



LONDON BOROUGH OF
HARROW

Health and Social Care Scrutiny Sub-Committee Agenda

Date: Tuesday 12 December 2023

Time: 6.30 pm

Venue: The Auditorium - Harrow Council Hub, Kenmore Avenue,
Harrow, HA3 8LU

Membership (Quorum 3)

Chair: Councillor Chetna Halai

Conservative Councillors: Govind Bharadia
Vipin Mithani

Labour Councillors: Maxine Henson
Rekha Shah

Conservative Reserve Members:

1. Samir Sumaria
2. Yogesh Teli
3. Kuha Kumaran

Labour Reserve Members:

1. Simon Brown
2. Natasha Proctor

Advisers: Julian Maw – Healthwatch Harrow

Contact: Rita Magdani, Senior Democratic & Electoral Services Officer
Tel: 07707 138582 E-mail: rita.magdani@harrow.gov.uk

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Useful Information

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Agenda publication date: Friday 1 December 2023

Agenda - Part I

1. **Attendance by Reserve Members**
To note the attendance at this meeting of any duly appointed Reserve Members.
2. **Declarations of Interest**
To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from all Members present.
3. **Minutes** (Pages 5 - 14)
That the minutes of the meeting held on 20 June 2023 be taken as read and signed as a correct record.
4. **Public Questions**
To note any public questions received.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, 7 December 2023. Questions should be sent to publicquestions@harrow.gov.uk No person may submit more than one question].
5. **Petitions**
To receive petitions (if any) submitted by members of the public/Councillors.
6. **References from Council and Other Committees/Panels**
To receive any references from Council and/or other Committees or Panels.
7. **Harrow Health and Care System Pressures** (Pages 15 - 52)
Report of Borough Director Harrow Mental Health
8. **Harrow Mental Health - CNWL** (Pages 53 - 60)
Report of the Borough Director Harrow Mental Health
9. **Any Other Business**
Which cannot otherwise be dealt with.

Agenda - Part II - NIL

Data Protection Act Notice

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[Note: The questions and answers will not be reproduced in the minutes.]

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Health and Social Care Scrutiny Sub-Committee

Minutes

20 June 2023

Present:

Chair: Councillor Chetna Halai

Councillors: Govind Bharadia Kuha Kumaran
Maxine Henson Rekha Shah

Advisers: Julian Maw

**In attendance
(Councillors):** Phillip O'Dell For Minute 37

**Apologies
received:** Councillor Vipin Mithani

31. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member

Reserve Member

Councillor Vipin Mithani

Councillor Kuha Kumaran

32. Declarations of Interest

RESOLVED: To note that the following declaration of interest was made at the meeting:

Councillor Philip O'Dell declared a non-pecuniary interest in Item 7, Royal National Orthopedic Hospital NHS Trust - Quality Accounts, in that he was presently a volunteer at Royal National Orthopedic Stanmore.

33. Minutes

RESOLVED: That the minutes of the meeting held on 21 February 2022, be taken as read and signed as a correct record.

The Chair varied the order of business and items 40 and 41 were considered before other items on the agenda.

34. Public Questions

RESOLVED: To note that no public questions had been received.

35. Petitions

RESOLVED: To note that no petitions had been received.

36. References from Council and Other Committees/Panels

RESOLVED: To note that no references from Council or other committees/Panels had been received.

37. Royal National Orthopaedic Hospital NHS Trust - Quality Accounts

The Sub-Committee received the report of Louise Morton, the Chief Nurse of Royal National Orthopaedics Hospital NHS Trust (RNOH). She informed the Sub-Committee that all NHS Trusts, were required to produce an annual account of the quality of their services. This was an important way to share information with the public about the quality of care provided at RNOH and to demonstrate works being undertaken to improve services. The report and account detailed the performance of RNOH against national quality indicators for patient safety, clinical effectiveness, and patient experience. It also reviewed progress against last year's priorities and outlined its quality improvement priorities for 2023/24.

Other highlights included that RNOH:

- was recognised as the 9th best orthopaedic provider in the world, the best in the UK and the only UK orthopaedic hospital in the top 50 (Newsweek 2022).
- was recognised in the top 9 NHS performers nationally for patient experience.
- scored highly for involvement of patients in care decisions, quality of patient care after discharge and excellent communication skills of the Doctors.

- was committed to providing its staff with the very best staff experience in the NHS and the fact that patients had received some of the best care in the NHS in England was down to the staff dedication and
- staff survey continued to be amongst the best in London and nationally. and scored:
 - above the NHS national averaged across all areas of the staff survey
 - ranked number one across London Acute Specialist Trusts
 - ranked number one across London Trusts for staff engagement, morale and safe and healthy
 - ranked number one across North Central London, in all but one category –
 - placed third on recognition & reward (recognition & reward scores were a concerning theme across the NHS alongside burnout scores).

She highlighted the following Priorities for RNOH:

- Audit programme
- Access to care
- Staff Support and welfare
- Industrial action and living crisis.

- Launching organisation restructure
- Developing digital infrastructure
- Theatre building

The Chair commended the report, the excellence of the reporting standards and the great contribution that volunteers had made to the NHS. She acknowledged RHOH's co-production partners and Harrow residents were very happy to have RNOH and its dedicated staff. She encouraged them to continue to provide a good service and improve the service accordingly. There were similar commendations from other Members on the quality of the report and survey results.

Members asked the following Questions:

A Member lauded the efficiency and introduction of electronic systems, integrated system for patient care and asked what impact the new electronic system would have in the future, The officer explained that the electronic prescription systems would reduce human error, enable immediate tracking of progress and enhance learning.

The Member asked who the partners mentioned in the report were and if volunteer groups were involved. The officer explained that partners included patient groups, volunteer health groups and other health care organisations.

A Member asked in reference to the 38% reduction in medically reported incidents, what the forecast was for next year. The officer explained that there was no particular target but efforts would be made to look at trends and maintain that percentage or make further improvements.

A Member asked for more information about the effective elective surgery programme. The officer explained that the officers were awaiting the outcomes of the national data and did not know when it would become available.

A Member asked if there was any update on the required improvement in medical care surgery service for children. The officer explained that this was the last CPC inspection, and RNOH had not been inspected subsequently, but obviously the criteria that are underpin the safe domain was being constantly considered.

A Member asked what the actual number of days was in terms of reduction of stay. The officer explained that she did not know as it was a target set by RNOH and the number of days was dependent on specialty and procedure. There was an expected length of stay benchmarked as safe for various procedures.

The Chair asked how RNOH ensured that all discharges were safe. The officer explained that discharges were planned according to a patient's individual needs and a care plan. There was a multidisciplinary assessment though most times after orthopaedic surgery, many patients were safe to go down the stairs, safe to go home use the facilities and look after themselves. An assessment would determine the multidisciplinary care plan and discharge checklist for every patient alongside discussions with relatives about their needs and expectations.

The Chair asked about data on readmissions on the pain on the patients that have been discharged. The officer explained that patients were likely to be readmitted to the local area hospital should they experience complications after surgery rather than back at RNOH.

A Member asked about artificial intelligence and what anticipated impact on systems like EPS and other record systems available to patients. The officer explained that RNOH was some way from full digital maturity, it was one the priorities, but could not be achieved overnight and that was the position of other NHS organisations and RHOH was part of a national programme to explore this resource to some extent but there could be limitations due to infrastructure in RNOH's specialty area.

A Member asked for further information about the type of incidents referred to on page 69 as about 60% that resulted in severe harm and resulted in death. The officer explained that it could be potentially postoperative complications or a pressure care area but efforts were being made to look at all incidents to understand the level of harm that had occurred to any patient.

The Chair asked about the quality plan, the clinical incidents relating to patient safety and the priorities to maintain between 30 to 80 incidents per thousand bed days and the officer offered further explanations.

The Chair asked about waiting lists... how long was the wait? The officer explained that there was a target to reduce 68 week waits by March 2024,

and RNOH was on target to deliver this. Also, as the service was by referral, some patients had already been on the waiting list at another hospital before their referral to RNOH. There was a clinical harms review process for people on waiting lists. Checks were conducted to ensure that their circumstances do not change for the worse during that waiting period and GPs or secondary care provider were also consulted if needed, there was the opportunity to change the clinical decision.

The Chair asked why the number of non-clinical incidents, was a lot higher in 2021/22 than in 2022/23. The officer explained that some of the incidents were around environmental issues and security, as the height of the pandemic, the Trust had a lot of restrictions like many other hospitals about what could be done and who could visit and what people were asked to do if they came into the outpatient areas and a number of incidents were reported around some of those issues probably relating to medical equipment.

The Chair asked if there were plans for redevelopment or modernisation of the site as some of the buildings were quite old. The officer agreed some of the buildings were old. She explained that the theatre was the latest addition to the estate and there were plans to modernise some areas of the site to help alleviate the lack of space issue.

Councillor Philip O' Dell commended the professionalism of the volunteer staff at RNOH especially in the face of recent industrial actions and staff shortages. He asked why the target for staff flu vaccinations for last year or up to Quarter 4th 2023 could not be achieved. The officer explained that the Covid pandemic switched the focus from flu to COVID and in the last flu campaign people were keener to have a covid vaccine than they were a flu vaccine, flu was no longer seen as a challenge and people felt perhaps, they have had enough of vaccines.

Councillor Philip O' Dell asked if the officer had any comments about why the number of complaints per patient has increased from 10 per 1000 to about 16 per 1000. The officer explained that this was being monitored very closely and there had been a spike but it was beginning to reduce again. She said that most organisations had fewer complaints during the earlier parts of the pandemic. It looked like people waited through the pandemic, as they understood the different priorities. Some of the complaints related to waiting lists which were clogged after the pandemic hence the introduction of The Waiting Well Initiative which had helped to keep in touch with patients despite the challenges around the communication systems. Efforts were being made to understand what was happening to people to resolve the complaints and this had led to a good early rate conversion by the Trust's Panel which managed concerns as pal's concerns resulting in fewer formed complaints and very few escalated complaints to the ombudsman.

RESOLVED: That the assurance statement be provided that the quality account was shared with the Sub-Committee and had been reviewed to its satisfaction.

38. Immunisation Services in Harrow

The Sub-Committee received an introduction to the report by the head of public health Commissioning for NHS England, London region. The report outlined the current arrangements for childhood immunisation and scrutinised the effectiveness of the commission.

She said that what the data detailed in the report revealed was that on average, across the programmes, Harrow, like many of the London boroughs, had a lower uptake rate by about 4% to 6% compared with the national average of about 2% to 3%.

She pointed out that on page 8, some of the graphs were not accurate as the graphs were the same for all four for instances. She said that they would be corrected and resubmitted.

The report identified some of the actions that had been undertaken regionally and nationally to improve vaccination uptake and coverage, and most relevant, the significant activities that Harrow Council had undertaken to improve uptake locally.

She said that at some point soon, the impact of the work and activities would be evaluated so that those that worked could be replicated to maintain an ongoing impact on increasing vaccination uptake rates in Harrow.

Members asked the following questions:

A Member commented that it was difficult to understand what could improve vaccination uptake rates perhaps short, medium and long term goals were needed and asked whether any of the suggestions made at the previous meeting of the Sub-Committee had been implemented.

An officer explained that only one intervention was not going to help with the uptake rather a system and partnership approach to doing this was needed. There was a referral management scheme last year which was repurposed to focus on improving vaccination and that entailed each of the PC in the primary care networks, groups of GP practices coming together. They were required to have a nominated immunisation coordinator and part of their role was to analyse and understand the data, about those parents and children who were declining vaccinations to really understand what the barriers were and to support them into making a much more informed decision around whether to get their child immunised or not. She said that part of the data analysis showed a group of practices and communities where there was really low uptake. It helped highlight the low uptake within the Polish and Somalian communities in the borough. Engagement exercises were being considered which would involve the coordinators, together with some of the clinical staff, looking at, perhaps having face to face meetings at food banks, children's centres and even virtual consultations to address any concerns or issues they may have as part of the role that the coordinators have also been doing. Also a robust call and recall system in practices was being explored.

A Member suggested recruiting members of the communities with low uptakes to help with engagement and communication. The officer explained

that the Council had been successful in achieving a bid of £26,000 from North-West London ICS to work with particular community groups and work was being done by identifying and working with community champions to reach low uptake communities. They would be moving forward to understand what were the blockages and the barriers to people, making that decision to take up the offer of vaccination and to being able to do so as well, as understanding how accessing vaccinations could be supported and made easier for people.

The Chair asked what the arrangements were for monitoring, auditing and performance management of each GP with regards to childhood immunisations, and how was NHS England supporting GP practices to actually reach their targets. The officer explained that GP primary care had a delegated commissioning function within the system, and so both the ICB and NHS England had a part to play in that the IMF's coordinators also worked with the GPs supporting them and helping them with the day-to-day understanding of how to implement some of the immunisation programmes. There was also support for the GP practices in terms of one-off payments, an incentive scheme to reward practices who were able to achieve certain uptake levels and there was also a process of performance management in terms of conversations with practices through the primary care teams and GP contracts.

The Chair asked if a risk assessment had been carried out on shifting the commissioning responsibility from NHS England to north-west London ICS, particularly in terms of levels of resources. The officer explained that there was a national process of delegated commissioning whereby vaccination programmes were the responsibility of the commissioning function or vaccination programmes in their entirety. The national perspective was that transfer to ICB was likely to happen over the next couple of years and a risk assessment would be undertaken as part of that process, both at a national level and then at a regional, local and ICB level.

A Member expressed concern about the recent outbreak of measles and mumps in Harrow. The officer responded that yes there were eight reported cases of measles in Harrow, but data had shown it was contained in a geographical location so local teams had been engaging with practices where patients were most at risk or where they had identified cases.

RESOLVED: That the purpose and NHSE approach to the provision of childhood immunisation in Harrow be noted.

39. Harrow Community Services Position statement

Members received the report of the Harrow Borough Director, North West London Integrated Care Board. The report described the purpose and the approach to the North West London Integrated Care Board's review of community outpatient services within the context of all outpatient services in Harrow and across North West London Boroughs.

This was part of an ongoing engagement activity that would lead to a procurement strategy in June 2023. Harrow had a number of community services which were only provided in Harrow, the contracts would end in September 2023 and Harrow was engaging as part of a programme to determine future arrangements. EHIA's were being completed for each service and would be finalised when the engagement process had been completed.

The officer explained that the engagement would close on 22 June 2023, the feedback from Harrow residents would be considered along with a number of data points to decide about the future commissioning of services going forward in the meantime, services would be provided by the existing provider in line with their contracts.

A Member asked that as the report stated that for most children, 60%, could be seen by a GP and would get help within one or two weeks, whether this too long to wait and how was this performance in comparison to the national average and other London Boroughs. The officer explained that the longest patients were anticipated to wait in terms of new guidelines from NHS England was a maximum of two weeks appointment, but the system was, if you requested an appointment online or by telephone, there would be a clinical triage of that condition and if the GP thought that the child needed to be seen that day, they would either see the child that day or refer them to neighbouring hubs if there was no capacity. The problem was whether the child could be seen in a neighbouring hub, if not, then as a last resort they would advise the child to go to the Urgent Treatment Centre (UTC). This would be decided by clinical need at the point of triage.

A Member asked if any features of artificial intelligence could be used to speed up seeing patients to improve patient care. The officer explained that she was not certain but the idea was being explored at a very low level with advice and guidelines in terms of AI for paediatric services rather than senior appointments.

A Member raised concerns that it was still difficult to get appointments and it was a big issue. The officer explained that all services were very challenging. The officer explained that it was not specific to Harrow but this was a national issue. NHS England had published a plan around improving access in general practice. Each practice PCM had to come up with plans as to how they were going to improve same day care to their patients how they were going to make sure that patients could contact them easily through the telephone. Huge investments have been made in the telephony structure and a huge amount of work was going to be done in Harrow and across NHS North West London to improve access.

The Chair asked how many patients were served in a year across the services, what the results were. The officer gave the following details:

- Community neurology service saw about 600 referrals a year. 7.9% of those referrals were triaged straight to secondary care, the rest of patients were seen in the clinic and either followed up or discharged back home.

- Gastroenterology saw about 612 referrals, 21% of those patients were triaged directly to acute hospitals.
- The paediatric service saw about 1943 referrals a year, 29% of those were triaged in acute hospital care settings.
- ENT Service saw approximately 2,900 referrals, a year of which approximately 9% of those referrals were transferred to secondary care.

The Chair asked as these four areas services were going to be closed, how many patients would be affected and if they were going to be referred to other services. The officer explained that the service would be provided by another provider. The officer explained that as the services would be provided by another provider.

The Chair asked what the annual contract amount for the current provider of the four local services was and as changes were being made to the service, how much savings would be made via the proposal to use existing primary and secondary care services for these specific services and if they would be channelled back to the provision of primary and secondary care in Harrow. The officer explained that there would be no efficiency savings as the services would be provided by another provider. Also, some of the funds would be invested in upskilling primary care clinicians and service conditions so from the ICB level, savings were not anticipated.

The Chair requested that the committee be updated on the engagement and roll out for patients including potential challenges and if possible, any update on the contract negotiation with the current provider for the four services and if any efficiency savings had eventually been identified.

RESOLVED: That the report be noted.

40. Appointment of Vice-Chair

RESOLVED: That Councillor Rekha Shah be appointed as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2023/2024 Municipal Year.

41. Appointment of (Non-Voting) Adviser of the Sub-Committee 2023/24

RESOLVED: That Julian Maw be appointed as Non-Voting Adviser to the Sub-Committee for the 2023/24 Municipal Year:

(Note: The meeting, having commenced at 6.30 pm, closed at 8.08 pm).

(Signed) Councillor Chetna Halai
Chair



**Report for: Health and Social Care
Scrutiny Sub-Committee**

Date of Meeting:	12 December 2023
Subject:	Harrow Health and Care System Pressures
Responsible Officer:	Lisa Henschen, Managing Director Harrow Borough Based Partnership
Scrutiny Lead Member area:	Health: Councillor Chetna Halai
Exempt:	No
Wards affected:	All
Enclosures:	A. Health and Care System Pressure Indicators B. Harrow Borough Based Partnership winter plan

Section 1 – Summary and Recommendations

This report provides the system pressures metrics that are used to monitor the impact of winter pressures on the Harrow Health and Care System and the effectiveness of the measures contained in the Partnership’s Winter plan.

In addition to the schedule of metrics there is a summary of longer term trends with supporting data.

Recommendations:

The Committee is asked to consider the content of the report and to identify any additional requirements for data about demand and performance in the health and care system.

Section 2 – Report

The Harrow Borough Based Partnership currently discusses a set of indicators of demand pressure on the local health and care system at its fortnightly meetings.

The Partnership's 2023/24 winter planning has included the development of an expanded list of metrics that will inform the system's response to increased demand during the winter period. Most of these indicators will be reported weekly or monthly, depending on the frequency with which the data is reported.

The report will be used to inform discussions at the Harrow Health and Care Executive of necessary mitigations when services are under high levels of pressure and of potential service improvements.

These indicators seek to illustrate the following aspects of the state of the system:

- Success of Prevention Measures eg vaccinations; Winter Wellness MECC training.
- Demand Pressure e.g., discharges to social care; A&E attendances; referrals to community health.
- Pathway Efficiency e.g. Delayed discharges from hospital
- Pathway Improvement e.g. Interface between GPs and the hospital
- Utilisation of Community Resources e.g., Use of community rehab beds
- System Stress i.e. indications that the effectiveness of part or parts of the system has deteriorated.

The set of measures and the sub-set in which we can identify trends and comparisons are attached to this report as Appendix A.

Attached as reference in Appendix B is the Harrow Borough Based Partnership winter plan.

Ward Councillors' comments

Financial Implications

- Not applicable

Performance Issues

- Not applicable

Environmental Impact

- Not applicable

Risk Management Implications

Risk Description	Mitigations	RAG Status
The continuation of Junior Doctor and Consultant strikes over the winter period will impact the resilience of the system to manage winter pressures	Business Continuity Planning within Acute Trusts	Amber

Equalities implications / Public Sector Equality Duty

- Not applicable

Section 3 - Statutory Officer Clearance

- Not required.

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Hugh Caslake, Assisatant Director of Integration and Delivery, NWL ICB (07958 196271)

Background Papers:

Harrow Health and Care System Pressures Indicators: November 2023.

If appropriate, does the report include the following considerations?

1. Consultation N/A
2. Priorities N/A

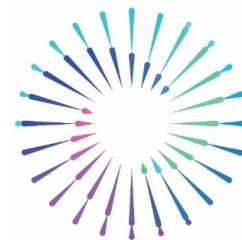
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Harrow System Pressure Metric Report

19

November 2023



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

Harrow System Pressures Monitoring

This report contains a schedule of metrics that is used by the local health and care system, through the Health and Care Executive and the System Flow and Winter Planning Workstream to monitor pressure within the system and to plan remedial action (see slides 4-5)

Longer term trend data has also been included where significant shifts in service capacity or demand have been identified (see slides 6-12)

A summary of these issues is contained in slide 3.

Work to understand the causes of these changes is ongoing and will inform discussions of potential solutions.



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

Summary of Key Issues in Longer Term Trends

System	Indicator (s)	Lead Provider	Current Position (See metrics schedules for details)	Longer-term Trend	Detail Slide
Covid	Weekly Covid Cases at Northwick Park Hospital	Northwick Park Hospital (LNWUHT)	The average number of Covid cases at NPH is below 20.	The last peak of cases, in March 2023, was 70 cases at one time, since when the number reduced through spring. Since the summer the number of cases has almost always been below 20.	6
Demand for Unscheduled Care	Accident and Emergency Department Attendances / Non-elective admissions at NPH	Northwick Park Hospital (LNWUHT)	Both A&E attendances and non-elective admissions are currently above /the average for last winter.	A&E admissions now average 2,100 per week, a level that, pre-Covid would have been a peak in activity. Non-elective admissions average approximately 600 per week.	7
Demand for Unscheduled Care	12 Hour A&E waits v LAS 60 minute Handover Delays	Northwick Park Hospital (LNWUHT)	There were 397 12 Hour A&E waits last week compared to an average last winter of 313. There were no 60 minute LAS handover delays compared to an average last winter of 103.	LAS managing patients at the hospital in stationary ambulances when capacity was not available in A&E resulted in long handover delays and poor LAS response times. This approach changed in June 2023 and the result has been very few handover delays and a sharp increase in 12 hour waits in A&E.	8
Hospital Discharge	Hospital Discharges	Northwick Park Hospital (LNWUHT)	Discharges in most recent week from NPH were 655 against an average over the last year of 503.	Since August discharges have been above 600, compared to an average for 12 months of 503, peaking at 746 earlier this month.	
Social Care Demand	Patients discharged needing social care support v those remaining on social care caseload	LB Harrow Adult Social Care	The number of patients leaving hospital requiring social care support in October (147) was lower than last year's winter average (178). The average number of discharged patients in September and October receiving support from social care was 425, compared to last winter's average of 298.	Although the number of patients discharged from hospital requiring social care support has not increased since 2019/20, the number continuing to receive support in 2022/23 and 2023/24 has increased from fewer than 100 to approximately 300. Although the full explanation of this change will be complex, the move to earlier discharge is a significant factor in this increase in demand for social care.	10



Harrow System Pressures Metrics (1/2)

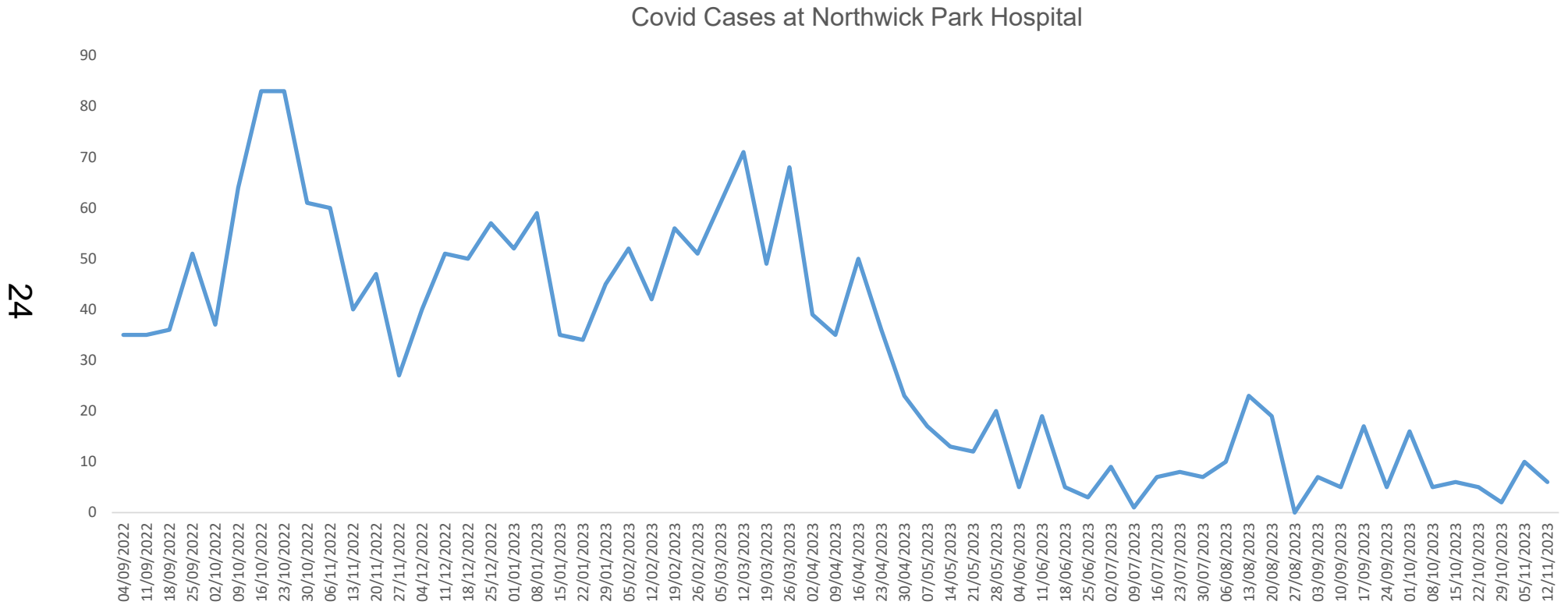
	System Indicators	Cohort	Frequency	Data Period	Current Period	Previous Period	Context	
Success of Prevention Measures								
1	Autumn Campaign - Covid vacc uptake	Harrow	Weekly	WE 26/11	30.82%	30.62%	NWL uptake	23.8%
2	Autumn Campaign - Flu vacc uptake	Harrow	Weekly	WE 23/11	34.63%	33.55%	NWL uptake	29.8%
Demand pressure								
6	AED Attends	NPH	Weekly	WE 26/11	2,169	2,187	Avg over last winter (Oct 22 - Apr 23)	2,139
7	AED Attends Paeds	NPH	Weekly	WE 26/11	571	592	Avg over last winter (Oct 22 - Apr 23)	546
8	UTC Attends	NPH	Weekly	WE 26/11	1,475	1,530	3 mth avg	1,314
9	AED Emergency Admissions	NPH	Weekly	WE 26/11	639	620	Avg over last winter (Oct 22 - Apr 23)	642
10	Community/District Nursing - Visits completed (in hours)	Harrow	Weekly	WE 25/11	1,693	1,658	Avg over last winter (Oct 22 - Apr 23)	2,321
11	Community/District Nursing - Rostered staff (in hours)	Harrow	Weekly	WE 25/11	1,486	1,456	Avg over last winter (Oct 22 - Apr 23)	1,843
12	No hospital discharges in month that required social care input	Harrow	Monthly	Oct-23	147	147	Mar '20 Avg	178
13	No of patients being worked with by social care	Harrow	Monthly	Oct-23	337	513	Mar '20 Avg	298
14	MH Liaison AED Referrals	Harrow	Weekly	WE 26/11	77	59	Avg over last winter (Oct 22 - Apr 23)	33
15	MH Liaison AED Referrals - 1 hour response	Harrow	Weekly	WE 26/11	81.6%	85.7%	Avg over last winter (Oct 22 - Apr 23)	62%
16	MH Liaison Ward referrals	Harrow	Weekly	WE 26/11	37	26	Avg over last winter (Oct 22 - Apr 23)	60
17	MH Liaison Ward referrals - 24 hour response	Harrow	Weekly	WE 26/11	72.2%	82.4%	Avg over last winter (Oct 22 - Apr 23)	85%
18	Rapid Response - Visits completed (in hours)	Harrow	Weekly	WE 25/11	304	359.5	Avg over last winter (Oct 22 - Apr 23)	330
19	Rapid Response - Rostered staff (in hours)	Harrow	Weekly	WE 25/11	356.5	362.25	Avg over last winter (Oct 22 - Apr 23)	390
20	No of referrals to drug and alcohol service							
21	Urgent referrals to drug and alcohol service							
22	No of referrals to Housing for homeless patients with MH issues							
23	Urgent referrals to Housing for homeless patients with MH issues							
24	People contacting LA about Damp / Mould	Harrow	Monthly	Aug-23	63	71	3 mth avg	68
26	Covid Related 111 Calls	Harrow	Weekly	WE 19/11	82	79	Avg over last winter (Oct 22 - Apr 23)	69



Harrow System Pressures Metrics (1/2)

	System Indicators	Cohort	Frequency	Data Period	Current Period	Previous Period	Context	
Pathway Efficiency								
27	Delayed Transfers of Care – Community Beds (P2)	Harrow	Weekly	WE 21/11	10	8	4 wk avg	9
28a	Delayed Transfers of Care - Pathway 0	NPH - Harrow	Weekly	WE 21/11	4	3	4 wk avg	7
28b	Delayed Transfers of Care - Pathway 1	NPH - Harrow	Weekly	WE 21/11	11	8	4 wk avg	15
28c	Delayed Transfers of Care - Pathway 2	NPH - Harrow	Weekly	WE 21/11	5	4	4 wk avg	7
28d	Delayed Transfers of Care - Pathway 3	NPH - Harrow	Weekly	WE 21/11	7	4	4 wk avg	8
	Delayed Transfers of Care Total	NPH - Harrow	Weekly	WE 21/11	27	19	4 wk avg	36
28e	Delayed Transfers of Care - Unstated Pathway	NPH - Harrow	Weekly	WE 21/11	3	4	4 wk avg	14
39	Community Equipment Delays	Harrow	Monthly					
40	Enhanced Frailty service - Current Caseload	Harrow	Monthly	Oct-23	195	188	6 mth avg	192
41	Enhanced Frailty service - Step ups	Harrow	Monthly	Oct-23	65	48	6 mth avg	68
42	Enhanced Frailty service - Step down	Harrow	Monthly	Oct-23	72	58	6 mth avg	66
System Stress								
56	Hospital Capacity Status	NPH	Weekly	WE -28/11	FCP	FCP	% of weeks FCP over last winter (Oct 22 - Apr 23)	83%
57	12 Hour AED Waits	NPH	Weekly	WE -26/11	397	420	Avg over last winter (Oct 22 - Apr 23)	313
58	LAS Handovers - No. of 60 min Breaches	NPH	Weekly	WE -26/11	0	13	Avg over last winter (Oct 22 - Apr 23)	103
59	Community/District Nursing - No. of visits deferred once	Harrow	Weekly	WE -25/11	20	16	Avg over last winter (Oct 22 - Apr 23)	1
60	Community/District Nursing - No. of visits deferred more than once	Harrow	Weekly	WE -25/11	1	0	Avg over last winter (Oct 22 - Apr 23)	4
61	Rapid Response - No. of referrals with a 2 hour response time	CLCH	Weekly	WE -25/11	72	80	Avg over last winter (Oct 22 - Apr 23)	69
62	Rapid Response - Initial visits not completed within 2 hours	CLCH	Weekly	WE -25/11	1	8	Avg over last winter (Oct 22 - Apr 23)	2
63	Rapid Response - No. of referrals rejected due to capacity	CLCH	Weekly	WE -25/11	0	0	Avg over last winter (Oct 22 - Apr 23)	0
64	Community Services Sickness Absence	Harrow	Weekly	WE -25/11	3.4%	0.0%	Avg over last winter (Oct 22 - Apr 23)	3.9%

Covid Cases at Northwick Park Hospital

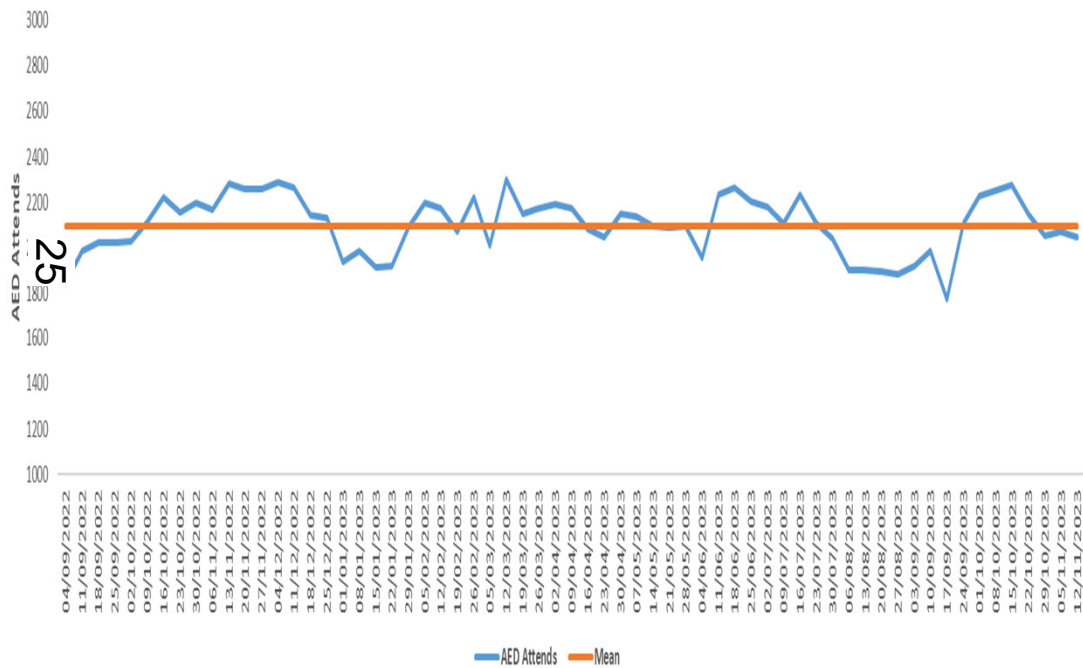


**Harrow Borough
Based Partnership**

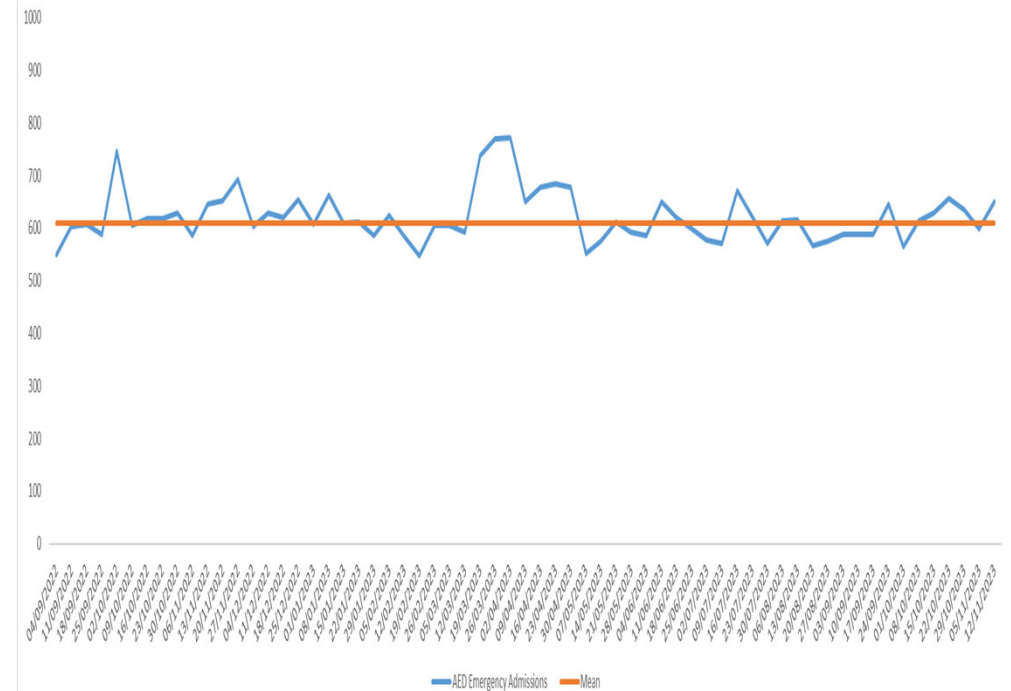
Supporting better care and healthier lives

A&E Attendances and Admissions at Northwick Park Hospital

AED Attendances at Northwick Park Hospital



AED Emergency Admissions at Northwick Park Hospital

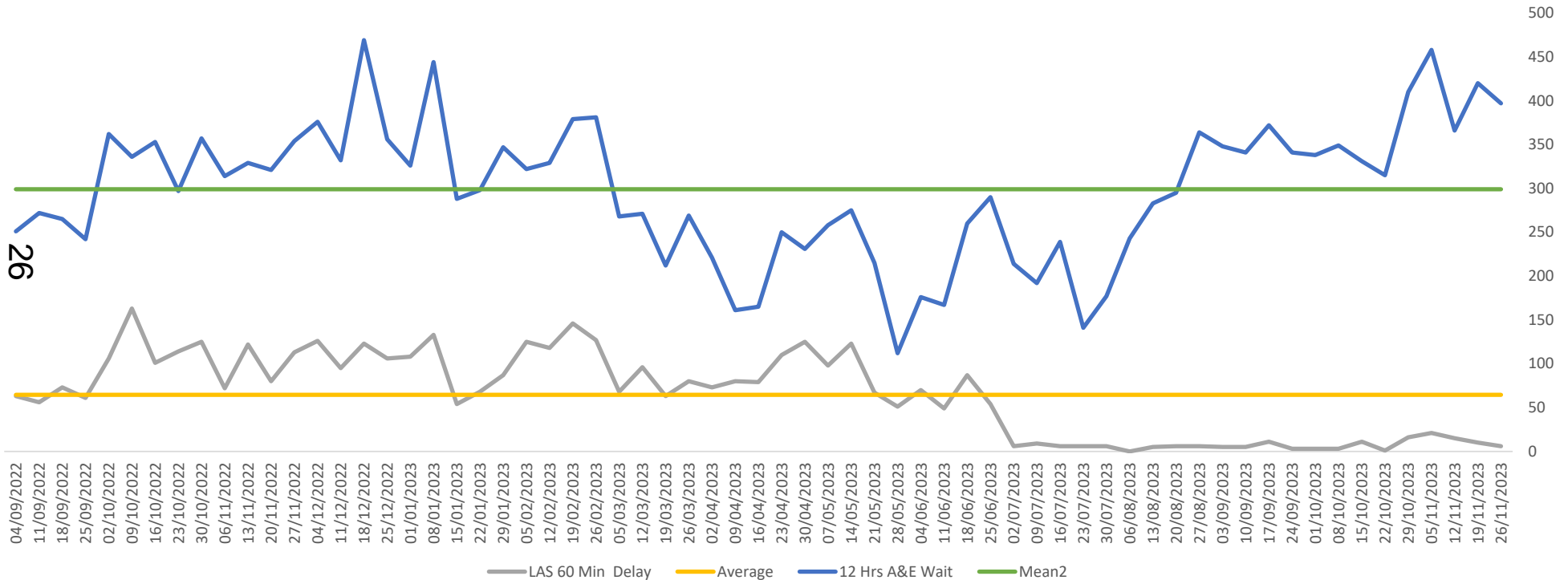


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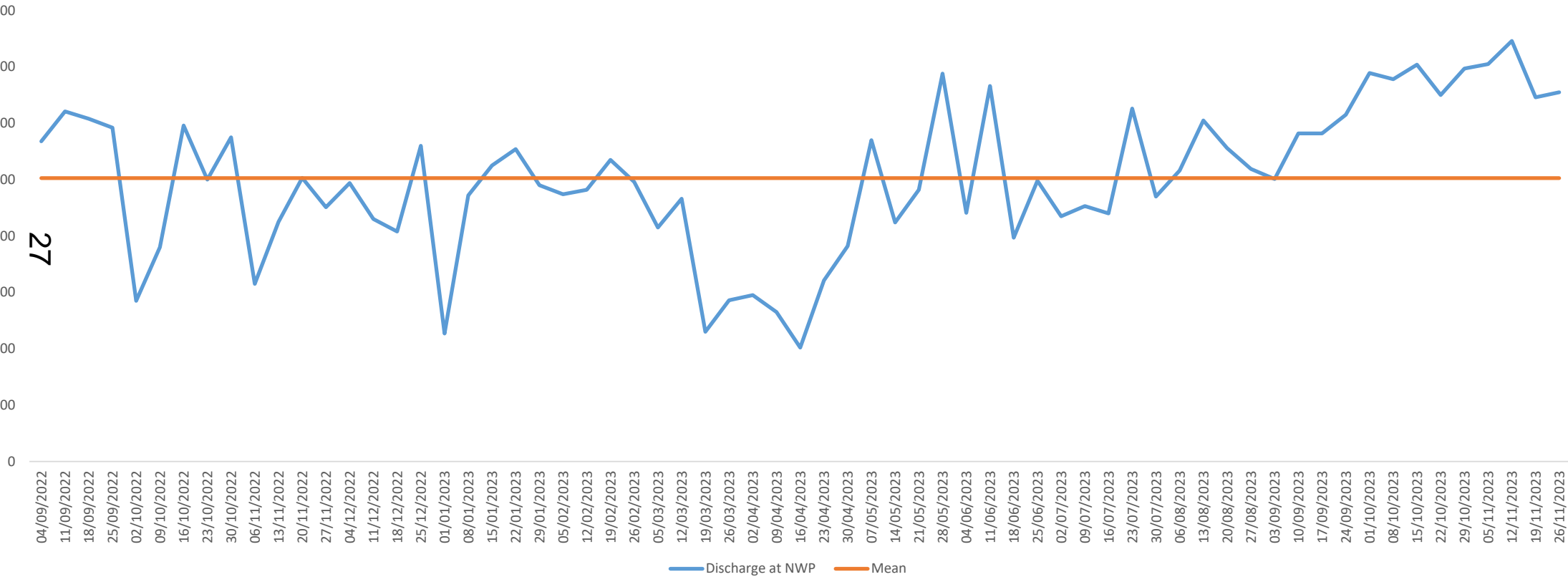
LAS 60 Minute Handover Delays v 12 Hour A&E Waits at Northwick Park Hospital

LAS 60 Minute Handover Delays v 12 Hour A&E Waits at Northwick Park Hospital



Discharges from Northwick Park Hospital

Discharges from Northwick Park Hospital

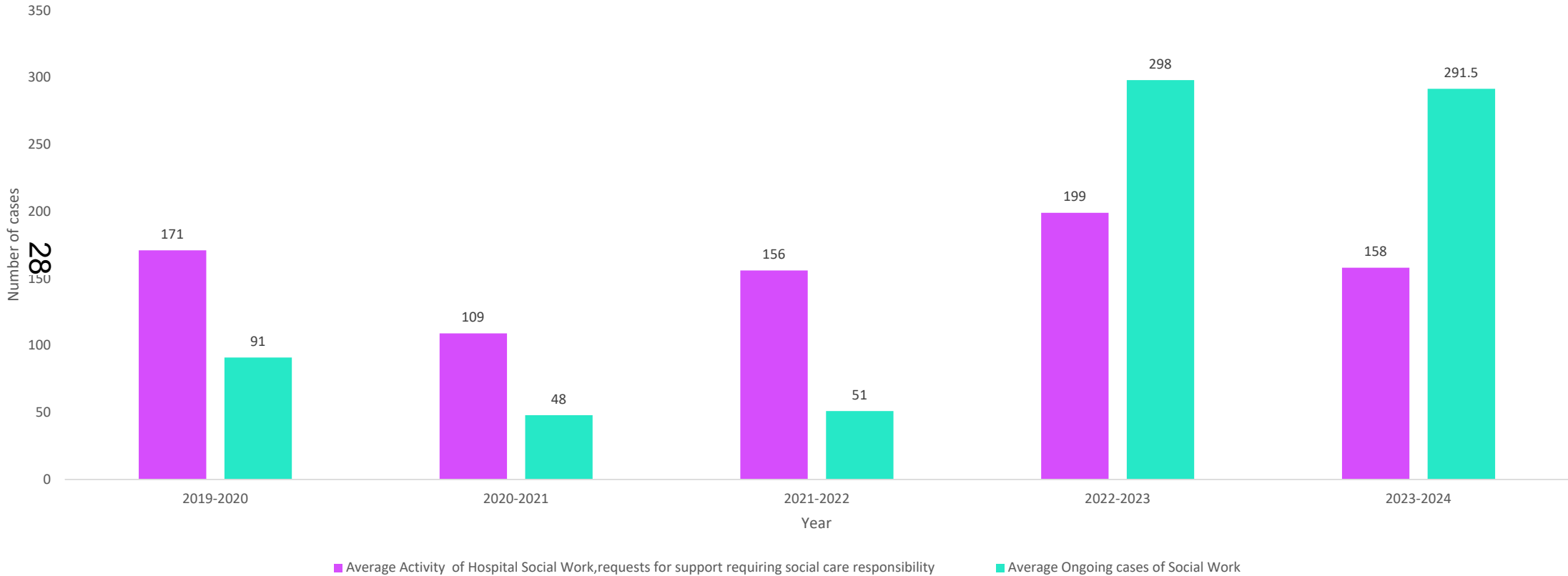


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Supporting better care and healthier lives

Social Care Support for People on Discharge from Hospital

Average requests for social care support for discharged patients vs average ongoing social care caseload of discharged patients





Harrow Borough Partnership Winter Plan

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Winter 2023/24
Draft 3 - FINAL



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

The Harrow Borough Based Partnership

Harrow Borough Based Partnership brings together our NHS organisations, Harrow Council, our GPs, and local Voluntary & Community Sector.

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

NHS North West London Integrated Care System

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 Together

Harrow Health Community Interest Company

St Luke's Hospice



Introduction

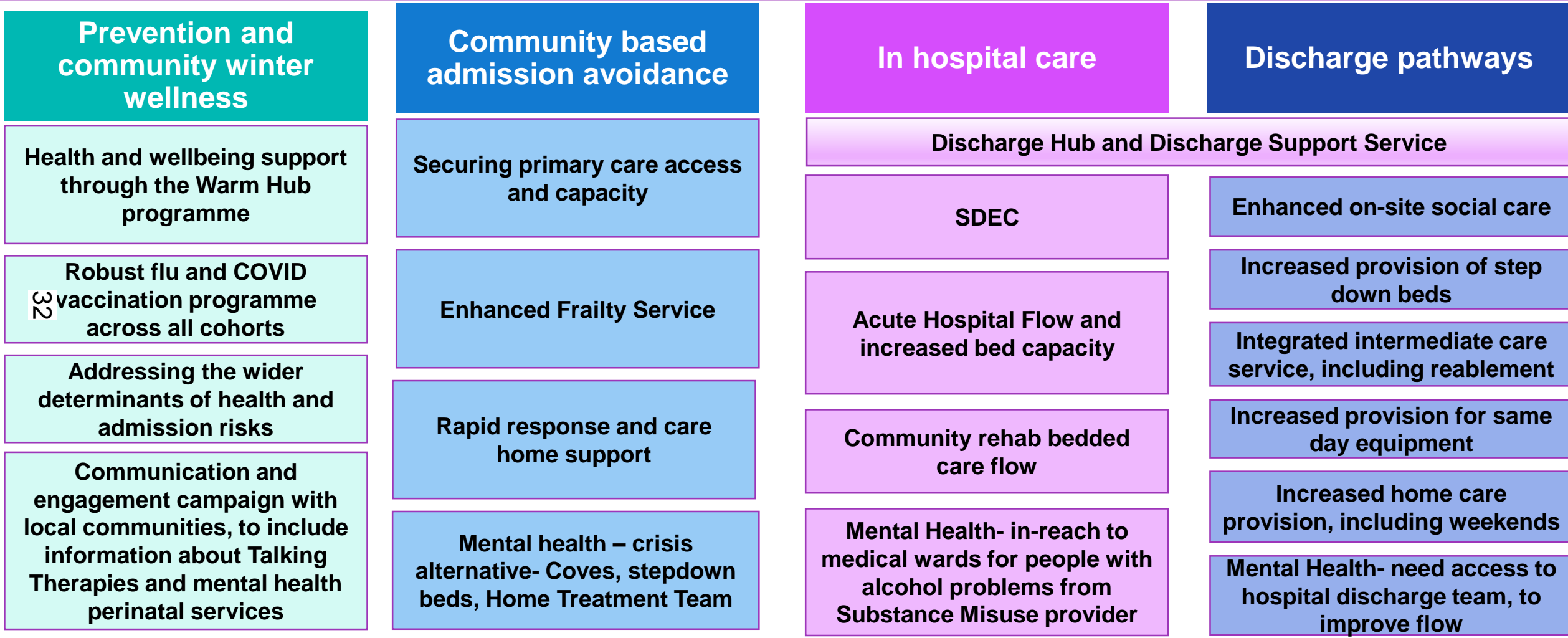
It is the ambition of the Borough Based Partnership in Harrow that our winter plan is a plan for the Place for Harrow and its citizens and carers. We are seeking to achieve, through a collaborative planning process led by our Health and Care Executive, that we move away from a focus on individual organisational capacity planning towards a Place Plan. This winter plan for 23/24 will build on our system learning and evaluation of the Partnership's winter response in 22/23.

The Place plan for Harrow will focus on:

- Taking preventative action to mitigate where possible, the impact of illness of individuals, families and the health and care system, through our flu and COVID immunisation delivery, particularly amongst groups experiencing the highest levels of health inequalities;
- Harnessing our local assets in Harrow; our building and community spaces to provide a warm and safe places within our communities, where people can come together for company, extending this where possible to a range of community activities to support health and wellbeing of our citizens;
- Communication with local citizens to support them to navigate the local health and care offer, so care can be provided by the right service and/or individual in the right place;
- Addressing the wider determinants of health that will impact our local population over the winter, through a robust information, advice and support offer to support income maximisation, support home adaptations to create energy efficiencies and action to reduce the risks of homelessness.
- Continuing to strengthen our support and capacity in primary and community teams to prevent admissions to hospital and ensure a robust discharge pathway out of hospital to maintain effective care for people who need the support of hospital services;
- Deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place for in and out of hospital care;
- Securing a strong discharge pathway to reduce the length of time our citizens spend in hospital once medically fit to leave, delivering the best outcomes for our citizens and the wider functioning of our urgent and emergency care services.



Overview of the Harrow Winter Plan



Winter demand and capacity modelling (1/3)

To will be reviewed fortnightly by the Harrow Health and Care Executive.

Line No	System Indicators	Status	Source	Cohort	Frequency	Current Week	Previous Week	Current Trend	Previous Trend
Success of Prevention Measures									
1	Autumn Campaign - Covid vaccination uptake by cohort		Foundry	Harrow	Weekly	0.05%	0.05%		
2	Autumn Campaign - Flu vaccination uptake by cohort (including years 7 and 11)		WSIC/Immform	Harrow	Weekly	5.90%			
3	Paediatric Asthma Reviews within 48 hrs of AED attendance		Public Health	Harrow	Monthly				
4	Paediatric Asthma Reviews within 48 hrs of ED Admissions		Public Health	Harrow	Monthly				
5	Winter Wellness MECC sessions uptake		VAH?	Harrow	Monthly				
Demand pressure									
6	AED Attends		NWL BI	NPH	Weekly	2,062	1,776		
7	AED Attends Paeds - Harrow		NWL BI	NPH	Weekly	160	160		
8	UTC Attends		NWL BI	NPH	Weekly	1,359	1,359		
9	UTC Attends Paeds - Harrow		NWL BI	NPH	Weekly	161	161		
10	Community/District Nursing - Number of visits completed (in hours)		CLCH	Harrow	Weekly	1,616	1,577		
11	Community/District Nursing - Number of rostered staff (in hours)		CLCH	Harrow	Weekly	1,455	1,471		
12	LA Demand Pressure		LA	Harrow	Weekly				
13	MH Liaison AED Referrals		CNWL	Harrow	Weekly	57	30		
14	MH Liaison AED Referrals - 1 hour response		CNWL	Harrow	Weekly	66.7%	72.7%		
15	MH Liaison Ward referrals		CNWL	Harrow	Weekly	20	73		
16	MH Liaison Ward referrals - 24 hour response		CNWL	Harrow	Weekly	83.3%	94.1%		
17	Rapid Response - Number of visits completed (in hours)		CLCH	Harrow	Weekly	272	332		
18	Rapid Response - Number of rostered staff (in hours)		CLCH	Harrow	Weekly	345	368		
19	Number of referrals to drug and alcohol service		CNWL	Harrow	Monthly				
20	Number of urgent referrals to drug and alcohol service		CNWL	Harrow	Monthly				
21	Number of referrals to Harrow Housing pathway for homeless patients with mental health issues		LA Housing	Harrow	Monthly				
22	Number of urgent referrals to Harrow Housing pathway for homeless patients with mental health issues		LA Housing	Harrow	Monthly				
23	People contacting LA about Damp / Mould		LA Housing	Harrow	Monthly				
24	Primary Care Patches Use / Availability		Primary Care	Harrow	Weekly				

Need confirmation that data is collected and reported.

Data is reported. Process not yet in place for regular submission to PMO.

Data received regularly by PMO



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

Winter demand and capacity modelling (2/3)

To will be reviewed fortnightly by the Harrow Health and Care Executive.

Line No	System Indicators	Status	Source	Cohort	Frequency	Current Week	Previous Week	Current Trend	Previous Trend
Pathway Efficiency									
25	Community Bed DTOCs		Local Care	Harrow	Weekly				
26	DTOCs by pathway @ NPH as % discharges vs NWL Boroughs		Optica / NWL BI	Harrow	Weekly				
27	NPH DTOCs: Awaiting equipment		LNWUHT / Optica	NPH/Harrow	Weekly				
28	NPH DTOCs: Awaiting long term placement		LNWUHT / Optica	NPH/Harrow	Weekly				
29	NPH DTOCs: Awaiting rehab bed		LNWUHT / Optica	NPH/Harrow	Weekly				
30	NPH DTOCs: Homeless		LNWUHT / Optica	NPH/Harrow	Weekly				
31	NPH DTOCs: Patient / family choice delays.		LNWUHT / Optica	NPH/Harrow	Weekly				
32	NPH DTOCs: POC start / restart		LNWUHT / Optica	NPH/Harrow	Weekly				
33	Number of pts waiting more than 48 hours on a P1 pathway escalated		LNWUHT / Optica	NPH/Harrow	Weekly				
34	Number of pts waiting more than 5 days on a P1 pathways escalated		LNWUHT / Optica	NPH/Harrow	Weekly				
35	Number of pts waiting more than 5 days on a P3 pathway escalated		LNWUHT / Optica	NPH/Harrow	Weekly				
36	Number of pts waiting more than 7 days on a P3 pathway escalated		LNWUHT / Optica	NPH/Harrow	Weekly				
37	Bridging Service Indicators		LA	NPH/Harrow	Fortnightly				
38	Community Equipment Delays		Borough Team	NPH/Harrow	Monthly				
39	Enhanced Frailty service - Current Caseload - Aug & July		Borough Team	NPH/Harrow	Monthly	191	207		
40	Enhanced Frailty service - Step ups - Aug & July		Borough Team	NPH/Harrow	Monthly	69	82		
41	Enhanced Frailty service - Step down - Aug & July		Borough Team	NPH/Harrow	Monthly	47	76		
Pathway Improvement									
42	Complete FIT notes in secondary care		LNWUHT	NPH/Harrow	Weekly				
43	Discharges to Care Homes at Weekends		LNWUHT	NPH/Harrow	Weekly				
44	Onward referrals (C2C referrals)		LNWUHT	NPH/Harrow	Weekly				
45	Discharge Letters sent to GP Practices		LNWUHT	NPH/Harrow	Weekly				

Need confirmation that data is collected and reported.

Data is reported. Process not yet in place for regular submission to PMO.

Data received regularly by PMO



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

Winter demand and capacity modelling (3/3)

To will be reviewed fortnightly by the Harrow Health and Care Executive.

Line No	System Indicators	Status	Source	Cohort	Frequency	Current Week	Previous Week	Current Trend	Previous Trend
Utilisation of community resources									
46	Capacity Access Improvement Plans - Additional capacity per site and number of redirections from UTC and 111		Borough Team	Harrow	Monthly				
47	Community Rehab bedded care flow / Intermediate Care Beds - Utilisation and LOS		Local Care	Harrow	Monthly				
48	Number of contacts at Community Pharmacy Consultation Service not requiring redirection		Borough Team	Harrow	Monthly				
49	Uptake / Utilisation of: Enhanced Access Services		Borough Team	Harrow	Monthly				
50	Virtual Ward contacts for Cardiology (Heart Failure and AF), Respiratory and Diabetes		Local Care	Harrow	Monthly				
51	Uptake / Utilisation of: Care Home Support Service		Borough Team	Harrow	Quarterly				
52	Uptake / Utilisation of: Childhood Asthma Clinics		Borough Team	Harrow	Quarterly				
53	Uptake / Utilisation of: CYP Health Inequalities Clinics		Borough Team	Harrow	Quarterly				
54	Uptake / Utilisation of: Additional Care for Complex Patients		Borough Team	Harrow	Quarterly				
System Stress									
55	Hospital Capacity Status		NPH	NPH	Tuesday	FCP	Black		
56	12 Hour AED Waits		NWL BI	NPH	Weekly	340	356		
57	LAS Handovers - Average number of 60 min Breaches per day		NWL BI	NPH	Weekly	0	2		
58	Community/District Nursing - Total number of visits deferred once		CLCH	Harrow	Weekly	0	1		
59	Community/District Nursing - Total number of visits deferred more than once		CLCH	Harrow	Weekly	0	0		
60	Rapid Response - Number of referrals with a 2 hour response time		CLCH	CLCH	Weekly	56	59		
61	Rapid Response - Total number of initial visits triaged for a 2 hour response that were not completed within 2 hours of acceptance into service		CLCH	CLCH	Weekly	4	14		
62	Rapid Response - Total number of referrals rejected due to capacity		CLCH	CLCH	Weekly	0	0		

Need confirmation that data is collected and reported.

Data is reported. Process not yet in place for regular submission to PMO.

Data received regularly by PMO



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

Management of interface for system efficiency

There is work being done at both local and NWL level to manage system efficiency. Following the 'Delivery plan for improving access to primary care' being published, there are three priorities that will be reviewed:

1. Onward referrals (C2C referrals),
2. Complete FIT notes in secondary care. Call and recall of patients to be done by trusts ,
3. GPs should have access to single email / primary care liaison officers in each trust. Clear points of contact at point of referral for GPs and patients to access secondary care and working GP bypass numbers for the trust to hold in their systems.

The above work is being picked up through 3 working groups which will be reporting to NWL System interface group. Data sharing between primary care and LNWHT; this will be through CIE and LCR. With the trust now switched to Cerner, this should become more seamless.

Over the coming period work will be done to ensure there is an updated contact list that includes bypass numbers for Harrow practices, community services and hospital services. This list will then be made available to health and care services within Harrow. LNWHT will be looking at amending templates for outpatient letters so that service contact details are available for patients and GPs. We are picking this up at Local interface group.

Work will be done with primary care colleagues to ensure referrals are sent through on the correct forms especially when referring to SDEC. Work is taking place within NWL to improve quality of discharge summaries with the possibility of an inclusion of a contact number for the pharmacy team that practices, and community pharmacies can use to discuss medication queries.

A letter will be drafted to be sent to clinical teams in LNWHT and GPs across Brent, Harrow and Ealing. The letter will be like that sent last year but with a refreshed set of priority areas for focus for primary care and LNWHT.



Sharing of performance data and agreed escalation processes

The Northwick Park discharge hub coordinates the patient level daily calls for system coordination of individual issues and barriers to discharge.

As part of our plan for winter, it is proposed that a more robust system of escalation is introduced to provide senior input for challenges to discharge.

Daily prioritisation of discharges is taking place involving the discharge hub and social care services. The nationally commissioned Optica system is being implemented in NWL ICB and will provide a common source of analysis on the discharge pathway.

Briefings will be circulated to the DASS and Managing Director Harrow BBP three times each week on patients that are delayed, using the following criteria:

- Patients waiting more than 48 hours on a P1 pathway
- Patients waiting more than 5 days on a P1 pathway
- Patients waiting more than 48 hours on a P2 pathway
- Patients waiting more than 5 days on a P3 pathway
- Patients waiting more than 7 days on a P3 pathway

To ensure parity briefing will also be established once a week for Mental Health and Learning Disability patients at NPH Mental Health Unit or on medical wards clinically ready for discharge but delayed in line as follows:

- Patients waiting more than 72 hours on any pathways

The system flow and winter planning workstream will take strategic oversight of delays in the system, beyond individual patient delays to focus on themes and system issues that are factors in delay, for a collective partnership response to support in addressing them.



Prevention and community winter wellness

Health and wellbeing support to warm hubs

Following the successful delivery and evaluation of the Harrow Winter Wellness programme in 22/23, the London Borough of Harrow will be supporting the scheme for the 23/24 winter, running from November 2023 until March 2024. This will be funded from the Public Health grant and BBP inequalities funds. Warm hubs will deliver the following interventions as part of the winter wellness scheme:

- Support the delivery of a number of activities aligned with specific priorities e.g. Making Everyone Contact Count, physical activity, healthy cooking and eating, reducing falls risk, smoking cessation.
- Targeted clinical outreach for specific priority areas through health checks for residents attending warm hubs.
- Distribute warm packs provided by public health.
- Support the community-based Conversation Café model delivery.
- Support the provision of information and advice services delivering from warm hubs.

We have built on last years evaluation through: focusing on expanding the proactive health checks in warm hubs; encouraging collaborative & innovative approaches to engaging with communities; developing an enhanced evaluation offer that will strengthen the evaluation of the programme this year.

Addressing the wider determinant of ill health and admission risk

MECC:

Voluntary Action Harrow have been commissioned to deliver the Winter Wellness MECC sessions this winter. The session will focus on how to eat better, stay warm and find the best health help. The session will be open to all colleagues including frontline staff.

Cost of Living Support and Housing:

Local Authority have set up a support page for residents to seek support with the cost of living crisis ([Help with the cost of living – London Borough of Harrow](#)). A working group has been set up to oversee this.

Housing-related support services including; EACH Counselling & Support, Age UK Hillingdon, Harrow & Brent. Fuel Poverty and Energy Advice; Seasonal Health Intervention Network (SHINE) run by Islington Council for Londoners and Green Doctor (Groundwork)

Damp and Mould work- working group, set up to work together on responding to the regulator/government on damp and mould, developing a comms plan, monitoring trends in the number of cases, developing a strategy.



Prevention and community winter wellness

Flu and COVID vaccination

- The Autumn campaign will commence on around early to mid October. The cohorts will be the same as Autumn 2022. All Harrow PCNs will be participating.
- Autumn flu plans to be jointly developed with COVID to reflect the need for co-administration wherever possible.
- Pathway for Newly severely immunosuppressed patients now available.
- The National Flu immunisation programme 2023/2024 has been published. It sets out which groups are eligible for flu vaccinations this coming flu season. 50-64 year olds are not part of the eligible groups.
- ☺ Secondary school children in years 7 and 11 are entitled to free flu jab but all school-based delivery will have a hard stop of 15th December to align with the Christmas break.
- Frontline H&SCWs are included in this year's flu programme and vaccinations should be delivered through occupational health schemes.
- Targets for flu will be 100% offer to all eligible and ambition to meet or exceed last year's position.
- All plans must have a strong emphasis on tackling inequalities and focus on groups not coming forward.
- The Immunisation and Flu Task & Finish Group will continue to meet on a monthly basis, moving to 2weekly as we near September (flu season) - Representation of the group is from Borough Team, Public Health, Local authority PCN management leads, Immunisation champions and community pharmacy representation.



Prevention and community winter wellness

Communication and engagement with local communities

NW London-wide communications and engagement winter plan is in place to support local residents with decisions about their health and the services they use, by providing information and redirecting people at the point of need. The plan will use data from previous winter campaigns and the Whole Systems Integrated Care Dashboard to target and support the right areas and communities. A local working group has been established across the NWL communication leads and Local Authority communication and BBP team to ensure coordination of efforts and a dynamic response based on vaccination uptake data and urgent care activity.

Specific areas of focus include:

- Full winter messaging flyers launching in October, with Flu campaign, Children and young people campaign and Self-care campaign launching and continuing throughout winter period, with focus on Urgent and emergency care - Vaccination (flu/*Covid booster) - Children and young people
➤ Primary care.
- Harrow Health Citizen Forum [online] in September, December, March with focus on Winter Wellness messaging.
- 'Town hall' style in person forum at prominent locations such as St. Peter's Church with a focus on winter messaging.
- Regular 'drop-in' sessions with specific local communities, engagement and information, including co-ordination with local communities on immunisations i.e., Romanian - RCCT, Somalian - HASVO, Gujarati - SKLPC, as well as rhyme time library sessions targeting under 5s and young mothers.
- Local schools link-in to target under 18s and parent/guardians
- EOI process for commissioning local VCS groups to engage resident networks on winter wellness campaigns. This will be live until September, with community grants to be issued for roll-out September/October



Community based admission avoidance

Securing Primary Care Access and Capacity

- Care Home Support as a key focus for preventing winter admissions: a review will commence 02/10/23 of the support provided to care homes to minimise the avoidable use of the UEC system and ensure safe, timely discharges from hospital to care homes
- An action plan for improving reviews and follow up of Children with asthma is in development, which will include increasing training to expand capacity for asthma reviews across the Primary Care workforce, a focused mapping of the discharge and notification pathway for children attending or being admitted to A&E following asthma attack and regular data reporting and review at PCN level
- Two Initial Accommodation Centres established for asylum seekers providing health screening and GP registration
- Enhanced Access now fully embedded (commenced October 2022): additional GP appointments from 6.30pm to 8pm weekdays and 9am to 5pm on Saturday
- Capacity Access Improvement Plans being implemented through practice action plans to create more capacity and increase access, and GP Access Centre operating at the Pinn Medical Centre, targeting 90% utilisation, 7 days a week and bank holidays
- CYP Health Inequalities Clinics and Additional Care for Complex Patients (extended appointments) were implemented in June
- Additional services commissioned through NWL Standard offer implemented from June includes: spirometry; wound care; ABPM; ECG; ring pessaries.
- ehubs implementation improving across Harrow utilising ARR's clinicians. We are seeing high levels of e-consultation in Harrow.
- Community Pharmacy Minor Ailment Service to be rolled out Q3/Q4 once NHSE have resolved prescribing and liability issues
- Community Pharmacy Consultation Scheme: uptake to be improved through software to facilitate referral that will be purchased and implemented across NWL



Community based admission avoidance

Harrow Rapid Response

- The Harrow Rapid Response Team will maintain business as usual levels of activity for winter 2023/24 of 1000 patient contacts per month (inc Follow up visits).
- The service averaged 288 referrals per month for winter 2022/23.
- Current service performance is 97.6% against its KPI of a 2-hour response time for all referrals and it is anticipated that this will be maintained in line with performance over winter 2022/23

42	Nov-22	Dec-22	Jan-23	Feb-23
Referrals	214	342	325	273

Care Home Support Team:

- The Harrow Care Home Support Team will be supported by Harrow Rapid Response if they see and increase referrals and if they meet Rapid Response criteria.
- Weekends and OOH will be covered by Harrow Rapid Response.
- Activity data for the Care Home support Team is not currently reported, however this will be established for winter 23/24.

Proactive frailty management

The Enhanced Frailty service operates all throughout the year and will be carrying on business as usual:

- Systematic proactive identification of frail patients and with escalating risks
- Timely triage
- Step-up to the service and provide appropriate interventions including integrated multi-agency teams bringing skills and capacity together based on the need of the individual
- Step-down and maintenance as appropriate.
- Work with wider system partners i.e. acute, social care etc. for seamless integrated service i.e. work towards a resilient system especially during winter.

Overall ensuring patient benefit from specific interventions and have better care and experience and avoiding non-elective admissions.

Additional Social Care

Increased social work capacity to be put in place to work with primary care to support people in the home to avoid hospital admission.

In-hospital care

Say Day Emergency Care (SDEC)

- SDEC
 - 7 day service that runs for 12 hours of the day.
 - The capacity is to see 75 appointments per day, this includes new and follow up appointments.
- Frailty service
 - Service that runs 5 days a week, from 9am-5pm.
 - The capacity of this service is to see 8 patients a day.
 - Inclusion criteria:
 - CFS ≥ 6
 - ≥ 65 years
 - NEWS ≤ 3

Acute Hospital Flow and increased bed capacity

- Modular unit comprising 32 additional beds for opening late Feb 24
- Recruitment commenced to build staffing capacity ahead of this
- 4 additional elderly care and 2 stroke beds opened winter 22/23 remain open
- TBC scoping of SAU capacity to convert 4-8 trolley spaces to overnight beds
- Virtual ward programs for
 - Cardiology - heart failure and atrial fibrillation (45 pts in each)
 - Respiratory (30 pts)
 - Diabetes (20 pts)
- Move of 10 gastroenterology beds in spring 23 to Central Middlesex Hospital (CMH) to facilitate increased GIM beds at Northwick Park Hospital (NPH).

High impact area 1: Same Day Emergency Care - reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

High Impact area 2: Frailty - reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

High impact area 3: Inpatient flow and length of stay (acute): reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

In-hospital care

Community Rehab bedded care flow / Intermediate Care Beds

CNWL has open and locked adult rehab beds across the system which Harrow patients can access if required. Current access to open is immediate, locked rehab can take some time, in which case private providers are sourced to avoid delays.

CNWL has 7 stepdown houses with 40 beds, which Harrow patients can access for up to 2 weeks to support bed flow.

Starting in August 2023, there will be an increased focus on discharge from community rehab beds to ensure robust productivity and flow.

This process is commencing with fortnightly meetings with the community rehab providers, social care, discharge hub and Borough Partnership team.

Mental Health

The core components of the approach for winter for mental health services are:

- Addressing the growth in delays for patients clinically ready for discharge but waiting for social care support. Exploring the potential for the hospital discharge team to oversee the discharge of patients from MH beds on the NPH site when the team is at full capacity
- Improve flow through housing pathway for patients with mental health issues. Seeking to broker a fast track pathway with housing services.
- CNWL referrals from mental health and learning disability inpatients to ASC with escalation of delays beyond 72hrs
- Improved access to drug and alcohol service through in-reach to medical wards and ED is now well established and effective. The next step is to support access to clinical records across CNWL and Drug and Alcohol service provider.
- Active promotion across the public and health and care professionals of crisis alternative services with capacity: Maternity and mental health perinatal services, IAPT and Coves

In-hospital care / Discharge Pathway

Discharge Hub

- The overall aim is to relieve acute pressures by identifying patients to be managed with community support, instead of requiring an acute bed. This is achieved by clinical assessments undertaken by clinical screeners to share community knowledge of services and avoid any delay to discharge.
- NPH discharge hub, remains understaffed and has been supported and managed by LNW to continue to sustain flow.
- ⁴⁵The hub is responsible for confirming discharge plans for patients across pathways 1-3 who have new or additional care needs on discharge.
- The NPH discharge team confirms the most daily discharges across the sector and receives on average 40 referrals daily to screening and processing for discharge.
- In advance of the winter, the focus will be on recruiting to the full team establishment, particularly the screeners to identify patients for the community.

Discharge Support Service

The discharge support service is an essential component of the discharge pathway in Harrow, focusing on both timely discharge for patients on the P0 and P1 pathways as well as focusing on avoiding readmissions through securing community based support for people at the point of discharge.

Over a 6 month winter period, the service will have the capacity to support 500 patients at discharge and 300 post discharge support.

The discharge element will include provision of accompanied taxi service or accompanying patient in Hospital transport if appropriate. There is a standard cohort of 4 staff with coordinator on site Monday to Friday who liaise with the Discharge team to receive referrals but also take direct referrals from other routes if these can be accommodated.

Post Discharge intervention can include telephone calls, referring and signposting onwards to suitable services, home visits and practical support that helps a discharge be successful, thus reducing the risk of readmissions.

Discharge pathways

Enhanced on-site social care

Seven-day hospital SW cover funded for the winter period.

Increased social work and OT staff to support hospital discharge process.

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Provision of step-down care

Step down beds have to be purchased on a block rather than spot basis.

Current plans to mitigate additional pressure:

- 5 step down beds currently purchased, which will be increased to 8 from October.
- Funds available for 6 additional residential care beds (currently 558 LD / other)

Additional more complex step down beds (EMI) might be available in the market if additional funding were available.

Same day community equipment

Same day equipment delivery service (MRS) has been made available, at greater cost to reduce the longer lead times.

To be used as required to achieve planned discharge date.

Prescribers instructed in use of same day delivery.

Further work to review prescribing process to maximise efficiency of resource use while achieving fastest delivery of equipment.

Data will be made available on use of same day delivery services.

Home care provision, including weekends

Development of local bridging services, through the Autumn in advance of the critical winter period, tailored to relieve pressure in the local discharge pathway, to allow eligible P1 patients to be supported with packages of care following relevant assessments for onward support where necessary.

Increased provision of 72 hour domiciliary care or reablement as needed but a follow up or further assessment is needed to support patient recovery at home

Discharge pathways

Integrated Intermediate Care service, and reablement provision

The delivery of the Integrated Intermediate Care Service discharge pathway for facilitation of discharge and prevention of admission for the Winter of 23/24 will be supported through the following developments:

- **Discharge to Assess (D2A) and Short-term Rehabilitation:** CLCH will maintain Discharge to Assess (D2A) and short-term Rehabilitation Pathways in support of discharge delivering 1100 contacts per month over the winter of 23/24.
- **Northwick Park Discharge Hub:** The discharge hub lead post has been recruited to and the post holder starts in September 2023. Discharge hub Clinical screener post recruitment is ongoing with a view to these being fully recruited to by October 2023.
- **Carers Lead role:** Has been recruited to and will support service users and carer needs under the integrated pathway.
- **Training:** Has been implemented in support of the for the delivery of the integrated pathway for the winter of 23/24. Follow up training is planned for September or October 2023.
- **Single Referral Form:** Discharge 2 Assess (D2A) referral form used across NWL and will remain in use, however, CLCH has requested changes to make this form consistent with the single merged referral form for ICCS.
- **ICCS End-to-end patient pathway:** Pathway is complete following face to face sessions with leads.
- **SOP:** A draft SOP has been developed and is being reviewed by stakeholders for implementation for winter of 23/24.
- **Information sharing:** An interim solution to data sharing has been agreed with ICCS partners. Information sharing between Acute, Community and Primary Care Health Services will be facilitated with the go live of the Cerner Patient Administration and Records System in August 2023 at LNWHT using the London Care Record. A virtual desktop solution is proposed for access of across health and social care systems.

Additional winter schemes

We are currently working on the basis that all additional winter funding coming into the system is known and we will not be expecting additional funding allocations.

However, if this position changes, acknowledging that funding is likely to be focused on specific pressure areas, priorities for investment for Harrow, based on our evaluation of Winter 22/23, would be:

- Additional reablement schemes;
- Expanding the Discharge Support Service, including the addition of handyman services;
- Home First and Trusted Assessors to support patient flow.



Harrow system risks to the delivery of the winter plan 23/24

Risk	Risk Owner	Mitigations	Date for review
If CLCH are not commissioned to provide discharge to assess community rehabilitation provision, there is a risk to system flow through increased bed days for medically fit patients.	Jane Wheeler and Jackie Allain	Exploring how this service can be funded non-recurrently this year. Meeting with CLCH/Jane Wheeler soon to work out the details.	September 2023
If we do not address under-utilisation and delayed discharges of Harrow patients within the rehab beds, particularly at Woodlands Hall, there are financial risks to the system, and potential loss of Harrow provision 49	Melissa Mellett, Lisa Henschen, Shaun Riley Jackie Allain	Bi-weekly discharge group being established. Potential to increase scope of discharge hub to cover P2 beds (through integrated intermediate care team) but discharge hub needs full staffing to achieve. Stakeholder briefing to be held with NWL ICB	September 2023
If agreements for managing cross NWL and NCL arrangements for discharge support cannot be made in advance of winter pressures (for Harrow residents registered with Barnet GPs) we risk unnecessary delays at Northwick Park	Ian Robinson? Senel Arkut	TBC	TBC
If we are unable to secure a stoma care pathway for Harrow residents, we risk hospital delays	ICB (TBD) Senel Arkut	Explore with other London Boroughs how they are working with care providers to deliver stoma care	October 2023



Action Plan

Action	Lead	Delivery date
Domain: interface		
Update contact list and by-pass numbers for Harrow GPs. Share widely across acute and community providers	Rahul Bhagvat	9/10/2023
Update outpatient letter details to include names and telephone numbers of clinical teams	TBC	TBC
Ensuring Primary Care are using correct SDEC referral forms	Rahul Bhagvat	9/10/2023
50 System letter to support efficient ways of working to support winter pressures	Radhika Balu and Jon Baker	October 2023
Domain: data and escalation		
Implement local escalation processes for discharge delays as described in the winter plan	Natasha Harmsworth-Blythe, Shaun Riley, Santokh Dalal, Senel Arkut, Lisa Henschen	9/10/2023
Address any outstanding issues with local data collection for winter performance monitoring	Bharat Gami	9/10/2023



Action Plan

Action	Lead	Delivery date
Domain: prevention		
Implement 2023/24 winter wellness scheme for Harrow	Seb Baugh	November 2023
Deliver MECC winter programme	Laurence Gibson	November 2023
Domain: community based admission avoidance		
Secure our pathways of support to care homes for admission avoidance and timely discussion – including Care Home Support Team and Primary Care Enhanced Service. Action plan to be developed.	Sandra Arinze Jenny Gorasia Patrick Laffey	20/10/2023
Domain: in-hospital care		
Secure robust discharge flow for patients in rehabilitation units	Lisa Henschen, Bharat Gami, Natasha Harmsworth-Blythe	09/10/2023



Action Plan

Action	Lead	Delivery date
Domain: discharge pathway		
Establish bridging service for Harrow	Senel Arkut, Johanna Morgan, Shaun Riley	October 2023
Explore closer alignment between PATCH (children's virtual ward service) and children's community health teams	Philomena Bouzemada and Claire Eves	October 2023
Implementation of the integrated intermediate care service	Jackie Allain and Shaun Riley	November 2023
Agree pathways for Harrow residents registered with Barnet GP (joint meeting between Harrow, Brent and Barnet)	Shaun Riley, Lisa Henschen	November 2023
Explore options for stoma patients through homecare providers	TBC	October 2023
Active promotion of mental health crisis alternatives to front line staff and the public	James Connell, supported by Mental Health workstream	October 2023
Explore potential for discharge hub supporting mental health discharges across health and social care – dependent on hub staffing	Gail Burrell, Natasha Harmsworth-Blythe, Lisa Henschen	December 2023
Implement regular briefings and escalation across discharge pathways for physical and mental health	Shaun Riley, Santokh Dalal, Lisa Henschen	September 2023
Seek to establish data sharing of clinical records across CNWL and Drug and Alcohol service provider	Seb Baugh, Gail Burrell, Deepti Shah-Armon	December 2023





**Report for: Health and Social Care
Scrutiny
Sub-Committee**

Date of Meeting: 12 December 2023

Subject: CNWL Mental Health Update

Responsible Officer: Gail Burrell, Borough Director Mental Health Services and Director of Perinatal Services Trust

**Scrutiny Lead
Member area:** Councillor Chetna Halai

Exempt: No

Wards affected: CNWL provides mental health services to all wards in harrow

Enclosures: No documents attached

1. Executive Summary

Section 1 – Summary and Recommendations

This report summarises mental health services available in Harrow to explain the pathway for service users. There have been a number of additions to the service user pathway since the launch of the NHS Long Term Plan (LTP) in 2019/20. Services available in Harrow can be found on the Hub of Hope, our official signposting partner on the CNWL website (<https://www.cnwl.nhs.uk/services/mental-health-services/adult-and-older-adult/single-point-access>).

This report is an information update only, no decision is needed.

Section 2 – Report

Introductory paragraph

2. Background

The last few years have seen major investment and changes in CNWL's mental health provision within Harrow.

In early 2019, CNWL launched its urgent and acute care transformation to respond to local needs, listening to feedback from our service users and communities to deliver against the requirements of the LTP. This included, ensuring appropriate community-based crisis care (clinical and non-clinical alternatives) alongside a therapeutic inpatient offer.

Over 2019 and 2020, CNWL reached major milestones in delivery across Harrow supported by new NHS England bid monies from the LTP, including launching a new model of community mental health care as an early implementer site, a revised Home Treatment Team offer, the procurement of new third sector-provided crisis havens (The Coves) providing non-clinical alternatives, and the design of a 24/7 bed management hub.

Details about the full mental health pathway in CNWL can be found below.

3.1 Harrow Talking Therapies

Those experiencing anxiety or depression can self-refer or be referred to our Talking Therapies service where they will receive up to 6 sessions with a trained therapist. Harrow has recently extended this offer to people 16-18 to support young adults in the area.

Across NWL residents aged 11-25 are also able to access Kooth, which are digital support tools for those with low level stress and anxiety. (<https://www.cnwl.nhs.uk/services/mental-health-services/online-mental-health-services>).

CNWL currently contracts Harrow MIND to recruit and manage the psychological well being practitioners (PWP) aspect of this service. However, following discussion with MIND it has been agreed to end this contract. This

means, from January, current PWP MIND employed staff will be TUPE'd to CNWL Harrow Talking Therapies.

3.2 Community Mental Health offer

Harrow was an early implementor site for the National Community Mental Health Framework, so developed and implemented the new Community Hub Model in September 2020.

The hub offers integrated care to Harrow residents and investment bringing recruitment of new staff:

- Community Navigators,
- Family therapists,
- A Lived Experienced Complex Emotional Needs pathway specialist and
- A Complex Emotional Needs Clinical Psychologist
- Newly developed graduate mental health worker roles and
- A social Prescriber through the voluntary sector.

Referrals should come directly to the hub from a patient's GP, or from another CNWL service, for example the Single Point of Access (SPA).

There is also a mental health link worker in each Primary Care Network (PCN) in Harrow (5 in total) to support GPs providing care for people with mental health needs and improving the link between primary and secondary care mental health services. In 2024/25 CNWL will be working with PCNs to expand this workforce.

In order to support Young adults aged 16 to 25, we have introduced a Young Adult Pathway in Harrow. The service holds a regular Young Adult Pathway Forum to support referrals for this age group. Young people also have access to community navigators to support them accessing support across the borough.

Over the last few years we have been building relationships with the local VCSE and community organisations. This means referrals into the community mental health hub may be redirected to another community organisation if they are able to provide more appropriate support to someone to meet their needs. Over last 12 months, Harrow has piloted a successful voluntary sector alliance with Hestia as the lead provider to support users with benefits support, befriending and a reablement programme.

Since the decommissioning of s75 the community mental health hub in Harrow has redesigned the service. This means, we now have one Triage team to screen and review all referrals to enable signposting to the service best placed to provide care. The Triage team operates the policy of 'no wrong front door', meaning referred patients who do not meet criteria for secondary mental health services will be referred to the services considered to meet their needs. This includes, Adult Social Care, VIA drug and alcohol services and Talking Therapies. Further redesign is also underway in the community mental health team; this includes the depo and clozapine clinic and psychology, occupational therapy and psychotherapy (POP). The service has

also been working on a new Recovery pathway to be launched in January 2024.

3.3 Perinatal mental health services

There has been significant investment through the NHS Long Term Plan in mental health services for women in the perinatal period and their partners. CNWL has a community Perinatal Mental Health Service for residents of Harrow that provides care for women with mental health needs around the perinatal period which will continue for up to two years after birth.

The service has also commenced providing care for partners to ensure the whole family is supported through this period.

NWL's Maternity Trauma and Loss Care Service provides support for women who have had a traumatic birth experience and can be accessed via self-referral or referral by another health professional. This service was Highly Commended in the Positive Practice in Mental Health National Mental Health Awards in 2022.

When women need an inpatient admission, we have a bespoke mother and baby Unit ward based at Park Royal in Brent which has been designed to provide a warm and therapeutic environment.

3.4 Crisis care

In the last few years there have been a number of changes and improvements in access to crisis care, see table 1 below. However, we know that we are still in a challenging position where we have people waiting for too long in A&E., We continue to work as a system to meet the needs of people in Harrow experiencing a mental health crisis.

Further CNWL developments to the crisis pathway include expansion of the Harrow Mental Health Emergency Centre (MHEC) at Northwick Park Hospital and opening of the Mental Health Crisis Assessment Service (MHCAS) in November 2022. These services provide an alternative location to A&E for people experiencing a mental health crisis.

The MHCAS is located at St Charles hospital and people can access it through the SPA or be redirected from A&E, once medically optimised.

The MHCAS and MHEC provide a calmer more therapeutic space than A&E and allow treatment to start as well as de-escalating crisis.

Table 1 – Transformation to the crisis care pathway, previously reported to the Committee.

Areas	Planned Impact	Current Position
Home Treatment Team	Increased capacity, meeting fidelity including intensive home treatment and in-reach to wards to facilitate early discharge	<ul style="list-style-type: none"> Teams supporting Harrow have increased capacity.
The Coves	Offer crisis alternative, upstream avoid escalating acuity (face to	<ul style="list-style-type: none"> Services live with four locations serving Brent, Harrow, Kensington Chelsea and Westminster,

	face and digital offers covering all five CNWL London boroughs)	and Hillingdon – further detail available at https://www.cnwl.nhs.uk/services/coves
Step Down Beds	Provide alternative to inpatient ward for patients who are medically optimised to facilitate shorter length of stay and support transition back to receiving care in the community	<ul style="list-style-type: none"> • Ten total beds within houses in the community in Harrow to provide short stays (up to 12 weeks) for medically optimised patients to ‘step down’ from wards into the community
High Intensity User Programme	We know that frequent attendances can be an indication of unmet social needs. The team, therefore, take on a social prescribing and a non-stigmatising approach, working closely with the individual and people involved in their care in ways that traditional services may not be able	<ul style="list-style-type: none"> • CNWL has commissioned the British Red Cross (BRC) offer to provide bespoke high-intensity user (HIU) services in Harrow, launched in late April 2021 to support people who use services repeatedly over a short period of time
Harrow Mental health emergency centre (MHEC)	There are a number of people who are presenting to A&E in crisis and end up staying the department for long periods of time while they are assessed and moved on to the appropriate service to provide care. This can be a stressful environment and does not support someone with their mental health. By opening an alternative space near the A&E we can move people to a more therapeutic location and provide more intensive care.	<ul style="list-style-type: none"> • 4 spaces are available at Northwick Park for people to move to when they have been medically optimised in the A&E and no longer have any physical health needs.
Inpatient Care	Ensure purposeful admissions, reduce 30+ day Length of Stay (LoS) and embed clear therapeutic interventions	<ul style="list-style-type: none"> • ‘Community Access Service’ (team which focuses on enabling movement of 30+ LoS) staff in place in part. Voluntary, community and social enterprise (VCSE) organisations offer being mobilised for additional support as recruitment completes • Managing Director chaired LoS group to drive progress in long stayers • Trauma Informed Approach (TIA) tailored plans in boroughs for full roll out underway
Enhanced SPA-NHS 111 link	Increase numbers of people calling SPA before/ instead of A&E; provision of enhanced phone and virtual support	<ul style="list-style-type: none"> • Hestia ‘The Coves’ digital offer in place accessible through the Single Point of Access • Users can also access the Single Point of Access via phoning 111 and selecting the mental health option, which is 2 in London.

3.5 Inpatient Services

Inpatient admissions should be a last resort as, where possible, we should be providing care in the community and keeping people in their own homes and support networks. We know, from service user feedback, that inpatient stays can be re-traumatising. There is now a consensus across service users and mental health professionals that wherever possible we should be seeking to work more preventatively, proactively into our communities with more flexible models of care based on service user needs. Evidence shows that these approaches lead to better recovery rates.

In line with the recommendation in LTP that all mental health services must be trauma informed, Harrow has been the lead borough implementing Trauma

Informed Approaches (TIA) on inpatient wards and has successfully embedded this model in all acute services. TIA ensures that staff are considering individuals' previous trauma/adversity in their life; how this might contribute to the needs and guide treatment decisions. Harrow has supported implementation in the other CNWL boroughs and started to roll out TIA in community mental health teams as well.

3.6 Older Adult Mental Health Services

The older adult mental health services comprise community mental health team, memory service, inpatient older adult ward at NPH and Home Treatment Team (HTT). HTT was launched in 2022 and in line with LTP, aim to support and older adults in their homes to avoid inpatient admission, which can be extremely destabilising for this group. This team also helps facilitate early discharge. The memory service is commissioned to assess and diagnose people in Harrow referred by their GP or SPA. As CNWL is not commissioned to deliver post diagnostic support, CNWL submitted a bid to Dementia UK for funding to employ 2 Admiral nurses (this role supports carers and people diagnosed with dementia). The bid was successful and provides 50% of the funding. CNWL submitted a business case to NWL for the remaining funding and is awaiting the outcome.

3.7 Community learning disability services (LD)

In line with the national agenda, community LD services moved to placed based management this year. As a result, in May this year, this service management was transferred to Harrow Borough. This service is currently being redesigned to ensure the treatment and care needs of people with moderate to severe LD are being delivered in line with national guidance and to a high standard.

Section 3 - Statutory Officer Clearance

Below is N/A as report is for information only.

Section 4 - Contact Details and Background Papers

Contact: Gail Burrell, Borough Director Harrow Mental Health Services and Director for Perinatal services Trust, 07825450371

Background Papers: N/A

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |

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