North West London Integrated Care System
Working together for better health and care

System Oversight Meeting

Harrow Borough ICP

Feedback to the Joint Management Board on the SOM held on 24th September 2021

Introduction

- Harrow ICP's first System Oversight meeting (SOM) was held on 24th September, with the North West London Integrated Care System (ICS) executive team.
- Appendix A details the information pack summited for the SOM meeting.
- This was a positive first meeting for Harrow and provided an opportunity to demonstrate the strength of our partnership, our collective ambitions for the ICP moving forward, and programmes of work we have underway.
- The ICS team highlighted areas of focus they would like to see from the Harrow ICP and these are outlined on the following slides, which broadly focused on the following areas:
  - Population health management
  - Frailty, including support to care homes
  - Diabetes
  - Primary care

1) Population health management

Commentary

Needing to ensure we are aligning health **and** social care data in how we are planning for our population.

Responding:
This is a key part of our 100 day plan. We need to focus now as an ICP on our framework for bringing together the data sets we hold at a planning level, as well as operationally within our neighbourhood teams to case find and respond to the needs of our population.

2) Frailty, including care homes

Commentary

- Keeping care home patients out of hospital should be a central focus of the ICP and involve the whole clinical team.
- CMCs should be visible and up to date. Discussions were that if a patient has stated they do not want to be taken to hospital and a conveyance occurs, this should be considered as an incident.
- As an ICP, we need to be clear on our support offer to care homes, in terms of quality improvement, training and development – and then we need an integrated way of monitoring the quality of services.
- Proposal that we have a key set of care home metrics for monitoring impact of our work.
- Frailty is where we should focus our priorities for integration, outside of care home settings too – for example people on IV antibiotics in the community – how we support their care at home.
- ICS interested in working with us on frailty workforce development.

Responding:
Very similar to key themes in our frailty workstream. We have recognised that we need to be clearer and take a strategic approach to the training and development "offer" for care homes. Also opportunities to better align the quality approach in the partnership.
Care home metrics would be a valuable tool for the partnership.

3) Diabetes

Commentary

- We have to demonstrate a change in how diabetes care is being delivered in Harrow, across the pathway.
- Need a strong focus on prevention as well as delivery of care.
- NWL have the diabetes dashboard measuring the outcome indicators – we need process measures locally to know that change is happening
- For Harrow, there has to be an intervention to deliver the change needed.

Responding:
We need to focus as a partnership in this area and make sure we truly realise the benefits for our population and patients of the additional investment that we are seeing.

4) Primary care

Commentary

- As a partnership, we need to be clear on our approach for delivering proactive care, reactive care and access.
- Harrow sits above the NWL average for elective referrals. This needs a conversation with Harrow GPs to understand why.
- Noted our children's asthma reviews in primary care sit quite far below the NWL average.

Responding:
Plans for proactive, reactive care and access are being developed within the primary care summit outputs.

Elective referral discussion does need to be opened again.

Children's asthma reviews also need a focus – was not an indicator made visible to the partnership until this SOM.

Discussion and next steps

- The Joint Management Board is asked to:
  - Consider any other areas discussed at the SOM that are not reflected in this feedback;
  - Discuss these areas of focus from the ICS and consider how we take these forward through our partnership;
  - Commit to action to be taken and process for reporting on it.

Appendix A:
Harrow ICP SOM pack

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Agenda

1. Welcome, introductions and update on actions

2. Purpose of an ICP SOM
- Fit to wider provider SOMs
- LA interface

3. ICP Progress against ICS Priority Areas and the Six ICS Common Objectives including Quality Impact

3.1 Reducing inequalities and contributions to Population Health
- Objective One – Reducing Inequalities and using a PHM approach to underpin all decisions
- Objective Six – Delivery of Vaccine programme, hesitancy and Post Covid care

3.2 PCN development and integration of neighbourhood teams
- Objective Two – Development of PCNs and reducing variation in PC
- Objective Three – Integrating and organising teams as neighbourhood level, to support complex care and frailty

3.3 Keeping people out of hospital, standardisation of services
- Objective Four – Diabetes – achieving new specification to improve health
- Objective Five – Community Mental Health – deliver new community model and NWL access standards
- ICP Activity and Performance pack to support discussion

4. Quality
- Care Homes Metrics
- Local Quality Priorities (not covered above)

5. Financial Recovery – Development of ICP plans for supporting reduction in health and care costs
- Contributing to NWL financial recovery and wider system recovery

6. Any other business

Overview of the Harrow Health and Care Partnership

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Harrow Integrated Care Partnership

Harrow Integrated Care Partnership (ICP) brings together our NHS organisations, Harrow Council, our GPs, and local Voluntary & Community Sector.

We strive to support each other and our communities as equal partners focussing on better health and wellbeing for all.

- NHS North West London Clinical Commissioning Group
- Harrow Council
- Harrow's Primary Care Networks
- NHS Central London Community Healthcare NHS Trust
- NHS Central and North West London NHS Foundation Trust
- NHS London North West University Healthcare
- Harrow Community Action
- Harrow Health Community Interest Company
- St Luke's Hospice

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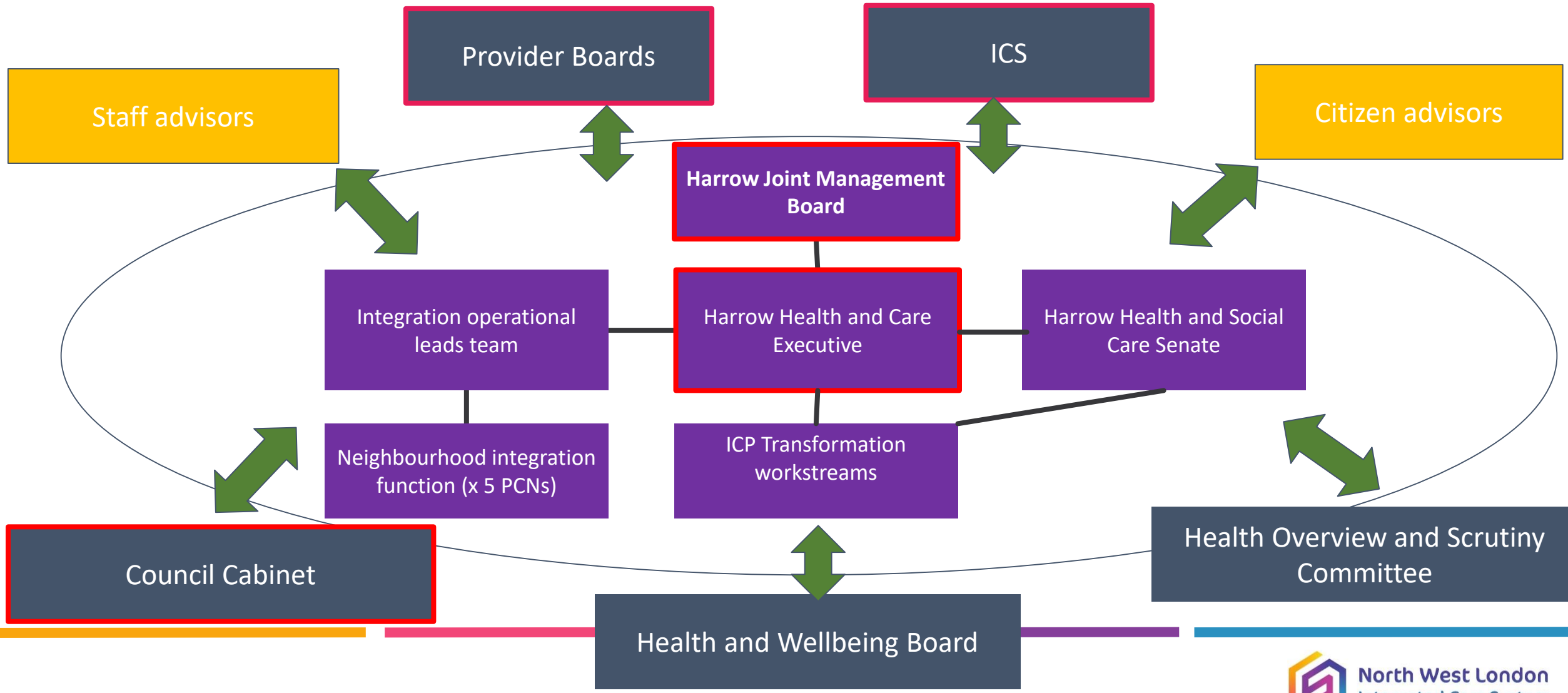
ICP Governance Structure

Decision making

Statutory Body



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ICP Transformational Workstreams

Delivery Workstreams		SROs	Management support
Population health management & Tackling Health Inequalities	Prevention, self-care and social prescribing sub-group	Carole Furlong Dr Meena Thakur Alex Dewsnap	Sandra Arinze Nahreen Matlib Laurence Gibson
	Tackling health inequalities sub-group		
	Population health management working group		
Long term conditions		James Benson Dr Kaushik Karia	Bharat Gami
Mental Health		Dr Dilip Patel Ann Sheridan	Lennie Dick & Tanya Paxton
Learning Disability and Autism (all age)		Paul Hewitt	Lennie Dick & Mital Vagdia
Frailty and care settings		Dr Amol Kelshiker Angela Morris Simon Crawford	Sonal Dhanani
Children and Young People		Dr Varun Goel Paul Hewitt	Anita Harris & Priya Ganatra
Carers		Ayo Adekoya	Kim Chilvers

Enabling workstreams	SROs	Management support
Workforce and OD integration	Ashok Kelshiker James Benson	Noman Omar
Access to care and COVID recovery	Lisa Henschen Dr Ellie Worthington	Rusha Butt
Strategic Estates Group	Isha Coombes	Simon Young
Digital transformation	Andrew Chronias	Nomaan Omar
Communication and engagement	Mike Waddington Alex Dewsnapp	TBC

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Harrow ICP: The 100 day plan, enacted 1st September 2021 – what we are seeking to achieve

The 100 plan is about laying the foundations for a strong ICP, building the momentum for change as well as delivering change for our citizens. We expect opportunities for positive change to emerge through this process and team will be supported to **enact and learn through delivery** of these over the 100 day period..

By the end of the 100 days we will have …	Delivered through …	Demonstrated by ...	Which for our citizens will mean…
1. Confirmed the core purpose of our ICP: tackling health inequalities and improved outcomes and experience through truly integrated care	Clear and agreed priorities and delivery programme	The Harrow Borough Delivery Plan	Clear commitment to our citizens on the priorities for our ICP that citizens can hold us to account to deliver.
2. Secured our citizens and staff at the heart of the Integrated Care Partnership in Harrow	The Harrow Conversation	Voice of citizens and staff at the heart of our Borough Delivery Plan. Changes made to digital models in response to citizen voice.	Immediate action take to address digital inequality as central feedback received from citizens to date.
3. Established our agency to deliver	Clear governance, decision making and accountability in place	Agreed Governance structure	A health and care system in Harrow that is able to act in a timely and agile way in response to citizen experience.
4. A solid transformation programme in place for our ICP	Implementation of transformation programmes	Key indicators in the Harrow Health and Care dashboard	Improved experience and higher quality health and care services, as they are integrated and citizen focused.

2. Purpose of an ICP SOM

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3. ICP Progress against ICS Priority Areas and the Six ICS Common Objectives including Quality Impact

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3.1 Reducing inequalities and contribution to Population Health

Objective One - Reducing Inequalities and using a PHM approach to underpin all decisions

Areas of strength in Harrow

- Strong relationships being built with our community, on a more representative basis that we have previously achieved. Our Black Community Leaders forum gave a strong signal for priorities for health and care services, which were built on with detailed and focused conversations with citizens and our Health and Care Executive.
- Programme of work to address health inequalities through service redesign about to commence.
- Gained WSIC access in the Local Authority that will allow us to build on our shared understanding of population health need.
- Strong use of WSIC in delivery of frailty services.
- Data packs routinely shared with PCNs which includes data/metrics on access, satisfaction rates, utilisation of UTC/A&E
- Plan to refresh our needs assessment at a place and neighbourhood level over the next 100 days, as the foundation for a population health management approach.

Our priorities moving forward

- Using data with purpose – agreeing a process for population health management in our ICP and defining the impact monitoring and evaluation we will undertake within our approach.
- Increase use of PHM at a neighbourhood level - moving from pockets of good practice to standard practice.
- Establishing our citizens advisory group for ongoing, meaningful engagement with our population.
- Strengthening engagement structures at a PCN / neighbourhood level.

3.1 Reducing inequalities and contribution to Population Health

Objective Two – Delivery of Vaccine programme, hesitancy and Post Covid care

Areas of strength in Harrow

- Harrow-wide coverage of Phase 3 vaccination programme – all 5 PCNs have signed up to Phase 3 which include the 'Evergreen' offer
- Ongoing target monitoring
- Plans for phase 3 roll out are based on at scale large vaccination sites and inter-PCN collaboration and will be complimented as required through pop up sites
- Established work-stream *Tackling Inequalities in Harrow,* focused on initiatives on reducing health inequalities. The group reports into the Harrow Health & Care Executive which provides senior oversight and ownership of the challenges.
- Over 75% vaccination uptake of 2nd dose as a percentage of the 1st dose across all cohorts

Our priorities moving forward

- Booster vaccination, particular for care home priority patients
- Vaccination for 12-15 year olds
- Continued focus on how we manage demand in the system through established work-streams. An underpinning principle of all ICP work-streams is addressing equality of access, including for post-COVID care
- Focused and targeted communication and engagement including the use of social media in harnessing opinions and developing strategies to address vaccine hesitancy

3.2 PCN development and integration of neighbourhood teams

Objective Three – Development of PCNs and reducing variation in PC

Areas of strength in Harrow

- PCN development plans in place. PCN focused discussion scheduled at ICP Board on 24th September to review these plans against ICP alignment and future direction for PCNs. ICP support needed to move towards future state to be scoped and agreed.
- Management leads for each PCN identified within the borough team to support PCN development. Role of Borough Clinical leads to commence now appointments made.
- Each PCN Clinical Director is an SRO of a transformational workstream, securing leadership and spread of transformation activity to a PCN level.
- Making Integration Happen in Harrow programme has commenced. Central priority for the ICP with commitment to delivery at Executive level.

Our priorities moving forward

- Significant additional investment has come into Harrow. The ICP is working to ensure that the associated change programme runs alongside this so we see the impact we need.
- Operational model for each PCN to be defined.
- ICP support for variation in primary care to be formalised and enacted. Focusing initially on our priority areas; diabetes, mental health and frailty.
- Alignment of the outcomes from primary care summit to the work of the ICP to be secured – delivery plan at ICP transformational workstream level to be developed.

3.2 PCN development and integration of neighbourhood teams

Objective Four – Integrating and organising teams as neighbourhood level, to support complex care and frailty

Areas of strength in Harrow

- Clinically led review of primary care led frailty services in Harrow conducted early in 2021. Working to moving this to a PCN led service from April 2022.
- Following a review, joint programme of work about to be initiated to deliver a fully integrated reablement service for Harrow.
- Integrated discharge team in place
- Care planning and case management – WSIC frailty trigger tool being used as Harrow's risk stratification tool. Continue to promote completion of CMCs for EoL residents, providing training.
- MDTs for care home residents and other frail/complex patients
- Use of GP education forums for frailty training
- A Care Provider Support Group provides multi-agency support to all care settings' managers and staff, helping to unblock system issues and ensuring co-ordinated responses
- A Care Homes Response Team linked to Rapid Response supports care settings with resident care, IPC, training, crisis management and building resilience to crises.

Our priorities moving forward

- Frailty pathway would benefit from greater integration– this is a priority to achieve alignment across the system. Service mapping underway which will be used as the foundation for a frailty strategy for Harrow
- Addressing the high rates of NEL admissions amongst our over 65 years population through strong primary and community care offer. Securing consultant input to MDTs is currently a challenge and priority for system response.
- Confirm single, standardised care planning template
- Issues around workforce are a challenge for our system, as they are across the country. Particular concerns about recruitment and retention in homecare providers.

3.3 Keeping people out of hospital, standardisation of services

Objective Five – Diabetes – achieving new specification to improve health

Areas of strength in Harrow

- Harrow Health and Care Partnership submitted a business case to the ICS highlighting the historical under investment in diabetes services in Harrow and the impact we were seeing on care process outcomes as a result of it. Over 12% of the population of Harrow have diabetes or non-diabetic hyperglycaemia (NDH / prediabetes).
- Enhanced services levelling up and the Ageing Well investment has gone a long way in addressing this funding gap.
- Maintained commitment to virtual group consultations throughout the COVID second surge.
- Individual PCN meetings with Diabetes Management lead to help reinforce the sea change that diabetes care in Harrow is expected to undertake given the focus through the enhanced service.

Our priorities moving forward

- Need to ensure effective change management process in place to see outcomes from this investment.
- Maintaining a focus on reducing health inequalities through the diabetes investment.
- Understanding resource gaps and working with neighbourhood teams and wider partners to share resources effectively, bridge gaps and reduce duplication.

3.3 Keeping people out of hospital, standardisation of services

Objective Five – Community Mental Health – deliver new community model and NWL access standards

Areas of strength in Harrow

- Community Hub model has been live in Harrow for a year
- Testing the Management and Supervision Tool in Harrow is underway
- Launch of Community Mental Health Hub Tableau dashboard
- Developing a co-production approach to service design and improving engagement with service users
- ARRS roles developed in partnership with PCN's, out to advert now.
- Strong Harrow achievement for SMIs in primary care
- Success in preliminary engagement with PCNs in Harrow
- Interventions based within the transformation has led to greater access to Pharmacy and Physical Heath
- Care Navigators role now imbedded in the HUBS
- Council's Mental Health Review completed and implementing the recommendations within the partnership
- Rethink, the Council's commissioned provider of Community MH Services, supporting covid recovery and the transition to a blended offer of services including virtual and face to face.

Our priorities moving forward

- Establishing regular mental health MDTs in each of our PCNs within our integration model
- Increase the integrated approach with health, council and VCS
- Remodelling and developing the Rethink Community Mental Health offer to a hub and spokes model improving access, increased offer of 1:1 support, focus on all age, peer led groups.
- Understanding and responding to inequalities of access and outcomes
- Embedding co-production
- Continuing focus on improving SMI rates in primary care through bespoke offers to primary care
- Continue to develop the accommodation and housing pathway to independence
- Embedding of a triage model
- Delay in agreement on list of psychological interventions
- Recruitment and OD / ways of working change

3.3 Keeping people out of hospital, standardisation of services

- ICP priorities: awaiting outcome data. Process data to be collected locally. Will report progress monthly to our Health and Care Executive;
- Community nursing: Ageing Well funding targeted towards expanding the Harrow community nursing team;
- Diabetes: invest in change processes to improve Harrow performance as a result of additional investment against these performance areas;
- Asthma reviews for children is well below the NWL average and needs to become an area of focus for Harrow. Harrow would very much welcome being part of the NWL asthma peer review process;
- Urgent care activity is high in Harrow. Focusing action through our primary care summit to look at new ways of working to manage this demand. Review of access arrangements, in line with PCN DES changes, will also be central to future models of urgent primary care access;
- NEL activity is higher than the North West London average, and has been historically for Harrow. Developing strong integrated out of hospital teams will be central to management of this activity outside of an acute setting. We have a particular focus on MDT development for management of our frail population;
- Elective activity in Harrow has been historically high for Harrow. In 2019, we introduced our Effective Resource Management Scheme to address variation within PCN and reduce referrals rates. COVID has affected implementation of this scheme, although we continue to work with PCNs to share data and facilitate discussions to address these rates.

4. Quality

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4. Quality

(Insert pack)

- Care Homes Metrics
- Local Quality Priorities (not covered above)
  - Addressing variation – with a focus on diabetes care
  - Integration of services and improving patient experience
  - Tackling health inequalities through improving the outcomes for our most deprived populations

Care Homes CQC Rating

Provider	CQC rating (RAG)	Any comments
Abbotsford Residential	Good	
Anita Dorfman House	Good	
Newton Care Homes Limited	Good	
Harrow view 79	Good	
Haven Residential Care Home	Good	
Residential Care Providers Ltd.	Good	
High Worple	Good	
Hazelwood House	Good	
Holly Bush	Good	
Karuna Manor	Good	
Kent House	Good	
Kenton Road 11	Good	
Kestrel Grove	Good	
Kenton Road 14 15 (MH)	Good	
Bedford House	Good	
Ashgale House	Good	
Stanmore House	Good	
Bradbury Court	Requires Improvement	
Norwood –Carlton Avenue	Good	

Provider	CQC rating (RAG)	Any comments
Buchanan Court	Good	
Carlton Avenue 64/66	Good	
Capel Gardens	Good	
Carlton House	Good	
Charlton Road	Good	
College Hill Care	Good	
Courtenay Avenue 5	Good	
Courtenay Avenue 8	Good	
Gayton House	Good	
Davids House	Good	
Hadley House	Good	
Greenways	Requires Improvement	
Knights Court	Good	
Manor Lodge	Good	
Northwick House	Good	
Mayfield Residential	Good	
Old Church Lane 30	Outstanding	
Old Church Lane 54	Good	

Provider	CQC rating (RAG)	Any comments
36 Park Drive	Good	
Pinner Road	Good	
Primrose House	Good	
Rowanweald	Good	
Sancroft Hall	Good	
Rowland House	Good	
Sairam Villa	Good	
Santa Care	Good	
Sophia Care	Good	
Sitwell Grove 3	Good	
The Laurels	Good	
St Joseph's	Requires Improvement	
Torbay Road 385	Good	
Westside Home 2	Good	
Whitehall Road 2	Good	
Whitchurch Lodge	Good	
Wilsmere House	Good	
Woodland Hall	Good	

5. Financial Recovery – Development of ICP plans for supporting reduction in health and care costs

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Harrow M5 (August) Financial Position

The Budgets that have been delegated to boroughs relate to primary care medical services.

The position at M5 is a year to date underspend of £0.1m and a forecast (M6) underspend of £0.1m.

The underspend is driven by three main areas, which has off-set the overspend on core contract, which was due to list size growth:

Local Enhanced Services. significant underspend due to lower than budgeted activity/costs.

Quality Outcomes Framework (QOF). When the budget was set this was based on the additional investment going into the Framework, at the time it was not clear whether funding would be made available, this has now been received, which has resulted in the underspend.

Administered Funds the submitted claims from practices to date have been less than anticipated.

Cost Centre Name	H1 Budget (Month 1-6) £	YTD Budget £	YTD Actual after accruals and adjustments £	YTD Variance £	M1-6 FOT Actual £	M1-6 FOT Variance £
Local Enhanced Services Total	2,545,368	2,121,140	1,349,443	771,698	1,619,331	926,037
Out of Hours Total	257,066	214,222	219,001	(4,779)	262,801	(5,735)
Interpreting Services Total	23,231	19,359	63,571	(44,212)	76,285	(53,055)
Total Core & Interpreting Services	2,825,665	2,354,721	1,632,015	722,706	1,958,418	867,247
GMS Total	4,309,048	3,590,873	3,922,379	(331,506)	4,708,096	(399,049)
PMS Total	7,008,200	5,840,166	6,293,099	(452,933)	7,542,817	(534,617)
APMS Total	343,065	285,888	338,436	(52,548)	427,975	(84,910)
Core Contract (GMS + PMS + APMS + Other Core Contract)	*11,660,313*	*9,716,927*	*10,553,914*	*(836,987)*	*12,678,889*	*(1,018,576)*
Premises Total	1,762,339	1,468,616	1,443,893	24,723	1,732,672	29,668
Administered Funds Total	240,159	200,132	75,155	124,978	90,185	149,973
Enhanced Services Total	199,675	166,394	103,482	62,912	124,178	75,497
Care Quality Commission (CQC) Total	89,192	74,326	88,236	(13,910)	105,883	(16,692)
Quality Outcome Framework (QOF) Total	1,905,428	1,587,857	1,466,469	121,388	1,759,763	145,665
Personally Administered Drugs (PADM) Total	110,076	91,730	91,730	0	110,076	0
Primary Care Networks (PCN) Total	1,231,955	1,026,629	1,026,631	(1)	1,231,957	(1)
Other Medical Services Total	424,054	353,378	453,888	(100,510)	554,497	(130,444)
Reserves, Contingency and Others Total	0	0	0	0	0	0
Total Delegated Primary Care	17,623,191	14,685,990	15,303,398	(617,408)	18,388,101	(764,910)
TOTAL PRIMARY CARE	20,448,856	17,040,711	16,935,413	105,298	20,346,519	102,337

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5. Financial Recovery

- Contributing to NWL financial recovery and wider system recovery

Any other business

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