Harrow Health and Wellbeing Strategy 2016-2020

Contents

1. Foreword

This is no ordinary foreword. This is no ordinary strategy. I hope that this is the time that people in the year 2020 will point to and say 'that was when the health, care and wellbeing system started to change in Harrow.'

In this Strategy, we have, as you might expect, summarised what the key issues in Harrow are and signposted you to further information. We have also highlighted the unacceptable differences between people living in different parts of Harrow and our desire to narrow the 6-year gap in life expectancy across the borough. Clearly these are the things that the Health and Wellbeing Board and I hope you, want to address as a matter of urgency.

But this Strategy is not about developing a long list of new actions to address all these needs in Harrow. It's about how we initiate a new way of working together as residents, as doctors and nurses, as councillors, as police officers, as housing staff, as social workers, as volunteers, as refuse collectors, as job centre staff, as environmental health officers, as managers; as entrepreneurs running local businesses; as people who care about living and working in Harrow.

The Health and Wellbeing Board want to develop a Health and Wellbeing Strategy that all of you identify with and that you quote because you believe in it, not just because it ticks a box.

Regardless of your role or job title, you are undoubtedly already making a difference to the health and wellbeing of people in Harrow. Did you know that only 20% of our health in Harrow is determined by Northwick Park A&E, CNWL mental health teams, your GP and the whole host of other health 'services' we receive? They are of course essential components but it is the circumstances in which we are born, develop, live, work and age – specifically our housing, education, employment, financial security and the built environment – which make the most difference to the largest number.

Perhaps like me, when you were young you enjoyed joining the dots up and making a picture. The purpose of the Health and Wellbeing Board in Harrow is to provide leadership for that joined up, 'big picture' way of working.

For the next 5 years, our goal is to enable everyone in Harrow to start well, live well, work well and age well. When we talk about 'wellbeing' in this context, we mean mind, body, heart and spirit as you have told us they are all inextricably linked.

Clearly this is an ambitious vision and regretfully statutory authorities don't have the resources now to continue 'business as usual'. Leaders continue to advocate for a better deal for health in Harrow but it's time to embrace different thinking. We are all the co-producers of health and wellbeing rather than the recipients of services. We all have power to change the system and it is our collective responsibility to come to the table with solutions.

You have said you want the Health and Wellbeing Board members "to be partners not the bosses" who work better with you to make a difference to health and wellbeing in Harrow. We hope you see the role we can all play and will join together in making this vision a reality.

Councillor Anne Whitehead
Chair Harrow Health and Wellbeing Board

2. Summary of Harrow Health and Wellbeing Board strategy 2016-20

Summary of
Health and Wellbeing Board
Ambition 2016 - 2020

Mission: To provide the leadership to enable everyone living and working in Harrow to join together to improve health and wellbeing.

Vision: To help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need.

Objectives:

Start Well

We want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential.

Live Well

We want high quality, easily accessible health and care services when we need them and sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods.

Work Well

We want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing.

Age Well

We want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths.

Priorities:

1. Use every opportunity to promote mental wellbeing
2. Empower the community and voluntary sector to collaborate to deliver alternative delivery models and funding solutions
3. Provide integrated health and care services

Performance:

It is proposed that the Harrow Health and Wellbeing Board monitor and evaluate implementation of this strategy as follows:

- ★ **Monitor local health and wellbeing outcomes:** This is not a performance management tool but will focus attention on overall population health and wellbeing and health inequalities and inform future work.
- ★ **Monitor implementation of specific annual actions:** Quarterly and annual monitoring of actions will be established and an annual action plan will be refreshed by December each year.
- ★ **Undertake an annual partnership health check:** An annual partnership appraisal will be conducted to show we are serious about collaborative working.

Principles:

- ★ We will work in partnership, where possible sharing resources
- ★ We will use evidence of what works to inform our actions
- ★ We will act to have a long term sustainable impact
- ★ We will innovate but evaluate
- ★ We will be flexible and review action according to changing need and context.
- ★ We will be flexible and review action according to changing need and context

Process:

- ★ **We will explore new health and wellbeing innovation forums** in the community to enable a much wider group of residents and stakeholders to get involved in the work of the Health and Wellbeing Board.
- ★ **We will create networked groups:** We will support the development of networks to connect those interested in 'start well', 'live well', 'work well' and 'age well' themes.
- ★ **Themed agendas:** Where possible, the Health and Wellbeing Board agenda will be split according to the start, live, work, age well themes.
- ★ **There will be a clear relationship between the Health and Wellbeing Strategy and the approach of the Health and Wellbeing Board:** Board members will review all papers considering the three priority areas, the start, live, work and age well themes, the influence of the social determinants of health and impact on inequalities.
- ★ **We will explore new ways of communicating with residents:** A digital newsletter summarising the work of the Health and Wellbeing Board will be produced every 3 months and we will explore other new ways of communicating with residents including through social media.
- ★ **We will co-ordinate health and wellbeing engagement:** We will try to bring people together once to discuss several issues rather than separately for each organisation and have connected plans for engagement available to all our stakeholders.

Harrow Council LONDON | healthwatch Harrow | NHS Harrow Clinical Commissioning Group | hib | NHS England | Voluntary sector Logo(s)

3. What is the Health and Wellbeing Board, what has it done to date and why do we need a new strategy?

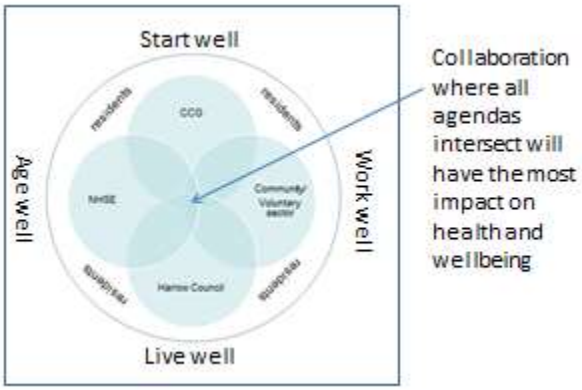
Each local authority has to have a Health and Wellbeing Board. The idea of the Board is that partners work together to achieve more than we could alone. The Board is a partnership between Harrow Council, specifically Adult Social Services, Public Health and Children, Schools and Young people, Harrow Clinical Commissioning Group, NHS England, Healthwatch and the voluntary sector.

The Harrow Health and Wellbeing Board was first established in 2011 and an initial strategy was developed to encapsulate the Board's vision for 2013-15. This strategy now needs to be refreshed to guide collaborative action for the next five years.

The stated purpose of the previous Health and Wellbeing Strategy was to work together, to improve health and wellbeing and quality of life of people of Harrow, to reduce health inequalities, to promote independence, have a long term and sustainable impact, to guide commissioning intentions of member organisations - get the best value for funding available through effective commissioning, to build capacity to deliver public health programmes in the third sector, front line services and business sector.

Seven priority areas were chosen as areas for focus for 2013-15. These were long term conditions, cancer, worklessness, poverty, mental health and wellbeing, supporting parents and the community to protect children and maximise their life chances and dementia. A commitment was made to consider prevention, early detection, intervention and services, reablement and end of life issues. Six joint commissioning intentions were established and related 'Task and Finish groups' were established to take action. Appendix 1 outlines the progress report which the Task and Finish groups submitted to the Harrow Health and Wellbeing Board in 2013.

In the future, the Health and Wellbeing Board will focus on a much smaller range of priorities, which are relevant to every partner and where whole systems work can bring about significant change as the diagram below illustrates.



It is important to state that because of this approach, this strategy does not mention every disease, need, inequality or health and wellbeing-related issue in Harrow although section 7 does draw on the Joint Strategic Needs Assessment to highlight some of the key needs in the population. The Health and Wellbeing Board have chosen to move away from a disease or deficit-focused approach, looking at what is wrong with health and wellbeing in Harrow, and instead focus on a model for enhancing health and wellbeing across the life course.

There is no budget assigned to the Health and Wellbeing Board and each organisation is facing considerable financial and capacity challenges. This Strategy does not seek to create new workstreams and action plans. It aims to facilitate smarter collaborative working across the health and wellbeing system and guide commissioning intentions for all engaged in improving wellbeing for Harrow residents. If successful, there should be a clear thread which joins Harrow adult social care, children's services, public health, CCG, Healthwatch and voluntary sector together. We hope additionally however that this strategy will inform and inspire the commissioning intentions of a much wider workforce including health service providers, housing, environmental health, economic development, planning and police.

4. What do we mean by health and wellbeing?

It's important we take time here to identify what we mean by health and wellbeing because if we fail to define it, we cannot measure the impact we have on it. The words themselves mean different things to different people. The Somali community told us 'we have no word for wellbeing' for example.

We know things it's not. It's not just the absence of disease since it's perfectly possible to have a physical or mental illness and still have a sense of wellbeing.

One phrase from a resident seems to encapsulate what many of you said health and wellbeing means to you:

"It's about mind, body, heart and spirit"

- *Mind* – the thoughts and emotions we have and the feelings we have about ourselves and others
- *Body* – our physical being and appearance
- *Heart* – the love and connections we share with others
- *Spirit* – our sense of purpose in life

They are all intertwined and cannot and should not be viewed as separate entities. Mental illness has been shown to precede physical illness such as heart disease, stroke, and cancer[1] and vice versa, almost a third of people with a long term physical health condition also have a mental illness which may be biological or as a result of reduced capabilities and social connections. The co-existence of mental and physical illness has been shown to reduce quality of life, impair physical recovery and may also increase risk of non-compliance with treatment. Evidence suggests connecting with other people, being active, continuing to learn, giving to others and being aware of the present moment – your thoughts, feelings and the world around you – can all improve our wellbeing.

5. What works to improve health and wellbeing?

We know only 20% of the health of the population of Harrow is determined by the 'services' they receive. Combined with the squeeze on public finances, Health and Wellbeing Board members need to think differently about how we invest for the future. We need to consider what residents will need in ten years and what we can do to enable people to live healthier lives for longer, reducing their need for public services. Prevention is better than cure. That does not just mean simply encouraging people to quit smoking, lose weight and improve their lifestyles – although that is important; a physically inactive person is likely to spend 37% more time in hospital and visit the doctor 5.5% more often than an active person[2]. However, the most important action we can take is to influence the circumstances in which we are born, develop, live, work and age – specifically our housing, education, employment, financial security and the built environment.

Leading health inequality thinker, Michael Marmot, says that to reduce health inequalities, we must take actions which will benefit everyone but with a greater emphasis and intensity on those who are more disadvantaged as they are disproportionately affected by poor health and wellbeing.

6. What do Harrow residents think will improve health and wellbeing?

To inform discussions about what the Harrow Health and Wellbeing Strategy for the next five years should look like, the Health and Wellbeing Board hosted an engagement event on 16 July 2015 where leaders from across the health and care system in Harrow, along with politicians and residents came together to discuss how to work in partnership to improve wellbeing in Harrow. Discussions on the day moved from frustrations with the current system to solutions for the future and there was an appetite for the Harrow Health and Wellbeing Board to provide the leadership to enable everyone living and working in Harrow to join together to improve health and wellbeing. The visual minutes from this day are presented in appendix 2.

Additionally, a series of focus groups were held with Age UK Harrow, Harrow Carers, Harrow Mencap, Mind in Harrow, Youth Parliament, Citizens Advice Bureau and the Voluntary Sector Forum. These focus groups gave participants the opportunity to reflect on what health and wellbeing means to them, how living in Harrow positively and negatively affects wellbeing and what everyone could commit to doing differently that would improve health and wellbeing.

The comments from residents and voluntary sector representatives were drawn together into themes and these have informed the development of this Health and Wellbeing Strategy. The major themes that emerged were about the importance of the community and support provided within it, how much residents value the environment and neighbourhoods they live in and how they want good access to health and care services when they need them. When asked, 'What could we all do that would improve health and wellbeing in Harrow?' the following solutions were proposed.

Build up communities and help people do more for themselves and each other
"I have no family – I live on my own. It would be nice if neighbours came to help."

"Ban on khat has been difficult because took away a social environment. No excuse to meet now "

"Carers Forum makes a difference – not just caring but allowing people to have breaks, learn skills, have fun and socialise."

"Volunteering is a massive success story across the borough."

"Happy news needs reporting more widely to build trust in communities."

Improve access to services and facilities
"Culturally appropriate services such as women only swimming sessions and more use of interpreter phone system – we may not want to involve relatives"

"A&E is closer than Alexandra Avenue."

"I need more time than 10 mins for appointments when you have more than one health problem"

"Foodbanks need for fresh food not just tinned."

"More investment in Mental Health and more access to talking therapies and more awareness in schools to spot the signs and invest in things for young people to do."

Signpost to services and integrated working

"Ensuring that there is less duplication and better awareness of what everyone is providing."

"There are platforms which aim to signpost but no pathways and we keep re-inventing and duplicating."

"It would be helpful if people worked together more. Joined up working. If people talked to each other."

"Advice and information service in GP surgery would help address the underlying problems rather than GPs just giving out pills."

"Luton one stop shop is a good model – front of house display of voluntary sector groups before anyone sees Council."

"More awareness about volunteering would increase the capacity."

Address the social determinants

"Housing shortage is big problem."

"Lifting out of poverty helps – huge debt problem in Harrow – hidden issue."

"People need help to find employment, especially if they have a health problem which is a barrier."

"Energy deals to reduce the number of people living in cold homes."

"Schools in Harrow are good but problem for local people getting in."

"Food Bank is good but no use for homeless people who have no where to cook."

"Safety is an important issue – interpersonal violence is prevalent and needs to be addressed – overcrowding increases the problem."

Improve Harrow through regeneration

"Harrow is very green – lots of parks but not enough Council leisure facilities."

"Government need to help and create a better environment for people to live in – e.g. stop fast food restaurants opening near schools, making healthy food cheaper (salad is more expensive than chips and cookies)."

"Pinner/Hatch End are nice and healthy but other areas do not have the same vibe – there is a disparity between this and South Harrow."

"Flash new developments in Town Centre, South Harrow being missed out - needs to be gentrified too."

"Need to give the area a bit of vibrancy, no more flats."

7. Where are we now in Harrow?

The Health and Wellbeing Board have thought in detail and consulted you about what we could achieve better together. They have used the Harrow Joint Strategic Needs Assessment (JSNA) to help inform their judgements about where we are now .
The JSNA says a lot about what is good in Harrow. It is generally a healthy place and we perform better or similar to national levels for many health indicators although there are a few indicators where Harrow performs worse than the England average such as:

- High rate of statutory homelessness
- High rate of fuel poverty
- High percentage of adult social care users who do not have as much social contact as they would like
- High rates of low birthweight babies
- High rates of excess weight in 10-11 year olds
- Low amount of fruit and vegetables eaten
- Low amount of exercise taken
- People entering prison with substance misuse problems who are not already known to community services
- Low rates of cervical cancer screening
- Low rates of health checks
- Low rates for HPV, PPV and flu vaccination
- High rates of late diagnosis of HIV
- High rates of TB
- High rates of tooth decay in children

We need to be mindful of ensuring that we understand not just how Harrow differs from other boroughs in England but how different population groups within Harrow have very different levels of health and wellbeing. For example, the JNSA tells us there is a 3-fold increased risk of diabetes among people of South Asian origin compared with white people and risk increases at a younger age and lower weight. Older people are at greater risk of falls and associated injury, such as hip fractures, which is associated with a greater need for institutional care. We need to use the intelligence provided in the JSNA to best effect and target our action where it will have the most impact for those at greatest risk of poor health and wellbeing.

One of the key factors which cuts across all these issues is deprivation. In general, poor health indicators are found in the more deprived parts of the borough and better outcomes in the more affluent parts. On average, baby girls born in Pinner South can expect to live more than nine years longer than baby girls born in Wealdstone. Baby boys born in Headstone North can expect to live for more than eight years longer than baby boys in Wealdstone. It's no coincidence, given our income and financial security are important determinants of health and wellbeing, that we find poverty is linked to this inequality; we know 42% of children in Wealdstone are living in poverty compared to 9.3% in Pinner South. We need to urgently address this inequality and ensure that **everyone** in Harrow has an opportunity to start, work, live and age well – the Health and Wellbeing Board vision for Harrow.

It's important to emphasise that more services aren't the only answer here. Education, employment, the environment we live in, our neighbours and the amount of money we have are the most important determinants of our health. The Harrow Health and Wellbeing Board have a key opportunity to join together to influence these social determinants of health.

8. Harrow Health and Wellbeing Board mission

The mission of the Health and Wellbeing Board is to:

Provide the leadership to enable everyone living and working in Harrow to join together to improve health and wellbeing.

That means we will:

- Help bring those with an interest in health and wellbeing together.
- Ensure the needs of Harrow residents drives decision making.
- Identify where we can achieve more together than alone.
- Facilitate joint working to improve health and wellbeing.

9. Our vision

The vision of the Harrow Health and Wellbeing Board is

To help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need.

By this we mean:

- *Start well* – we want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential
- *Live well* – we want high quality, easily accessible health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods
- *Work well* – we want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
- *Age well* – we want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths

The focus of Health and Wellbeing partners in the future should be on how they can contribute to making Harrow a better place to live and reduce the differences in life expectancy and healthy life expectancy between communities.

9.1 Start well

"We want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential."

9.1.1 Why is it important?

This is where the foundations for lifelong health and wellbeing are laid. A child's positive and negative experiences during pregnancy and the early years of life have a major impact on their health, wellbeing and life chances in later childhood and beyond into adult life. Harrow is home to 55,800 children aged 0-17. In 2014, around 3100 of these children were in need of support from social services. This includes children 'looked after' by the Council, the main reason for which is due to neglect or abuse[3]. These children are vulnerable; whilst some do well, a disproportionately high number are reported to have emotional and mental health problems and a high proportion experience poor health, education and social outcomes after leaving care[4]. In Harrow, the proportion of children looked after who are cautioned or convicted has also been historically high. These children should have the same opportunities as other children and young people. Integrated health, care and education provision can make a lifelong difference to children in Harrow.

9.1.2 Factors in childhood which promote health and wellbeing

- Children need to be loved and nurtured if they are to achieve long term physical, mental and emotional wellbeing[5]. Good attachment with our parents and carers in early life are important.
- A child's early development score at 22 months is an accurate predictor of educational outcomes at age 26[6] which is in turn related an individual's job position, which influences income, housing and other material resources, which in turn affect long-term health outcomes[7]. Effective parenting, as well as integrated health, care and education provision can enable young children to acquire the social and emotional skills to be ready for school. It can also prevent common mental and behavioural disorders in childhood, such as conduct disorder[1] and cultivate positive attitudes and behaviours leading to healthier habits in adulthood.
- Physical activity is an important component of early brain development and learning as well as physical health. Children in deprived areas are nine times less likely to have access to green space and places to play[8].
- Breastfeeding reduces illness in young children, has health benefits for the infant and the mother and results in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants[9].
- Immunisations protect children from a range of infectious diseases and high rates of immunisations means diseases are less likely to circulate and cause illness in vulnerable groups who cannot be vaccinated.
- Screening facilitates early identification of those who may have a health or developmental issue and could benefit from early intervention.

9.1.3 Factors in childhood which put future health and wellbeing at risk

- Babies born below normal birth weight are more vulnerable to infection, developmental problems and even death in infancy as well as longer term consequences such as cardiovascular disease and diabetes in later life[10]. Low birth weight can be caused by a variety of factors but there is particular concern to eliminate smoking and substance use in pregnancy as a cause.
- Childhood poverty leads to premature mortality and poor health outcomes for adults[11]. Children from poorer backgrounds are also at more risk of poorer development.
- "Children of mothers who have postnatal depression are less likely to show secure attachment at 36 months, are more likely to have social, emotion and cognitive problems at age 5 and are more likely to experience depression by 16 years[12]".
- Poor mental health in children and young people is linked to self-harm and suicide, poorer educational attainment and employment prospects, antisocial behaviour and offending, social relationship difficulties and health risk behaviour (smoking, substance misuse, sexual risk, poor nutrition and physical activity). Half of adult mental health problems start before the age of 14. Child adversity of all forms accounts for 30% of adult mental disorder[13]. Looked after children are therefore more vulnerable to poor mental health.
- Childhood obesity increases the risk of cardiovascular disease and diabetes in later life. In Harrow childhood obesity rates are increasing with 9.3% of Reception aged children being obese (2013/14) increasing to 20.8% for children aged 10 to 11 years old in year 6. Low levels of physical activity and high levels of fat and sugar in children's diet are a significant cause, the sugar also leading now to a significant amount of preventable tooth decay in children as young as five years old.
- More than 8 out of 10 adult smokers started before age 19[14] increasing risk of cancer and cardiovascular disease.

[1] Conduct disorder is persistent patterns of antisocial, aggressive or defiant behaviour that amount to significant and persistent violations of age-appropriate social expectations. NICE 2014.

- Youth offending could be a consequence and cause of unmet health needs.

9.2 Live well

"We want easily accessible, high quality health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods."

9.2.1 Why is this important?

We know only 20% of the health of the population of Harrow is determined by the 'services' they receive. The most important action we can take is to influence the circumstances in which we live – specifically our housing, the environment and neighbourhoods we inhabit.

9.2.2 Factors which promote health and wellbeing

- *High quality health and care services*

  There are 34 GP surgeries and 62 pharmacies in Harrow. GPs are the first point of contact for residents needing health care assistance and can signpost to a range of services. The ease with which we can access the services of our GP influences our decision to continue to use these services as our first port of call, along with the confidence we have in our physician[15].

  There is much scope for pharmacies to play a leading role in Harrow in supporting health and wellbeing and particularly in reaching out to those most in need and reducing the burden on overstretched GP practices. Many pharmacies already provide a range of health promoting services – such as smoking cessation, sexual health and health checks but there are opportunities to do more and reach more people given the pharmacies are often located in prominent locations, are open at weekends and do not require appointments to be made.

- *Good quality housing*

Good housing is a foundation for life, not just health. Poor quality housing – damp, mould, cold and overcrowding - is associated with increased risk of cardiovascular and respiratory disease as well as anxiety and depression and accidents in the home. Homes provided by Harrow Council may be good quality but there is an inadequate supply – hence a new building programme is planned. In the meantime, housing quality may be poorer in the private rented sector where residents may be temporarily housed or 'permanently' living as they are not eligible for support from the local authority. Harrow has one of the highest rates of fuel poverty in London – implying that many of our residents are living in cold homes which may be having a knock-on impact on their health. It is also important to consider the needs of an ageing population who are owner occupiers but whose homes pose risks to them. Aids and adaptions may help people live independently for longer.

- *Green and active spaces*

There is significant evidence that access to good quality green spaces can offer a number of health benefits including reduced weight, improved mental health and wellbeing (such as depression, stress and dementia) and increased longevity[16]. This is in addition to environmental benefits – such as improved air quality, improved community cohesion and satisfaction with 'place', which have indirect impacts on health[17]. In Harrow as nationwide, people living in the most deprived areas of the borough are less likely to live near green space. It is no surprise that these areas are also associated with the lowest rates of physical activity and higher rates of obesity and cardiovascular disease. Increasing green space in areas where it is scare may have social and economic benefits and may reduce health inequalities. Furthermore, encouraging and creating an environment where more people are motivated to swap their car for walking, cycling or public transport would have an impact on

physical activity and reduce related health inequality as well as potentially reducing injury and deaths from traffic collisions – again more prevalent in lower social economic groups[18].

- *Healthy high streets and neighbourhoods*

A healthy high street and neighbourhood is one in which there is 'clean air, less noise, more connected neighbourhoods, things to see and do, and a place where people feel relaxed'[19].

Source: Royal Society for Public Health. The Health on the High Street

We need to think about designing our high streets to encourage active and healthy lifestyles. Pavements, seating, shade and shelter are all important urban design principles. The types of shops on the high street is also important but has changed over time due to the development of out of town and internet shopping combined with the economic downturn. There is an opportunity to reinvent high streets across Harrow, particularly in light of the 'Heart of Harrow' regeneration agenda. Pinner and Stanmore have been rated in the top 10 healthy high streets in London because they have a higher proportion of businesses which encourage healthy lifestyle choice, promote social interaction, allow greater access to health care services and/or health advice and promote mental wellbeing[20]. Unfortunately, many other high streets in Harrow have instead been taken over by fast food restaurants, betting shops and licensed premises. Research in Harrow has shown that the most deprived areas of the borough have the highest number of fast food outlets and many of these are located in close proximity to schools, actively targeting children through price promotions. Many more meals are now eaten outside of the home which is great for economic development but it is important that we don't trade economics for health – it's a false economy in the long run. High levels of salt, fat and sugar ruin our cardiovascular health and many research studies have found a direct link between fast food in high streets and higher obesity rates.

Neighbourhoods should provide a safe environment where residents do not live in fear of crime, violence, harassment or accidents. Harrow has the lowest overall crime rate in London however only 2 in 5 residents say they think it is safe or fairly safe after dark which is lower than the London and England average. Of course we not only deserve safe neighbourhoods to live in but to be safe within our own homes. An estimated 5617 women and girls aged 16-59 in Harrow were reportedly a victim of domestic abuse in the past year[21]. This abuse, whether physical, emotional, psychological, financial or sexual can have devastating consequences both for the victim and their family – 90% of incidents in family households occurred with a child in the next room and 50% involved abuse of children.

Individuals with strong social networks live longer and are more likely to be 'housed, healthy, hired and happy.'[22] Volunteering is good for health and wellbeing[23]. Places with increased contact and interaction between people tend to have greater community spirit[24]. Conversely, lack of social networks and support can lead to loneliness, social isolation and these are associated with poorer physical health.

9.3 Work well

"We want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing."

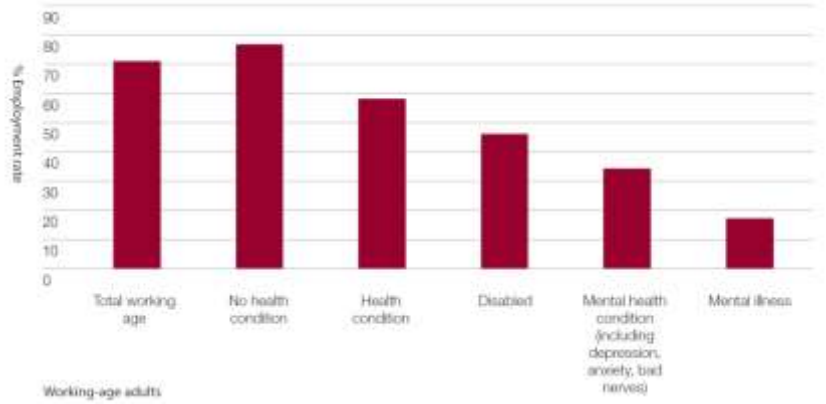
9.3.1 Why is this important?

Being in a job is good for health, provided it is good quality work. This is because not only does employment provide for our material needs but our jobs are often wrapped up with our identity, self-esteem and status, all of which affect our physical and mental wellbeing[25].

Conversely, unemployment is directly associated with poor mental and physical health including cardiovascular disease, depression and suicide plus those out of work are more likely to smoke, drink alcohol and be physically inactive[26].

There are 158,300 working age people (16-64) in Harrow which is 65% of the total population[27]. We have about 3,802 (2.4% of the working age population) currently unemployed[28] although higher rates in wards close to the town centre and south-west of Harrow such as Wealdstone (4.4%) and Marlborough (4.1%). Harrow also has a high number of young people in education, employment, or training in the country - at 97.3 per cent.

The relationship between unemployment and health is partly because losing your job worsens your health but also because those who have worse health already due to long term illness or disability are less likely to be employed. Those with mental health problems in particular have very low rates of employment as demonstrated by the graph below; nationally only 37% are employed compared to 71% employment rate in the working age population. Poor mental health is also a leading cause of sickness absence from work.



Source: Institute of Health Equity. 2014. Increasing employment opportunities and improving workplace health. Local action on health inequalities: Health Equity Evidence. Review 5. London: PHE/IHE.

Rates of unemployment are higher in those in lower socio-economic groups and if they are employed, they are more likely to be in low paid or poor quality work, potentially due to poorer qualifications[29]. This is, in part, why there are health inequalities with those in lower socio-economic groups being at greater risk of poorer health than those higher up the social gradient. What's more, our social position affects whether we are likely to retain work if we do develop a long term condition; non-manual workers are more likely to remain in work if they have a limiting illness compared to those in manual occupations[30].

Rates of unemployment are also higher in those with caring responsibilities, lone parents, those from some ethnic minority groups, older people and young people.

The longer you are unemployed, the more likely your health is to suffer and the less likely you are to get back to work.

It is important to emphasise that not every job is associated with health benefits. "Jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill"[31]. Conversely, those working environments that provide a positive working culture – good social support, where employees have control over their work and the way the organisation works, are treated fairly and appropriately rewarded are likely to have better health.

Wages in Harrow are generally lower than in London and in West London as a whole. People working in Harrow earn, on average, less than the average weekly pay for London residents. The skills and employment profile for Harrow shows a high proportion of people in the lower paid sectors of process industries and sales and customer services.

9.3.2 Factors which promote health and wellbeing

- Good psychosocial working conditions
- Good access to jobs across the social gradient
- Support for those who are disadvantaged in the labour market to get and keep a job
- Good quality jobs for all
- Better working conditions, particularly for older people

9.3.3 Factors which put future health and wellbeing at risk

- Temporary workers who are dissatisfied with insecure work situation have higher mortality than permanent employees
- Those working long or irregular working hours or shift work
- Those with fewer qualifications and skills are more likely to experience poorer working conditions and poorer health
- Long term illness or disability
- Young people not in education, employment or training are at greater risk of poor health, depression and early parenthood which can result in poorer health and wellbeing outcomes for the teenage parent and child. The longer they are out of education, employment or training, the less likely they are to find work in the future.

9.4 Age well

"We want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths."

9.4.1 Why is this important?

Harrow has one of the highest older people populations in London. There are 37,200 people over the age 65 living in Harrow and this is set to rise by around 12% by 2020 (Projecting older people population).

An older person's ability to continue to care for themselves, retain their independence and have choice and control over their care including end of life planning when they need it, alongside a system that offers prevention and early diagnosis all have a major impact on health and wellbeing. Many of these older people rely on informal support provided by family members – 33% of whom are over 65 themselves - and it is therefore vital that we also consider the health and wellbeing of the 24,620 carers in Harrow[32]. This number has increased by almost 20% in the last ten years and puts Harrow with the second highest number of carers in London.

Harrow is also expecting an increase in the number of older people with learning disabilities over the next 15 years due to increased survival rates and birth rates which may have an impact on service provision.

Harrow's older population (65 and older) is roughly broken down into two thirds White British (66%), under one third Asian / Asian British (27%) and Black / Black British (4%). Over the next thirty years these figures will change and as the population ages, the Asian / Asian British population will become the largest ethnic group in Harrow for older people. The growth of the older Asian / Asian British population (with a minimal rise in the Black / Black British population) will provide unique challenges for Harrow in terms of dementia and tailored approaches to improving wellbeing.

9.4.2 Factors which promote health and wellbeing

- Physical activity and mental stimulation
- Family and social networks
- Living safely in own homes
- Maintaining personal dignity and independence
- Support for carers since 33% of carers are aged 65 years and over
- Maintaining a healthy and balanced diet
- Immunisations against preventable infections such as flu vaccine
- Early identification and screening of those who may have a health issue and access to early intervention.
- Access to information and advice on support services available

9.4.3 Factors which put health and wellbeing at risk

- Living with one or more long-term condition has a significant impact on an individuals health and well-being outcomes
- Falls: Older people, particularly women, are at greatest risk of falling and the morbidity associated with falls. Women experience a higher rate of associated injury including hip fractures; they also have less timely surgery (12% lower than the London and England average) and are more likely to be readmitted after hip replacement. Health and social care costs associated with falls are high and set to increase as the population ages. Rates of hip fracture, mortality within 30-days of hip fracture and readmission to hospital within 28 days are all linked to deprivation. Falls per year in Harrow are predicted to rise from 12,650 per year to 23,800 in the next 20 years.
- Poverty: Fuel poverty has increased and Harrow is ranked the second-worst in London (at 11.7%) by the Department of Energy and Climate Change (DECC) based on an income/cost analysis.
- Poor quality housing: living conditions can significantly affect health contributing to many health problems including respiratory illness, hypothermia, arthritis, cancer, heart attacks and strokes, as well as accidents in the home.
- Isolation and loneliness: Quality of Life survey indicates that 26% of Adult Social care users do not have as much social contact as they would like. The ONS estimates 17% of all individuals over 80 were often lonely and a further 29% were lonely some of the time. Feeling lonely and socially isolated in older age has been suggested to be as harmful to health as smoking 15 cigarettes a day[33]. The perceived or actual lack of a social network can affect all ages but the overlapping issues of bereavement, retirement, moving home and the onset of ill health means older people may be disproportionately affected. One might think in an urban, densely populated area such as Harrow, there's less opportunity to feel lonely because we are surrounded by people? Actually, the reverse holds true; social exclusion in the elderly is 2.5 times greater in densely population areas compared to rural areas. Physical and mental health, social demographic factors such as household composition, being a carer, driving status, access to transport and the built environment are all important risk factors. Research into loneliness and social isolation is at an early stage but the campaign to end loneliness has developed some potentially useful tools.

- Lack of early diagnosis and access to services: An early diagnosis of conditions such as dementia means that older people and their families can seek advice and information and be actively involved in planning their care. NHS England has set local targets for diagnosing dementia however Harrow's diagnosis rate is below the 48% England average; in 2013/14 39% of people with dementia had received a diagnosis, leaving an estimated 61% without a diagnosis[34]. The numbers of people with dementia from Black and Minority Ethnic groups is predicted to rise over the coming years because high blood pressure, diabetes, stroke and heart disease are more common in these communities and these are risk factors for dementia. These communities also tend to access services later, which can have a negative impact on families as they may have struggled for longer without support.
- Carers are vital to the wellbeing and independence of thousands of older people. The caring role can be stressful and isolating. The demands of being a carer can affect a person's quality of life. People providing high levels of care are twice as likely to be permanently sick or disabled.

10. What will the Harrow Health and Wellbeing Board do to achieve the vision?

10.1 Use every opportunity to promote mental wellbeing

We discussed in a previous chapter how our mind, body, heart and spirit are all components of wellbeing and that they should not be separated and viewed in isolation. However, mental health is a huge issue which some people say does not receive the same attention as physical health. We want to change this in Harrow to ensure we abide by the mantra 'there is no health without mental health.'

It's likely that you will know someone who has been off work due to 'stress', suffered from depression, anxiety or a severe mental health disorder such as schizophrenia or bipolar disorder. That's because it's common - 1 in 4 of us will experience mental 'ill health' during our lifetime. What you might not be aware of is that for many, the issues develop in childhood. Half of all those with lifelong mental illness developed them by age 14, 75% before age 18. In an average classroom of 5-16 year olds, 3 are affected by a mental health problem (1 in 10 of 5 to 16 year olds).

Conversely, positive mental wellbeing is associated with better education, finances, employment prospects, health and wellbeing.

Clearly access to mental health services is vitally important to ensure those with mental health problems get the support they require as early as possible to recover or live well with their condition. We know that nationally, 75% of people receive no treatment at all despite having a diagnosable mental health condition. If this was the case for cancer or cardiovascular disease, there would be uproar about the inequality. And yet people in general can often seem less empathetic about the role our minds play in determining our overall health and wellbeing. Mental health service improvement has therefore got to be a feature of our vision for the future. However, service improvement is not the only answer as far as Harrow Health and Wellbeing Board are concerned; even if we could improve services to meet the needs of everyone with a mental health problem in Harrow, we'd still only reduce the burden of disease by 28%[35].

The Harrow Health and Wellbeing Board have committed to a vision which enables residents to start, live, work and age well. This means if we are serious about improving mental wellbeing in Harrow, we need to think about what contribution education, housing, green spaces, employment, financial security, neighbourhoods and social connections make. At present, those responsible for these areas of work might not have thought about the impact they could make on health and wellbeing. To be successful, this strategy must sit at the

heart of all commissioning intentions in the future. That way, everyone can see the difference that their work makes to the people of Harrow now and in the future.

This area of work in Harrow will be informed by the Like Minded programme, a strategy to improve mental health and wellbeing across North West London. The programme has the aim of establishing excellent, integrated mental health services to improve mental and physical health. Further information about the programme, including the case for change, can be found on http://www.healthiernorthwestlondon.nhs.uk/mental-health.

There are four key workstreams to this Like Minded programme as follows:

- Living well with serious and long term mental health needs
- Common mental health needs
- Wellbeing and prevention
- Children and young people.

Work in Harrow will support and link directly with this strategy as well as to the Future in Mind programme. Future in mind is a national report that was published in March 2015, its purpose is; promoting, protecting and improving children and young people's mental health and wellbeing. The report was produced by the Children and Young People's Mental Health and Wellbeing Taskforce, who were mandated to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided. The aim is to work towards preventative integrated provision to maximise children and young people's health outcomes.

The report makes 49 recommendations to improve young people's mental health services over the next five years and to enable an additional 70,000 young people to be treated by 2020. The recommendations are grouped under five headings:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care of the most vulnerable
- Accountability and transparency
- Developing the workforce

Harrow Health and Wellbeing Board will support collaborative action, through this programme, which will bring about transformation for children and young people's mental health in Harrow.

10.2 Empower the community and voluntary sector to collaborate to deliver alternative delivery models and funding solutions

We heard during the engagement exercises that the community and voluntary sector is the lifeblood of Harrow and it makes a significant difference to health and wellbeing in Harrow.

We heard that there is a huge amount of community spirit to help each other but a need for more coordinated, joined up working. Health and wellbeing, specifically the endeavour to help all in Harrow start, live, work and age well could be the glue which joins everyone together.

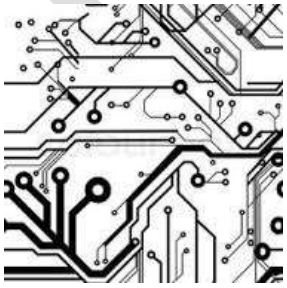
If we, as the Health and Wellbeing Board, could establish the right networks, support mechanisms and shared programmes of work, residents would feel more engaged in local decision making and empowered to do more. The voluntary sector would seem more integrated; each organisation still advocating for a particular cause, but better able to serve

the needs of a diverse community with complex and inter-related need, knowing when to and how to collaborate. There would be less duplication across the whole system, better use of scarce resources and more opportunities to draw new investment into Harrow.

Take volunteering as an example. We know that there are a numerous volunteering schemes under way which have an impact on health and wellbeing. Similarly, there are a whole host of ways in which we all try to get health and wellbeing messages out to residents, try to engage residents in decision making and signpost them to the right information, advice, place or service.

Wouldn't it be fantastic if we had a way of joining all this excellent work together? It would mean that anyone wanting to do more for their community knew where to go and offer their support to best effect and that they were linked up with a whole range of other volunteers passionate to make a difference in Harrow. It would mean that anyone trying to find information, advice, services and support – or just details of their nearest park to go for a walk – could find what they need. It would bring the community in Harrow closer together. It would enable us to build on what's already good in Harrow and promote it rather than just focusing on the gaps. It would stop us labelling people according to disease groups or vulnerability. It would mean that wherever people go, they can access the same connected information which promotes health and wellbeing.

That is not to say what is being proposed here is a 'single point of access' with one organisation having to take responsibility for keeping all information up to date and through which all residents must come to find what they need. A 'one size fits all' approach will not work in a diverse community like Harrow. Instead, like a circuit board on a computer, our ambition is for everything to become more linked up, interconnected and interdependent.



The ambition of 'All together better', a third sector[2]' strategy for Harrow 2013-16 was similar; to 'optimise social capital[3] in Harrow' and to 'Deliver community empowerment and social capital through the collective effort and shared resources of local organisations'. The three themes set out in this document were 'public engagement', 'strengthening support' and 'collaboration'. However, consultation with leaders in this sector indicates there is still work to be undertaken by the sector to realise this vision.

Harrow Council is currently reviewing the way volunteering schemes are run by the Council. The Council would like to identify a simple and effective way to match volunteering opportunities to volunteers and to harness the enthusiasm of residents to engage in social action. This has come alongside the Government's wider ambitions to decentralise power, reduce reliance on the state and to encourage people to take an active role in their communities. It is important that the Health and Wellbeing Board considers ways in which these findings might be relevant and utilised across the wider health and wellbeing system.

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10.3 Provide integrated health and care services

[2] Not for profit independent, voluntary and community groups or organisations formed by local people, or those with a local interest, to improve the quality of life for themselves and/or fellow citizens in Harrow. These include registered charities, voluntary organisations, community groups, faith groups involved in social action, community interest companies and social enterprises[2].

[3] The connections between individuals and groups based on mutual trust and leading to a healthier society.

Residents report finding the health and social care system fragmented and difficult to navigate. Integrated health and social care commissioning is vital for the future to improve quality, access, equity, cost effectiveness and efficiency. You have told members of the Health and Wellbeing Board that you want:

- Better access to care when it suits you
- To be equipped to do more for yourself
- Minimal handovers, which happen effectively and avoid loss of information
- To avoid having to repeat your story to multiple providers
- Support to set meaningful goals and care which is designed to help you meet your needs
- A system where the constituent parts communicate effectively with each other
- Information that is easily accessible
- Care plans which are up to date and that you have control over
- Unpaid and family carers to feel more empowered and able to provide day-to-day care.

These desires align with the Harrow-wide vision for whole systems integrated care which is to improve the quality of health and social care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community.

The Care Act 2014 placed new duties on local authorities that require them to cooperate with local partners. Partners across Harrow believe that truly empowering people to help themselves requires support to be provided around people and not around existing organisational arrangements. Ideally, well before 2020 we will deliver integrated health and care services built around the needs of those using the services. By working in this way we believe we will:

- Make life better for the people of Harrow.
- Prioritise home and community-based support to keep people well, and reduce the overuse of the emergency care system.
- Joined up, cost-effective services, making the most of the available resources.
- Planned in partnership between those that use them, stakeholders, providers and commissioners to ensure that they best meet the needs of Harrow.

11. How will this work be resourced?

There are significant financial pressures facing Harrow Health and Wellbeing Board partner organisations. Harrow as a whole receives one of the lowest funding allocation settlements in the Country and means we are in a significantly worse financial situation than other London boroughs. All Health and Wellbeing Board partners will collectively demand a fairer deal for Harrow from central Government.

There is no specific budget which the Health and Wellbeing Board has control over at present. However, this Strategy should inform the commissioning intentions of all partner organisations (including the voluntary sector) enabling a level of alignment which will facilitate opportunities for sharing resources in future, within respective annual agreed funding envelopes. Work is already underway to pool budgets through the Better Care Fund to unlock the benefit of integrated health and social care services.

12. How will we measure our impact?

It is proposed that the Harrow Health and Wellbeing Board monitor and evaluate implementation of this strategy as follows:

11.1 Monitor local health and wellbeing outcomes
As leaders in the health and care system in Harrow, the Health and Wellbeing Board must have a good overview of health and wellbeing in the borough and keep abreast of how that picture is changing over time.

It is important to state that Harrow CCG, Public Health, Children's Services and Adult Social Care already monitor a large number of outcomes based on the national outcomes frameworks detailed in the table below.

Table 1: NHS, Public Health and Adult Social Care Outcomes frameworks

Outcomes framework	**Indicator domains**				
NHS	Preventing people from dying prematurely	Enhancing quality of life for people with long term conditions	Helping people to recover from episodes of ill health or following injury	Ensuring people have a positive experience of care	Treating and caring for people in a safe environment and protecting them from avoidable harm
Public Health	Improving wider determinants	Health improvement	Health protection	Healthcare public health and preventing premature mortality	
Adult Social Care	Enhancing quality of life for people with care and support needs	Delaying and reducing the needs for care and support	Ensuring that people have a positive experience of care and support	Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harms	

Consequently, the Harrow Health and Wellbeing snapshot proposed does not seek to duplicate this, is not a performance management tool and the outcomes set out are not associated with targets which the Health and Wellbeing Board is responsible for.

The snapshot should help the Board focus attention on overall population health, wellbeing and inequalities and inform future work.

A proposal for the snapshot is set out in appendix 3. The snapshot will be reported at a frequency agreed by the Health and Wellbeing Board (data is available quarterly but changes in the indicators proposed would not necessarily be expected over such a short timescale). The data will be shared annually in a health and wellbeing newsletter.

11.2 Monitor implementation of specific annual actions
The Health and Wellbeing Board members responsible for the specific annual initiatives will develop some measurable actions by end of December each year which can be monitored quarterly. An annual report will be produced in December each year from 2016 onwards which will report on the specific annual actions and outline the actions planned for the year ahead. Finally, all partners will report on the extent to which the Health and Wellbeing Strategy has informed their commissioning intentions for the following year.

11.3 Partnership health check
To help the Health and Wellbeing Board monitor the effectiveness of their leadership, an annual partnership appraisal will be conducted to show we are serious about partnership.

13. How will the Health and Wellbeing Board do business in future?
We want all residents in Harrow to feel they have a say in the decisions taken by the Health and Wellbeing Board. We want residents to know what the plan for the future is and be kept informed about progress. We want to encourage everyone to get involved and to play a part in making Harrow a place where all can start, live, work and age well.

We heard that residents of Harrow want the Health and Wellbeing Board to:
- Consistently engage
- Join up engagement activity related to health and wellbeing across Harrow
- Say and show how the information that is collected is used

The Health and Wellbeing Board has listened to these requests and have a number of proposals to change the way we do business:

- *Health and Wellbeing innovation forums*

We will explore holding events in the community where a representative cross-section of residents can come together to discus health and wellbeing.

- *Create networked groups*

We will all support the development of networks to connect those interested in 'start well', 'live well', 'work well', 'age well' themes and co-ordinated approaches to connected consultations. It may be that groups already exist - it is important to understand how we can enhance the networks that are already in place rather than re-creating new structures.

- *Themed agendas*

Where possible, the agenda will be split according to the start well, live well, work well, age well themes.

- *Clear relationship between the Health and Wellbeing Strategy and questions asked at the Health and Wellbeing Board*

Health and Wellbeing Board members will review all papers with consideration to the three priority areas asking 'does this paper demonstrate concern for mental wellbeing, integrated health and social care and building community capacity?'

- *New ways of communicating with residents*

An engaging digital newsletter summarising the work of the Health and Wellbeing Board will be produced every 3 months at the end of March, June, September and December. We will also explore other new ways of communicating with residents including through social media.

- *Facilitate joined up health and wellbeing engagement*

At present there are lots of different opportunities for residents to speak with different organisations about particular issues and periodically, Harrow CCG, Harrow Healthwatch, Harrow Council host engagement days to bring residents together or to consult on specific service changes or proposals. As a Health and Wellbeing Board, we need to plan more for the future together and consider where it is possible to bring people together once to discuss several issues rather than separately for each organisation. We will endeavour to link all partners together so we each have connected plans for engagement available to all our stakeholders.

- *Annual report*

An annual report will be produced in December each year which will report on the specific annual actions and all partners will report on the extent to which the Health and Wellbeing Strategy has informed their commissioning intentions for the following year.

Appendix 1 – report on work of Health and Wellbeing Board Task and Finish Groups

There were six joint commissioning intentions identified as part of the 2013-15 Health and Wellbeing Strategy. These were:

- Services for older people
- Dementia strategy
- Children's services
- Autism strategy
- Services for carers
- Safeguarding adults

Five task and finish groups were set up to deliver against these priorities and the local adults and children's safeguarding boards also critical for delivery.

- Dementia Task and Finish Group
- Children and Families Commissioning Executive Board
- Autism Task and Finish Group
- Carers Task and Finish Group
- Winterbourne Task and Finish Group
- Local Adults Safeguarding Board
- Local Children's Safeguarding Board

A progress report was presented to the Harrow Health and Wellbeing Board in 2014 outlining the key achievements of the Task and Finish Groups as follows:

Dementia Task and Finish Group

A draft Dementia Action Plan was developed out of the Dementia Engagement Day held in October 2013. The action plan highlighted the following issues:

- Training - a working group incorporating the 8 CCGs have agreed to jointly commission dementia awareness training. The aim is to target 17,000 trainees across NW London to be trained in dementia awareness at different levels. The trainees will include health and social care staff/carers/pharmacists and all relevant 3rd sector agencies across Harrow. The group is currently in discussions on how the training can best be rolled out in Harrow.
- Carers - it was decided that, in order to avoid duplication, the group would feed in to the Carers' Strategy being developed by Harrow Adult Social Care Commissioning.
- Ease of access to information, advice and guidance - content for a Harrow Council webpage is being developed which will provide information on dementia, list dementia related services available in Harrow and signpost people to specialist organisations for in-depth information.
- Easier Access to diagnosis and treatment - the restructured community based Memory Assessment Service went live in August 2014. One of its prime aims is to cut referral to assessment times from 6 months to 4 weeks. To be based in 3 GP surgeries, with therapeutic treatment also based in a number of community locations. Milman's Resource Centre being the first. GP's are also being incentivised to conduct more initial dementia screenings where relevant.
- Advance care planning/End of Life - it was decided that to avoid duplication, the group would feed into the work currently being undertaken by the CCGs End of Life Care Group.
- Care coordination, prevention and duplication - Whole Systems and Early Adopter Status, have focused on people 75 and over with one or more conditions – one of which is often dementia. Care coordinators are being hired for each of the six localities to ensure all relevant professions work together to develop personalised care plans.

- Dementia friendly communities - individual group members are in the process of signing up to a Harrow Dementia Alliance.

Following on from the Dementia Engagement Event and the draft Dementia Action Plan, the first iteration of a Joint Dementia Strategy 2015-2018 is being developed. This will replace the currently joint dementia strategy which ends in 2015. The strategy will be developed with Harrow CCG, people with dementia and their carers, Dementia Task & Finish Group and other relevant stakeholders. This strategy will link together with other commissioning strategies currently being developed e.g. carers' strategy.

Older People Integration Task and Finish Group (N.B. discontinued)
Since the last update report to the Health and Wellbeing Board, a decision was made to not implement the Older People Integration Task and Finish Group. This is because of the group's synergies with the Dementia Task and Finish Group, and to maximise resources in this area.

Children and Families Commissioning Executive Board
This commissioning executive is responsible for all joint commissioning for children and family services across Harrow. Significant areas of progress in the last six months include Special Educational Needs reforms where we are introducing a single health, education and care plan, local offer and individual budgets for children with SEN. We are also progressing health assessments for children looked after and putting in place an action plan to improve both quality and timeliness of assessments. Other areas of activity include redesigning pathways and support for children and young people with emotional, behavioural or mental health issues – across the full spectrum of needs, and planning the novation of health visiting to the local authority with NHSE.

Autism Task and Finish Group (formerly the Autism Project Board)
The very popular autism awareness training has continued to be provided to staff in Adult Social Care, Access Harrow and to other staff. More than 100 Harrow Council staff have attended the training since October 2013. The course has now been rolled out to staff working in mental health for Central and North West London NHS Trust. The one-day course aims to improve staff awareness of autism, enable them to identify signs of autism, know how to make reasonable adjustments and refer people to the diagnostic pathway and support.

A subgroup of the Autism task and finish group met to look at potential ideas for a bid to the government's Autism Innovation Fund. The subgroup was made up of representatives from Harrow Council, Harrow CCG, the voluntary sector, service users and carers. An identified priority for people with autism in Harrow is employment, and a bid to support autism awareness amongst Harrow employers has been put together. The group will continue to meet in order to develop and implement key employment objectives.

Carers Task and Finish Group
The Council and CCG are working together to develop a new commissioning action plan in support of unpaid carers. An "Expert Reference Group" has been brought together of carers from some key networks and groups to advise on the plan. Following agreement of the plan, which we expect in October, the Task and Finish group will be formed to oversee its delivery.

Winterbourne Task and Finish Group
Two well attended workshops were held in July 2014 to scope out the activity needed to continue the good work from the Winterbourne View action plan in Harrow. The group will continue to take forward improvement to support for people with learning disabilities, autism and challenging needs under three main work streams:

- Challenging needs – definition, diagnosis and pathways
- Learning disabilities – screening, diagnostic and assessment tools and support
- Improving access to universal services

This work is due to begin in October 2014 and will report back via the Winterbourne Task and Finish Group.

Local Adults Safeguarding Board
The Local Safeguarding Adults Board (LSAB) Annual Report 2013-14 is due to be presented at the Health and Wellbeing Board in September 2014.

Local Children's Safeguarding Board
The Local Safeguarding Childrens Board (LSCB) Annual Report 2013-14 is due to be presented at the Health and Wellbeing Board in September 2014.

Appendix 2

Visual minutes from Health and Wellbeing engagement event 16 July 2015 (part A)

Visual minutes from Health and Wellbeing engagement event 16 July 2015 (part B)

Appendix 3 – Harrow Health and Wellbeing Board health and wellbeing snapshot

		Indicator	England	London	Harrow	Worst performing ward	Best performing ward
Overall health indicators	1.	Life expectancy at birth (male)					
	2.	Life expectancy at birth (female)					
	3.	Healthy life expectancy at birth (male)					
	4.	Healthy life expectancy at birth (female)					
	5.	Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (male)					
	6.	Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (female)					
Start well							
	7.	Infant mortality					
	8.	Children in poverty (all dependent children under 20)					
	9.	School readiness: at end of reception for children with free school meal status					
	10.	First time entrants to the youth justice system					
	11.	Tooth decay in children aged 5					
	12.	Childhood overweight/obesity at year y6					
	13.	Number of children and young people identified as at risk of Child Sexual Exploitation by the MASE panel					
	14.	Education outcomes of children looked after					
	15.	Emotional wellbeing of children looked after					
	16.	Maternal mental health					
	17.	Emergency admissions for Lower Respiratory Tract infections in children					
	18.	A&E attendances for accidental/non accidental injury					
Live well							
	19.	Mortality rate from causes considered to be preventable (persons)					
	20.	Excess under 75 mortality rate in adults with serious mental illness					

	21.	Homelessness acceptances (per thousand households)					
	22.	The percentage of respondents who answered 0-4 to the question “Overall, how happy did you feel yesterday?”					
	23.	Utilisation of outdoor space for exercise/health reasons					
	24.	Percentage of adults classified as physically inactive					
	25.	Domestic abuse					
Work well							
	26.	Percentage of 16-18 year olds not in education, employment or training (NEET)					
	27.	Percentage of working days lost due to sickness absence					
	28.	Gap in employment rate between those with a learning disability and the overall employment rate (persons)					
	29.	Gap in employment rate between those in contact with secondary mental health services and the overall employment rate					
	30.	Earnings by residence					
	31.	Earnings by workplace					
Age well							
	32.	Health related quality of life for people with long term conditions					
	33.	Health related quality of life for carers					
	34.	Social isolation: Percentage of adults social care users who have as much social contact as they would like					
	35.	Social isolation: percentage of adults carers who have as much social contact as they would like					
	36.	The percentage of households estimated to be fuel poor					
	37.	Hip fractures in over 65 (persons)					
	38.	Proportion of people living in their own home					

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