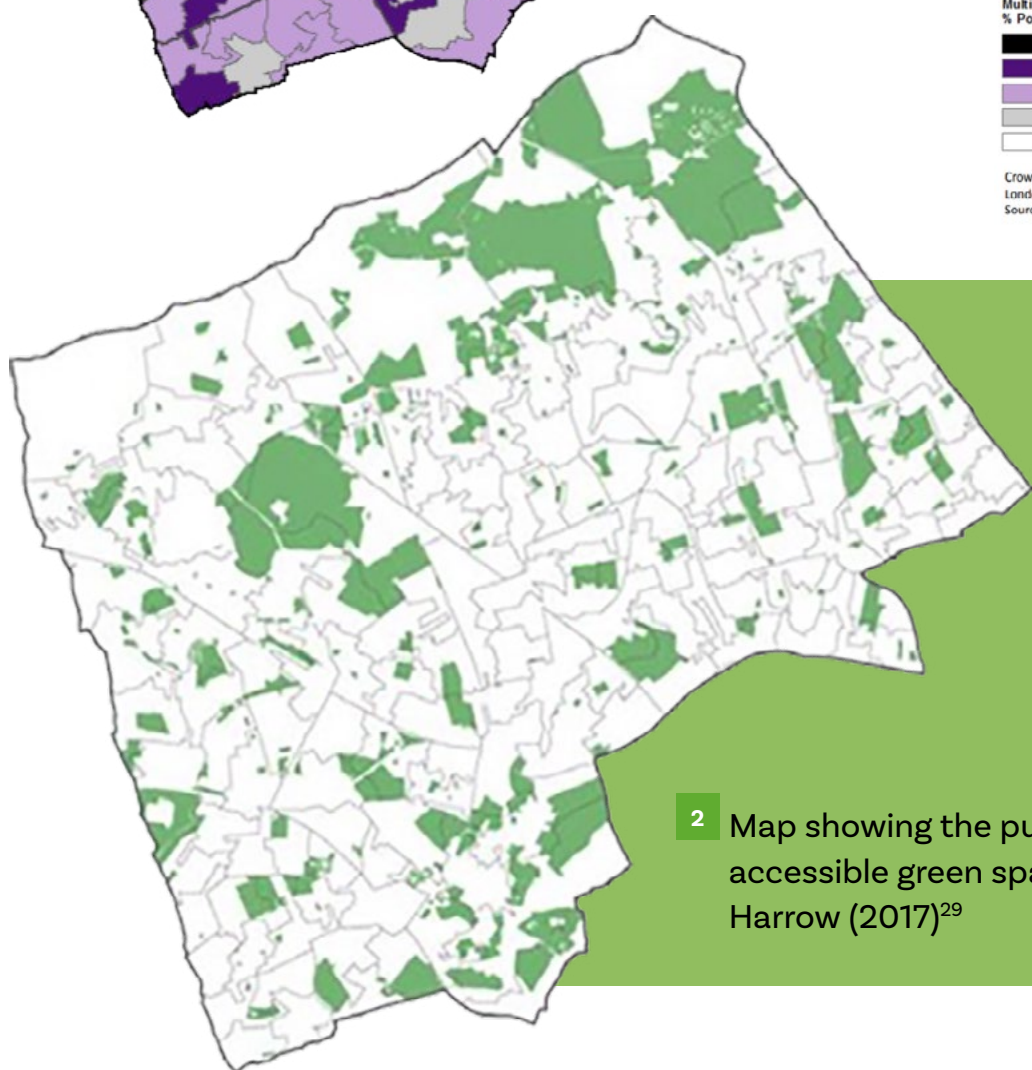


1 Map showing Indices of Multiple Deprivation by Lower Super Output Area in Harrow with ward boundaries (2019)³⁰

Multiple Deprivation
% Position in England

0 to 20 (most deprived 20%)
20 to 40
40 to 60
60 to 80
80 to 100 (least deprived 20%)

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Source: MHCLG English Indices of Deprivation 2019



2 Map showing the publicly accessible green space in Harrow (2017)²⁹

Green spaces in Harrow

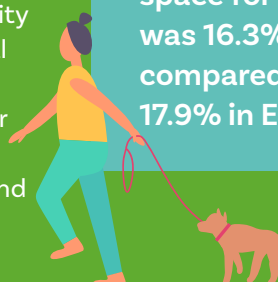
Sitting in the north-west of Greater London and covering part of the Metropolitan Green Belt, Harrow has a range of natural spaces and is the tenth greenest London borough in terms of publicly accessible green space²⁹. These include parks and gardens, nature reserves, allotments, green corridors, play areas and sports pitches and amenity green areas in and around areas of development.

The smaller green areas are well suited for casual recreation or exercise on a regular basis and have an important role in providing visual relief from urban development.

The large areas play a significant role in community cohesion by hosting events and acting as a social space for groups. They are also better suited for formal and informal sports and cycling, jogging or other forms of exercise. The nature reserves also contribute to biodiversity, nature conservation and environmental education.



In 2015, only 6.3% of Harrow residents had access to woodland, compared to 12.9% for the whole of London and 16.8% in England. The rate of utilisation of outdoor space for exercise or health reasons was 16.3% in Harrow in 2015/2016 compared to 18% in London and 17.9% in England²⁸.



Parks

Parks are designed and maintained public green spaces that act as multifunctional areas for informal and formal recreation, social interaction and community events. There are 28 large parks in Harrow, with many other smaller park areas within the borough. 5 of these parks have been awarded Green Flag status, a reflection of their high level of quality against national standards. Most of the parks have a local 'Friends Of Parks' volunteer group who help support and maintain the park.

In Harrow, these parks are distributed across the borough reasonable evenly. There are a wide variety of activities and events at these parks that residents can get involved in. Outside of these, the parks remain extremely popular for informal and recreational use such as picnics, running, walking and dog walking. Most of the parks have public facilities such as changing rooms, toilets, car parks and coffee shops and are readily accessible by public transport.

Mental Health

15.6%

of adults in Harrow have a common mental health disorder ^[20].

4,861

children and young people estimated to having mental health disorders ^[21].

Obesity

54.8%

of adults in Harrow are overweight or obese^[17]

16.6%

of pregnant women are obese at their booking appointment ^[17]

20.4%

of children in Reception were found to be overweight or obese, rising to 36.5% for children in Year 6 ^[17]

Parks

activities & amenities

Health Walks These are free guided walks by qualified and insured walk leaders through greens spaces in Harrow, occurring every day of the week in all parts of the borough. The walks are of different lengths and difficulties and anyone is welcome to join regardless of age or fitness.

Children's Playgrounds Most of the parks have separate playgrounds with facilities for our youngest residents to enjoy. They're routinely cleaned and monitored and are a great way for families to enjoy time outdoors and in nature, as well as being perfect for active play.



Outdoor Gyms Many Harrow parks have outdoor gyms, which include much of the same equipment found in an indoor gym but are designed for outdoor use and are free. They can be used by people of all ages and fitness and don't require any experience – just turn up and have a go!

Sports Pitches Many Harrow parks have football pitches for formal and informal play. Some require booking but others are open access. Centenary Park also has two floodlit 6-a-side pitches which are available for hire seven days a week. For fans of other sports, several parks have cricket pitches, Harrow Recreation Ground has a rounders pitch, Montesoles Recreation Ground has a hockey pitch and Shaftesbury Recreation Ground has 2 rugby pitches.



Pump Track Recently opened at Kenton Recreation Ground is a state-of-the-art tarmac bike track. With separate loops for beginners, improving and experienced riders, the track is open to the public and is a unique place for residents to have fun cycling. Given the undulating nature of the track it's also suitable for skateboards and scooters.



Harrow Skatepark aka Harrow Solid Surf Located at Byron Recreation Ground, this was one of the first bowl parks in the UK when it opened in 1978 and is one of only two 70s concrete skateparks still operating today. It has hosted several generations of world class skateboarders and had a deep impact on British skateboarding, making it one of the most noted skateparks in the UK. It was recently revitalised and is open free to public from 9am until dusk. With features such as a concrete half-pipe, mini-ramp, bowl and four moguls this is a must-visit skatepark for beginners and enthusiasts alike.

Parks

activities & amenities

Park Runs Canons Park and Harrow Recreation Ground are host to a weekly 5km adult park run every Saturday at 9am. Kenton Recreation Ground also has a weekly junior park run every Sunday at 9am. They're open to all skill levels and are free to enter. There is also an annual Harrow half marathon with a course featuring historic and well-known landmarks and many of the borough's stunning green spaces.



Multi-Use Courts Several parks have flexible games areas with line markings and facilities for multiple sports on the same court, such as football, tennis and basketball. These hard courts are available for everyone to use all year round and can still be used in wet weather when the grass areas might not be suitable.

Tennis/Basketball Courts

Several parks have tennis and basketball courts perfect for pick-up games. Some courts require booking, but most are open access. Pinner Village Gardens also has a table tennis court.



Other Activities Several of our parks are also host to volunteer led activities such as Tai Chi, Yoga and Nordic walking. With regular sessions held in the park they're a great way for locals of all fitness abilities to get active and socialise with other people in their community. Many of the parks also host community days to bring residents together, for **example planting days and litter picks.**



Parks

special features

Headstone Manor Park

Set within 23 hectares of green space is Headstone Manor, a 14th century manor house and moat. The manor has a free museum showcasing local history, hosting exhibitions, family activities and community events. In the park, visitors can discover the Yeading Brook, woodland and wetland area, and explore the nature trail and walking paths. There is also an annual village fair with activities, artisan arts and crafts stalls and live music, featuring Harrow in LEAFs Annual Horticultural and Craft Show celebrating allotment and horticultural groups and beekeepers in Harrow.



Roxbourne Park

Home to Roxbourne Railway, a miniature railway with steam and diesel trains that trundles around part of the park, which visitors can enjoy rides on during the summer. There is also a free live music event every Sunday in the pavilion or you can volunteer to help with the nature reserve or community orchard.



Pinner Memorial Park

Featuring a large children's play area, museum, bowling green, duck pond and aviary for budgerigars. There is also an ornamental 'Peace Garden' providing a quiet place to sit and woodland to explore.

Saddlers Mead Park

Contains a section of the Grim's Dyke, an ancient bank-and-ditch earthwork dating from Iron Age times that likely acted as a linear boundary or means of defence.



Cedars Open Space

With a children's playground with accessible equipment and separate adventure playground with zipline, swings, seesaws and climbing area, this area is perfect for children.

Nature Reserves

There are ten nature reserves in Harrow and several other wild open spaces, which are managed by the Harrow Nature Conservation Forum. The sites are a mix of open space, woodland, wetland and grassland, with a variety of flora and fauna. They are perfect for walking and exploring, and dogs can be taken on leashes. There are several nature trails within these sites, with maps and instructions for the routes online, as well as regular guided walks led by knowledgeable volunteers.

The nature reserves are sites of conservation with an aim to protect and improve their biodiversity and wildlife. They often host working parties where residents can help maintain the spaces. They also run workshops and training courses to learn more about conservation, biodiversity and wildlife.



Allotments

Allotments provide residents with the opportunity to grow their own sustainable fresh produce with plenty of exercise and outdoor activity in nature along the way. They're also very social with a great sense of community and are an excellent way to introduce children to the benefits of gardening.

There are 34 allotment sites across the borough of Harrow. The allotments are rented from Harrow council via their website for an annual fee, though note there is often a waiting list! The allotments are otherwise managed by Harrow in LEAF, an umbrella organisation for allotments, beekeepers and horticultural groups in Harrow.



Shaw Trust Horticultural Projects

- The Shaw Trust is a national organisation supporting people with complex needs or life circumstances that act as barriers to work, providing opportunities and training to help these people gain valuable employment skills. They have two horticultural projects in Harrow, one in Canons Park and one in Newton Park East. The two sites provide opportunities for service users to engage in activities such as growing plants and vegetables, litter picking and helping the local community.
- The Shaw Trust is also hosting supported internships for students with disabilities that impact on their current employability. They offer holistic support and mentorship to help interns develop the necessary skills for employment.



Ridgeway Community Garden

The Ridgeway Community Garden is a one-acre site in North Harrow which is being developed into a resource for Harrow residents with the aim of supporting and improving their physical and mental wellbeing. It will focus on the positive, therapeutic effects of physical and creative activity, and will aim to offer sessions covering horticulture (including vegetable growing), cooking aimed at healthy eating, crafting, art, creative writing, photography and basic woodwork.

Residents can be referred to the project through the social prescribing service, via link workers based in local GP practices.



Playgrounds and Amenity Spaces

There are also several other wild or landscaped green spaces within Harrow which don't fall into any of the other specified areas. These amenity green spaces are areas that may not have a designated specific use but are in and around housing areas or separating other areas of land for visual or safety reasons. These include smaller areas of land between streets or residential areas or on housing estates, as well as local playgrounds. They are close to people's homes and so are very accessible on foot, which is important for the elderly and young children who might not be able to travel far to access such spaces. There are over 38 hectares of this kind of green space in Harrow.

These green spaces provide opportunities for informal activities such as recreational play or kickabout games, dog walking or exercise, and as they are so easily accessible can provide more consistent and regular exposure to nature. They also have a significant impact on the quality of the local landscape and the wellbeing of residents, as they are a clear indicator of the 'greenness' of an area. Local housing estates also have managed playgrounds and green spaces for sheltered accommodation or council home tenants with a focus on providing clean and safe green spaces within short walking distance of the home.

Recommendations

How can we increase use of green space in Harrow

Recommendations for us at the council and led by me Carole Furlong

1. To have a conversation with our residents about how we can use green spaces to make us happier and more healthy
2. To ensure that access to green space is factored into decisions on new developments as stated in the Harrow Local Plan and by supporting a Health Impact Assessment (HIA) process for large housing and mixed-use developments which:
 - a. Prevent green space being lost to construction or new development
 - b. Increase provision of green space within new developments
3. To do more to promote use of green space as a key tool in tackling some of the inequalities within Harrow
4. To support maintenance and protection of existing green space in Harrow in accordance with Harrow Local Plan objectives
5. When resources allow to ensure and promote accessibility to green spaces by improving paths, signposts and information on local green spaces, particularly in areas of Harrow with limited green space
6. To help Council staff to promote the use of green spaces to stay active, and how the natural environment can improve our mental wellbeing”

Further Information

– Relevant Websites

Harrow Parks

<https://www.harrow.gov.uk/environment-parks>

Nature Reserves –

Harrow Nature Conservation Forum

<https://www.harrowncf.org/>

Allotments – Harrow in LEAF

<http://harrowinleaf.org.uk>

Apply for an Allotment

<https://www.harrow.gov.uk/environment-parks/allotments>

Harrow Go Green

<https://www.harrowgogreen.com/>

Health Walks

<https://www.walkingforhealth.org.uk/walkfinder/harrow-health-walks>

Recommendations for you our residents

1. To find out where your nearest green spaces are and how you might get there
2. To get out and enjoy green space as a place to observe nature, to connect with friends and unwind from the stresses of the day
3. To use green spaces around your home more for leisure, exercise or growing, ideally by building into your weekly routine

Summary

The purpose of this report was to highlight the benefit of green space on the health and wellbeing of residents and has aimed to showcase the opportunities for residents to enjoy the variety of greenspace on offer in Harrow.

Most people will realise that green spaces are an essential component for a happy healthy community, but the Coronavirus pandemic has prompted residents to explore the green spaces local to them. We should continue to build on this motivation and promote the use of green space as an essential ingredient to maintaining and protecting resident's mental health and wellbeing.

By promoting and encouraging the use all the wonderful green spaces Harrow has to offer, we can reduce the impact of physical and mental ill-health on our population. By using our green space better, we can truly build an even more vibrant borough together.

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Introduction

The COVID-19 pandemic has brought an unprecedented situation to the world.

In the first section of this briefing I illustrate the acute extent of the pandemic in Harrow over the last 14 months.

In the second part of the report, I demonstrate how the services we are responsible for have changed during the pandemic, and how we are planning recovery.

Part 1 Covid-19

Harrow epidemiology and variants

- Since 28th February 2020;
 - 21,109 diagnoses, 8405 per 100,000 (London 8101 per 100,000)
 - Excess deaths 598 - ratio 1.35 (London 1.27)
- Testing: Lateral Flow, PCR
- 135,152 first dose vaccinations, 95,651 second doses
- Vaccination hesitancy
- Variants of Concern and behaviour

Highlighted existing health inequalities:

Being male, living in more deprived areas, and being from a Black, Asian and Minority Ethnic (BAME) background are found to be associated with worse outcomes¹.

Black and Asian groups = 64% of the population.

Excess deaths, White 19% higher, Black 76% higher and Asian 73% ².

1. [Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) PHE 2020.
2. [Excess mortality in London - 21 March 2020 to 07 May 2021 \(phe.org.uk\)](https://phe.org.uk)

Part 2 Covid-19 impact – Advice and guidance

Advice on the risk and spread of the Coronavirus

- Interpret guidance and advise all partners including [schools](#).
- Working with other departments, to deliver a seamless provision of [PPE](#).
- Public Health facilitated the FFP3 Mask Fit-Tests Care Home and Home Care Providers.
- Public Health became the [lead contact](#) for the PPE orders for the West London Alliance, London PPE Commissioning Alliance.
- Promotion of healthy lifestyles, and ways of achieving this during the pandemic.
- [#thankyouschools](#) campaign, with Mind in Harrow and Young Harrow Foundation

Part 2 Covid-19 impact – main commissions

Substance Misuse

Sexual and
Reproductive
Health

Health Visiting and
School Nursing

NHS Health Checks

Weight
Management /
Shape Up

*Feb-
2020*

BCP implemented –
focus on emergency
response / harm
minimisation

BCP implemented –
focus on emergency
response / harm
minimisation

Initial (30%)
redeployment / focus on
safeguarding

Initial pause

Momentary pause

40

*Sept-
2020*

Virtual service, and F2F
for emergencies, new
referrals/prescribing.
Expansion into
pharmacies for
collection

Telephone triage/F2F
based on clinical need /
emergencies. Shift to E-
Service.

Catch up, HV 50% to
90% new birth visits
(F2F); SN eye screening

Offered to those with
blood test (50% of
previous level)

Online and App with
WFC. Weight
Management Grant
monies. 26 Early Years
staff attended Tricky
Conversation training.

*Apr-
2021*

Service continues
virtually alongside
priorities for F2F based
on clinical presentation
and emergencies

Telephone triage/F2F
based on clinical need /
emergencies. E-Service
now includes Regular &
EHC. Contraception
pressure on Primary
Care

HV service
transformation. SN
support for Weight
offer. How Are You
survey results

Regrouping, links with
other services

Review and restart in
September
Tricky Conversations
with Social Care staff

Part 2 Covid-19 recovery

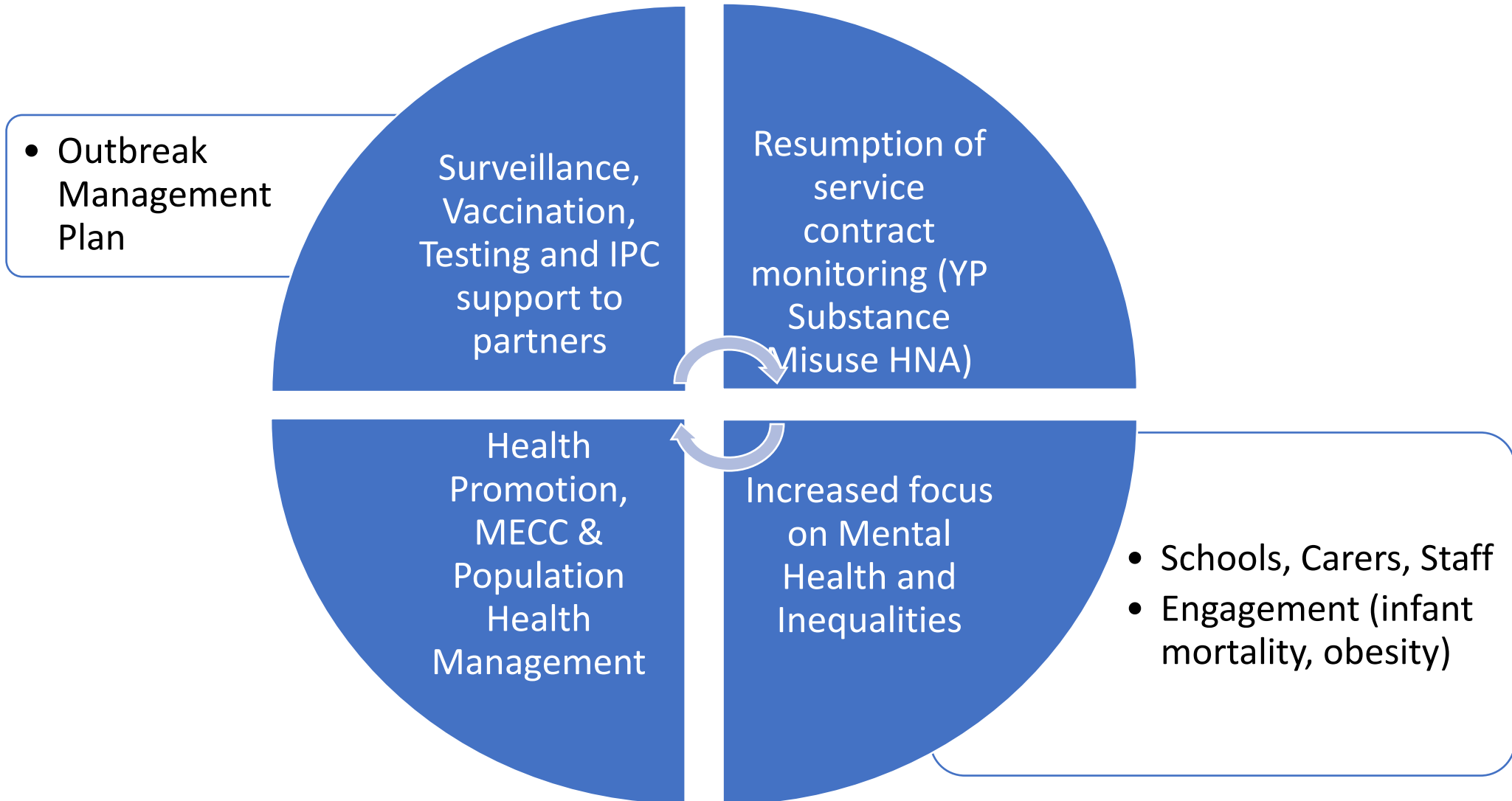
Relaunch programmes:

- Expert Patient Programme, staff group and targeted work
- Healthy Schools London (58/62) and Healthy Early Years (45/200)
- The South Harrow Physical Activity Community Champion being reviewed with additional champions funded by London Sport.
- The Walking for Health scheme restart in June subject to Risk Assessment

New programmes:

- Oral Health; Brush4Life packs to HV team, new contract for supervised brushing.
- Harrow Council workplace mental health, MHFA and suicide prevention.
- Healthy Start Group
- Developing Youth mental health support, with Thrive and the YHF. 24 Schools so far accepted. Further training planned across CYP partners.
- Parent Champion and Youth Champion launches.

Public Health - Recovery from Covid



Experience of GP Services

Marie Pate, Operational Manager
May 2021

Background

- ❖ The role of Healthwatch is to gather intelligence / evidence, to check and challenge service delivery, identify where services need to change and to make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers.
- ❖ In January we issued our Access to General Practice's (GP's) and Dental Services Report, which was discussed at the last H&WB.
<https://www.healthwatchharrow.co.uk/insight-and-reports>
- ❖ In April we shared our Quarterly Trend Analysis Reports. It is important to note that these reports are only as reflective as the data we collect and people are more likely to raise negative feedback than positive. The GP Patient Experience Report - April 2020 to March 2021 is based on the experiences of 561 people.
http://healthwatchharrow.co.uk/sites/default/files/gp_patient_experience_01.04.20_-_31.03.21.pdf
- ❖ In general, concerns raised do not relate to the quality of care that people receive, the issues raised relate to accessing services.
- ❖ Our reports are shared with a wide range of stakeholders as it is important for the voice of patients and citizens to be heard at all levels for example the Health & Wellbeing Board, the Acting Borough Lead Director, PCN's and GP's.



Key points:

- ❖ Feedback suggests that people are broadly satisfied with customer service (staff attitude and quality). While service access remains an issue for many - complaints about ability to book appointments, waiting times and lists have all marginally decreased this quarter. Administration also remains an issue, with more complaints recorded. Overall sentiment is 60% positive, 39% negative and 1% neutral.
- ❖ Accessibility on appointment bookings has improved this quarter by 4%.
- ❖ Positive feedback remains low at 32% (figure 4.1.3 in the report).
- ❖ Health Alliance PCN appears to have a particular issue with 92% of feedback negative (figure 4.1.4 in the report). The following GP surgeries are all part of the Health Alliance PCN: Aspri Medical Centre, Belmont Health Centre, Stanmore Medical Centre, Streatfield Medical Centre, Circle Practice, Enterprise Practice.
- ❖ Bacon Lane Surgery, GP Direct and Mollison Way Surgery receive a notable volume and ratio of positive feedback, while others receive a notable volume of negative comments particularly regarding appointment booking.
- ❖ The ability to obtain timely appointments is a problem for many, with accounts of congested telephone lines and waits of days (or more) to see a clinician. Choice is also an issue, with some patients not comfortable with, or able to undertake remote appointments. However, sentiment about booking and waiting has improved by 11% this quarter.



Next Steps: Response from CCG

1. The CCG Executive team following our January report agreed that they would support General Practice in their transition back to normal business arrangements, supporting access, particularly telephone access to services. They would work with Practices to look at what the right capacity and balance of virtual and face to face conversations will be within this.
2. Concerns relating to Stanmore Medical Centre have been raised by the CCG Executive team and an action plan put in place to address the key issues. The Q4 report was too early to assess the impact of these changes. The Practice (to date) have made progress in engaging with Patient Group representatives to discuss their action plan, communicate changes to the way telephone/appointment systems will operate and raise local awareness on changes made to their digital points of contact.
3. The CCG raised concerns arising from the Q4 report with the Pinn Medical Centre, who acknowledged the findings and responded formally via a letter to the CCG Executive. A meeting between the Practice and the CCG Primary Care Team is due to take place on 2nd June to discuss the practice response and a plan going forwards.
4. Given the on going concerns with a practice in the Health Alliance PCN, the CCG reached out to the PCN Clinical Director to look into the findings of the Q4 report and are awaiting a statement from them on how the PCN will collaboratively address these matters.



Harrow Mental Wellbeing Report

Report conclusions:

- ❖ Accessing out of hours services is cited as an issue along with the consequences of digital exclusion.
- ❖ Stress, worry and anxiety are cited as key areas of concern as a result of isolation, demanding workloads, risk of infection, poverty and job security.
- ❖ The easing of restrictions will certainly improve some of the key issues identified regarding loneliness and isolation, as people will be able to meet with friends and family and be able to take up their hobbies etc.
- ❖ The longer-term impact places a greater reliance on support services being available and people being aware of where they can get support. This relates to local community support through Community teams, GP's and the voluntary sector and also through Central and North West London NHS Foundation Trusts (CNWL) who care for people with a wide range of physical and mental health needs.
- ❖ There needs to be greater communication of the support that is available and future commissioning of services needs to meet the increasing demand.

“Appreciate that it is not just formal mental health services which contribute to a person's mental health, it is also clubs like the bowling clubs which contribute hugely to people having a positive outlook on life.”



Next steps: Response from CNWL

- ❖ All Community Adult Hubs are offering Patients' choices for face to face appointments, Telephone Consultations and Telemedicine. We have set target for our face to face contacts to go up gradually.
- ❖ The Psychotropic Medication and Physical health Clinic for Depot and Clozapine has remained opened through the Pandemic and Patients attend Bentley House as per usual and where necessary we facilitate home visits and we are carrying on with Physical health checks.
- ❖ We have invested through the VCSE project and currently Dawn is providing Social inclusion groups 2 days a week Wednesdays and Sundays and Ignite due to also offer services in the coming weeks.
- ❖ We also have the option of referring our Patients to the Coves for extra support during Crisis.
- ❖ We have three Social Prescribers in the adult hubs and going forward we expect their relationship to strengthen with Primary Care.
- ❖ We have received new LTP funding for few posts i.e. Band 7 OT, Band 6/5 Nurses and we also waiting for 2.5 WTE ARRS funding to be finalised from Our PCNs.
- ❖ Our Group therapies are more formalised now across a number of mental health conditions and we follow the Trauma Informed Approach.



The Experience of GP Services

A trends analysis report by Healthwatch Harrow



CommunityInsight

21 April 2021

Healthwatch is the official consumer champion for users of health and social care services. We listen to people's stories, good and bad, and report on their collective experience. In this report, we examine the experience of local GP services.

Reporting Period: 1 April 2020 - 31 March 2021

Index and overview of findings

Data Source (Page 4)

This report is based on the experience of 561 people. Feedback has been obtained from a variety of sources, including general outreach and comments posted online (NHS, Care Opinion and social media).

Top Themes (Pages 5-6)

Feedback suggests that people are broadly satisfied with customer service (staff attitude and quality). While service access remains an issue for many - complaints about ability to book appointments, waiting times and lists have all marginally decreased this quarter. Administration also remains an issue, with more complaints recorded.

Overall sentiment is 60% positive, 39% negative and 1% neutral.

Trends...

Satisfaction levels have improved by a noticeable 9% this quarter, comments suggest.

Bacon Lane Surgery, GP Direct and Mollison Way Surgery receive a notable volume and ratio of positive feedback, while the Pinn Medical Centre and Stanmore Medical Centre receive a notable volume of negative comments.

Appointment Booking and Waiting (Pages 7-10)

The ability to obtain timely appointments is a problem for many, with accounts of congested telephone lines and waits of days (or more) to see a clinician. Choice is also an issue, with some patients not comfortable with, or able to undertake remote appointments.

Trends...

Sentiment about booking and waiting has improved by 11% this quarter.

Comments suggest booking is a particular issue at the Pinn Medical Centre and Stanmore Medical Centre.

Clinical Treatment and Staff Attitude (Pages 11-14)

Experiences indicate the vast majority of people receive good quality, compassionate treatment and care, and feel supported and involved.

Trends...

Sentiment about clinical treatment and staff attitude has improved by 4% this quarter.

Bacon Lane Surgery, GP Direct and Mollison Way Surgery receive a notable volume and ratio of positive comments.

Administration and Communication (Pages 15-18)

Over 100 people leave negative feedback about administration, with sentiment clearly negative overall. People would also like greater levels of communication and support from administrative staff, comments suggest.

Trends...

Sentiment about administration and communication has declined by 2% this quarter.

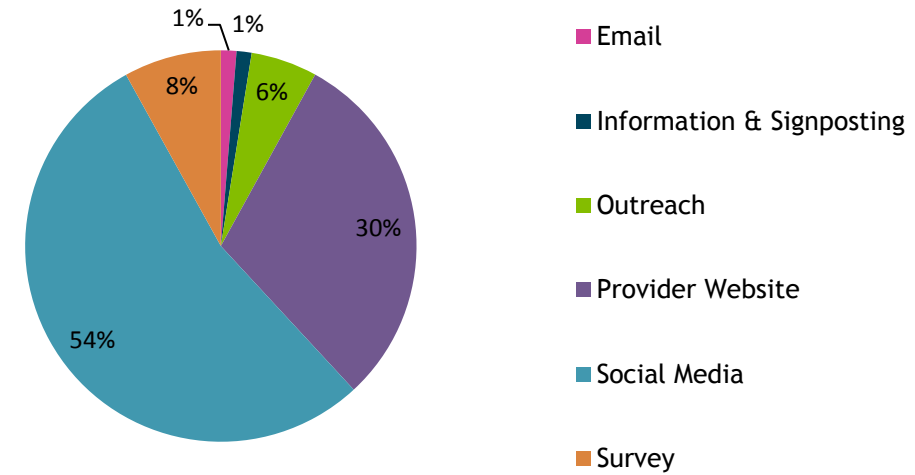
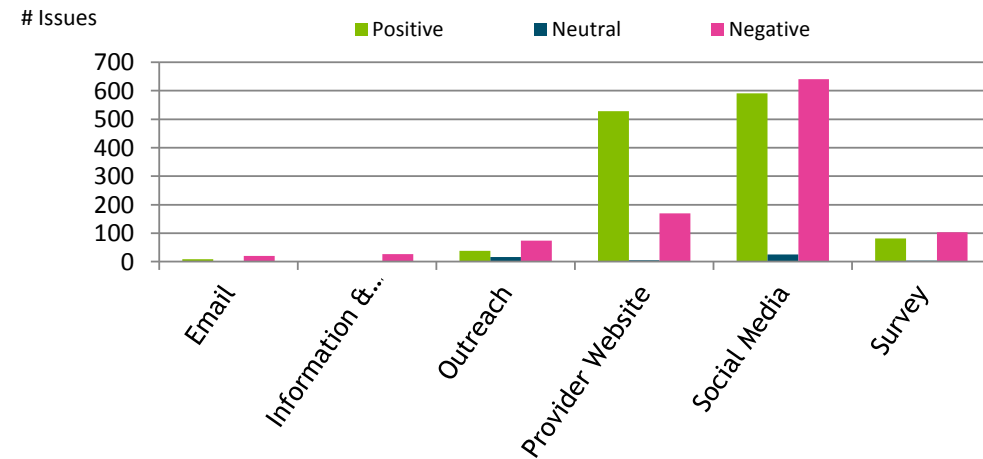
The Pinn Medical Centre receives a notable volume and ratio of negative feedback.

Disclaimer: The trends within this report are based on service user comments we have obtained from sources outlined on Page 4. Comments obtained from these sources may not be representative of all service users experiences or opinions.

1. Data Source: Where did we collect the feedback?

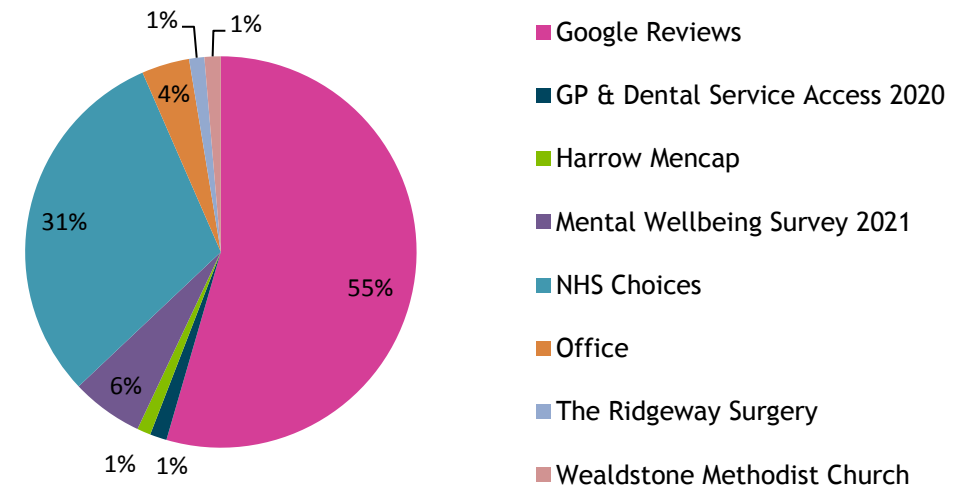
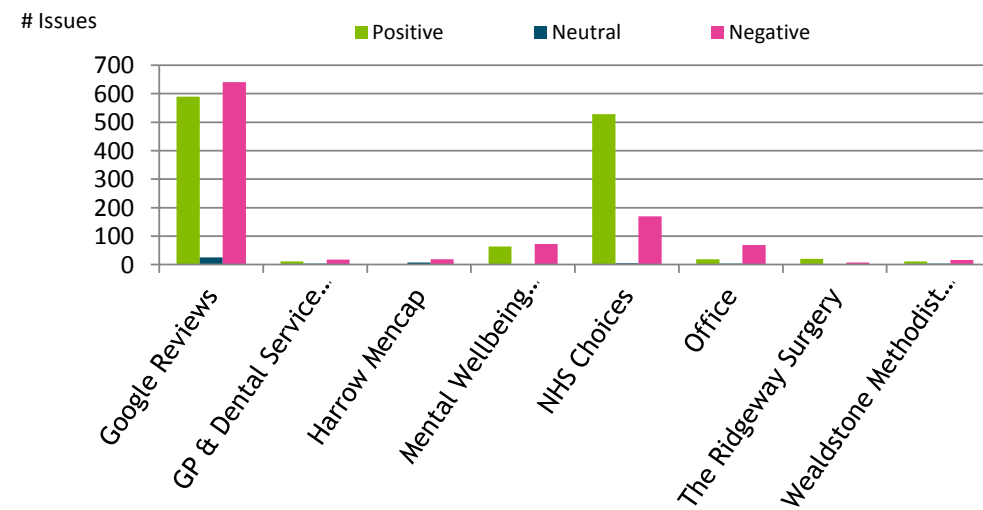


1.1 Source



Sources providing the most comments overall

1.2 Origin

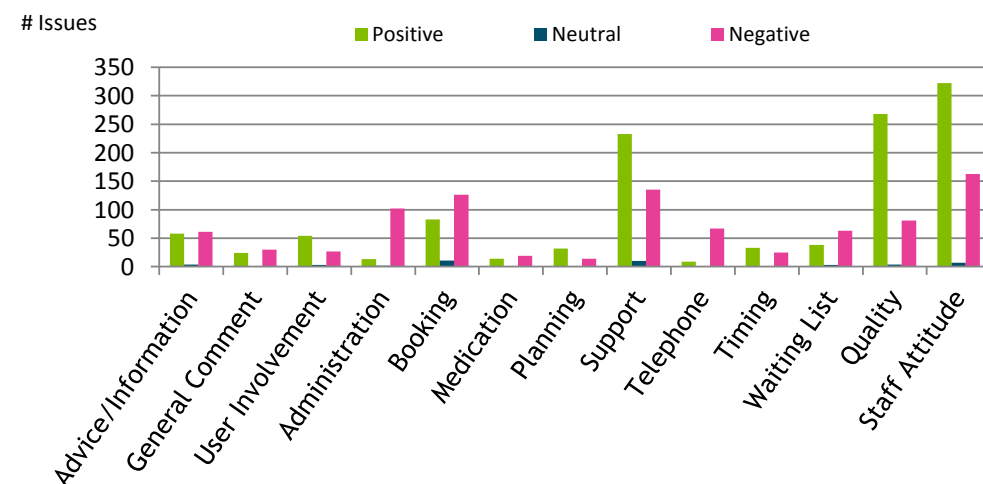


Origins providing the most comments overall

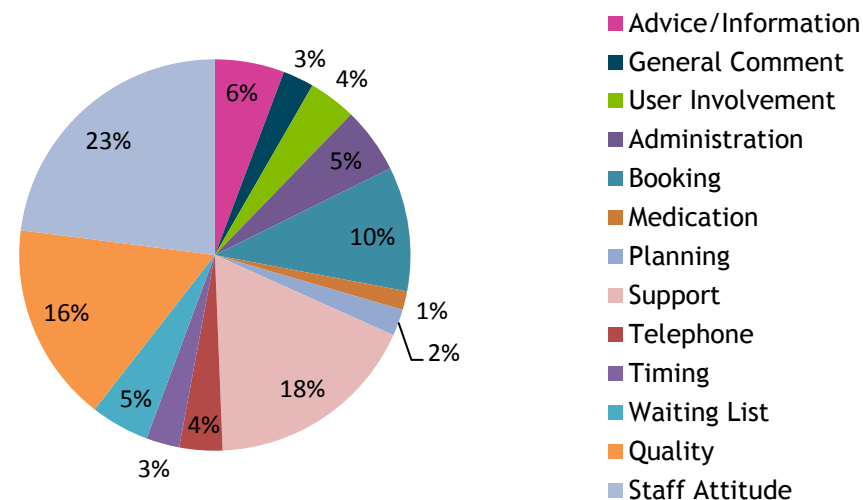
2. Top Trends: Which service aspects are people most commenting on?



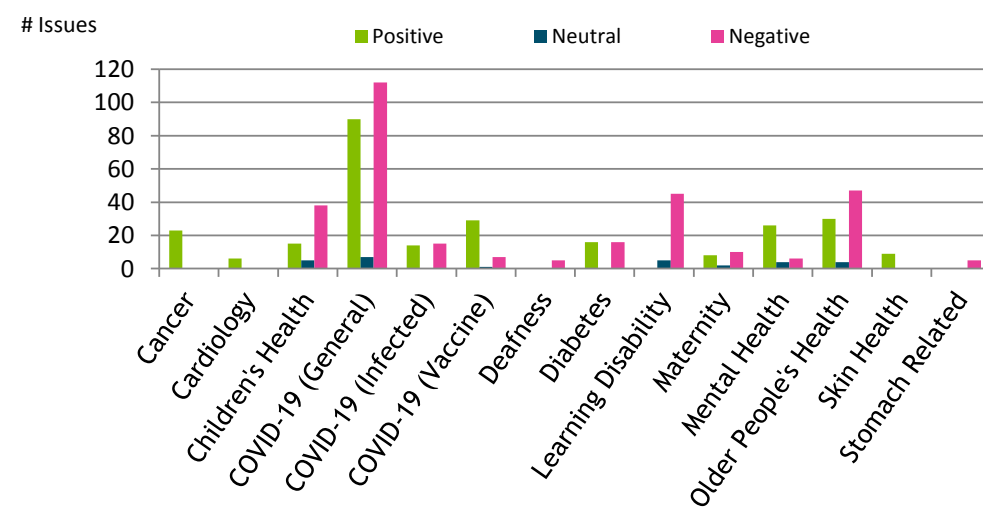
2.1 Service aspects: 2372 issues from 561 people



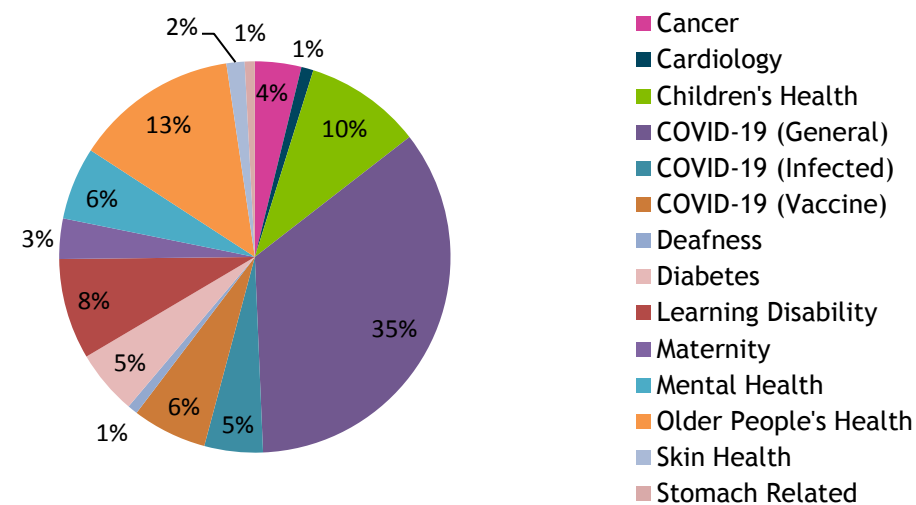
Issues receiving the most comments overall. See pages 19-20 for issue descriptions



2.2 Stated medical conditions



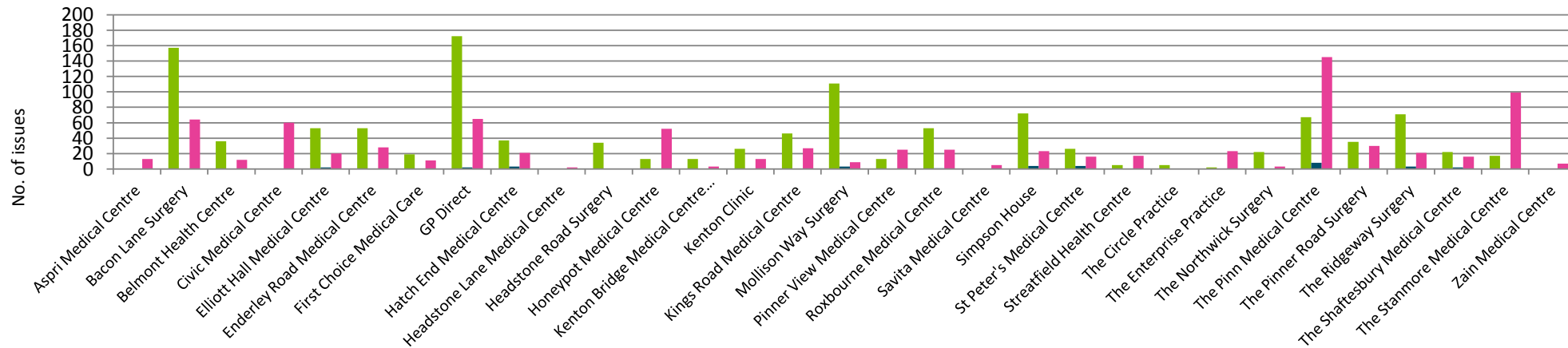
Medical conditions receiving the most comments overall



3. Trends: Which services are people most commenting on?

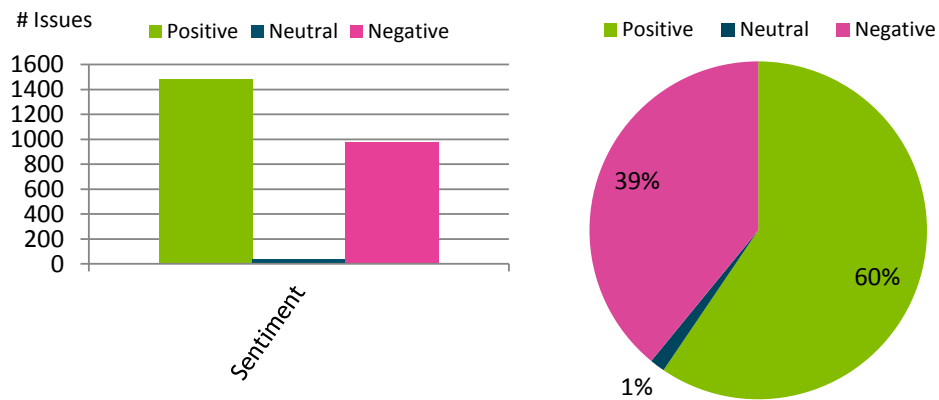


3.1 Top Services



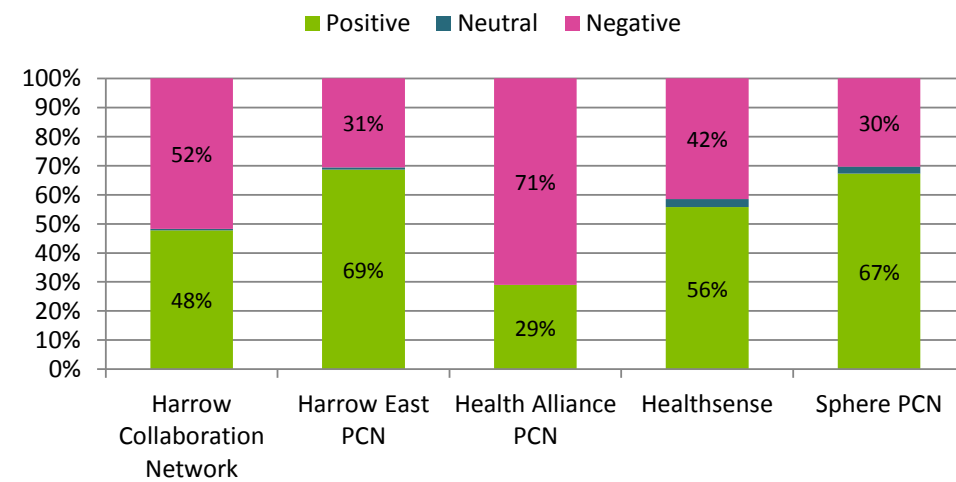
Services receiving the most comments overall

3.2 Sentiment: How do people feel as a whole?



Quarterly Benchmark: 9% improvement on the previous quarter

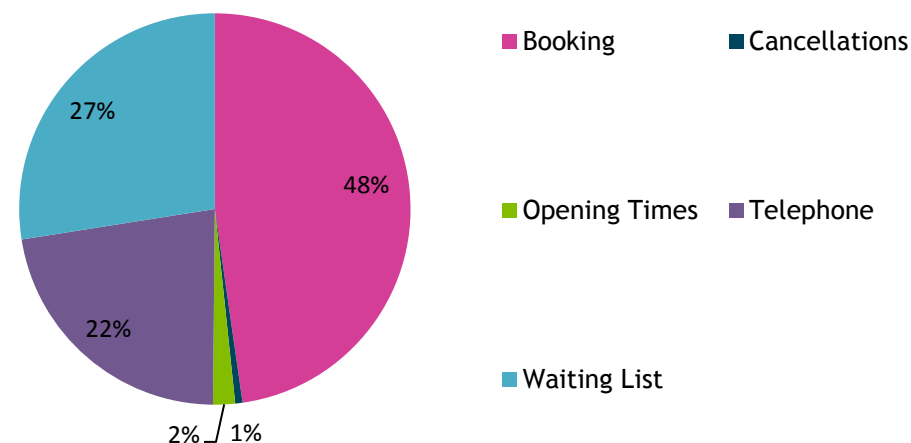
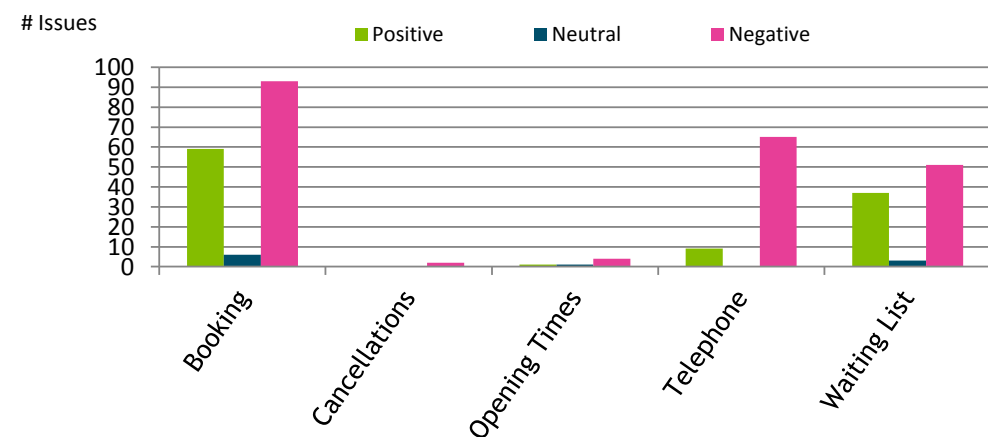
3.3 Analysis by Primary Care Network (PCN)



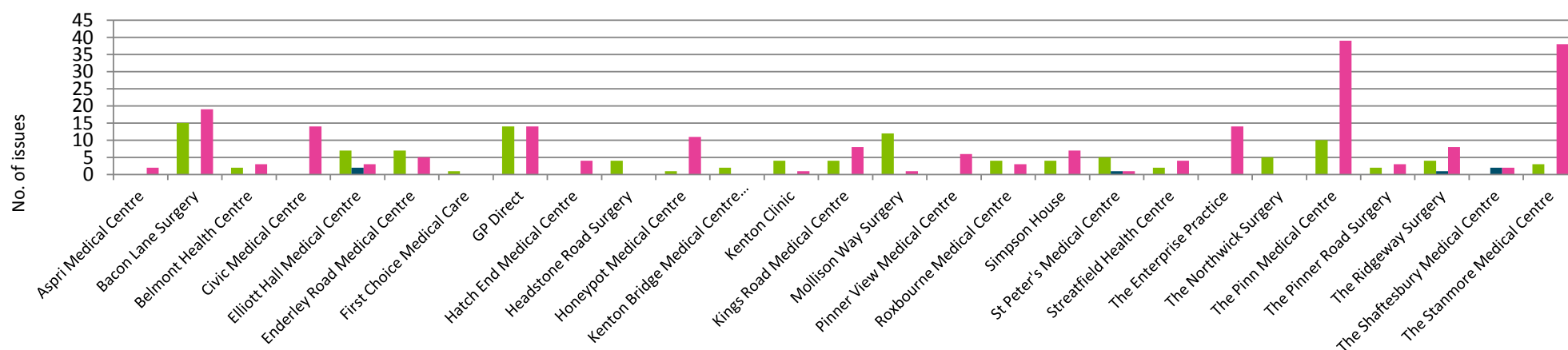
4.1 Service Aspects: Appointment Booking



4.1.1 All Trends



4.1.2 Top Services

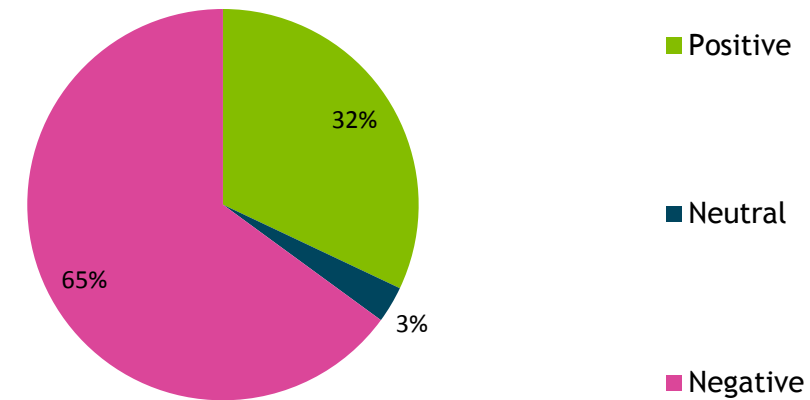
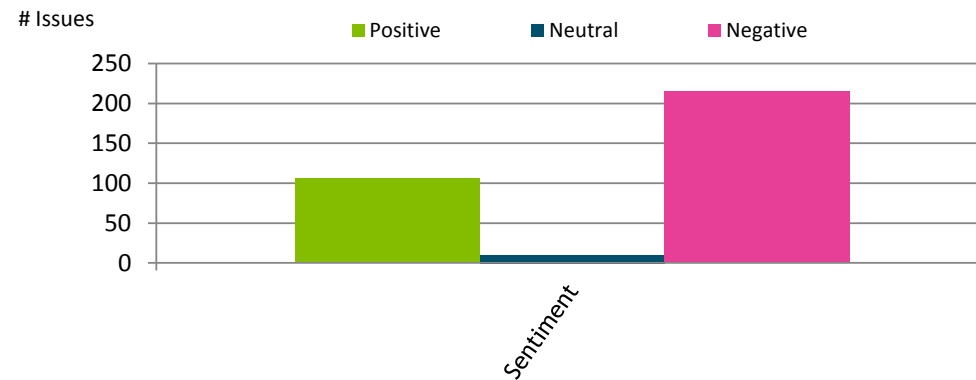


Services receiving the most comments overall

4.1 Service Aspects: Appointment Booking

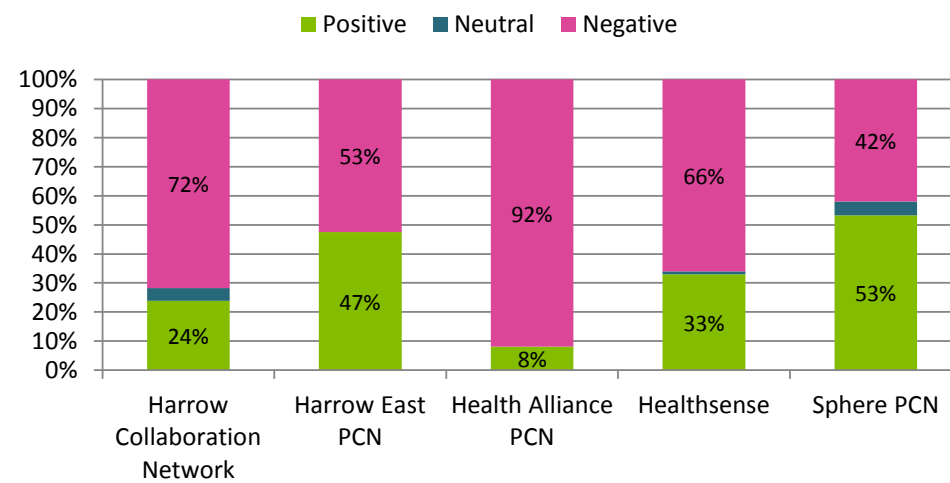


4.1.3 Sentiment



Quarterly Benchmark: 4% improvement on the previous quarter

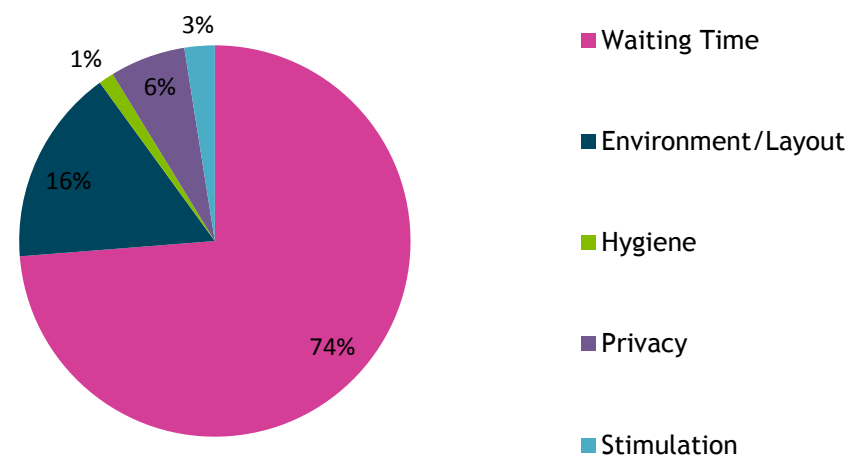
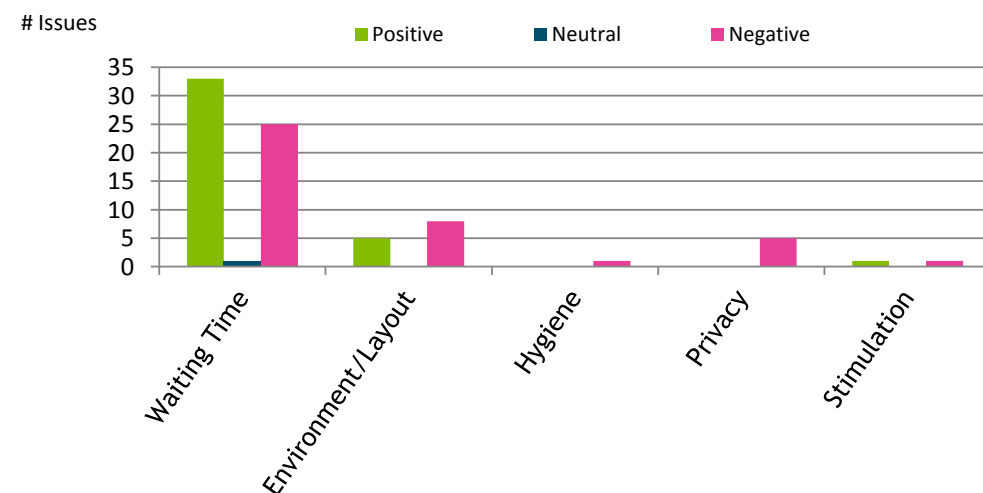
4.1.4 Analysis by Primary Care Network (PCN)



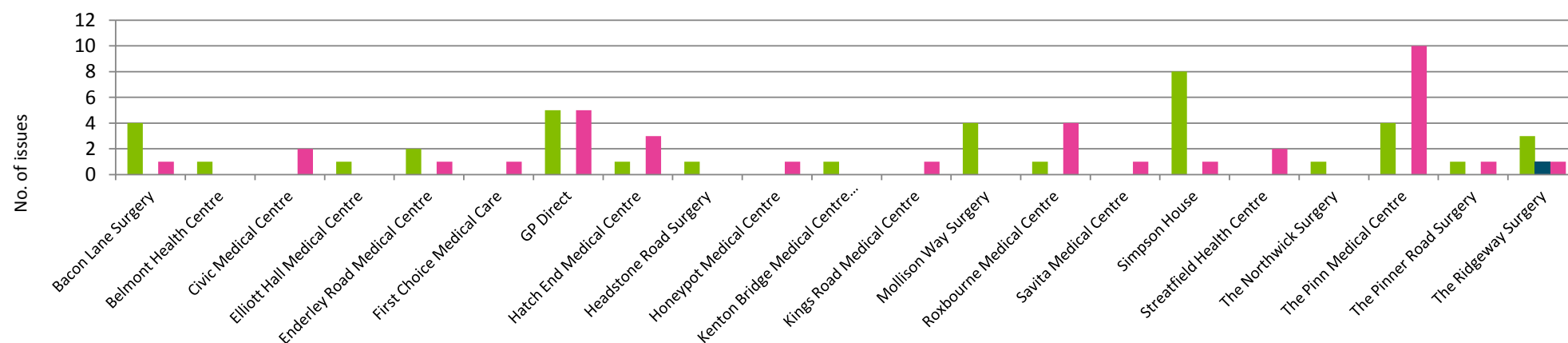
4.2 Service Aspects: Wait at Appointment



4.2.1 All Trends



4.2.2 Top Services

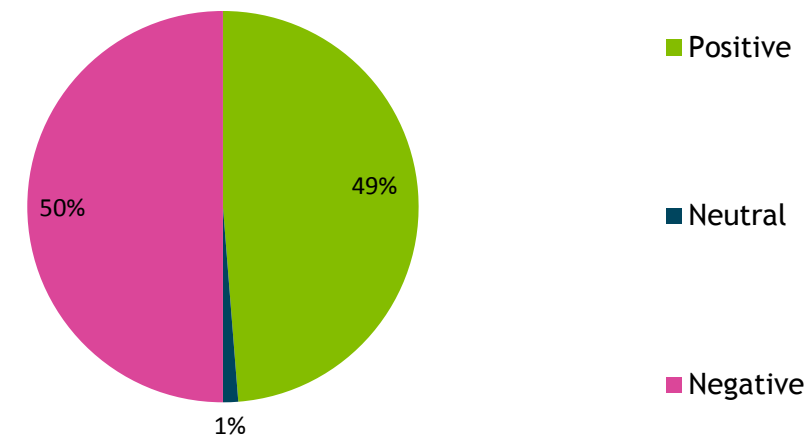
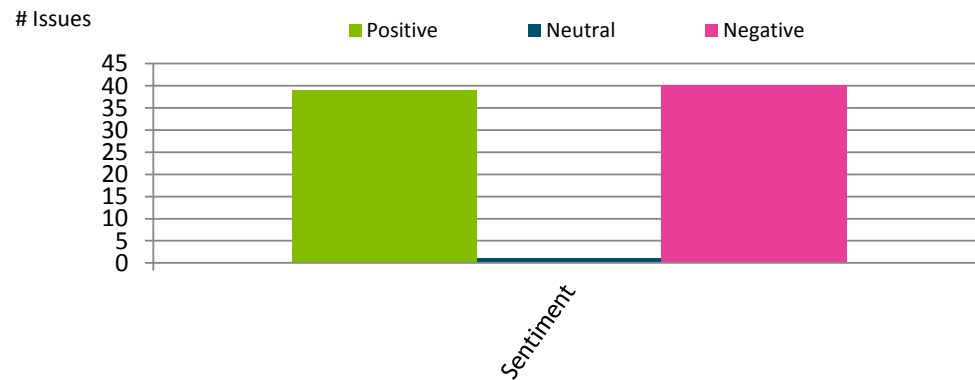


Services receiving the most comments overall

4.2 Service Aspects: Wait at Appointment

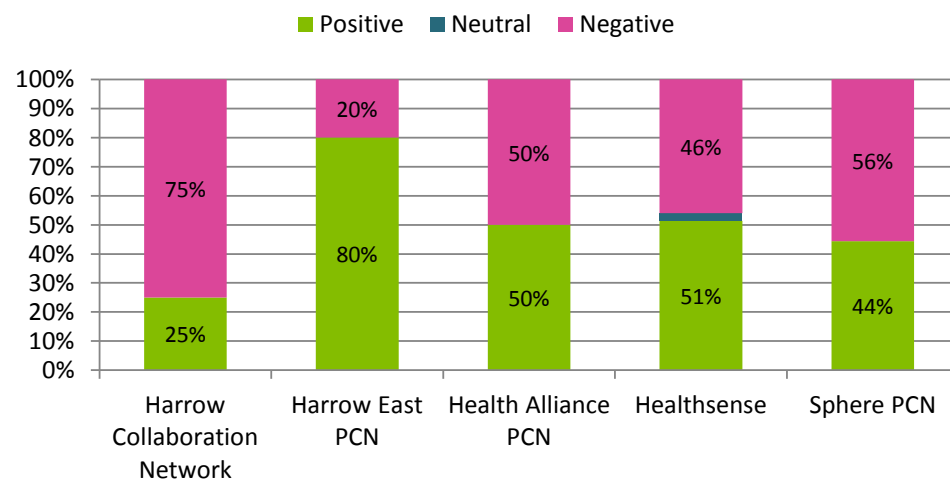


4.2.3 Sentiment



Quarterly Benchmark: 7% improvement on the previous quarter

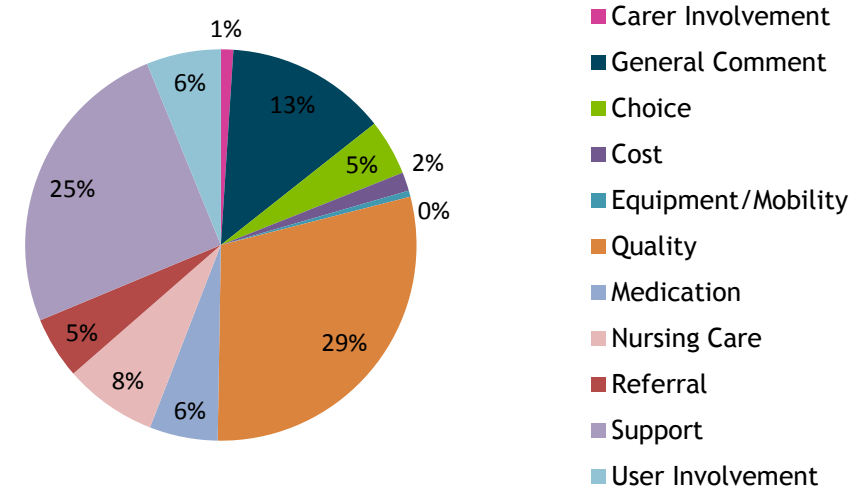
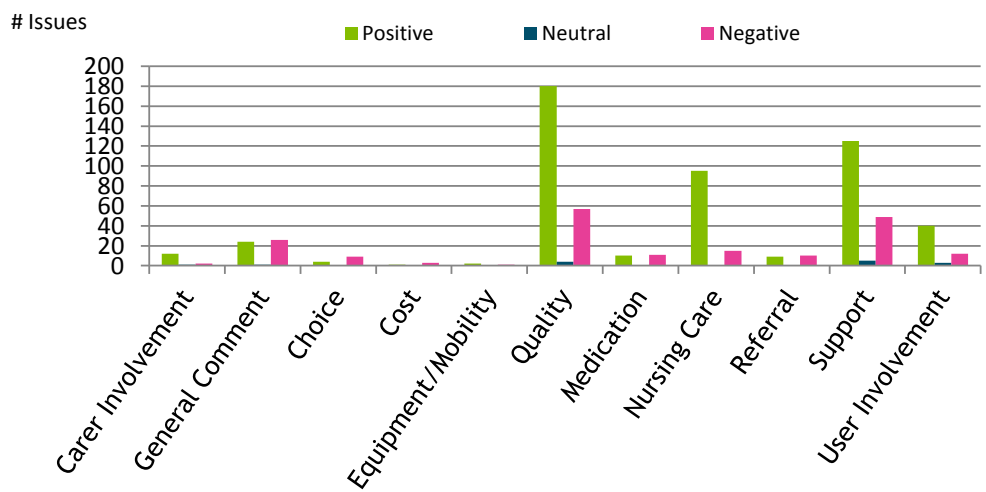
4.2.4 Analysis by Primary Care Network (PCN)



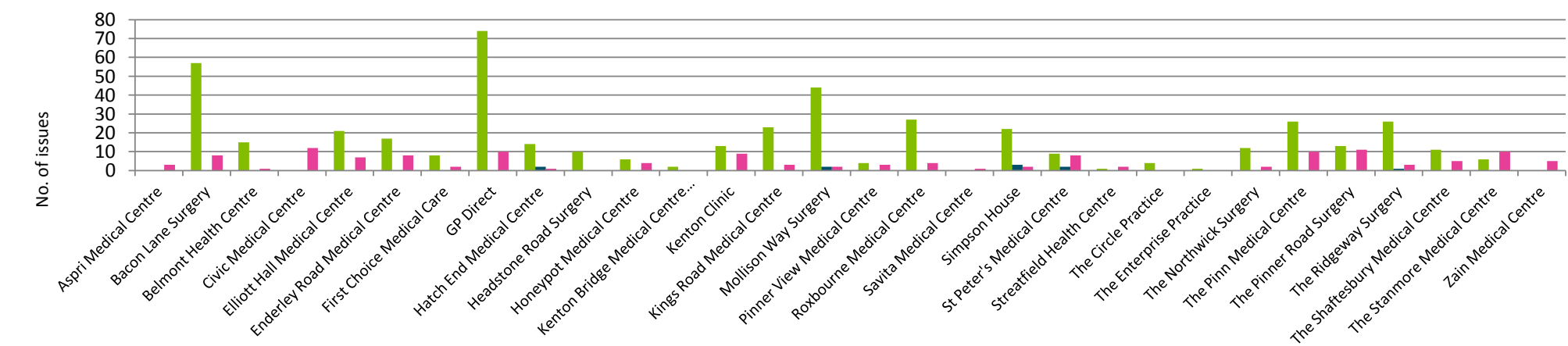
4.3 Service Aspects: Clinical Treatment



4.3.1 All Trends



4.3.2 Top Services

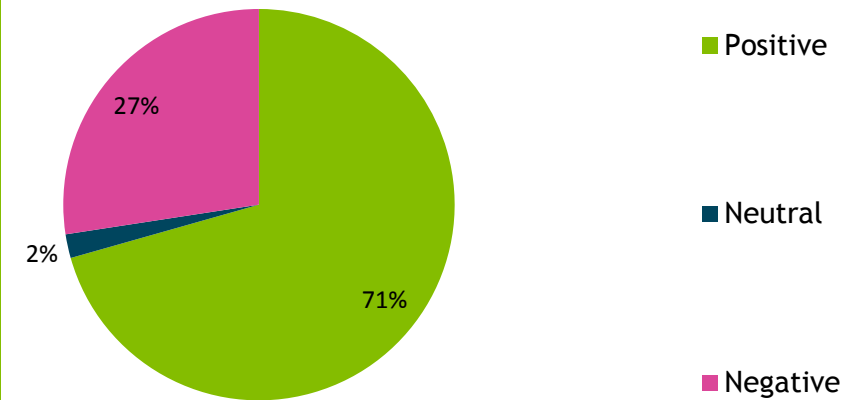
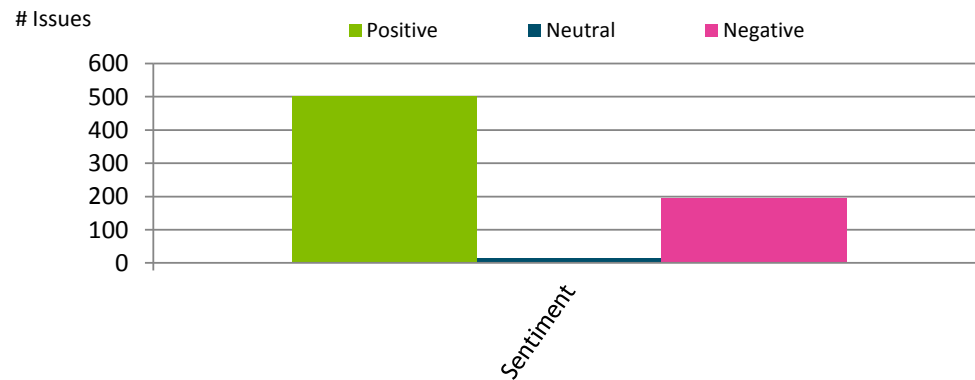


Services receiving the most comments overall

4.3 Service Aspects: Clinical Treatment

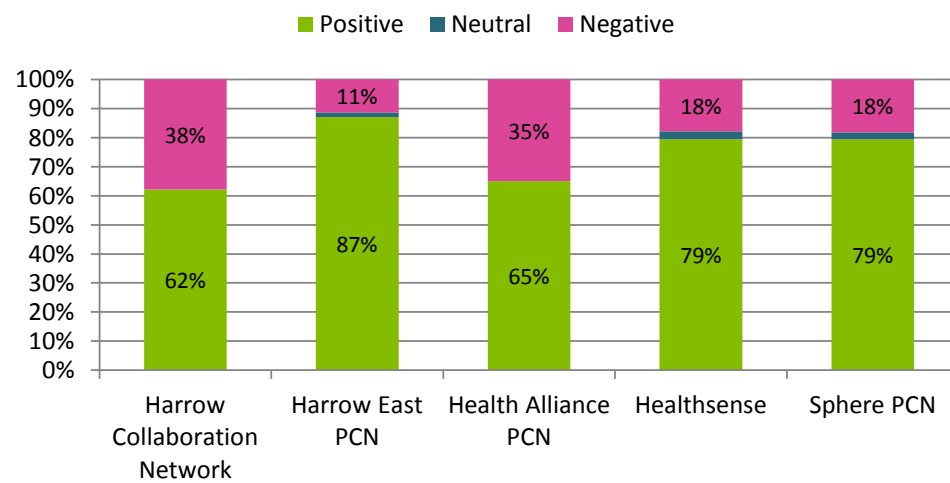


4.3.3 Sentiment



Quarterly Benchmark: 3% improvement on the previous quarter

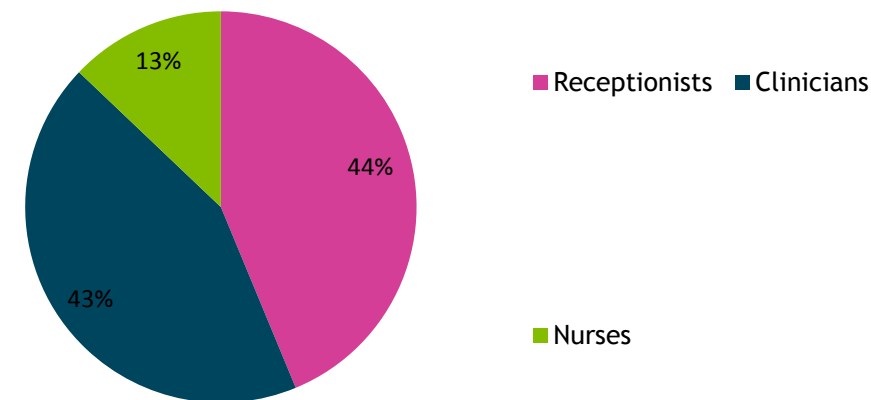
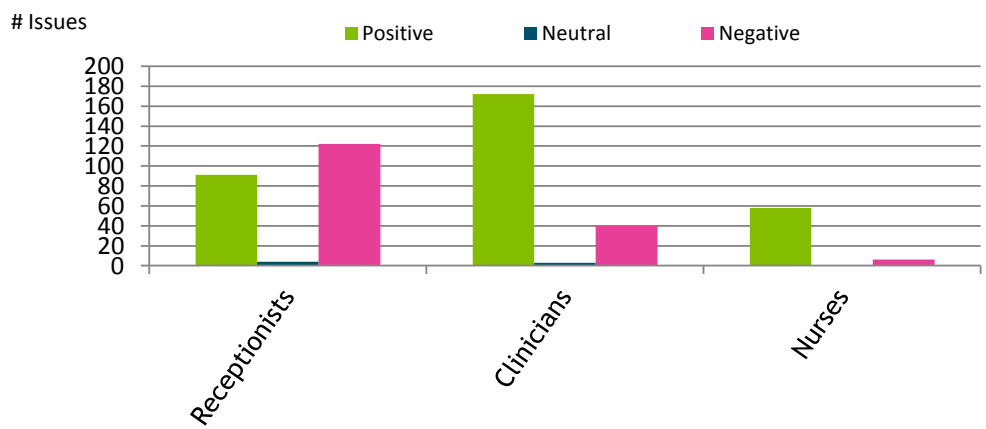
4.3.4 Analysis by Primary Care Network (PCN)



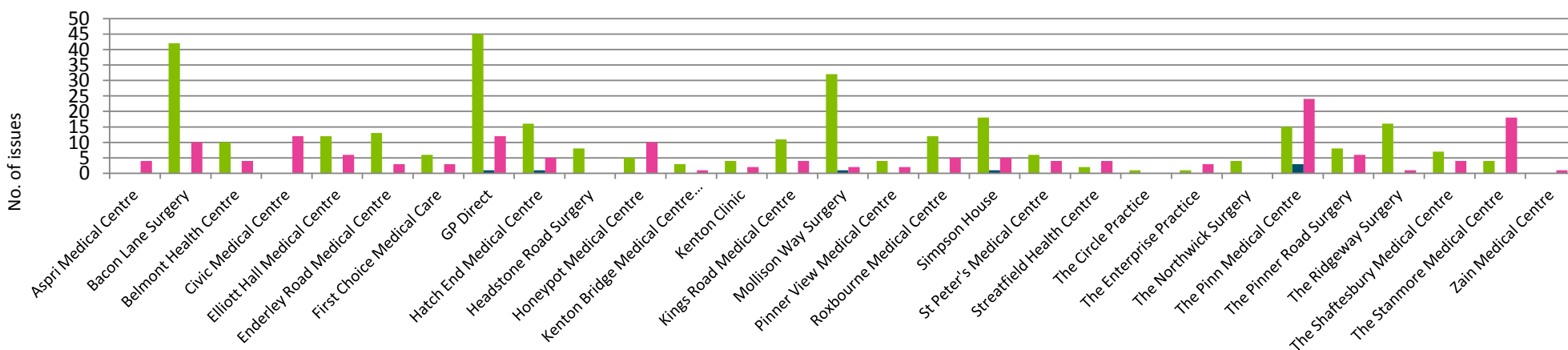
4.4 Service Aspects: Staff Attitude



4.4.1 All Trends



4.4.2 Top Services

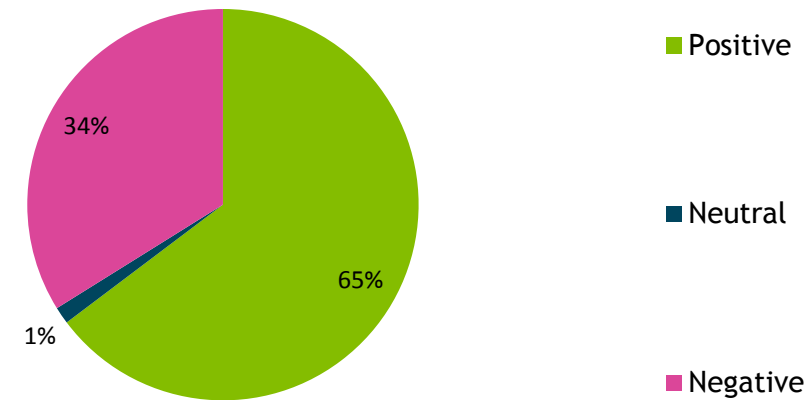
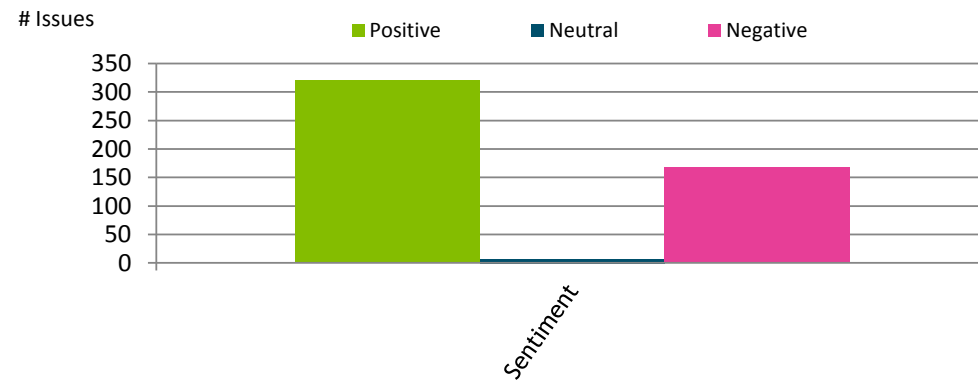


Services receiving the most comments overall

4.4 Service Aspects: Staff Attitude

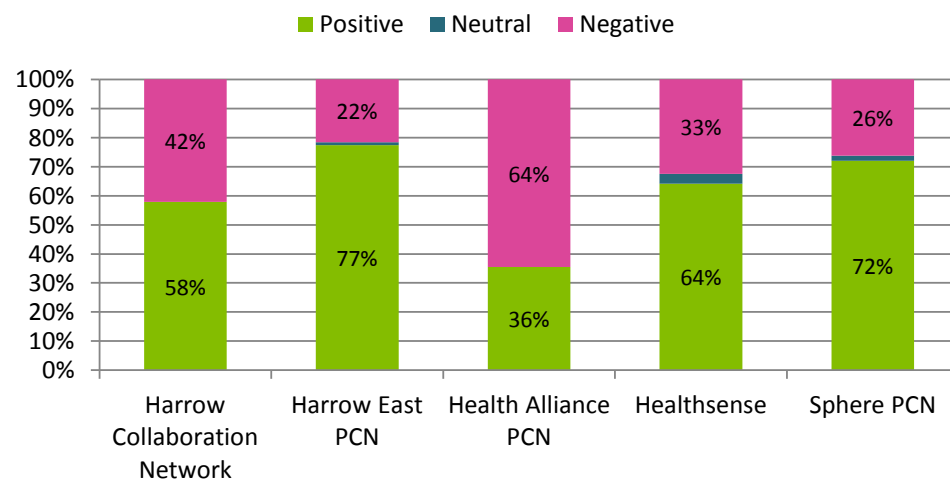


4.4.3 Sentiment



Quarterly Benchmark: 1% improvement on the previous quarter

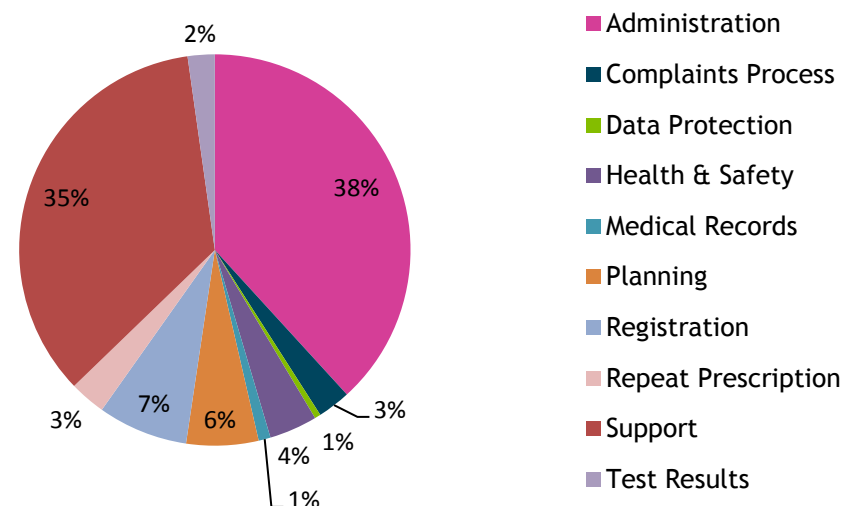
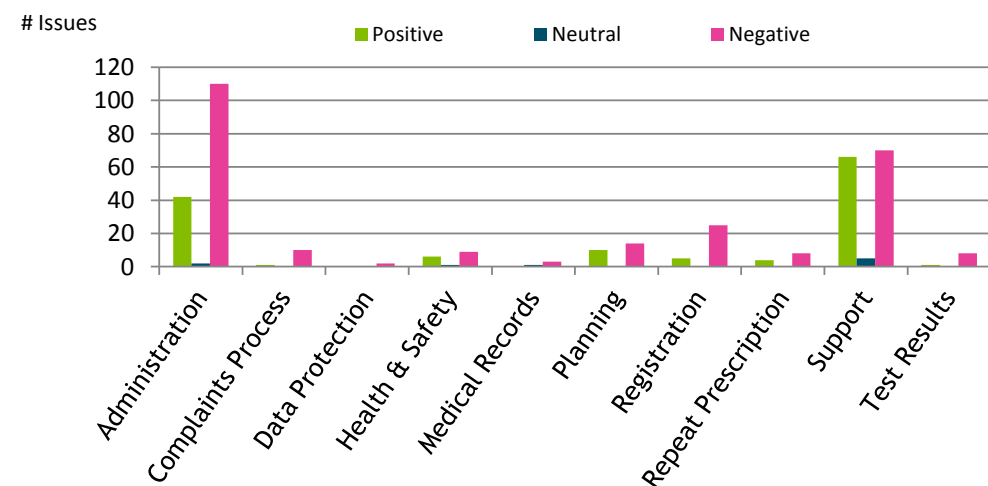
4.4.4 Analysis by Primary Care Network (PCN)



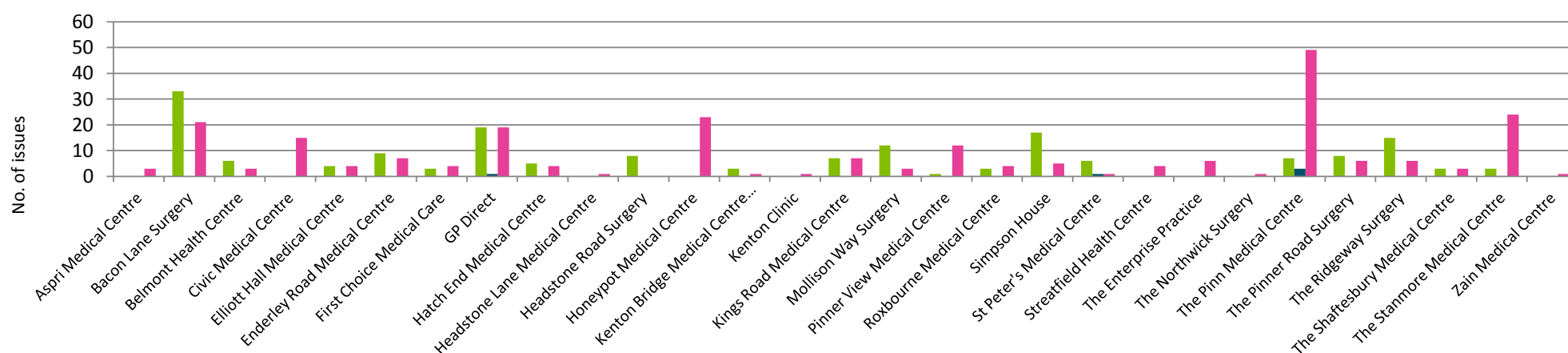
4.5 Service Aspects: Administration



4.5.1 All Trends



4.5.2 Top Services

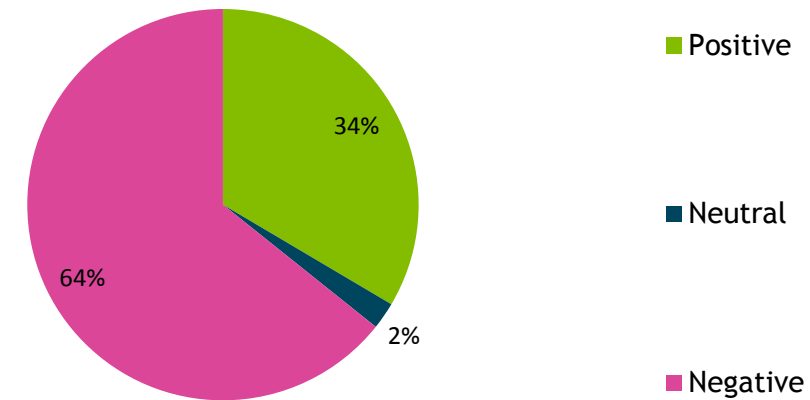
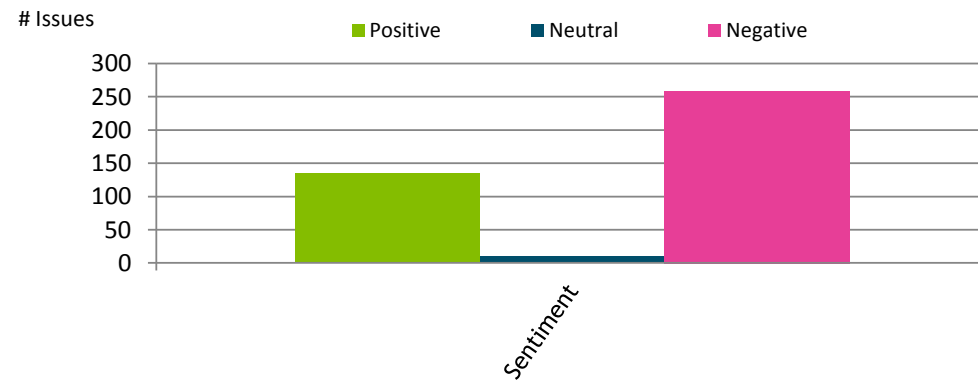


Services receiving the most comments overall

4.5 Service Aspects: Administration

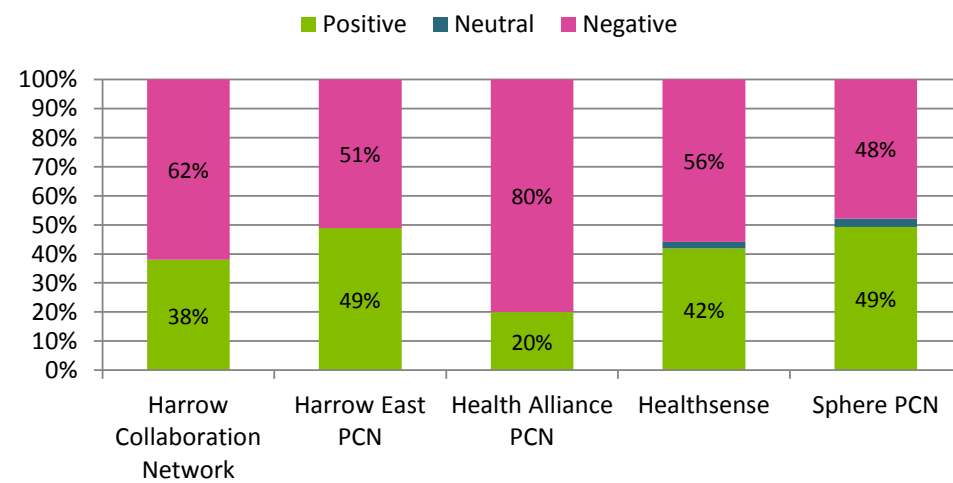


4.5.3 Sentiment



Quarterly Benchmark: 1% improvement on the previous quarter

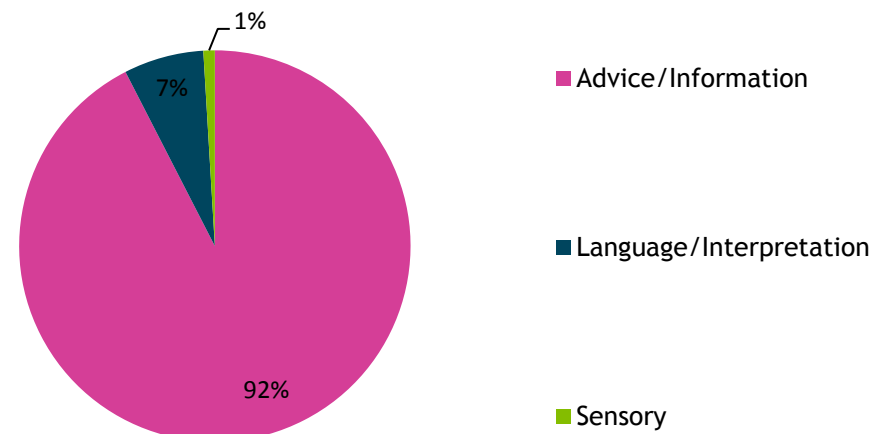
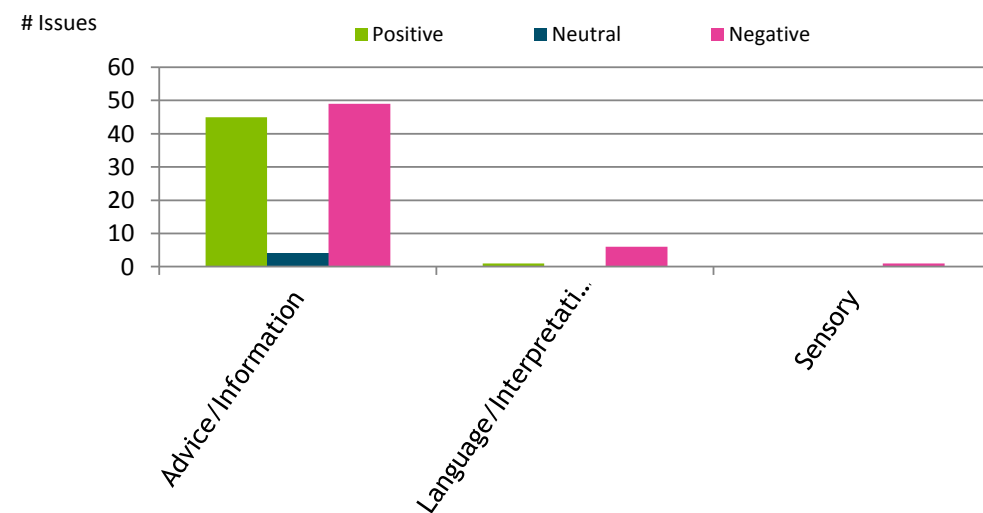
4.5.4 Analysis by Primary Care Network (PCN)



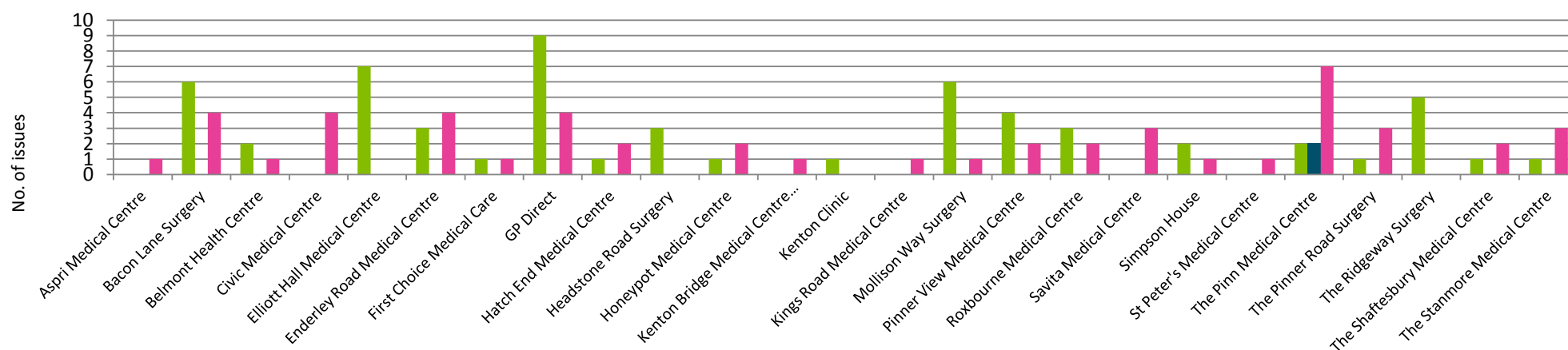
4.6 Service Aspects: Communication



4.6.1 All Trends



4.6.2 Top Services

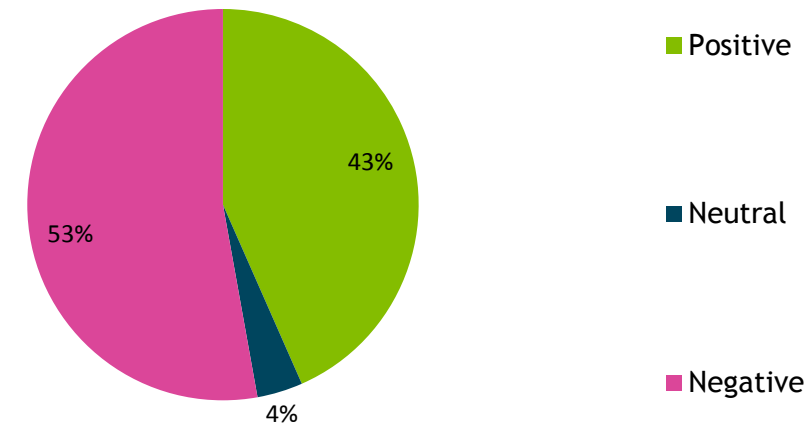
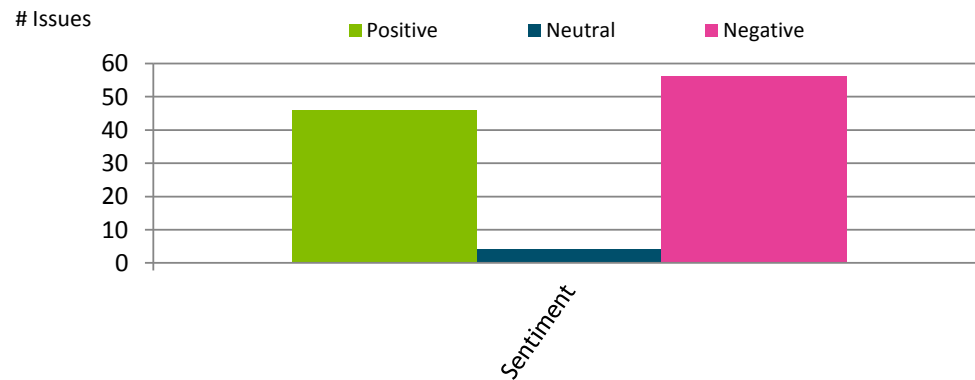


Services receiving the most comments overall

4.6 Service Aspects: Communication

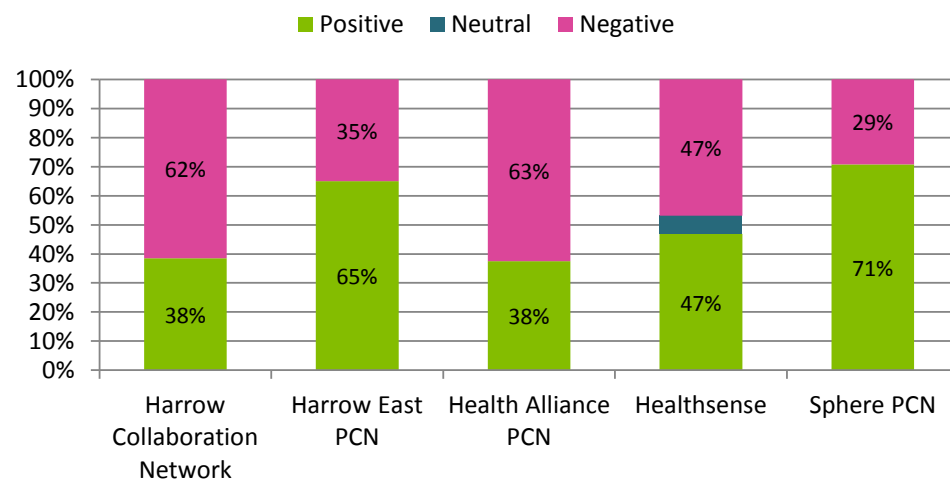


4.6.3 Sentiment



Quarterly Benchmark: 3% decline on the previous quarter

4.6.4 Analysis by Primary Care Network (PCN)



5. Data Table: Number of issues



	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Patients/Carers	Advice/Information	Communication, including access to advice and information.	58	4	61	123
	Carer Involvement	Involvement of carers, friends or family members.	19	1	4	24
	General Comment	A generalised statement (ie; "The doctor was good.")	24	1	30	55
	User Involvement	Involvement of the service user.	54	3	27	84
Systems	Administration	Administrative processes and delivery.	13	2	102	117
	Booking	Ability to book, reschedule or cancel appointments.	83	11	126	220
	Cancellations	Cancellation of appointment by the service provider.	0	0	3	3
	Data Protection	General data protection (including GDPR).	0	0	2	2
	Referral	Referral to a service.	9	0	10	19
	Medical Records	Management of medical records.	0	1	3	4
	Medication	Prescription and management of medicines.	14	0	19	33
	Opening Times	Opening times of a service.	1	1	4	6
	Planning	Leadership and general organisation.	32	1	14	47
	Registration	Ability to register for a service.	5	0	26	31
	Support	Levels of support provided.	233	10	135	378
	Telephone	Ability to contact a service by telephone.	9	0	67	76
	Timing	Physical timing (ie; length of wait at appointments).	33	1	25	59
	Waiting List	Length of wait while on a list.	38	3	63	104
Values	Choice	General choice.	4	0	9	13
	Cost	General cost.	1	0	4	5
	Language	Language, including terminology.	1	0	6	7
	Nutrition	Provision of sustenance.	1	0	0	1
	Privacy	Privacy, personal space and property.	0	0	5	5
	Quality	General quality of a service, or staff.	268	4	81	353
	Sensory	Deaf/blind or other sensory issues.	0	0	1	1
	Stimulation	General stimulation, including access to activities.	1	0	1	2

5. Data Table: Number of issues



	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Environment	Catchment/Distance	<i>Distance to a service (and catchment area for eligibility).</i>	1	0	4	5
	Environment/Layout	<i>Physical environment of a service.</i>	8	0	10	18
	Equipment	<i>General equipment issues.</i>	1	0	5	6
	Hazard	<i>General hazard to safety (ie; a hospital wide infection).</i>	18	1	12	31
	Hygiene	<i>Levels of hygiene and general cleanliness.</i>	4	1	3	8
	Mobility	<i>Physical mobility to, from and within services.</i>	1	0	0	1
	Travel/Parking	<i>Ability to travel or park.</i>	1	0	1	2
Staff	Omission	<i>General omission (ie; transport did not arrive).</i>	0	0	5	5
	Security/Conduct	<i>General security of a service, including conduct of staff.</i>	0	0	6	6
	Staff Attitude	<i>Attitude, compassion and empathy of staff.</i>	322	7	163	492
	Complaints	<i>Ability to log and resolve a complaint.</i>	1	0	10	11
	Staff Training	<i>Training of staff.</i>	0	1	10	11
	Staffing Levels	<i>General availability of staff.</i>	0	0	4	4
Total:			1258	53	1061	2372

How are you feeling?

The mental wellbeing of residents in Harrow



A report by Healthwatch Harrow

April 2021

“I'm so much healthier.

Walking has been a fabulous discovery. Every day I've walked the length and breadth of Harrow.

I've lost weight and become fitter. And discovered a love of walking.”

“Appreciate that it is not just formal mental health services which contribute to a person's mental health, it is also clubs like the bowling clubs which contribute hugely to people having a positive outlook on life.”

Local residents

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Useful Contact Information	Appendix 2

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1. Executive Summary

Healthwatch Harrow has been the residents local voice and consumer champion for health and social care across the London Borough of Harrow since 2013. We remain totally independent and engage with the residents of Harrow and work with various organisations. Our role is to gather intelligence / evidence, to check and challenge service delivery, identify where services need to change and make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers.

This last year has been an extremely difficult year for everyone because of the pandemic. The purpose of our report is to share what Harrow residents are saying to us about their mental wellbeing and how the pandemic has affected them. There are both positive and negative comments in the feedback we have received, but no unexpected surprises.

Due to our limited resources this report is not presented as research, but as a snapshot of our findings, what people are saying to us. We also would like to thank all the residents who engaged in this work and our Healthwatch Volunteers for their dedication, hard work and support.

This is a summary of key themes and issues (see sections 5 for findings in full).

Key Findings

The impact of the pandemic on mental wellbeing, in general life:

- Over two thirds of feedback (70%) is negative in nature.
- By far, relationships and social networks are the largest topic, accounting for over a third of comments (35%).
- Access to activities (16% of comments) and the living environment (14%) are also considered important.
- Respondents from a Black, Asian and Minority Ethnic background, those of later working age (45-64) or with mental health conditions are least likely to give positive feedback.

Themes

- We hear about tense household relationships and frustration at not being able to visit family and friends or to socialise generally.
- While online platforms and support networks have assisted many people, a significantly larger number comment on loneliness and social isolation.
- Those with hobbies and interests are better able to cope than those without.
- The ability to be outdoors, or to exercise is considered 'essential' by many.
- Home working or schooling presents a challenge.
- Job and financial security is also a key cause of concern.

Experience of services:

- Overall sentiment is mixed - with similar volumes of positive and negative feedback.
- Service quality is considered the most important aspect (21% of comments), along with levels of support (20%).
- Service access is also a main topic, with ability to book and register for services accounting for a quarter of comments (26%).
- Younger respondents (25-44) are by some margin the least satisfied with services overall. Those with mental health conditions are also significantly more likely than average to leave negative feedback.
- Those aged 65 and over are clearly most satisfied with services.

Key issues identified

Section 5 provides full details, but the key areas of impact on individuals are summarised below:

- Demanding workloads, working while parenting and the risk of infection at work are prominent causes of stress and worry
- Poverty and anxiety
- Concerns about job security, earnings and living costs are also widely expressed
- Accessing out of hours services is cited as an issue
- Consequences of digital exclusion are raised
- We hear that GP services have offered good levels of support on the whole, however, a range of access related issues are reported - including congested phonelines, complicated or the lack of online services, and delays in diagnosis
- A lack of care following hospitalisation is also reported
- While some people have been successful in obtaining swift dental treatment, a notably larger number report long waiting times, or inability to secure treatment on the NHS.

Conclusion

- The issues of accessing GP Surgeries and Dental Practices were identified in our GP & Dental Access Report produced in January 2021 and Healthwatch

Harrow are monitoring progress against the issues and recommendations made in that report. Please click link below to view the report:

https://www.healthwatchharrow.co.uk/sites/default/files/gp_dental_service_access_in_harrow_january_2021_final.pdf

- The easing of restrictions will certainly improve some of the key issues identified regarding loneliness and isolation, as people will be able to meet with friends and family and be able to take up their hobbies etc.
- The longer-term impact places a greater reliance on support services being available and people being aware of where they can get support. This relates to local community support through Community teams, GP's and the voluntary sector and also through Central and North West London NHS Foundation Trusts (CNWL) who care for people with a wide range of physical and mental health needs.
- **There needs to be greater communication of the support that is available and future commissioning of services needs to meet the increasing demand.**

2. Background

The end of March 2020 saw the country plunged into lockdown because of the Covid-19 pandemic. Although mental health and wellbeing has always affected many, the lack of the usual face to face interaction within the community has had a massive impact amongst all ages. Healthwatch Harrow started to hear more and more cases of the impact on individual's wellbeing.

Covid-19 has impacted the pace at which services progressed during the year 2020 - 2021 and Healthwatch Harrow recognised the need to find out how Harrow residents were feeling and reacting to what was happening externally both globally as well as locally within their communities.

Mental health is such a wide area and there is already a lot of work being undertaken to improve access to support for those suffering from mental health. Therefore, rather than focus on a specific element we took the approach to capture the intensity of peoples' experiences and to ask how the pandemic was affecting their whole life.

At the time we launched our survey, MIND in Harrow also launched a survey. At the time of writing this report these findings have not yet been published.
<https://www.mindinharrow.org.uk>

In addition, there is work in progress to develop a new strategy to address mental health support in Harrow. This work is in progress and has involved the recruitment

of residents with lived experience of mental health who are involved in the co design of new services.

3. Methodology

- Survey produced and launched through January to March 2021 - overlapping with Mental Health Day, asking 4 questions requiring qualitative answers:
 - Q1. During the pandemic, have relationships with family or friends affected your own mental wellbeing in any way?
 - Q2. Have any aspects of your daily life during the pandemic, (for example work, schooling, finances), affected your mental wellbeing in any way?
 - Q3. If you have accessed Mental Health services during the pandemic, please tell us about your experience?
 - Q4. Do you have any thoughts on what could help to improve your mental wellbeing in the coming months? Is there anything that could be changed, or done better?
- 147 people responded to the survey, the demographics of those who engaged in the survey are shown in Appendix 1
- 9 x 1-hour online sessions were held with Romanian and Somalian community groups and also with the Methodist Friendship Club. The same questions as the survey were asked and the data is incorporated within section 5.

4. Factors to consider

When working on this report, the following factors influenced the findings:

- Face to face sessions could not be held and so the reach of our target audience was limited.
- Our outreach sessions with the Romanian and Somalian groups were accessed through zoom and they provided an interpreter.
- We were unable to capture the views of those residents who cannot engage digitally or virtually.
- Inequalities within the population of Harrow reflected in poverty and IT literacy.
- The demographics from the survey show that the majority of the people who responded were white British. However, our online sessions reached those from seldom heard groups.

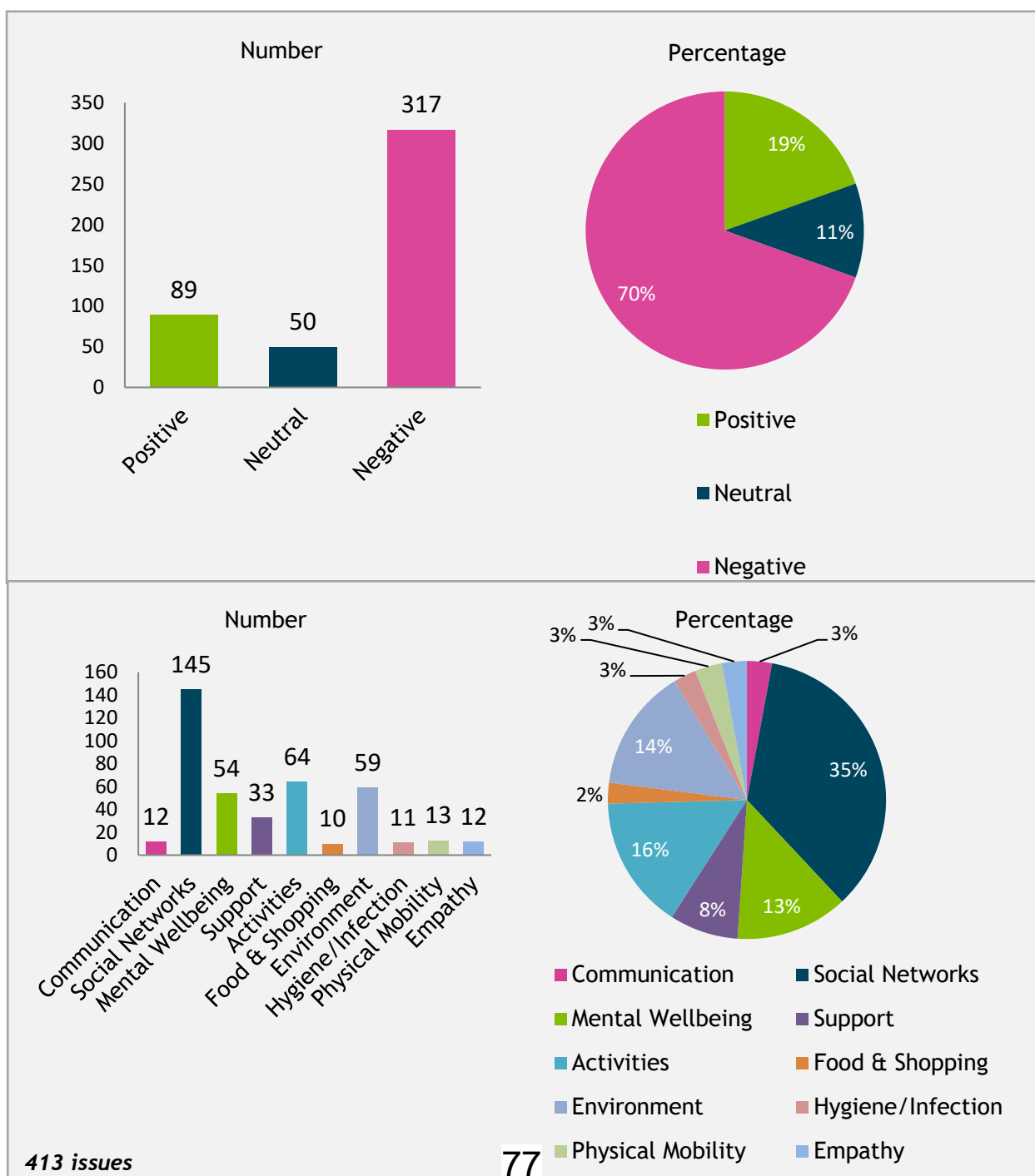
5. Life in General - Survey feedback

This report is based on the feedback of 147 people, who completed the survey during February and March 2021. We asked how the Coronavirus pandemic has affected people's mental wellbeing, looking specifically at relationships, and more generally at life in general - such as work, school, interests and activities.

5.1 General Sentiment

After reviewing feedback, we find that over two thirds of statements about life in general, in connection with mental wellbeing, are negative in nature.

5.1.1 How do people about life in general?



5.2 Household Relationships

While some people enjoy, and benefit from closer household relationships, many complain that being ‘stuck at home’ has resulted in boredom, frustration and increased irritation.

Parents and carers comment on a lack of support. We also hear that the home environment is not particularly suitable for home-schooling or working.

Selected Comments

Positives

“Having my son with me most days has been a great help.”

Negatives

“As husband and wife we are bored at home and nothing much to do. This creates unnecessary talks and arguments between us. There is no motivation to do much inside or outside the house.”

“Being stuck at home with the family 24/7 is doing my head in! I crave alone time, but other than walks around boring local parks or streets, I can't escape.”

“Greater irritability from being up close.”

“At home, on my own, all day every day with toddler. No childcare support as family too vulnerable. No access to any other new mums, first time mums, children.”

“The weight of responsibility for shielding and caring for my family has been exhausting and I have wanted to give up.”

“We are working from home and kids are homeschooling - it's an impossible situation alongside running the house.”

“Homeschooling without equipment is very hard when you have 6 children like I do.”

5.3 Family, Friends and Social Networks

Online platforms (such as Zoom and WhatsApp) have enabled families to stay in touch, with retirees and grandparents especially grateful. Support bubbles have also been beneficial - such as ability to walk with a partner.

Those less able to connect with friends and family comment on feeling sad, lonely and isolated, with a ‘severe impact’ on mental wellbeing in some cases. The inability to visit vulnerable relatives or those at the end of life is also a common cause of

anxiety, while those unable to attend family celebrations or funerals express the upset caused.

Selected Comments

Positives

"I have a close relationship with family and speak regularly on the phone and Zoom meetings. Would really struggle if not for this contact and support as have recently retired."

"Helping my grandson online with homeschooling has helped to make me feel of value."

"My faith, spouse and friends have given me all the support I've needed."

"Have had to make sure I have someone to go for a walk with because I live on my own. I would be sad if I didn't see someone every day."

Negatives

"The lack of social intercourse has severely affected my mental wellbeing."

"Not being able to care for my grandchildren has made me extremely sad."

"Some snatched opportunities in the summer to meet up were very valuable, but we are now feeling low and isolated."

"I miss the physical contact."

"Not being able to have usual meetings with family, friends and colleagues makes us feel down. Zoom meetings have helped."

"I should be locked down with my elderly mother however extended family have moved in with her and stayed through the whole year, meaning that I've been isolated and shielding on my own with very little support and I have been unable to visit my mother. The relationship between me and the extended family has broken down due to these circumstances."

"Definitely worrying about vulnerable people unable to see or help."

"Not being able to visit my dad and check that he is ok is on my mind."

"It's upsetting not to be able to see family and friends particularly for celebrations and mourning deaths."

5.4 Activities and Stimulation

Those with hobbies and routines are best able to cope, and for some, the lockdown has enabled a slower pace of life and a chance to catch up on general interests. While some activities, such as volunteering have been suspended, others including social groups and networks have moved to online platforms.

Selected Comments

Positives

"I have plenty of hobbies, books, music and can keep myself well occupied."

"I've enjoyed the chance to clear things out, get on with gardening and reading, and just do what I want to do when I want to do it."

"Zoom is a wonderful way of communication and is now being widely used in the social groups I belong to; this has certainly made a big difference to my isolation."

"Most of my social life has moved online."

Negatives

"I was doing volunteer work before the lockdown. I hope the situation will soon improve and I can go back and do the volunteer work."

"Appreciate that it is not just formal mental health services which contribute to a person's mental health, it is also clubs like the bowling clubs which contribute hugely to people having a positive outlook on life."

5.5 Environment

For many people the ability to be outdoors or to exercise is important for physical fitness and mental wellbeing and some regard it as 'critical'. The absence of trips, breaks and warmer weather are common causes of fatigue and frustration.

Selected Comments

Positives

"Recognise that being able to get outside every day and walk is critical to everyone."

"I'm so much healthier. Walking has been a fabulous discovery. Every day I've walked the length and breadth of Harrow. I've lost weight and become fitter and discovered a love of walking."

Negatives

"Lack of freedom to exercise and move around outside in Harrow. Causing anxiety."

"Unable to find relaxing and stimulating substitutes for going into London to see exhibitions, have breaks away from home etcetera, so life as a retired person is greatly limited."

"Just waiting for the warmer months to come!"

"It would be nice to see more street cleaners being employed. When your mental health is already low, seeing dumped rubbish and litter in the streets brings it down even further."

5.6 Work

A significant number of people have found working from home to be a challenge - a lack of regular contact with colleagues, distractions and cramped, unsuitable home environments are among the obstacles cited. One person, with 45 years of experience comments on feeling 'overwhelmed and unable to cope' in a home working situation.

Selected Comments

"Working from home has been draining."

"Lack of focus for work. Distractions add to stress."

"Minimal contact from colleagues has left me feeling less valuable to them, even redundant."

"Working from home means I don't see anyone in real life."

"The irregularity of going in or working from home has a negative effect."

"Being trapped at home to face the behaviour of the son and child who let off their pressures of working from home."

"Having been accustomed to a working life in environments surrounded by other colleagues expanding more than 45 years, I am overwhelmed by inability cope with the working from home environment which is crowded by two others also in a similar situation."

"I work remotely from home. I live in a small flat and am shielding so my home and working life is restricted to the flat and it is difficult to maintain my own mental well-being without socialising and being able to get out and do the activities I normally do."

Demanding workloads, working while parenting and the risk of infection at work are prominent causes of stress and worry.

Selected Comments

"I am an ICU (Intensive Care Unit) doctor and the tremendous workload has definitely affected my mental health."

"Challenge of balancing career and toddler has impacted my patience and stress level."

"I found my work life has been more stressful, as I work in a school, it's been quite scary at times going in."

"My wife did a part time job before lockdown. Because of the risk of the virus she left."

Concerns about job security, earnings and living costs are also widely expressed.

Selected Comments

"Worried if I will still have a job."

"Worry about the future and economic effect on jobs for both myself and husband. Suffer from low mood and anxiety."

"Being made redundant and lack of freedom resulting in depression within me and my household."

"I haven't been able to do my part time work as a dog walker and boarder. People are not going to work or on holiday so don't need me. This has affected me financially."

"Financially spending more money as having to have shopping delivered."

"Struggled to work from home which is part of the reason I retired."

5.7 Communication

A need for 'structured, clear and impartial' information is desired. Many people say the mainstream media - with its focus on negative headlines is a key cause of anxiety.

Selected Comments

Positives

"The messages are very clear."

Negatives

"Honest national briefings not political waffling. Professor Van Tam on Channel 4 was very straight and to the point. Let the scientists speak to us unencumbered by politicians."

"Need more structured communication from the government."

"A government strategy shared with us with clear criteria."

"More consistent messages from the government would be helpful. I have also found that restricting listening to the news is beneficial too."

"Hard to stay optimistic. Not watching or reading everything on the news, etc. as finding this really upsetting."

"Yes, stop talking about this so much. There is a lot of auto suggestion going on. More mental health issues are highlighted in the media, more people think they are suffering. Whilst it is clear that there are some people with significant issues, what we need is a more positive message being spread. That will allow Mental Health Services to focus on the much smaller number of genuine cases."

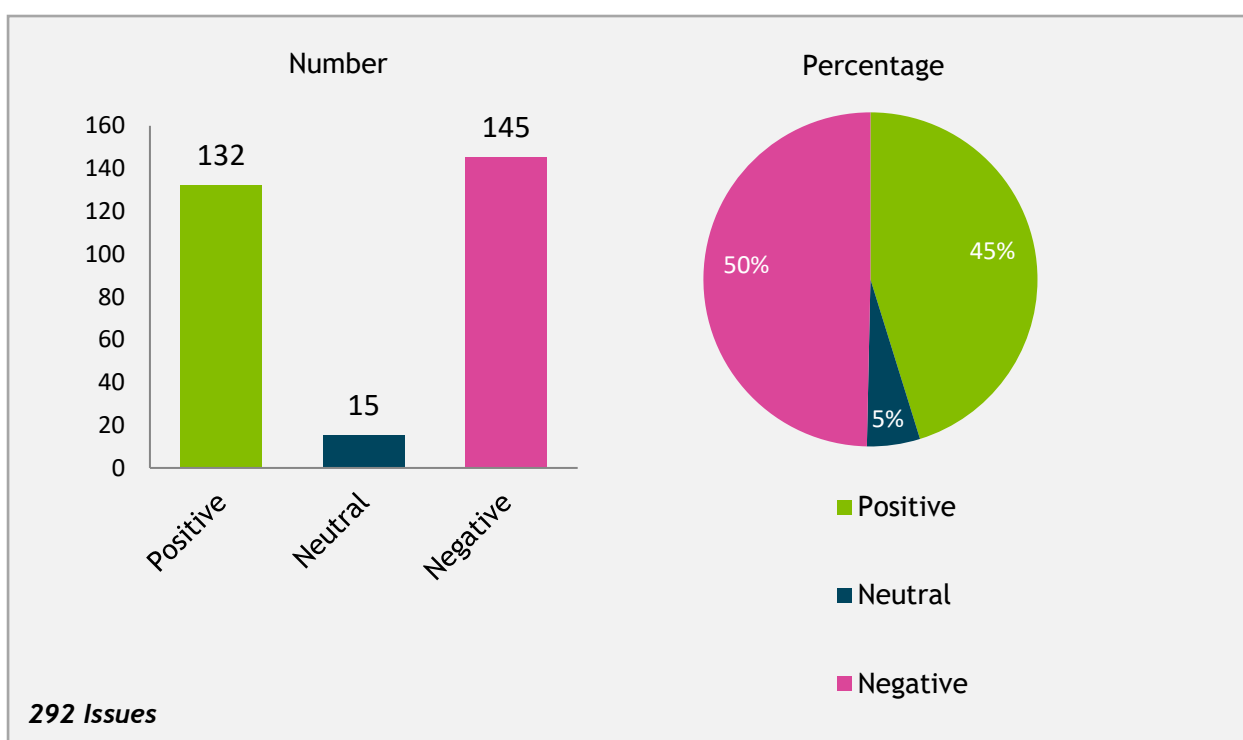
6. Experience of Services

In this section we explore the experience of health, care and community services.

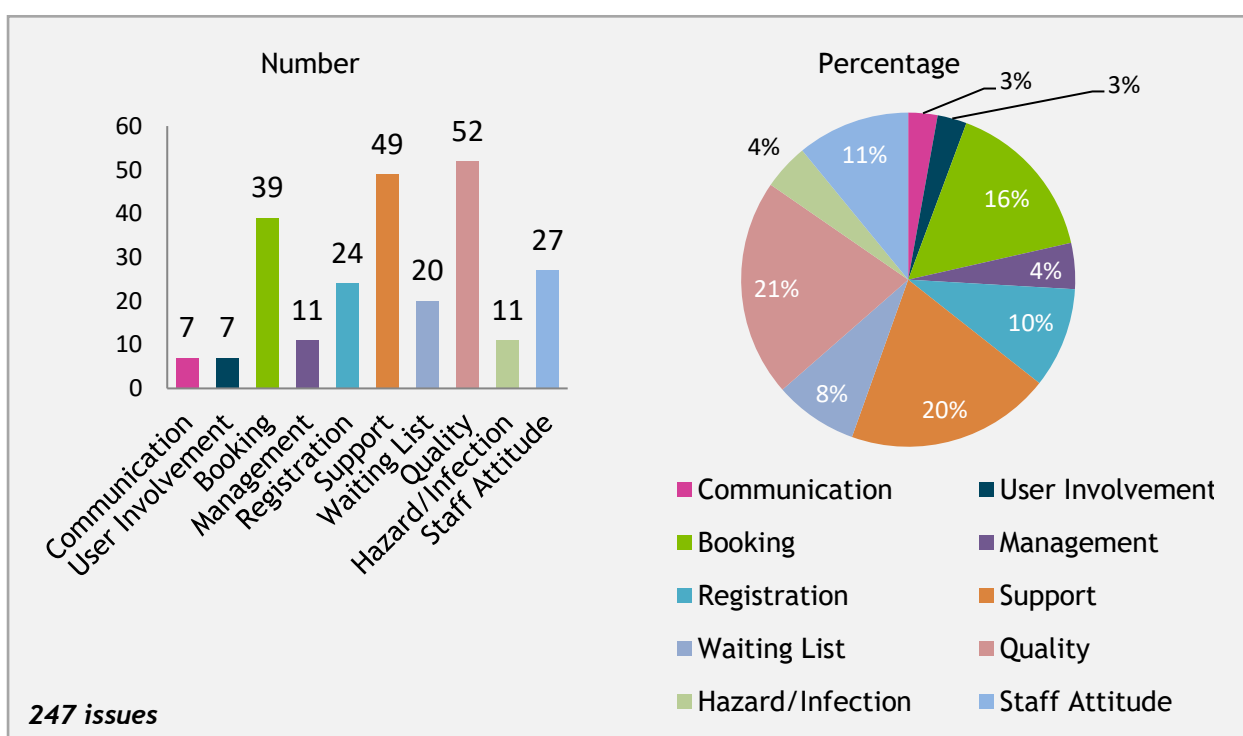
6.1 Services in General

On reviewing feedback, we find that overall sentiment is mixed - with similar volumes of positive and negative experiences.

6.1 1 How do people feel about health and care services?



7.1.2 Top Ten Service Related Topics



At 21%, the quality of treatment or care received is considered most important, along with levels of support (20%). Service access is also a main topic, with ability to book and register for services accounting for a quarter of comments (26%).

We go on to review feedback about individual services.

6.2 Mental Health Services

Talking Therapies and mental health services are reported to be helpful, person centred, consistent and easy to access, however the longer-term effectiveness and impact is questioned by some.

Accessing out of hours services is cited as an issue, and one person says their GP has not provided continuing care following discharge, as indicated at the time. The consequences of digital exclusion are also noted.

Selected Comments

Positives

"I have been seeing a therapist twice a month for some years. My regular contact with her was very helpful."

"Talking Therapies, very kind and listened to me."

"Talking therapies for CBT (Cognitive Behavioural Therapy). It's ok but so brief - 30 mins only - so doesn't really have an impact."

"I have accessed services from my usual mental health team during the pandemic. I am cared for by a small team - my care has been consistent and accessible. The difficulty lies in accessing help out of hours, crisis services in Harrow are terrible and need a complete overhaul."

Negatives

"Had an interaction with counsellor which was less than useful."

"Delays in seeing psychiatrist for regular appointments. Discharged from CMHT (Community Mental Health Team) after 20+ yrs and told the GP would now support me. THEY HAVEN'T. Too busy with Covid. I NEEDED support. In the end I got a call from a pharmacist who did not have my up-to-date info. But he agreed to change my prescription to my instructions."

"I hope that people who live on their own and are not aware of mental health services would be informed of the way they can discuss their health problems. Those who are digitally excluded are suffering in silence."

6.3 GPs

We hear that GP services have offered good levels of support on the whole, however a range of access related issues are reported - including congested phonelines, complicated or the lack of online services, and delays in diagnosis. A lack of care following hospitalisation is also reported.

On visiting services, some people compliment the social distancing and infection control measures, while others are critical.

Selected Comments

Positives

"The surgery has maintained a good service for most other medical problems."

"My GP acted immediately on my cry for help in feeling overwhelmed."

"GPs have been amazing with phone appointments and referring when needed."

"I had great difficulty getting through to the surgery to speak to a doctor especially as I was really unwell. However, once I got through the barrier the GP support very good."

"I do miss the face-to-face consultations and think that this must be much worse for patients who are younger and so do not have a long history of direct contact with our doctors and other staff. Even so, I have been very impressed by the commitment of both my surgery and my dental practice to "keep the show on the road" as best they can in the current circumstances."

"I had cause to attend both GP and Dental services and was impressed by the level of precautions they took."

Negatives

"Contacting a GP, first to arrange a routine blood test and to seek treatment for a very painful hand joint was far more difficult than usual."

"I am concerned that there is no opportunity for video contact with doctors, only telephone contacts."

"GP services have changed to remote access, not always straightforward to access and sometimes illogical."

"Make seeing a doctor accessible. Yesterday I had to use eConsult, 111 then ring doctors before getting a call back and then final a visit to doctors. This is not accessible and a disgrace that it took hours to get seen to. Must be an easier system."

"I find it extremely difficult to contact my GP service over the phone, having been down with Covid last year and in hospital for nearly 50 days I feel there is no follow up from the GP as a courtesy. If you go through so much you would think there should be some form of after care follow up from GP surgery."

"I have been in pain and unable to walk properly for 6 months. It has been very difficult to get a diagnosis due to limitations of access to health service."

"I haven't found my two visits to the doctor's surgery reassuring. No one seemed in control of enforcing distancing, so I had to enforce it."

Feedback suggests a level of hesitancy to attend services - some people are fearful of contracting the virus, while others assume the focus will be on urgent cases, or Covid-19.

Selected Comments

"Skeptical to attend any services."

"I no longer feel comfortable with other people being too close at the surgery for example."

"Haven't accessed the GP for over a year, will have a couple of things I will see them about as soon as is possible - currently I suspect they have their time taken up with urgent cases."

"Medical services are out of reach unless one has Covid."

6.4 Dentists

While some people have been successful in obtaining swift dental treatment, a notably larger number report long waiting times, or inability to secure treatment on the NHS.

Selected Comments

Positives

"Had to be seen by an emergency dentist and the process was very well managed and Covid-secure."

Negatives

"I do hope that soon there will be access to a dentist as you can't do a video call."

“Accessing dentists has been a nightmare!!”

“Long waiting list at dentist, especially with hygienist is also a concern.”

“I do have concerns about Dentists - my son-in law has problems with his teeth and can't find an NHS dentist in the Harrow Area. 111 provided him with numbers to contact, many said no or due to Covid we are only taking on new private patients.”

“The dentist is VERY expensive.”

“I have not visited my overdue dental appointment due to risk.”

6.5 Hospital Services

We hear that routine treatment and referral pathways have not been affected by the pandemic, and that care and medical attention has been ‘very good’.

However, patients also say that follow-up appointments have not been arranged as anticipated. On blood testing, one person regrets it cannot be done at a local clinic.

Selected Comments

Positives

“My oncology support through Mount Vernon has continued throughout the pandemic with only a few adaptations - well done.”

“I was put on the emergency cancer route. This was done in time and expeditiously with no negative outcomes. So in my particular case the NHS was not neglecting non-Covid medical conditions.”

“I was treated for Covid-19 at Northwick Park Hospital, care and medical treatment very good despite the pressure and demand.”

Negatives

“Outpatient follow up appointment didn't come and I felt unable to chase - resulting in health condition deteriorating.”

“Concerned that I will have to go to Northwick Park for a blood test. I have postponed it twice but need one before a telephone appointment I have with the hospital. Seems to be no way to get a blood test more safely.”

6.6 Other Services

We receive praise for community and vaccine services. One new mother regrets a lack of service and peer support.

Selected Comments

Community Services

“The Harrow Covid hub was very helpful and supportive.”

“Harrow local authority communicating well with email updates, but what about the people not getting them.”

“Need a door-to-door library service.”

“Schools have been incredible at providing home learning.”

Covid-19 Vaccine

“Vaccination centre very well organised.”

“I have been so impressed with Harrow's efforts with regard to the vaccination centres. Well done.”

New Mothers/Perinatal

“Need access to support for mums with mental health conditions past the perinatal 12 month old cut off. I'm a first time mum, with a 14 month old and bipolar and I feel like I have been invisible and disappeared from services support.”

7. Impact on Specific Groups

We look closely at age, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

7.1 General Life, Ratio of Positive Feedback

Black, Asian and Minority Ethnic groups respondents	8%
Aged 45-64	10%
Mental Health Conditions	11%
Aged 25-44	14%
Carers	16%
All respondents (baseline)	19%
White respondents	24%
Disabilities or Long Term Conditions	24%
Aged 65 and Over	27%

On general life, we find that respondents from a Black, Asian and Minority Ethnic background are least likely to give positive feedback.

Those of later working age (45-64) or with mental health conditions are also noticeably disproportionately impacted.

7.2 Services, Ratio of Positive Feedback

Aged 25-44	16%
Mental Health Conditions	32%
Black, Asian and Minority Ethnic groups respondents	40%
Aged 45-64	44%
All respondents (baseline)	45%
Carers	45%
White respondents	48%
Disabilities or Long Term Conditions	49%
Aged 65 and Over	54%

Younger respondents (25-44) are by some margin the least satisfied with services overall. Those with mental health conditions are also significantly less likely than average to leave positive feedback.

8. Glossary of Terms

CBT
CMHT

Cognitive Behavioural Therapy
Community Mental Health Team

9. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Harrow, 3 Jardine House, Harrovia Business Village, Bessborough Road, Harrow, HA1 3EX

Contact us



020 3432 2889



info@healthwatchharrow.co.uk



www.healthwatchharrow.co.uk



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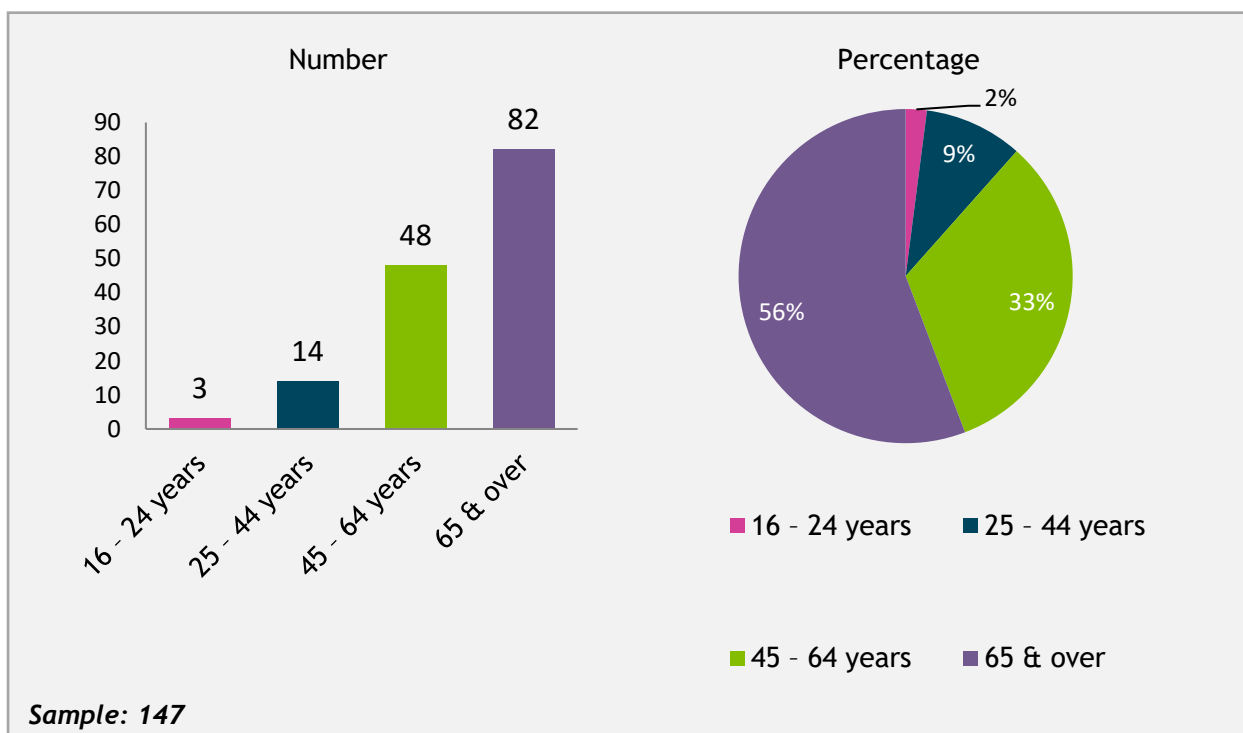


[Healthwatch Harrow](https://www.nextdoor.com/Healthwatch-Harrow)

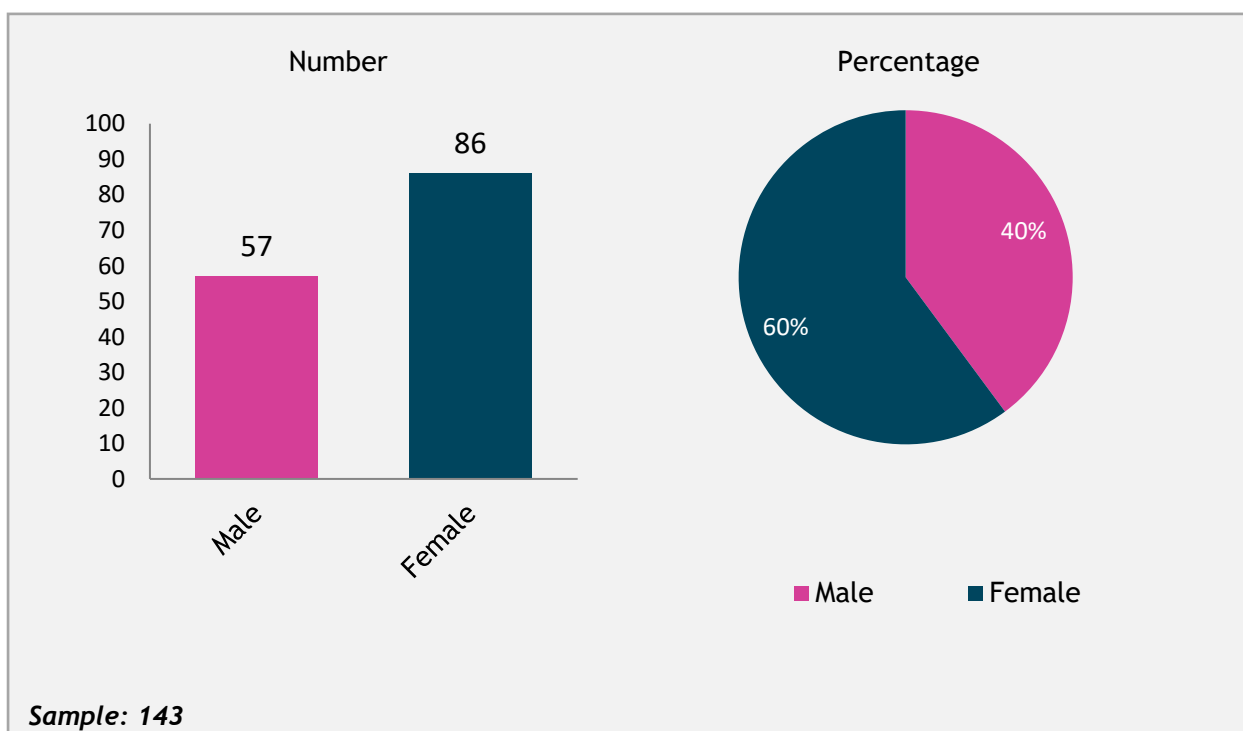
Appendix 1 - Demographics

The demographics of participants are stated as follows.

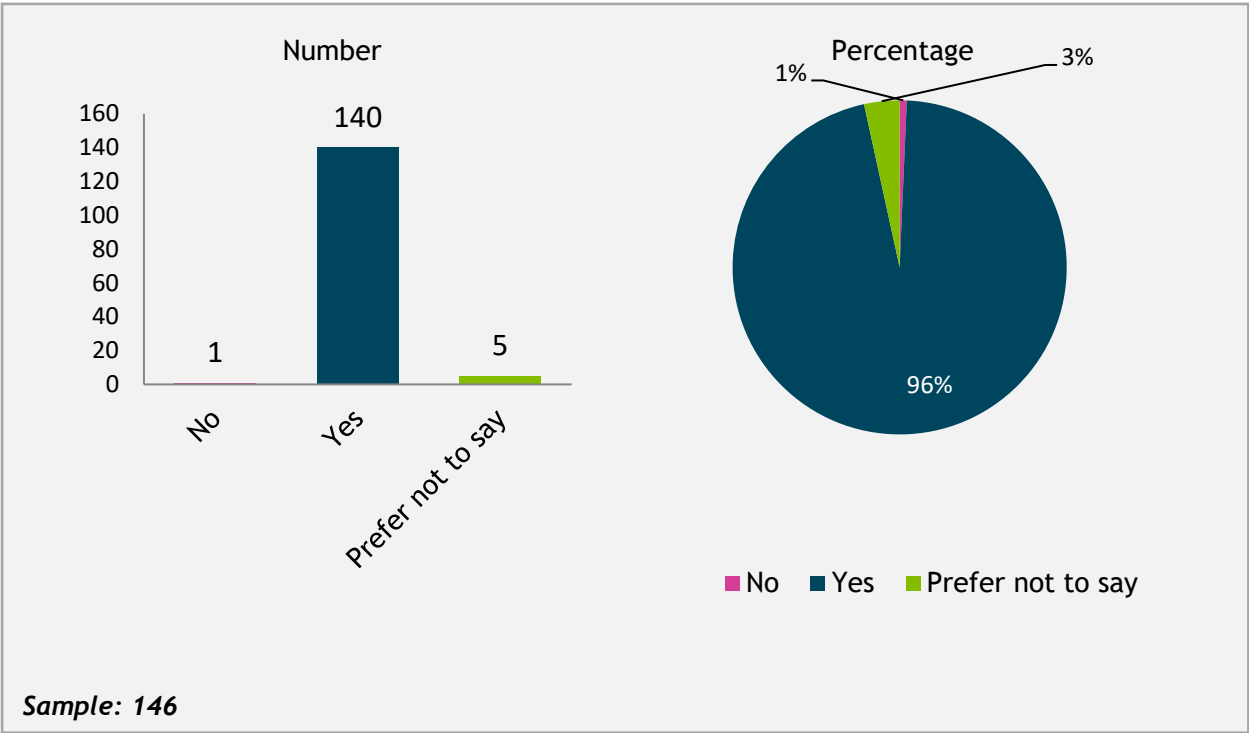
What is your age group?



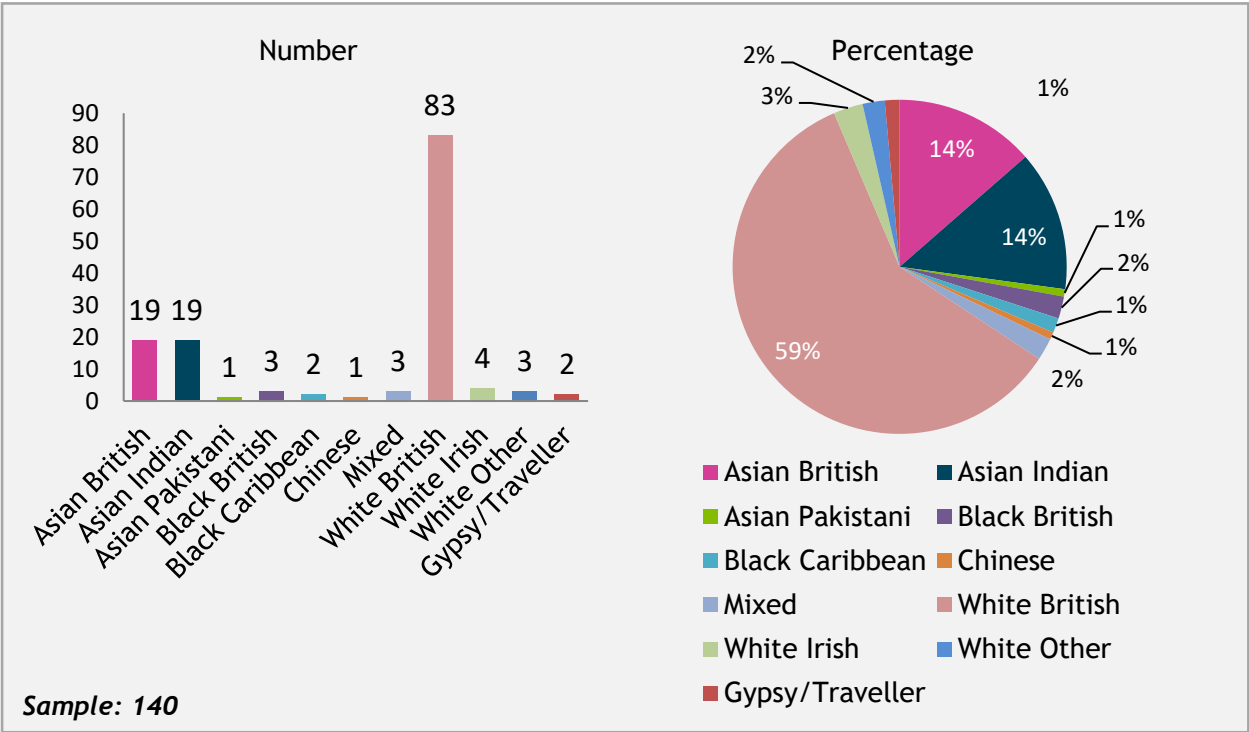
What is your gender?



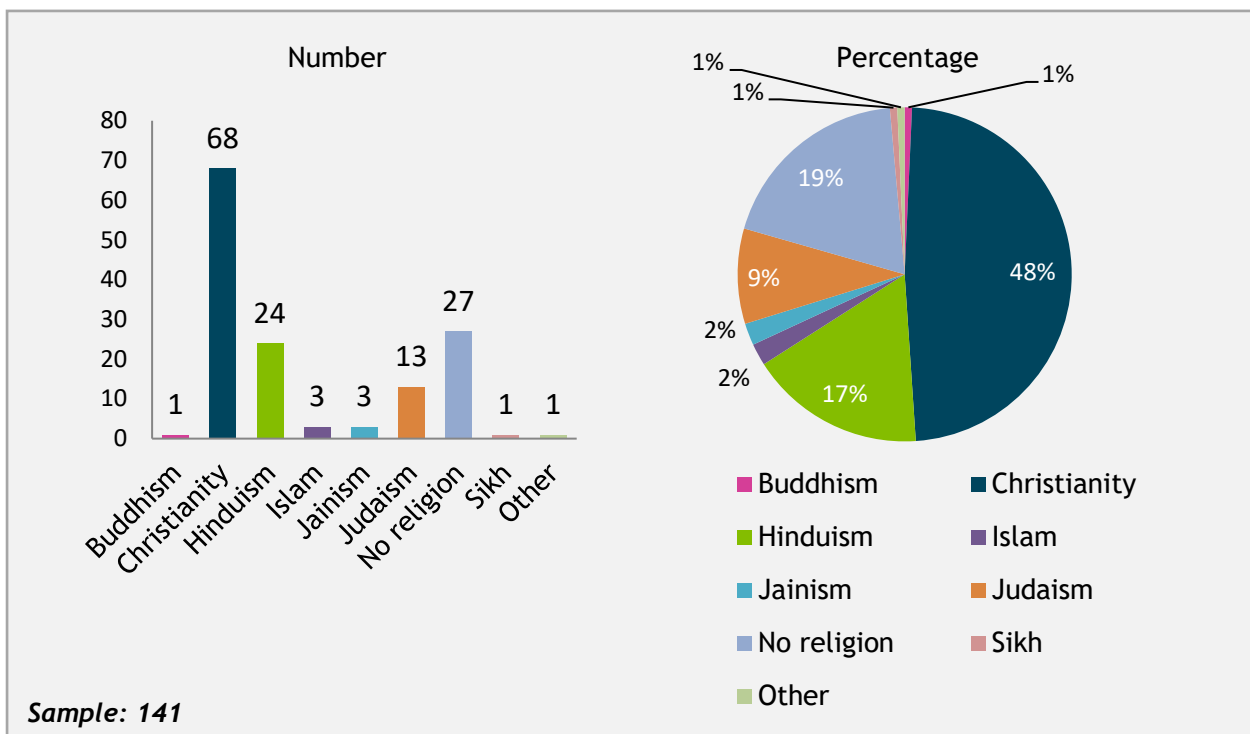
Is your gender identity the same as assigned at birth?



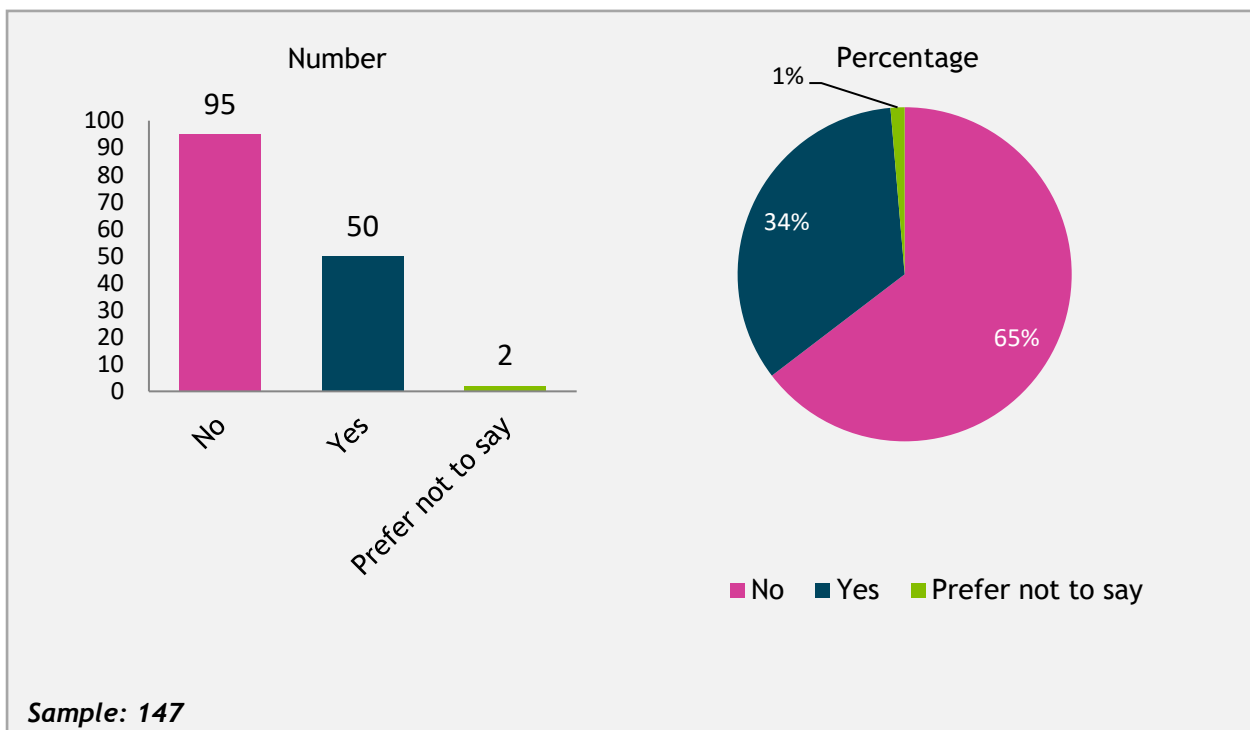
What is your ethnic origin?



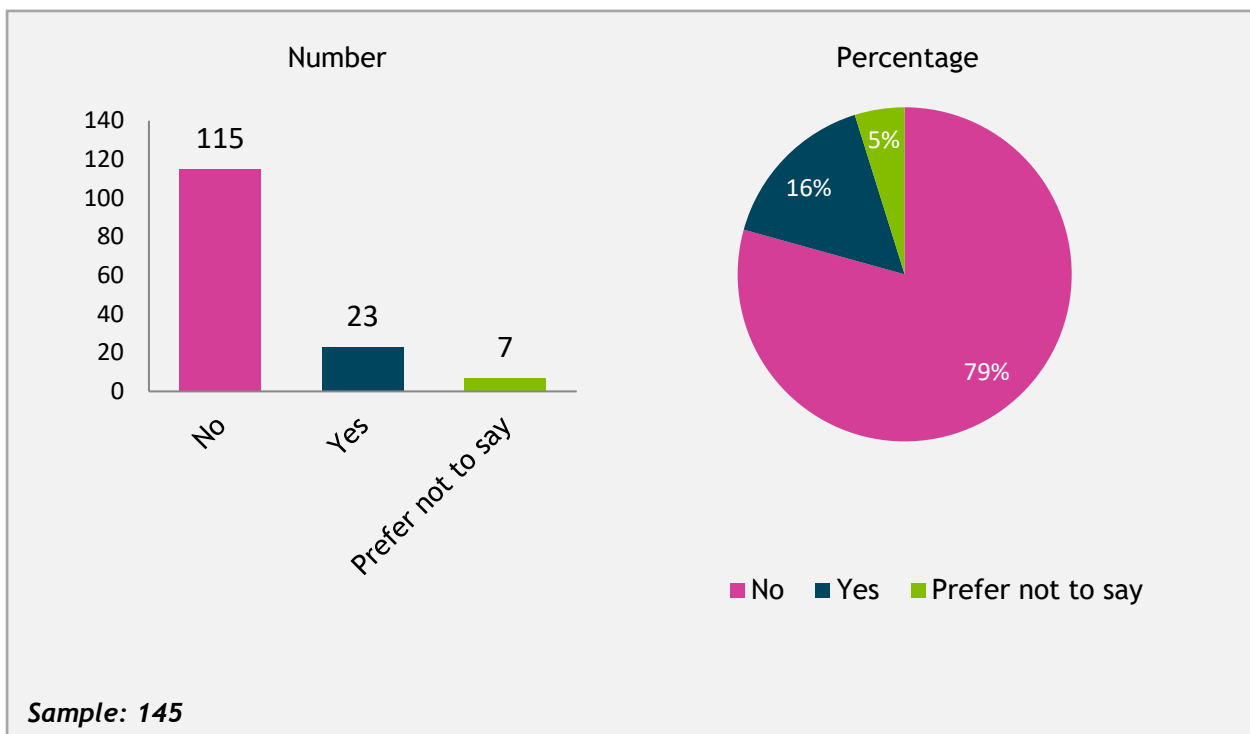
What is your religion?



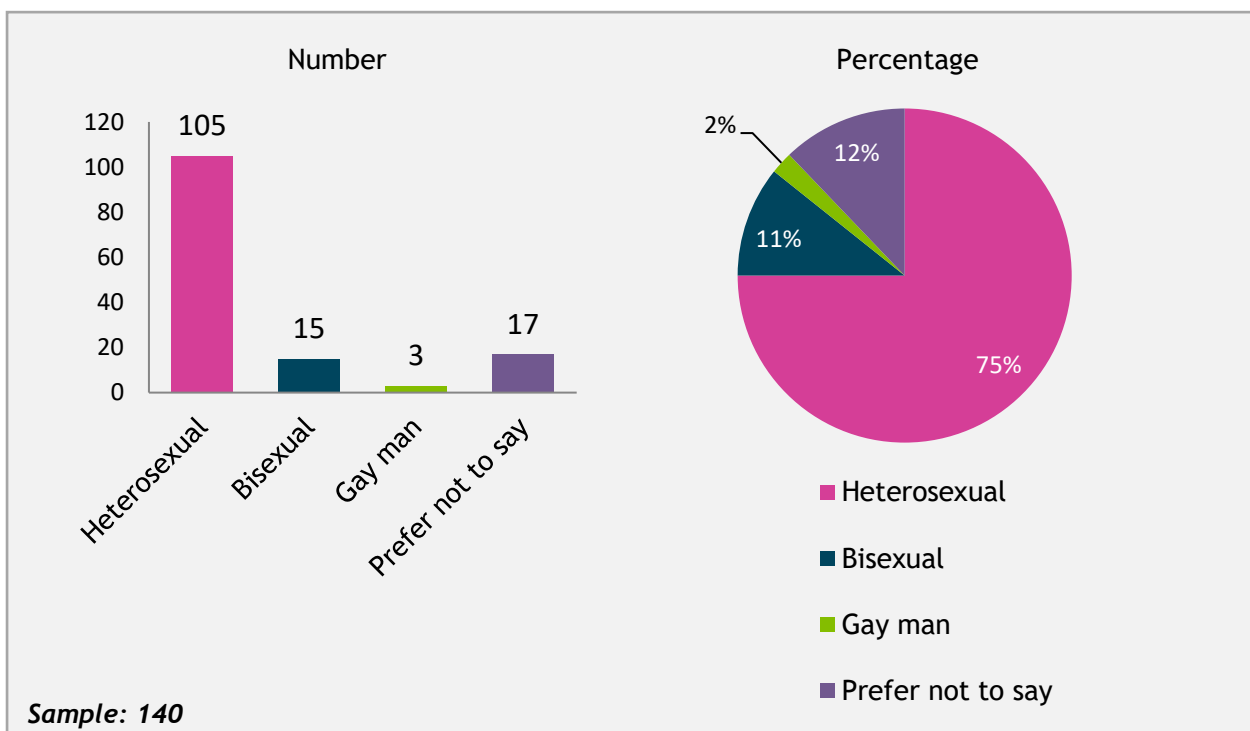
Do you consider yourself to have a disability or long-term condition?



Are you a carer for a vulnerable person?



Sexual orientation - are you?



Appendix 2 Useful Contact Information

Mind in Harrow host the Mental Health Directory, for further information please click <https://www.mindinharrow.org.uk/>

Extract from the Website:

This directory contains listings for organisations and services that can help people in Harrow with many mental health and related issues. You can also download factsheets that give information on a variety of topics. If you find any errors, want to suggest a listing or have any other feedback, please contact Leah Robertson, Mind in Harrow's ICT Worker at l.robertson@mindinharrow.org.uk.

We are constantly updating the directory and hope you will find it helpful. If you would like to get in contact with Mind in Harrow, you can call us Monday to Friday between 9am and 5pm on 020 8426 0929 or email info@mindinharrow.org.uk.

Some examples listed below, for full details of support available please refer to the website.

CNWL Bentley House - 1st Floor 15 - 21 Headstone Drive Harrow and Wealdstone HA3 5QX United Kingdom Telephone: 020 8424 7701	Talking therapies Self- referral Over 18 and registered with a GP CNWL Talking Therapies Harrow 12-14 Station Road Harrow London HA1 2SL United Kingdom Telephone: 020 8515 5015
CNWL Single Point of Access 24hour Emergency Referrals 0800 0234 650 Email: harrow.iapt@nhs.net	Samaritans Call jo@samaritans.org or call 116123
SHOUT Text service in a crisis Text 85258	

“I hadn’t realised how much I would miss contact with friends, since I tend to be quite solitary by nature, but I’m really longing to see my book group and my long-standing friends in person to give them a hug.

I’m lucky to be isolating at home with my husband so I’m not alone, but I miss seeing my four grown up children and grandchildren terribly.”

Local resident

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