

Harlow health and wellbeing strategy 2023 to 2028

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1. Foreword

Addressing inequalities and providing access to the right support to ensure Harlow residents are better able to boost their health and wellbeing.

The council's approach to supporting efforts to improve health and general wellbeing needs to change to reflect the impact of COVID-19 and the socio-economic issues that have manifested in the town before the pandemic but have grown more acute since the lockdowns.

Moves were taken as part of the council's post-lockdown health and wellbeing positioning statement to set out the strategic direction to confront those emerging issues that needed a coordinated approach. Now that the council has been able to review the Essex Joint Strategic Needs Assessment (JNSA) and other data sets, an evidenced-led approach has been developed to address the wider determinants impacting health and wellbeing in Harlow.

This strategy also aims to complement the work Essex County Council (ECC) has been doing to update its own health and wellbeing priorities, and the changes to local healthcare structures with the replacement of the West Essex Clinical Commissioning Group (CCG) – its functions have been absorbed into the Hertfordshire and West Essex Integrated Care System (ICS).

The data on socio-economic factors impacting Harlow lays bare the significant challenge confronting local government and healthcare leaders. Educational attainment and income levels are two major factors that need action to reverse some of the key health and wellbeing inequalities in the town. This will require more targeted government support, which is something that will be pursued as part of the practical application of this strategy.

It is also important to stress that both physical and mental health are approached in this strategy on an equal footing. Further progress will not be made without such an approach and the strategy sets out how parity will be achieved as part of the priority focus areas.

The truth is that life expectancy in Harlow is not where it should be when compared to neighbouring local authorities, obesity levels in the town's younger population continue to store up future health issues and substance misuse, particularly linked to alcohol consumption, could put additional pressure on both local primary and acute healthcare provision in the next five years alone.

As a community leader, the council believes it has an important role to work to reduce the trends holding back better health and wellbeing outcomes in the town. This strategy is focused on delivering a set of outcomes by 2028 to arrest the current trend. Some of the 2028 outcomes include: addressing barriers to health provision, promoting physical activity, encouraging an active lifestyle in later life, working to improve mental health and emotional wellbeing and improved prevention work to curb substance misuse amongst a range of other priorities.

This strategy offers a sober assessment of the key challenges that can only be successfully resolved in partnership with ECC, local healthcare leaders and the government to overcome. There is already a great deal of work being undertaken to reduce health and wellbeing inequalities on the ground, it is the council's ambition that a renewed approach, with an updated set of priorities, will make a difference.

Councillor Joel Charles, Cabinet Member for Business and Community Resilience

2. Background

2.1 Purpose of strategy

The overarching drive of the Harlow health and wellbeing strategy is to help achieve the following key vision:

“We want Harlow to be a place where residents from all backgrounds and abilities can lead long, healthy, independent, happy and safe lives.”

To achieve this vision, we need to reduce health inequalities by focusing on actions that support the delivery of better health outcomes.

As part of its community leadership role, Harlow Council leads the Harlow Health and Wellbeing Board and associated partnership, including the linked subgroups of the board. The council has worked with all partners to develop this strategy, ensuring its focus is determined by the latest evidence, that it reflects the priorities and activities of the whole partnership, so that it can make a real impact on local health and wellbeing outcomes. However, the strategy is ultimately owned by the existing health and wellbeing board, and they as a collective will have responsibility for its delivery with Harlow Council.

This strategy enables the health and wellbeing partnership to focus activity and resources on the identified key priorities and outcomes for maximum benefit to Harlow residents.

2.2 Why refresh strategy now?

The previous Harlow health and wellbeing strategy was adopted in 2018. It was agreed to refresh the strategy, in the light of the significant events in recent years, to review objectives to ensure that all partners were working together towards a shared mission.

Both the impact of the COVID-19 pandemic, and the socio-economic challenges, some that have become more acute since cost-of-living pressures, which are having a significant impact on our community. More than ever before, responding to the impact of the COVID-19 pandemic called for organisations to come together to work collaboratively to meet the needs of local residents.

Changes have taken place to the systems and structures that deliver health and wellbeing services and outcomes. The CCG has transformed into the Hertfordshire and West Essex ICS, including its associated partnerships, resulting in stronger links with the council's partners across the local area covered by it. In addition, we are seeking to align the Harlow health and wellbeing strategy with the Essex-wide strategy and those of our partner districts in west Essex. ECC published its new joint health and wellbeing strategy in 2022 and has adopted the Robert Wood Johnson Model as its framework for delivery. Our neighbouring districts of Epping and Uttlesford are also refreshing their health and wellbeing strategies. All these strategies are seeking to adopt the same model, similar frameworks and aligned timeframes. This will support closer working across the wider west Essex geography and potentially enable joint projects and initiatives to address common health and wellbeing issues.

2.3 How has the strategy been developed

In October 2021, Harlow Council issued a positioning statement outlining the council's approach to health and wellbeing, which indicated the intention to work in partnership with the wider community to develop the new Harlow health and wellbeing strategy.

The new strategy has adopted an evidence-based approach. Using the JSNA and other relevant data, a Harlow focused evidence-base has been produced that demonstrates the current issues and demands for Harlow across a wide range of themes. This evidence was reviewed by the Harlow Health and Wellbeing Board and the wider partnership to understand and agree key priorities for the town. The specific evidence relating to Harlow is attached in Appendix 1 and will be regularly reviewed and updated to consider the impact that the delivery of the strategy is having, and to spot emerging trends and issues.

In addition, in October 2022, a survey of Harlow residents was undertaken, utilising the 'human givens' approach to emotional health and wellbeing. The results reinforced the evidence-base by demonstrating that Harlow residents do not get enough physical activity, suffer from a lack of sleep and don't feel safe.

The new Essex joint health and wellbeing strategy, covering the period between now and 2026, was also reviewed to understand how it can support the priorities of Harlow and how work here in the town supports the wider Essex approach. After careful consideration of the five priorities and associated outcomes in the Essex-wide strategy against the local evidence-base, it has been agreed to adopt the same priorities and outcomes but ensure they can be amended to fully reflect the local context.

An action plan has been developed alongside this strategy, enabling the priorities and outcomes to be tested to ensure that local partners agree with them and reflect activity that partners are already undertaking. The action plan will be refined and used to implement and monitor the strategy.

This strategy is to be presented to and reviewed by the council's Scrutiny Committee before going to the authority's Cabinet for it to be approved.

3. Strategic context

A great deal has changed since the Harlow health and wellbeing strategy was written and adopted.

3.1 The Health and Social Care Act 2022 and health and wellbeing boards

The Health and Care Social Act 2022 established the creation of ICSs that have taken over the previous CCG functions. This change has enabled the purchaser and provider of care services to be the same body. ICSs are partnerships tasked to come together to plan and deliver joined up health and care services with the aim of improving the health and wellbeing of the local population.

Harlow sits under the [West Essex Health and Care Partnership](#) (WEHCP), which is a subgroup of the Hertfordshire and West Essex Integrated Care Partnership (ICP). In addition to Harlow, the WEHCP includes the districts of Epping Forest and Uttlesford. The WEHCP has some delegated functions and budgets.

The [role and responsibility of the Hertfordshire and West Essex ICP](#) is “the development of an “integrated care strategy” for the whole population (covering all ages) using the best available evidence and data, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. The ICP will champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It will support place-and-neighbourhood-level-engagement, ensuring the system is connected to the needs of every community it covers.”

The Health and Social Care Act of 2012 outlined the responsibilities of health and wellbeing boards. With the establishment of the ICPs in July 2022, the responsibilities for health and wellbeing boards remain in place.

In Essex, a two-tier approach exists to health and wellbeing boards. The ECC Health and Wellbeing Board is responsible for producing the JSNA data and an overarching Essex-wide health and wellbeing strategy.

The district level offers a more localised place-based level to operate at. Each district maintains its own health and wellbeing board, which is expected to assess the health and wellbeing needs of the local population in order to produce its own strategy reflecting local priorities.

Harlow's Health and Wellbeing Board is also linked closely to a wider WEHCP. There are close working relationships across the three districts of west Essex enabling a range of shared activities to take place that result in shared intelligence and resources as well as joint projects and initiatives. Harlow co-chairs the socio-economic sub-group of the Health Inequalities Committee.

3.2 Harlow's key challenges

The town is facing several key challenges that need to be considered when looking to address the health inequalities that impact the local population.

Local socio-economic factors

Health inequalities have always existed in Harlow. This reflects the socio-economic circumstances of the local population, which as outlined in the Robert Wood Johnson Model of health determinants (referred to later in this strategy), have a strong influence on people's potential health outcomes.

The following headline statistics are included in the evidence-base attached in Appendix 1 and are all taken from the 2022 Essex JSNA data sets.

Harlow has lower levels of educational attainment

26.05% of Harlow's adult population have no qualifications (compared to the England average of 22.46%).

Harlow has the 2nd lowest percentage in Essex of pupils passing English and Maths GCSE at 52.9%, compared to the Essex average of 64%.

Educational attainment is a significant predictor of wellbeing in adult life – determining their likely labour market position, income, housing and other material resources. Educational attainment is influenced by both the quality of education and family socio-economic

circumstances.

Harlow's population has low incomes

Harlow has the lowest earnings by place of residence in Essex at £529 median gross weekly pay, compared to the Essex average of £635.

Harlow has the 2nd highest proportion of residents aged 16 to 24 claiming any working age benefits at 27.3%, compared to the Essex average of 19%.

Harlow has the 2nd highest rate in Essex of residents with less than £125 discretionary income per month at 41.6%, compared to the Essex average of 27.4%.

Harlow has seen wage stagnation between 2011 and 2021 with less than £8 increase in the median gross weekly pay – the lowest increase in Essex by far.

At the time of writing this strategy, the more detailed census information from 2021 has not been released. An early action for the partnership will be to review the more granular census data once it is released to consider what it tells us about our community, influences on health outcomes or issues of access to health provision.

Impact of COVID-19

COVID-19 exacerbated the existing health inequalities for the whole population of Harlow and for communities of interest within it. COVID-19 especially exposed isolated and vulnerable people living in crisis across the town who lacked any support networks.

There have been long-term impacts of COVID-19 on both local health institutions, such as the Princess Alexandra Hospital (PAH), and on people's health and wellbeing generally.

Community Hub – public and voluntary sector working together

A key project that has delivered a response to COVID-19 and is still in operation, is the Harlow Community Hub. This is a partnership between Rainbow Services, Harlow Council, Mind in West Essex, Harlow Foodbank, Citizens Advice, the Volunteer Centre Harlow and the Integration Support Services.

During the pandemic, when the spread was at its peak, the Community Hub supported around 1000 households in Harlow.

The Community Hub's offer has developed from its original telephone service to include outreach services delivered at a variety of locations across the town.

Each person accessing the Community Hub services receives a holistic approach to their request for help. Rather than simply fulfilling their immediate need, we explore this further and link that to services who will work with them to find solutions to prevent them from needing continued help

Between November 2021 and April 2022, the Community Hub had made a total of 1288 referrals to organisations who assist in areas such as food poverty, fuel poverty, housing, mental health, integration and homelessness. Most referrals are made via the Harlow Frontline platform. This included:

- 935 households were supported with food poverty, including referrals to Harlow Foodbank and the Community Pantry
- 193 hot meal vouchers provided to households with no access to proper cooking

equipment (housed in a hotel room) or cannot cook due to short term ill health (physical and mental ill health)

- 110 households have received direct support from the Community Hub with emergency credit for gas and electric or who have been referred to the Energy Team at Citizens Advice for support with fuel poverty

Cost of living and linked economic challenges

As we are emerging from the COVID-19 pandemic, the town now faces challenges associated with the cost of living.

This is a challenging period for the whole country that will impact the local population and the town's economy, inflationary increases are adding to concerns about the affordability of essentials such as food, fuel, clothing (including school uniforms and winter coats) housing costs and the ability to pay other bills or debts.

Feedback from the agencies supporting local residents with food poverty, such as the Harlow Foodbank, report that there has been an increase in demand for their services.

Waiting well

It is acknowledged nationally that the COVID-19 pandemic has increased waiting times for a range of procedures and operations. A challenge exists in working to make sure that people who are waiting for procedures can remain as well as possible, both physically and mentally. The Harlow Health and Wellbeing Partnership is introducing a pilot project that will use the social prescribers linked to GP surgeries to identify a cohort of local residents that are waiting for procedures, to provide additional support and signposting to help them remain well whilst they wait.

New hospital for Harlow

The PAH is an ageing hospital designed for a far smaller population than it currently serves. The hospital has expanded within its footprint incrementally and is now challenged by trying to meet the demands of ageing infrastructure, population growth and enabling 21st century health services. As one of the locations selected by the government to benefit from a new hospital, plans are in development for a new hospital to be built on the edge of the town. This project continues to move through the process defined by HM Treasury in terms of business case approval. The new hospital is key to supporting the planned population growth of the local area through the development of the Harlow and Gilston Garden Town (HGGT) project and the wider surrounding geography of the hospital's catchment. The delivery of the new hospital is therefore important not just to Harlow, but also to the wider east Hertfordshire and west Essex area, delivering not just improved services, but wider socio-economic value outcomes.

Linkages to other strategies, boards and local activity

The challenges outlined above demonstrate how multi-faceted and complex the issues relating to health inequalities and outcomes are. Health inequalities cannot be fixed overnight, as they reflect historical trends that require a long-term approach to address them. However, this strategy is not operating in isolation. It is working alongside a range of other existing strategies, boards and local activity which each focus on particular policy aspects, including economic development. This health and wellbeing strategy is one piece of the whole jigsaw that is required to address health inequalities. All the strategies and partnerships together contribute to developing and delivering an approach designed to deliver a solution routed in a pragmatic decision-making process based on evidence.

Appendix 2 outlines some of the key strategies and partnerships that sit along-side and underpin this health and wellbeing strategy.

4. Key models and frameworks used to deliver this strategy

Previously, Harlow's Health and Wellbeing Partnership operated a 'life stages' framework to implement its health and wellbeing work. The partnership focused its activity through three key subgroups focused on different life stages, namely:

- Early Help and Start Well
- Bewell, Staywell, Workwell
- Age Well

This approach enabled practitioners and partners to work together around naturally aligned agendas and services relating to age. It remains useful as an operating model as it enables broad holistic partnerships to work together on health and wellbeing issues that cover the whole population.

However, within the health inequalities landscape, new framework models are being adopted which reflect a greater emphasis on the view that health outcomes are influenced by a range of interdependent and interconnected factors.

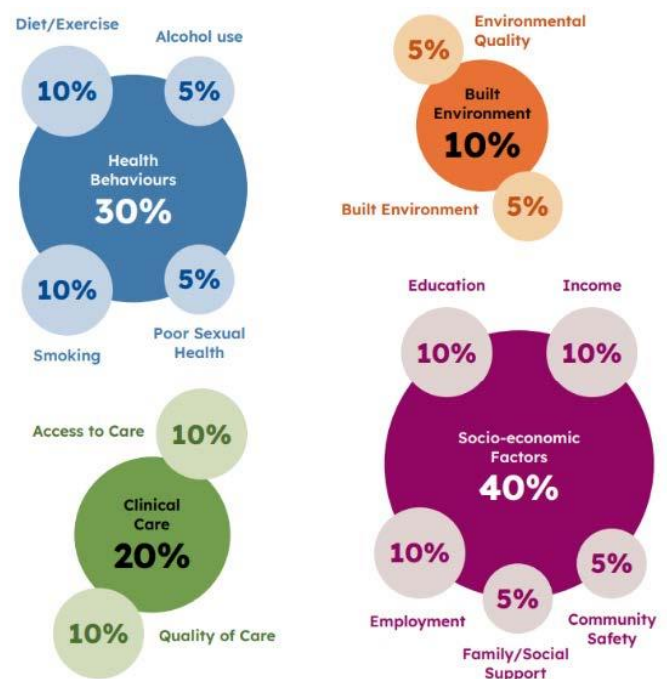
As highlighted in the [health profile for England: 2018](#) report by Public Health England: "Good or bad health is not simply the result of individual behaviours, genetics and medical care. A substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape people's lives."

The Robert Wood Johnson Model is a framework that demonstrates how health outcomes are affected by a range of wider determinants.

These are grouped around the main influencing spheres of: socio-economic factors 40%, health behaviours 30%, clinical care 20% and built environment 10%.

A further approach to reduce health inequalities is the [Core20PLUS5 model](#), as used by NHS England. It focuses activity on both the 20% most deprived areas or groups that experience the poorest health outcomes as well as on the five key clinical health issues faced by the community.

It can be used in tandem with the Robert Wood Johnson Model to ensure that a wider range of factors that affect health outcomes are considered.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status.

Harlow's approach

Harlow's Health and Wellbeing Partnership will adopt a greater focus on using the Robert Wood Johnson Model in delivering this strategy. The majority of partners will be able to demonstrate strong links to their existing and potential future work that will want to be responsive to and directed under this model. However, some partners (especially those with a clinical role in the NHS) will refer to and use the Core20PLUS5 model. Referencing both models will enable the partnership to consider a wider agenda and to consider health inequalities from different angles to help achieve better health outcomes overall.

In delivery terms, the Harlow Health and Wellbeing Partnership will continue, at least in the short term, to operate through the three life stages subgroups. The existing subgroups already have positive relationships and processes in place. They will be supported to consider a wider agenda by encouraging them to actively review various health determinants and the local evidence base. This will help the subgroups to focus more of their energy and attention on delivering activity aimed at reducing health inequalities and the key identified priorities for Harlow.

In practice, this will mean, that whilst the AgeWell subgroup may have previously focused its attention on supporting older people's interdependence and physical fitness, that in future it may also actively consider how it might support older people with mental health or alcohol addiction issues. By adopting the Robert Wood Johnson Model the subgroup will be encouraged to consider the wider determinants of health and review the local evidence base, which will highlight that Harlow has an issue when it comes to the number of over 65-year-olds that have alcohol addiction issues.

To support the Harlow Health and Wellbeing Partnership to actively consider a wider range of health determinants and issues that might support health outcomes, a series of events for all partners will be held. These events will be based around key themes (potentially based on aspects of the Robert Wood Johnson Model or identified as issues from reviewing the local evidence base). They will provide all partners with an opportunity to consider what existing work is being undertaken to address the issue locally, to potentially hear about best practice examples from elsewhere, consider what could be improved and potentially agree new approaches that might be adopted.

In addition to the 'life stage' subgroups, other groups, which form part of the wider partnership, will be asked to consider how their work can link into, help deliver and have a positive impact on delivering Harlow's health and wellbeing strategy. These reflect the wider determinants of health and will include:

- Harlow Creates – cultural activities can have a positive mental and physical impact either through design or as secondary impact
- Harlow Community Forum – representing communities of interest
- Active Essex – deliver a programme of projects that aim to address health inequalities and reduce physical inactivity
- Harlow Skills Forum – supporting adult training and skills provision locally to help local people upskill and access higher paid employment

Each partner agency, including the council, will be asked how it can embed approaches contributing to the reduction of health inequalities through its mainstream service delivery.

5. Our district

This strategy is built on an evidence-based approach. A detailed evidence-base of key data is included in Appendix 1.

Further details regarding Harlow's population will be available from future census data releases. Once this is available, an early task for the council, and the Health and Wellbeing Partnership, will be to review the data to gain a greater understanding of the Harlow community and consider whether different sections of the community experience barriers, in differing ways, to positive health and wellbeing outcomes. The partnership will also look to establish more qualitative feedback from local communities reflecting the town's diversity through greater local engagement.

However, the following are some of the key headlines regarding the district of Harlow:

- In 2021, Harlow had a total population of 93,300. This was an increase of 13.9% since 2011, a far higher increase than the average across the whole of England of 6.6% (2021 Census data).
- Life expectancy at birth in Harlow is poor. Overall life expectancy is 78.6 years compared to the national average of 79.4 years. This is the second worst in Essex for both males and females. Life expectancy also varies between the least and most deprived areas within the town (equating to 7.1 years difference for men and 3.5 years for women).

6. Our vision

“We want Harlow to be a place where residents from all backgrounds and abilities can lead long, healthy, independent, happy and safe lives.

“A place where people feel heard, empowered, included and supported to identify and manage their own health and wellbeing and have equal access to the right services and support, at the right time and in the right place.

“In order to help identify and prevent future challenges, we want to deliver greater parity between physical and mental health provision locally.”

7. Our strategic focus

We will focus on the following key themes in order to deliver our vision:

- tackling town-specific health and wellbeing inequalities through a partnership approach
- reducing the impact of socio-economic determinants contributing to poorer health outcomes
- promoting independence and healthy lifestyles at every stage of life

In its wider community leadership role, the council is acting to convene many partners to act on improving the socio-economic circumstances of the town's population. For instance, Harlow Council coordinates the Harlow Growth Board, which acts as strategic partnership focused on the economic prosperity and growth of the town. It is seeking to ensure that major investment projects, (such as the UK Health Security Agency's relocation to Harlow,

new hospital, town centre regeneration and the HGGT project), act to deliver benefits to local people and business in terms of jobs, skills and training opportunities, local trade and increased resident incomes.

In addition, Harlow's new economic development strategy will be published in spring 2023. This will support the economic prosperity of the town and will include labour market initiatives for adult skills and employability.

8. Our priorities

In July 2022, the Essex Health and Wellbeing Board published the Essex joint health and wellbeing strategy, which outlined five key Essex-wide priorities. In summer 2022, the updated Essex-wide JSNA data was also published. Harlow specific data sets has been extracted from the JSNA and linked into the health determinant factors of the Robert Wood Johnson Model (see Appendix 1). The Harlow Health and Wellbeing Board carefully reviewed and reflected on the Harlow data to help understand the key local challenges.

It has been agreed that Harlow will adopt the five priorities outlined in the Essex-wide health and wellbeing strategy as they adequately reflect the issues that Harlow faces. However, the order that they are presented in has been changed to reflect the local circumstances.

Adopting the same priorities as the Essex-wide strategy enables consistency of priorities and therefore activity for various partners and supports the consistency and simplicity in the collection of data for monitoring and reporting processes.

Harlow's health and wellbeing priorities:

Our five health and wellbeing priorities are:

- reducing health inequalities in Harlow by focusing on the wider determinants of health
- increasing physical activity and improving healthy weight
- improving mental health and wellbeing, including reducing suicide rates
- addiction issues, including reduction of alcohol and substance misuse
- supporting long term independence for all sections of Harlow's community

Each of the priorities is explored in greater detail below.

To provide context about how the local priorities were developed, Harlow headline issues and data are summarised.

Against each priority, a series of local outcomes have been identified. Many of the outcomes reflect the Essex-wide strategy, but each has been sense-checked to ensure it is suitable and appropriate for the health and wellbeing landscape and needs in Harlow, resulting in some outcomes being amended and additional bespoke outcomes being added that are felt to be important from a district perspective.

The outcomes aim to be realistic and pragmatic targets for what can be achieved to reduce health inequalities linked to the priority outcomes that aim to be achieved by 2028 (a five-year time frame).

A Harlow health and wellbeing action plan is being produced that outlines details of existing

activity that is planned to support each of the identified outcomes or potential activity that could be undertaken to support the delivery of them.

The action plan aims to be focused on the identified needs, whilst also being flexible enough to pivot and meet changing demand and emerging trends.

The action plan will be subject to annual monitoring and review.

9. Harlow priority 1: Reducing health inequalities in Harlow by focusing on the wider determinants of health

A summary of the key issues and headlines under this priority:

The 'Robert Wood Johnson Model' highlights the importance of the influence of the wider determinants of health, such as socio-economic factors that have a bearing on health and wellbeing outcomes. Within Harlow, our population often faces multiple inequalities.

Additional work is required to enable the partnership to have a deeper understanding about how different communities are affected by health inequalities and why. Further analysis of data, including the expected future releases of the 2021 census data and any other applicable data sources, will support us in identifying and addressing health inequalities. We will ensure that we talk to and consult with the community to help gain a deeper understanding of the issues that they face and to help consider appropriate solutions. The partnership will work together to address any identified barriers to health provision and to challenge and tackle health inequalities in Harlow.

The long-term issues of poverty and inequality have been exacerbated by the impact of COVID-19 on health, social networks and the economy. The cost-of-living crisis will continue to impact our residents, affecting their health outcomes. Action by many partners is required to support local residents to address the immediate cost of living pressures. Central to our response is ensuring that the Community Hub is supported by the wider Health and Wellbeing Partnership. The Community Hub acts as a one stop shop for residents who are in crisis, providing advice and support, helping to make 'every contact count'. They also make immediate referrals to a wide range of agencies via the Frontline service. This means that a resident may talk to the Community Hub to ask for support with their mental health, but during the conversation it might become clear that they are struggling financially and as a result, be referred for money advice and be provided with a food parcel.

Residents need a range of practical support to help them address the impact of the cost of living. This will include, for example, access to debt and money advice ensuring that residents have accessed the maximum money they are entitled to and supported to budget, the availability of low or no cost activities, practical measures regarding heating costs (such as the availability of warm spaces and support with the cost of home insulation), food and essential clothing such as warm layers and provision made available for school uniforms.

There is a need to get information about help and support to residents in an accessible way, particularly during the winter period. All partners will need to play their part to promote information. This should be produced in an accessible format reflecting the needs of the community that has low levels of digital engagement and lower levels of educational attainment, and in some cases literacy.

In the longer term, we need to ensure that inclusive economic growth is embedded locally to help tackle income inequalities, food poverty and digital exclusion.

It is acknowledged that reducing inequalities requires sustained effort over long periods of time, which will continue to be challenging.

Key Harlow headlines:

- Harlow has pockets of high child poverty (17.3% of children in Harlow live in low-income families compared to the Essex average of 12.8%).
- A total of 7,629 food parcels were distributed in Harlow in 2020 to 2021.
- 14% of Harlow residents are in fuel poverty, equating to 5,294 people.
- Harlow has a consistently high claimant count.
- Harlow has the highest levels of CO2 emissions per square km in Essex.

Harlow outcomes by 2028:

- Improved access by identifying and addressing barriers to health provision.
- Ensured high quality health and wellbeing services for all residents of Harlow.
- Helped reduce the impact of the rising cost of living for local residents, including reducing food and fuel poverty.
- Improved access to affordable and free activities that promote and support healthy lives, including cultural, creative, sport/physical activities and access to green spaces.
- Improved access to quality early years provision and education that will support a healthy start in life and support children and young people to have the best possible health and educational outcomes.
- Improved access to employment and training for adults.
- Improved numbers of residents who are digitally engaged to be able to access services and information that support their health outcomes.
- Supported the delivery of the HGGT vision to create a healthy town, ensuring that all new developments and regeneration projects will have actively considered the potential impacts on health and wellbeing in their design and implementation.

10. Harlow priority 2: Increasing physical activity and improving healthy weight

A summary of the key issues and headlines under this priority:

Obesity is linked to a wide range of diseases including type 2 diabetes, heart disease, stroke, musculoskeletal conditions, cancer, liver disease and mental health conditions. Nationally, it is estimated to cost the NHS over £5 billion annually, with tens of billions of additional costs to society.

Harlow has high levels of obesity in children and adults, and experiences high levels of physical inactivity.

The cost-of-living crisis adds to the challenges for residents to eat healthily both in terms of the price of food and the price of fuel used in different cooking methods, and to engage in

physical activity.

Partners are delivering a range of activity already to support local residents of all ages to help address physical inactivity and healthy weight. Active Harlow and partners across the voluntary and community sector support the delivery and promotion of a range of activities aimed at supporting physical activity, including strength and balance activities for older people and a project promoting walking routes across Harlow via the Go Jauntily app.

Across Harlow there are numerous green spaces, including the various parks and connected green wedges that include the Town Park and Jean McAlpine Park, woodlands, ponds such as Oakwood and Netteswell, as well as the River Stort and its surrounding area. All of these green and blue assets, including the extensive cycle track network, enable opportunities for physical activity and active travel.

Key Harlow headlines:

- Harlow has the highest percentage of children overweight or obese in Year 6 in Essex.
- Harlow has the second highest in Essex percentage of children who are overweight or obese at reception age.
- Harlow has the third lowest proportion of children and young people who are physically active in Essex.
- Harlow has the second lowest proportion of adults who are physically active in Essex.

Harlow outcomes by 2028:

- Enabled children, young people and their families to be more physically active (especially through fun active play) and that they understand the importance of an active lifestyle, healthier diets and healthy weight.
- Improved levels of physical activity amongst adults by helping them find ways to integrate physical activity into their daily lives.
- Improved nutritional awareness, healthy eating and helped low-income households to access affordable healthy food options.
- Supported weight loss in communities through the development of healthier, designed places by addressing environments that support or promote obesity.
- Helped residents with long-term conditions and disabilities to get the same access to physical activity as other residents.

11. Harlow priority 3: Improving mental health and wellbeing, including reducing suicide rates

A summary of the key issues and headlines under this priority:

Good mental wellbeing supports and enables strong relationships, educational achievement, physical health and access to employment. People with poor mental health can experience poorer mortality rates, often due to the wider determinants of health such as socio-economic and behavioural factors.

The COVID-19 pandemic has impacted on the mental health of residents of all ages in

Harlow. Schools across Harlow are experiencing high levels of students with increased mental health issues. Services that support residents with mental health issues have experienced increased numbers of referrals impacting on their capacity to effectively support residents.

The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities, as well as an economic cost. Harlow is amongst the [top twenty districts in the country for suicide rates](#). Preventing and reducing the levels of suicides remains a priority for the Harlow Health and Wellbeing Partnership.

It is known that the group at highest risk of suicide are young men. To raise awareness of the issues and highlight where to go for advice and support, the Health and Wellbeing Partnership worked with Harlow College construction students in 2021 to develop posters to be used on construction sites.

Key to addressing poor mental wellbeing is ensuring that all partners work in a joined-up manner.

To this end, the Harlow Health and Wellbeing Partnership will focus on:

- Understanding in greater detail the extent of the mental health issues within Harlow, including gathering and reviewing data that helps understand who is affected by what mental health issues and identifying whether individuals who have poor mental health are also suffering from other health and socio-economic disadvantage.
- Understanding the existing provision to support people's mental health, including understanding the challenges and opportunities within the system such as recruitment pressures and waiting times to access support.
- Prevention activity – actively promoting available support in accessible forms.
- Ensuring that physical health and mental health have equal parity in all aspects.

Key Harlow headlines:

- Harlow has the highest level of common mental health disorders in Essex, including incidences of depression.
- Harlow also has a higher than the Essex average of the prevalence of serious mental health illness.
- There is high smoking prevalence among people with long-term mental health conditions in Harlow.
- Harlow has the highest rate in Essex of years lost due to suicide.

Harlow outcomes by 2028:

- Supported the mental health and emotional wellbeing of children and families with a particular emphasis on vulnerable groups, and those that we are aware have been hit hardest by the impact of COVID-19.
- Improved the quality of life for people with a range of mental health conditions.
- Improved equity of access to mental health services for people in crisis.
- Addressed factors that lead to loneliness and social isolation (in people of all ages).
- Reduced suicide rates by taking action linked to the priorities contained in the national suicide prevention strategy.

12. Harlow Priority 4: Addiction issues, including reducing alcohol and substance misuse

A summary of the key issues and headlines under this priority:

All addictions are likely to contribute to poor mental and physical health. Equally, poor mental health can lead to increased substance misuse, smoking and addictive behaviours. Helping people to cut down on their alcohol intake can improve mental health, boost weight loss and reduce the risks of conditions which cause a high number of deaths and reduce the quality of life, such as cancer, and liver and heart disease.

Nationally alcohol and drug misuse cost the health service £3.5 billion.

Harlow has high levels of alcohol and drug misuse. The data indicates that the prevalence of alcohol misuse is higher in older residents. Additional local intelligence is required to gain a greater understanding about the cohort linked to the level of alcohol related hospital admissions and to potentially understand the impact they have on the NHS and other public sector resources.

It is important to intervene early to identify those at future risk and to support and empower them to change their behaviour.

Local services, such as Phoenix Futures (part of the Essex Alcohol Recovery Community) and Open Road (an alcohol and drug recovery service) both provide support, advice and information as well as making referrals to other agencies.

Harlow has a higher than the national average smoking prevalence in adults. Nicotine addiction is linked to many preventable illnesses.

Nationally, the COVID-19 lockdowns, which resulted in enforced time at home, resulted in large numbers of people becoming addicted to gambling, especially via online betting activity. The [harms associated with gambling is estimated to cost £1.27 billion a year nationally](#). Gambling addiction can negatively affect people's financial circumstances and family relationships, as well as damaging their physical and mental health. Whilst it is difficult to establish levels of gambling addiction within Harlow, the partnership will work to provide access to appropriate support for anyone facing gambling addiction.

Key Harlow headlines:

Harlow has the highest rates in Essex for several key indicators linked to alcohol and substance misuse including:

- The number of admissions for alcohol specific conditions.
- Alcohol related admissions.
- Admission episodes for alcoholic liver disease, alcohol related cardiovascular disease and alcohol related cancer.
- Alcohol issues particularly affect older residents in Harlow (especially those aged 65 years plus).
- Harlow has a high rate of drugs related deaths compared to the Essex average.
- Harlow has a higher than the national average smoking prevalence in adults.

Harlow outcomes by 2028:

- Improved intelligence and understanding of addiction issues, including alcohol and drug use, and gambling in young people, adults and older people in Harlow.
- Improved prevention activity in relation to alcohol and substance misuse so that people at risk are informed and empowered to make healthy choices.
- Improved access to advice, support and treatment for residents experiencing alcohol and substance use issues.
- Reduced levels of community harm associated with alcohol and substance misuse (such as antisocial behaviour and criminal activity) through effective education, enforcement and regulation.

13. Harlow Priority 5: supporting long term independence for all sections of Harlow's community

A summary of the key issues and headlines under this priority:

Residents of all ages who experience long-term conditions (such as people with learning disabilities, people with physical disabilities and mental ill health) require timely and appropriate support to help them to live independently. The lack of appropriate support can have a detrimental impact on the quality of life and lead to the development of additional health and care needs in the longer term.

The partnership recognises the challenges and opportunities that our ageing population presents. We will celebrate healthy longevity and will work to promote ways to support people to live more independently in later life.

Treating the needs of the whole person rather than focusing on separate conditions can support improved health outcomes. The Harlow Health and Wellbeing Partnership will work to enable good access to appropriate advice and information as well as financial support that will help provide person-centred wrap around support to people with long-term conditions.

Supporting people living with long-term conditions, as it is required, to improve their level of digital literacy will enable them to have greater access to advice and information and keep connected with friends and family. The use of digital technology, such as smart devices that link to lighting, plugs and heating, video doorbells, the use of sensors throughout the house and medication reminders, can help people live in the own homes independently for longer. The development of innovative solutions can be explored with our higher education partners at the Anglia Ruskin University Innovation Centre at the Harlow Innovation Hub, which specialises in the health, performance and wellbeing sectors.

Everybody's quality of life, including those living with long-term conditions, can be enhanced by access to cultural activities. Razed Roof is an inclusive performing arts group for people with and without learning difficulties and disabilities, based in Harlow Playhouse. The weekly sessions are important to help participants to be able to live a fuller and more fulfilled life.

Carers, including young carers, are often essential in supporting people to continue to live independently in the community. However, carers' health and wellbeing can be impacted by their responsibilities. Carers responsibilities also often reduce their ability to be fully economically active, which in turn can have a negative impact on the income of the

household.

Key Harlow headlines:

- In 2011, Harlow had 14,008 residents with a limiting long-term illness.
- In 2018, most of Harlow was classified as having 'passive and uncommitted' usage of the internet – meaning that residents were online once a week or less, with the internet used for social networks and some online shopping.

Harlow outcomes by 2028:

- Improved access to advice and guidance, including financial support advice across the system so that residents with long-term conditions and their carers can better manage their lives.
- Increased digital inclusion to improve access to advice and support online, helping to connect with their friends, family, and communities in the digital space as well as increased use of smart digital technology to support people to live independently in their own home.
- Helped all residents to have better access to opportunities in education, work, skills, housing and an opportunity to have a more active social life.
- Ensured that all health and wellbeing communications to residents, including advice and guidance, promotional campaigns and service information is up to date, is accessible and written in plain English.
- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

14. Implementation and delivery

It is acknowledged that health inequalities are long-term systematic issues for which there are no quick solutions. Historical trends are unlikely to be changed easily. Large scale interventions are required to start to change the local socio-economic circumstances and to encourage meaningful behavioural change. The Harlow Health and Wellbeing Partnership aims to support the long-term changes required by collaborating and joining up systems, and local services. Collective action will help ensure that services 'make every contact count'.

The Harlow Health and Wellbeing Board will be responsible for overseeing the delivery and successful implementation of the strategy.

To support the implementation of this strategy, changes will be made to the governance structures of the Harlow Health and Wellbeing Partnership, including a review of the membership. These will aim to help ensure that the board and the subgroups are focused on activity that supports the delivery of the priorities and outcomes of this strategy. Reporting and monitoring arrangements will be improved to ensure that the board is tracking progress, spots potential trends and seeks funding to support targeted initiatives that help meet the priorities of the strategy. An executive group will be formed to enable this to happen.

We will deliver this strategy by building on our strengths as a partnership and a community, finding ways to work together to improve health and wellbeing outcomes for Harlow's residents. This may involve reviewing who is involved and utilising networks to reach the

community. The partnership will aim to undertake outreach work to encourage and to support the community to work together to find ways to address health and wellbeing issues.

Community engagement will be undertaken to seek feedback on our progress and to ensure the partnership is alert to any new challenges and opportunities.

Action plan

Alongside the development of this strategy, a Harlow health and wellbeing action plan has been produced. The action plan captures activity that is being undertaken to help implement this strategy. It outlines activity that is taking place against the outcomes linked to each of the priorities of this strategy. It will be a live document, reviewed by the board and subgroups, which will inevitably evolve over the duration of the strategy with additional activities added as new initiatives are introduced. The action plan will be used to focus the activity and help prioritise the work of the partnership.

The strategy will be delivered collectively by individual and partnership activity – this is an undertaking that all the partners of the Harlow Health and Wellbeing Partnership will prioritise.

Monitoring impact

The action plan will be a tool used by the Harlow Health and Wellbeing Board to actively monitor and support the delivery of this strategy.

The action plan will be reviewed annually, including the monitoring of key data. Understanding what the data is indicating will be key to ensuring the successful delivery of this strategy.

Progress will be reported to the council and other key partners, including ECC and the West Essex Health and Wellbeing Partnership.

Appendix 1: Evidence base

See background document – Harlow evidence base for the health and wellbeing strategy.

Appendix 2: Linked strategies and partnerships

The following strategies and partnerships sit along-side and underpin this health and wellbeing strategy:

- Harlow Council strategies including:
 - Harlow Safer Harlow Partnership and the Harlow community safety strategy – supporting activity to help reduce crime.
 - Harlow economic development strategy – supports economic growth of the town, including measures to support the labour market such as initiatives that support people into employment and adult skills.
 - Harlow community engagement strategy
 - Harlow community resilience strategy
 - Harlow housing strategy
 - Harlow homelessness strategy

- Harlow Growth Board – a partnership of key public and private organisations with a strong presence in Harlow who keep an overview of the town’s strategic and economic growth, including ensuring that local benefits are maximised from large scale infrastructure investment projects taking place within Harlow
- Active Harlow
- Harlow Creates – previously known as the Harlow Cultural Leaders Group
- Essex crime prevention strategy
- Harlow town investment plan and Harlow town plan - supporting key investment and regeneration activity in the town
- Harlow Local Development Plan – key planning framework that supports development in the town
- HGGT project – the vision of the garden town aims to build healthy, safe and connected neighbourhoods, which encourage active travel options
- Harlow Futures partnership – education partnership aiming to increase local educational attainment and aspiration
- West Essex Health and Care Partnership 10-year plan
- Fit for the Future Physical Activity and Sport Strategy for Essex, Southend and Thurrock 2021-2031
- Levelling Up Essex, Essex Partnership University NHS Foundation Trust Five Year Strategy 2019- 2024
- Rainbow Services – the infrastructure organisation supporting the local voluntary and community sector