LONDON BOROUGH OF HARROW

Health and Wellbeing Board Agenda

Date: **Wednesday 20 March 2024**

Time: **10.00 am**

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

Membership (Quorum 5)

Chair:	**Councillor Paul Osborn**
Voting Members:	
Members of Council Nominated by the Leader of the Council:	**Councillor Ghazanfar Ali** **Councillor Hitesh Karia** **Councillor Pritesh Patel** **Councillor Norman Stevenson**
Reserve Members:	Councillor David Ashton Councillor Marilyn Ashton Councillor Chetna Halai Councillor Anjana Patel Councillor Simon Brown
Representatives of North West London Integrated Care Board:	**Dr Radhika Balu (VC)** **Isha Coombes** **Vacancy** **Reserve:** Hugh Caslake
Representative of Healthwatch Harrow:	**Yaa Asamany** **Reserve:** Marie Pate
Representatives from the NHS:	**James Benson** **Simon Crawford** **Reserves:** Jackie Allain James Walters

Non Voting Members:

Director of Public Health	Carole Furlong
Chief Officer, Voluntary and Community Sector	John Higgins
Senior Officer of Harrow Police	Inspector Edward Baildon
Chair of the Harrow Safeguarding Children and Adult Board	Chris Miller
Managing Director of Harrow Borough Based Partnership	Lisa Henschen
Corporate Director People / Director of Adult Social Services, Harrow Council	Senel Arkut
Director of Children's Services, Harrow Council	Parmjit Chahal

Contact: Alison Atherton, Senior Professional - Democratic Services
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Agenda publication date: Tuesday 12 March 2024

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 7 - 14)
That the minutes of the meeting held on 25 January 2024 be taken as read and signed as a correct record.

4. **Public Questions**
To receive 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, Friday 15 March 2024. 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. **Deputations**
To receive deputations (if any).

7. **Update from the Borough Based Partnership** (Pages 15 - 22)
Report of the Managing Director, Harrow Borough Based Partnership

8. **Health Protection Update** (Pages 23 - 26)
Report of the Director of Public Health

9. **Health & Wellbeing Strategy Update: Prevention in Partnership** (Pages 27 - 44)
Report of the Director of Public Health

10. **Progress of 'Right Care, Right Person'** (Pages 45 - 54)
Report of Lead Responsible Officer for Mental Health - RCRP Project Executive

11. **Any Other Business**
Which cannot otherwise be dealt with.

Agenda - Part II - Nil

Data Protection Act Notice

The Council will record the meeting and will place the recording on the Council's website.

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

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LONDON BOROUGH OF HARROW

Health and Wellbeing Board

Minutes

25 January 2024

Present:

Chair:	Councillor Paul Osborn		
Board Members:	Councillor Ghazanfar Ali		Harrow Council
	Councillor Pritesh Patel		Harrow Council
	Councillor Norman Stevenson		Harrow Council
	Yaa Asamany		Healthwatch Harrow
	Isha Coombes		North West London Integrated Care Board
Non Voting Members:	Parmjit Chahal	Director of Children's Services	Harrow Council
	Lisa Henschen	Managing Director	Harrow Borough Based Partnership
	Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council
In attendance: (Councillors-Online)	Councillor Anjana Patel		Harrow Council
In attendance: (Officers)	Ayo Adekoyo	Associate Director for Integration	Harrow Borough Based Partnership
	Jason Antrobus (online)	Deputy Chief Operating Officer	London North West Health Care Trust
	Sebastien Baugh	Consultant in Public Health	Public Health
	Laurence Gibson	Consultant in	Public Health

Tim Hodgson	Public Health Medical Director	University College London Hospital
Patrick Laffey		
Mathilde Kerr	Health Improvement Officer	Public Health
Andrea Lagos	Public Health Strategist	Public Health
Tanya Nanuwan	Child Death Review Team Leader	

Apologies received:	Senel Arkut	Carole Furlong
	Dr Radhika Balu	John Higgins
	James Benson	Councillor Hitesh Karia

Absent: Inspector Edward Baildon

69. Attendance by Reserve Members

RESOLVED: To note

(1) the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member	Reserve Member
Councillor Hitesh Karia	Councillor Anjana Patel

(2) that apologies for absence had been received from Dr Radhika Balu, Carole Furlong, James Benson and John Higgins.

70. Declarations of Interest

RESOLVED: To note that there were no declarations of interest.

71. Minutes

RESOLVED: That the minutes of the meeting held on 2 November 2023 be taken as read and signed as a correct record subject to noting that Yaa Asamany, Healthwatch Harrow, had been in attendance virtually.

72. Public Questions

To note that two public questions had been received and one was responded to.

73. Petitions

RESOLVED: To note that no petitions had been received.

74. Deputations

RESOLVED: To note that no deputations had been received.

Resolved Items

75. Harrow Borough Partnership Winter Improvement Plan and System Pressures Metrics Report

The Board received a report which provided an update on the delivery of the planned actions set out in the Winter Improvement Plan and also set out system pressures metrics which were designed to indicate demand pressure on the Harrow health and care system and the effectiveness of the system's response to that demand.

Lisa Henschen, Managing Director, Harrow Borough Based Partnership, introduced the report and advised that the Plan was being implemented and that whilst the system was busy, it was coping with the pressures and there had not been a need to move into a major incident. Since the publication of the report in December, the most pressurised week of the winter had been experienced in the first week of January, partly due to increased demand and the Doctors' strike. There continued to be a trend of a higher level of admissions than there had been last year resulting in an increased number of people requiring support through the discharge process. There had not been an increase in the numbers requiring social care but the number continuing to receive social care in the community had increased since last year. She outlined the key points of the Plan including improved performance in London Ambulance handovers. The Trust continued to look at admission and discharge performance, the bridging services and rehabilitation beds. The vaccination programme in terms of flu and Covid had slowed, although still available, and there was now a focus on raising awareness of the mental health service offer.

Jason Antrobus, Deputy Chief Operating Officer of the London North West Health Care Trust, advised the Board that work was underway with the London Ambulance Service and wider system partners to support flow in and out of the hospital. He explained that there had been a key focus on the Reach model and single point of access to allow primary care providers and the ambulance service to contact the hospital in advance of admission. He reported that there continued to be an increase in the number of patients moving daily to the discharge lounge which freed up hospital beds and that the winter capacity plan was in place. He added that all staff had been offered flu and Covid vaccinations.

In response to questions from Members, the Board was advised:-

- There were regular checks on capacity but it could sometimes be difficult to find an appropriate place in a care home to discharge a

patient to. Details of the numbers awaiting a care home places would be provided to Members;

- There were discussions underway with providers in relation to NRS contracts and the increased costs;
- Nationally, a Covid vaccination fatigue had been seen. In terms of flu vaccination take up, 42.2% of Harrow's population had received it which compared favourably to the rest of London. Up to December 2023, 21,000 Covid vaccinations had been given across Harrow and all vulnerable cohorts had received the vaccine;
- In terms of staffing, whilst the Trust was actively recruiting to all posts it had been challenging and some of the delays were due to the wider system;
- Many of the actions within the Plan were 'task and finish' and further details could be provided to the Board;
- Provider services in Harrow had not been affected by the 30% reduction in running costs;
- Clarification was provided in terms of the increase in patient beds in that these were non-recurrent and located in specific bays and included additional trolleys in the surgical assessment unit. These beds did not have access to a bed head and would be used in extreme situations when patients were in corridors. This would assist with the offloading of ambulances. There was a proposal to open an acute medical unit with 82 beds on the roof of Northwick Park Hospital which would be available 12 months of the year.
- In response to a concern expressed by a Member at the lack of availability of some medications, the Managing Director advised that she was not aware of any specific issues but would check with the local pharmaceutical office. The Health and Care Executive met fortnightly and she would raise this with the Pharmaceutical representative. Isha Coombes, representative of the North West London Integrated Care Board (NWLICB), advised that notification was given by suppliers if there was a shortage of a particular drug which was then communicated to GPs.

RESOLVED: That the report be noted.

76. North Central London Start Well Programme Consultation

The Board received a report which set out North Central London Integrated Care Board and NHS England (London) Specialised Commissioning consultation options for proposed changes in relation to maternity, neonatal and Children's Surgical Services in North Central London. The report set out the possible impact on Harrow residents, the approach to the consultation and how residents, staff and stakeholders could provide feedback on the proposals.

Anna Stewart, North Central London Start Well Programme Director, gave a presentation to the Board emphasising that no decisions had been made and that any comments/questions would be submitted as part of the consultation. Tim Hodgson, Medical Director, University College London Hospital,

explained that colleagues had been working together on the Start well Programme for two years.

During the presentation, the Board was advised how maternity and neonatal services were organised across North Central London, the clinical drivers for the proposed changes, the vision for maternity and neonatal care and the options for consultation, with the preference for Option A . Option A would mean the closure of maternity and neonatal services at the Royal Free Hospital and the impact for Harrow of this option was set out on page 71 of the papers, that is, 124 residents would be affected.

Anna Stewart, during her presentation, reported that there was a separate consultation on the closure of Edgware Birth Centre. Whilst the centre was well used for the purposes of antenatal and post-natal care and there were no proposed changes to those services, during the last financial year there had been 34 births.

Following the presentation, members of the Board asked questions and made comments which were responded to as follows:-

- The decline in usage of the Edgware Birth Centre for births might be due to the increase in complexity of births. The birth needed to be low risk and the number eligible had declined with a similar decline in units across London. The consultation had shown that women wanted the infrastructure/ support in place in case complications with the birth arose;
- In terms of planned deliveries at the Centre having to be transferred to a hospital due to complications with the delivery, the transfer rate was approximately 18% which was in line with other midwife units. The Medical Director advised that midwives and obstetricians were skilled in determining any issues / risks and if the delivery did not go as planned the patient would be transferred. Women wanted to have choice but in a safe environment;
- There was a range of patient choice across London with most opting for a local option;
- In response to a question as to whether there had been any analysis of how Harrow residents would be affected, the Board were advised that there had been an integrated impact assessment based on catchment areas. Anna Stewart undertook to check whether any particular community in Harrow would be affected.

The Board thanked the officers for their presentation. The Chair requested that the Managing Director of Harrow Borough Based Partnership liaise with the Communications Team about including information on the proposals in the weekly newsletter.

RESOLVED: That the report and presentation be noted.

77. Health and Wellbeing strategy Update: Healthy People - start well

The Board received a report which set out the work and commitments being taken forward as part of the healthy people domain of the health and

wellbeing strategy, with a particular focus on children and young people and starting well in life.

Sebastien Baugh, Consultant in Public Health, introduced the report and drew the Board's attention to the overarching metrics/ indicators and, in particular, the healthy life expectancy of females and unplanned hospitalisation for chronic ambulatory care sensitive conditions which were red. He also referred to the percentage of 5 year olds with visible and obvious dental decay for which there had not been a large enough sample to determine statistical significance.

Ayo Adekoyo, Associate Director for Integration, Harrow Borough Based Partnership (HBBP), set out in her presentation, the case for change to Children and Young People Services, the three tranches to the approach, the integrated offer, explained the Family Hub Networks and the aim to launch the first in March with the remainder to be rolled out by the Autumn.

Andrea Lagos, Public Health Strategist, introduced the presentation on Healthy Schools London Programme and Healthy Early Years London which were award schemes that supported, recognised and celebrated schools and early years providers that made a difference to the health of children and young people. Mathilde Kerr, Health Improvement Officer, Public Health, explained each of the awards and drew attention to the case studies with the circulated presentation. She reported that Harrow was one of the best achieving boroughs in London.

Following the presentations, the Chair commented that in terms of the performance measures the baseline data was out of date and requested that other measures that might provide additional information be considered. A Member indicated that it would be helpful to have a discussion in relation to Family Hub Networks.

RESOLVED: That

(1) the work completed to date to support the delivery of more integrated services for children, young people and families in Harrow be noted, as well as the promotion and support of healthy early years and school settings within Harrow which had enabled the delivery of the Start Well elements of the Health and Wellbeing Strategy;

(2) the integrated Children and Young People model and roadmap to implementation be endorsed.

78. North West London Child Death Review (CDR) Annual Report 2022/23

The Board received a report which detailed the work of the North West London Child Death Review Team for the year 2023/24 and highlighted some issues relating to child mortality in North West London as a whole and also Harrow.

Chris Miller, Chair of the Harrow Children Safeguarding Board, introduced the report and advised that Harrow, having previously been a top performer in this area, was now more in the middle in terms of performance.

Tanya Nanuwan, Child Death Review (CDR) Team Leader, explained that this new team had been formed in 2020 and was a nurse led service with all practitioners having a paediatric background. The service aimed to offer support to families during one of the most difficult times in their lives following the death of their child. There were statutory guidelines to adhere to following any unexpected death of a child and the team worked with partner agencies, hospices and tertiary hospitals across North West London. When a child died, information was entered into the child mortality database which in turn enabled any trends to be identified. The team currently had a caseload of 220 child deaths and each of these would be reviewed by independent practitioners. The size of the caseload was due to police investigations and delays at the coroner's office (partly due to Covid).

Following the presentation, the Chair commented that the borough based breakdown on deprivation would be helpful and also the detail of the wards and requested that this be circulated to the Board. Laurence Gibson, Consultant in Public Health, urged caution about local perspective and expressed interest in terms of geographical hazards. He indicated that an appropriate training package would need to be put in place before launching a programme in a specific geographical area. The Chair suggested that the CDR team work with Public Health and the Communications team to establish what needed to be done in this regard.

Clarification was sought in terms of the comments made during the presentation about intravenous line deaths and discharges to the community and whether this information had been shared with the Medical Director. The Chair of the Harrow Children Safeguarding Board advised that there had been 56 recommendations from a review carried out 20 years ago and that the Deputy Chief Medical Officer for the UK was undertaking a review of intravenous line deaths and that he would forward the details. In terms of discharges, there had been some instances where children had not been able to return home as they would wish and that there were insufficient cooling blankets. He had written to the ICB about the disparity in resources for palliative care. The Board were also advised that if a discharge was not completed correctly the community team would not be aware of all the details of the child's circumstances.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 10.07 am, closed at 12.17 pm).

(Signed) Councillor Paul Osborn
Chair

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LONDON BOROUGH OF HARROW

20th

Report for:	**Health and Wellbeing Board**
Date of Meeting:	20th March 2024
Subject:	Update from the Harrow Borough Based Partnership
Responsible Officer:	Lisa Henschen, Managing Director, Harrow Borough Based Partnership
Public:	Yes
Wards affected:	All
Enclosures:	None.

Section 1 – Summary and Recommendations

This report sets out key developments in the Harrow Borough Based Partnership (BBP) between December 2023 and March 2024, an update to agreed partnership outcomes and risks being managed by the partnership's Joint Management Board. It is presented to the Health and Wellbeing Board to raise awareness of the work of the partnership and open for discussion and comment.

Recommendations:

The Board is requested to:

- Note and comment on the work of the Borough Based Partnership

Section 2 – Report

1. Overview

This report covers key developments in the Harrow Borough Based Partnership (BBP) between December 2023 and March 2024.

The focus on the partnership over this period has been on the implementation of the winter plan and ensuring system flow and capacity to meet increasing levels of demand and the development of robust plans for the partnership on admission avoidance. Alongside this response to winter pressures, teams are delivering the key priority programmes for the partnership including integration of children and young people services, integrated neighbourhood teams and integrated intermediate care services. The Healthy Harrow programmes continues to gain momentum, and the partnership is looking ahead to a plan for inequalities delegated funding for 2024/25. Finally, planning been underway for the partnership delivery programme in 2024/25.

Key achievements for the Borough Based Partnership

- Healthy Harrow continues to grow with over 3000 members of the communities reached and over 169 champions recruited
- 38 warm hubs are now operational in Harrow for winter 2023/24
- Co-location of health and social care teams beginning for the West Integrated Neighbourhood Team
- Confirmation of the 2024/25 Partnership priorities

2. Progress of the Harrow Borough Based Partnership

High level reporting against the objectives is as follows:

3.1 Reducing health inequalities in Harrow

Partnership planning for allocation of health inequalities funding as a 2–3-year business case has started for submission in February 2024. Harrow will receive an allocation of £533,801 from NWL ICB. This process is being overseen by the Population Health Management and Inequalities workstream. The broad approach for the development of the business case is to continue to build on the strong infrastructure we are developing in Harrow for Population Health Management capabilities and delivering on a smaller set of larger interventions for impact. The outline of the business case being developed is:

- Securing intelligence functions (analytical resource and qualitative insight through VCS): c. £175k
- Securing infrastructure and growth of PHM approach (Public Health Commissioner, evaluation officer and external funding officer): c. £110k
- Implementation of PHM approach (investment in community champions programme and INT led projects to address inequalities): c. £200k

The plan has been agreed by the Harrow Health and Care Executive and is now in the process of review by North West London ICB.

3.2 Delivering truly integrated care for Harrow

Integrated Neighbourhood Team (INT) developments and gaining pace across the partnership. Integrated Neighbourhood Teams will bring together health and social care services, aligned around a common population to better integrate the delivery of proactive care and complex care management.

INT profile packs have been created by Harrow's Public Health team, with each INT looking at these to set priorities for their population. Family Hubs networks are mapped to an INT footprint, with the first Family Hub due to go live at the end of March in the Central INT. The model will then be rolled out to other neighbourhoods over 2024/25. Child Health Hubs are also being aligned by INTs, with plans for full alignment during 2024.

Through working with our front-line teams, we continue to see a lack of awareness of the local service offer, which is impacting citizens being signposted and supported into preventative services. The Partnership has invested in the JOY platform which brings together the VCS support offer across Harrow and has made this available across all provider organisations, however, there remains a lack of awareness of this resource. We are working now through organisational leads to raise awareness amongst staff of this digital platform.

3.3 Delivering transformation change across our care pathways

The Partnership is driving change to our citizens experience of health and care through two transformational programmes; Integrated Intermediate Care and Integration of services for children, young people and families.

Integrated Intermediate Care

The aim of the integrated intermediate care services is to:

Develop a person-centric, flexible approach that helps people retain their ability and independence, achieve health and wellbeing goals that matter to them, reduce readmissions, and prevent, reduce or delay the need for long-term care.

This will be achieved through alignment of home-based intermediate care, reablement and crisis response to allow people to move easily between services, depending on their changing support needs. There will be a single point of access to those referring to the services and a single management structure and assessment process.

This service is now mobilising and will go live in May 2024.

Integrating services for children, young people and families

Over the last year, colleagues from health, social care and voluntary CYP services have worked together to develop an early and preventative integrated model to support to our families. To date, through Transformational Funding, the Borough Based Partnership for Harrow has invested £150,000 non-recurrently for the development of an integrated service model for children, young people and families, of which Team Around the Family is a core component. By intervening early with families that have an unmet or emerging need, we significantly reduce the risk of families needing statutory or emergency support and therefore costly late-stage crisis management.

There are four elements to the model, which will be delivered from April 2024:

1. Team Around the Family (TAF) and Lead Professional
2. Family Hub Networks
3. Family Front Door
4. Early Help for the Under 5s (Optivita model).

Outside of these two transformation programmes, the following other developments are noted:

- Whilst winter pressures continue, we are working closely with LWNHT and Brent BBP to reduce admissions and secure the discharge pathway.
- A new diabetes enhanced service is mobilising, which will align to INTs for complex diabetic care by March 2024.
- A refreshed SEND strategy was presented to the board earlier this month, with this now going into the consultation and engagement phase.
- A task and finish group are looking to develop the model for community care for Mental Health, this will take place following both an internal mapping exercise at the local authority and mapping of CNWL and VCS services.
- Autism adult diagnostic pathway has been reviewed and is being provided through a joint BHH model led by CNWL including sub-contractual arrangements with Autism Oxford. Adult post-diagnostic support being offered NWL wide through the Centre for ADHD and Autism (CAAS).
- CYP (Paediatric and CAMHS) pathway for autism diagnostic reviewed and Helios continues to be commissioned to support the autism diagnosis pathway in CAMHS. Waiting well initiatives in CAHMS services in place while awaiting a diagnosis.

3. Governance and oversight

The Harrow Borough Based Partnership will move into year three of three of the partnership plan delivery in 2024/25. The Joint Management Board have agreed that this final year of the plan will focus on the consolidation of change, with priorities for the partnership remaining consistent and seeking to drive benefits for citizens and carers. The confirmed set of priorities are as follows:

Harrow Borough Based Partnership: priority framework for 2024/25 (year 3/3 of delivering the Borough Partnership plan)

Transformation priority: integrate our services for children, young people and families through the delivery of the Family Hub model

Objective 1: Reduce Health Inequalities	Objective 2: Develop truly integrated out of hospital teams	Objective 3: Delivery transformational change in care pathways
Deliver our community leadership programme, evaluation impact and align to the development of neighbourhood teams.	Deliver and embed integrated neighbourhood teams in Harrow in partnership with local communities to deliver proactive, complex and reactive care for the Harrow population	Implement the integrated intermediate care pathway for Harrow and more widely, support the safe and timely discharge of patients to the most appropriate setting
Build on the Harrow winter wellness programme to secure a robust preventative approach for the Harrow population		Implement our admission and attendance avoidance plans for physical and mental illness to secure a stable health and care system
Secure our Population Health Management capacity and capabilities as a partnership and within our neighbourhoods, with focus on delivering CORE20 plus 5 programme		Focus on delivery of our integrated care pathways at a neighbourhood level (with priorities in CYP, complex adults and frailty)

The detailed borough plan can be found on: Harrow Borough Based Partnership :: North West London ICS (harrowbbp.nhs.uk)

Harrow Borough Based Partnership
Supporting better care and healthier lives

Outcome measures

The only metric with refreshed data over this period is the Non Elective Admissions for Ambulatory Care Sensitive conditions.

Programme area	Metric	Target	Baseline	Current performance	Commentary
Care pathways	5. Reduction in Non-Elective admissions for Ambulatory Sensitive conditions	9.89 (this equates to 16% reduction)	11.47	**12.26**	The rate per 1,000 population is slightly worsen from 11.8 to 12.26 over the last quarter and it is still not meeting the overall target of 9.89 per 1,000 population (Brent/ Hillingdon and NWL rate). An action plan for reducing admissions is in place.

Risk management

The following two risks are being managed at a Joint Management Board level

Risk or Issue	What is the risk to the Harrow BBP and its objectives	Date	Risk Last Reviewed	Workstream / Strand	Risk owner	Organisations impacted	Impact	Probability	Risk Score (Impact vs Probability)	Risk direction	Action / mitigate	Progress
Risk	**Operational/reputational/compliance** 1. Community Paediatric EHCA's are not being returned within the statutory 6 week period and some OT EHCP provision not being delivered which could have a negative impact for the upcoming EHCP SEF process. This has resulted in an increase in demand and system wide pressures and impacts CNWL, ICB and Local Authority.	20/05/2022	05/12/23	Children & Young People	CNWL and Local Authority	CNWL and Local Authority	3	4	12	Increasing	CNWL Action plan to be developed and reviewed at the July Send Partnership board.(20/07/2023). July board cancelled so the update and oversight of the risk will be shared at the next board in September. CNWL are providing regular updates on the risk. The risk will also be raised with the NWL Local Care programme lead. **28.11.23** NWL Local Care approved business case for three months funding to support service improvement on EHCP assessment and delivery of provision.	**28.11.23** Actions have been taken to mitigate the risk. With mitigations in place, the recommendation is to reduce the risk score from 12 to 8

Risk	2. Changes to the Discharge to Assess arrangement has significant impact on the system. The risk impacts LNWHT, the Local Authority and patients. **System risks:** The growing delays and lack of ability to manage discharges impacts on the flow of complex discharge, which has decreased considerably. **Financial risk:** To LA due to significant increase in placement costs. Impact on SW capacity to assess the increased number of complex cases due. Lack of clarity on ICB discharge funding allocations **Risk to patients**: patients are more at risk as they stay in hospital for longer.	26/09/2022	26/05/2023	System pressures and winter planning	LA/LNWH	LA/LNWH	4	3	12	Stable	Social care assessments for P1s will only take place on the ward for complex cases / Mental Capacity/ Self neglect or Hoarders. Temporary funding decisions are made daily as to prevent delay. Temporary funding agreed by Service Manager and then followed up post discharge Partners to agree actions and mitigations by the 2nd of May 2023 **17.11.23:** **Mitigation:** New same day acceptance under bridging POC pathway commissioned for winter to support with system flow. Daily integrated meetings held to identify the patients and track through. This should release some capacity for SWs as a reduced need for assessments in the hospital.	**17.11.23** Actions have been taken to mitigate against the impact of an increasing delays and lack of ability to manage discharges. With mitigations in place, the recommendation is to reduce the risk score from 16 to 12. **23.01.24** It was agreed at JMB on the 05.12.23 to reduce the risk score from 16 to 12.

Ward Councillors' comments N/A

Financial Implications/Comments

The Borough Based Partnership hold a budget to support delivery of agreed and shared priorities. There are five funding partners; North West London ICB, Harrow Council, Central and North West London NHS Mental Health Trust, London North West NHS Trust and Central London Community Healthcare NHS Trust, who make a contribution of £50,000 per year.

The partnership will move into 2024/25 with a carry forward budget of £166,000 and therefore with a total budget of £416,000. The Joint Management Board has approved the budget plan for 2024/25.

Legal Implications/Comments

The Harrow Borough Based Partnership brings together health, social care, wider Local Authority services and Harrow's voluntary and community sector, working alongside local communities to help the people of Harrow thrive; aspiring to improve health and wellbeing and reduce inequalities.

One of the Health and Wellbeing Board's key responsibilities is:
To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services.

Risk Management Implications

Risks being managed by the Joint Management Board included within the report.

Risk Management Implications

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **Yes**

The relevant risks contained in the register are attached/summarised below. **No – included in report.**

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No – update report. EIAs completed on schemes within the partnership.

Council Priorities

1. **A council that puts residents first**

2. **A borough that is clean and safe**

3. **A place where those in need are supported**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards
Signed on behalf of the Chief Financial Officer
Date: 28/02/2024

Statutory Officer: Sharon Clarke
Signed on behalf of the Monitoring Officer
Date: 28/02/2024

Chief Officer: Carole Furlong on behalf of Senel Arkut
Signed by the Director of Public Health on behalf of the Corporate Director
Date: 06/03/2024

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Contact: Lisa Henschen, Managing Director – lisa.henschen@nhs.net

Background Papers: None

LONDON BOROUGH OF HARROW

Report for:	**Health and Wellbeing Board**
Date of Meeting:	20 March 2024
Subject:	Health Protection Update
Responsible Officer:	Nalini Iyanger Carole Furlong, Director of Public Health
Public:	Yes
Wards affected:	None
Enclosures:	None

Section 1 – Summary and Recommendations

This report is providing an update on Health Protection in Harrow and is for noting only.

Recommendations:
Update for information

Section 2 – Report

Health Protection is a core function of public health practice. It covers a number of different elements that protect individuals, groups and populations from single cases of infectious disease, incidents and outbreaks, and non-infectious environmental hazards such as chemicals and radiation.

The UK Health Security Agency (UKHSA), an executive agency, sponsored by the Department of Health and Social Care, is responsible health protection. It provides intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure.

UKHSA has a number of Health Protection Teams (HPTs) that provide support on a subregional basis. The North West London team, based in Colindale, covers the Harrow and the other 7 boroughs in Northwest London.

HPTs provide support to health professionals, including:

- local disease surveillance
- alert systems
- investigating and managing health protection incidents
- national and local action plans for infectious diseases

This update will be provided to the H&W Board by North West London Health Protection Team on communicable diseases and an overview of health protection activities.

The data will not be circulated prior to the meeting as we wish to present the most up to date picture.

Financial Implications/Comments

Funding of health protection teams comes from UKHSA.

Local health protection activities are funded through the public health grant or in the case of investigations of outbreaks requiring environmental investigation, through the Council environmental health budget.

Legal Implications/Comments

The local authority has statutory duties for public health services under the Health and Social Care Act 2012 legislation including the duty to improve public health risk management implications.
The terms of reference of the Health and Wellbeing Board include improving health and wellbeing for the residents of Harrow.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Sharon Daniels

Signed by the Chief Financial Officer

Date: 07/03/2024

Statutory Officer: Sharon Clarke
Signed on behalf of the Monitoring Officer
Date: 06/03/2024

Chief Officer: Carole Furlong on behalf of Senel Arkut
Signed by the Director of Public Health on behalf of the Corporate Director
Date: 06/03/2024

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Director of Public Health,
carole.furlong@harrow.gov.uk

Background Papers: N/a

If appropriate, does the report include the following considerations?

1.	Consultation	NO
2.	Priorities	NO

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LONDON BOROUGH OF HARROW

Report for:	**Health and Wellbeing Board**
Date of Meeting:	20 March 2024
Subject:	Health & Wellbeing Strategy update: Prevention in Partnership
Responsible Officer:	Carole Furlong Director of Public Health
Public:	Yes
Wards affected:	All
Enclosures:	Prevention in the partnership slide deck

Section 1 – Summary and Recommendations

This report sets out an application of a preventative strategy, and uses the example of physical activity and falls. The paper highlights the role of partners in understanding the opportunities for prevention within their particular settings.

Recommendations:

The Board is requested to:

- Approve the approach
- To identify leads within their organisations to continue the deployment.

Section 2 – Report

The Prevention in the Partnership programme assesses the local offer of opportunities for residents of all ages, to help prevent them from developing adverse health outcomes, or from health conditions from getting worse. Mapping this offer will support its promotion, as well as signposting and navigating.

The opportunities for prevention are numerous and include universal and opportunistic approaches, as well as service engagement and specific prevention initiatives. The work has started with a focus on physical activity

There are three tiers to prevention as demonstrated in Diagram 1. These tiers prove a useful framework onto which we can append the respective programmes of the partnership. The prevention programme will also be driven by the priorities and principles of the draft Health and Wellbeing Strategy, which calls on all partners to demonstrate how we build prevention into every opportunity.

The three tiers of prevention:

***Primary prevention**:* Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes, or by targeting high-risk groups. This can include, for example, making it easier for people to be able to make healthier choices and therefore reduce their risk of developing diseases.

> ***For physical activity:** this is alerting people to the risks associated with a lack of physical activity, and promoting events that motivate people to increase their level of physical activity.*

***Secondary prevention**:* Systematically detecting the early stages of disease and intervening before full symptoms develop.

> ***For physical activity:** This is identifying those people at risk of falling in later years and motivating them to increase their strength and balance levels by participating in appropriate exercises.*

***Tertiary prevention**:* Softening the impact of an ongoing illness, or injury that has lasting effects. This is done by helping people manage long-term, often complex health problems and injuries (e.g. chronic diseases, permanent impairments), in order to improve as much as possible their ability to function, their quality of life, and their life expectancy.

> ***For physical activity:** This is identifying a resident as frail and building in systems and processes to minimise the chance of injury or illness.*

Considerations

The Prevention in the Partnership approach is a systematic framework that will help promote any gaps in prevention initiatives. The approach will need a constant monitoring of the prevention initiatives in HArrow, and will initially work through the Integrated Neighbourhood Teams to ensure staff are enabled to acknowledge, promote and refer residents as appropriate.

Resources, costs and risks

Each prevention area will be designed and implemented as separate projects, therefore the resources, and costs for the approach are within the current establishment.

The ongoing risks for the approach are that

Equalities impact

Ward Councillors' comments N/A

Financial Implications/Comments

There are no direct costs associated with delivering the health and wellbeing strategy.

Whilst there are no additional direct financial implications arising from this report, the prioritisation of strategy, through the wider system, will need to be contained within existing partner resources, which includes the annual public health grant.

Legal Implications/Comments

Section 116A of the Local Government and Public Involvement in Health Act 2007, stipulates that it is the responsibility of the local authority and integrated care boards to prepare a local health and wellbeing strategy.

The Health and Social Care Act 2012 provides responsibility to the Health and Wellbeing Board for the oversight of the local health and wellbeing strategy. The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

A key responsibility is to consider how to best use the totality of resources available for health and wellbeing, subject to the governance processes of the respective partner organisations as appropriate.

Risk Management Implications

The health and wellbeing strategy does not present any risks, or suggest any mitigation

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below. **n/a**

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

Each prevention initiative within the approach will undertake a separate Equalities Impact Assessment before they are deployed, there is no need for an Equalities impact assessment for the Prevention in the Partnership approach.

Council Priorities

1. **A council that puts residents first**
   The work will help to ensure that wherever possible opportunities to prevent morbidity are tailored to the particular needs and desires of residents first.

2. **A place where those in need are supported**
   The approach is based on partnership work between statutory and non statutory bodies to identify and react to those residents at greatest risk.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Sharon Daniels
Signed by the Chief Financial Officer
Date: 07/03/2024

Statutory Officer: Sharon Clarke
Signed on behalf of the Monitoring Officer
Date: 05/03/2024

Chief Officer: Carole furlong on behalf of Senel Arkut
Signed by the Director of Public Health on behalf of Corporate Director
Date: 05/03/2024

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Director of Public Health
carole.furlong@harrow.gov.uk

Background Papers: None

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Priorities	YES / NO

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Prevention in the Partnership

Harrow Health and Wellbeing Board

20 March 2024

LONDON BOROUGH OF HARROW

Prevention approach

- There are opportunities throughout the life-course to prevent poor health from developing, but we can also stop existing issues from worsening, e.g. falls prevention through uptake of strength and balance classes
- More integrated working between key stakeholders presents opportunities, but also challenges for residents and people supporting them to navigate what already exists
- Prevention interventions have been demonstrated to be cost-effective – especially “upstream” interventions, but they need to demonstrate impact on their own merit

This work is therefore to demonstrate the approach and ask for your assistance now and in the future in sharing the prevention opportunities with our residents

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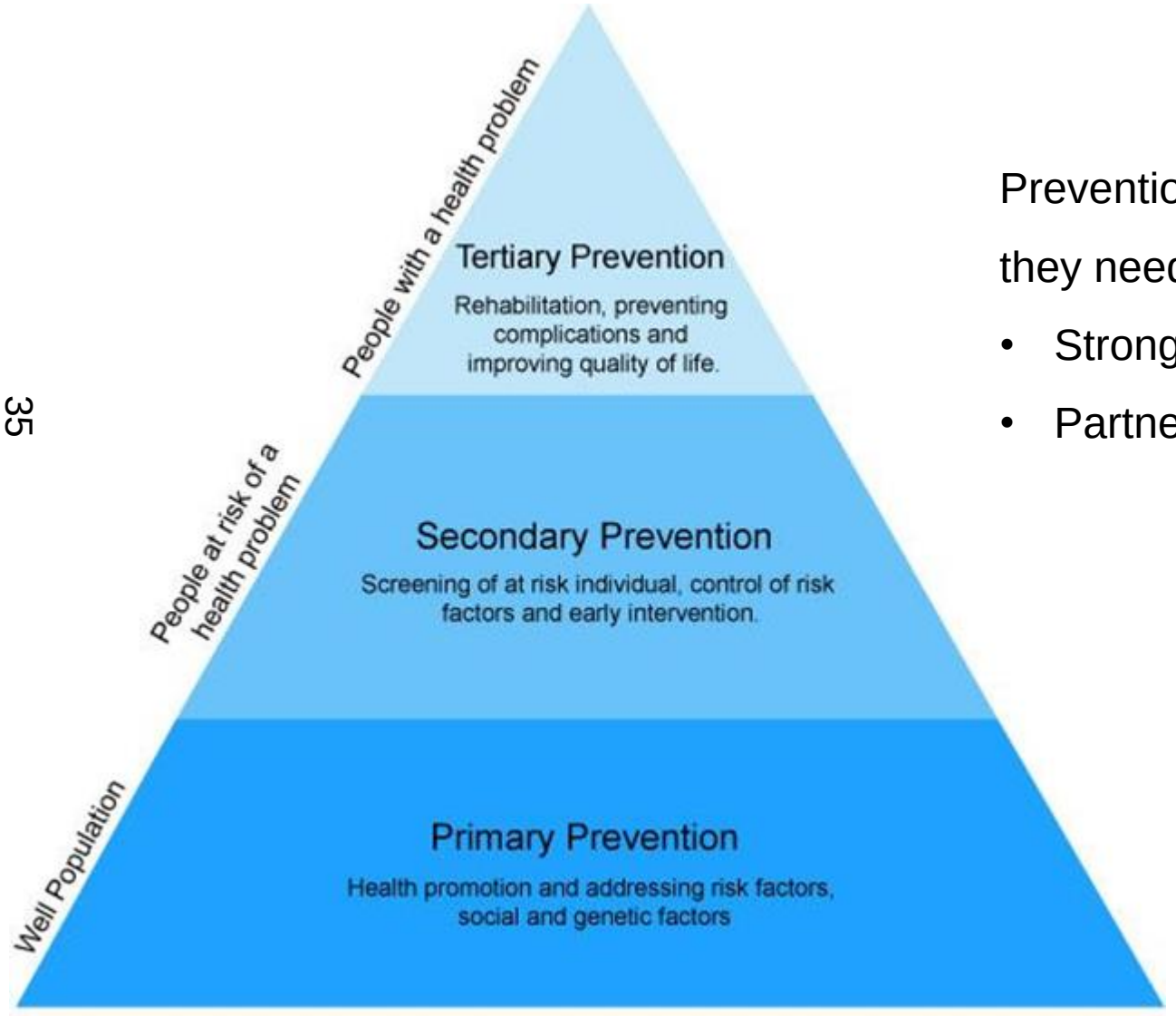
Prevention approach to be driven by the priorities of the Joint Health and Wellbeing Strategy



Prevention initiatives need to be addressed over three tiers, they need to be based on;

- Strong themes of engagement and trust-building
- Partners being aware of the offer available

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Work so far

Identified priorities physical activity, falls, and frailty. Other subjects now include mental health, immunisation, oral health and screening

Mapping of services and opportunities

- We have identified existing services and opportunities by life-stage
- We are developing a more comprehensive physical activity programme built on the gaps identified through the mapping
- Ensuring listing on JOY directory, MECC Link, and Harrow CYP support map (BBP)

Initial engagement approaches

- We are building a targeted and appropriate engagement and communications response which includes MECC, conversation café, citizens panel, community touchpoint etc. The framework is based on;
  - Universal communications to the public – e.g. green flag parks
  - Opportunistic engagement – e.g. conversation cafe
  - Service engagement – e.g. MECC
  - Specific prevention initiative – social prescribing

Sharing approach with relevant workstream/ T&F groups

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A worked example, physical activity. We know;

Physical activity ensures healthy growth and development in young people

Physical activity enhances thinking, learning, and judgment skills

Physical activity contributes to preventing and managing cardiovascular diseases, cancer and diabetes

Physical activity reduces symptoms of depression and anxiety

Physical activity improves overall well-being

Physical activity will help enhance functional capacity and prevent falls

Source: Physical activity (who.int)

Primary Prevention – support residents to maintain a healthy level of physical activity

1. MECC program for physical activity
2. Utilise Street Tag as a promotional tool
3. Promote the current range of healthy walks with parks
    1. Specify new themed walks for particular cohorts of the community.
    2. Ensure appropriate and appealing signage, working with local schools.
4. Commission cycle route and cycle leader training
5. Collate the digital weight management offer
6. Promote Exercise of Referral and Shape Up in target areas
7. Develop linkage with dietetic teams and Health and Wellbeing Coaches in support of weight management and NHS Health checks
8. Identify council and partner facilities which can be used for instructor led classes

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Secondary Prevention – strength and balance classes for people at risk of falling

- Falls and fractures in older people are often preventable.
- There are significant mortality and morbidity impacts due to a hip fracture.
- Harrow had over 1100 admissions due to falls in 2021-2022 and 150 hip fractures (the majority of these notably over the age of 80).
- 50% increase in falls, and similar in falls related hospital admissions predicted based on population predictions by 2040.
- Falls needs assessment completed in 2023 to:
  - assess the current provision of falls services in Harrow
  - review the current needs of the population in terms of falls
  - recommendations to improve the pathway to prevent and treat the occurrence of falls in the Harrow population

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Falls in Harrow - Secondary Prevention

Key findings from the needs assessment included:

- Lack of accountability for the oversight of falls across Harrow
- Pathways in place, but not reflective of the latest evidence
- No evidence-based falls (secondary) prevention
- Good examples of community-based exercise provision that can ensure people stay active
- A requirement to improve awareness of services to prevent falls and ways to stay active

Progress to date:

- Strength and balance pilot for winter 22/23, now commissioned for 1 year from April 2024
- Falls prevention working group set up
- Falls pathway updated
- Falls communications developed and shared with primary care

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Tertiary Prevention – prevent frail residents from causing themselves further injury

1. Early identification and early intervention is key i.e. utilisation of the Escalating Risk Methodology (ERM).

   Commissioned the Enhanced Frailty Service (EFS) which provides proactive and reactive care, focusing on case identification and early interventions to prevent further frailty deterioration, avoidable hospitalisations and re-admissions.

   Jointly commission the Frailty Digital Dashboard (FDD) with Brent, an innovation tool utilising the escalating risk methodology to identify patients at risk of deteriorating without additional support

2. Collaboration between health and care providers to deliver joined up coordinated care and support to frail patients.

3. To increase awareness of appropriate services on offer in Harrow through the development of Easy-Guides that details provide pathways, services available and the criteria for referral.

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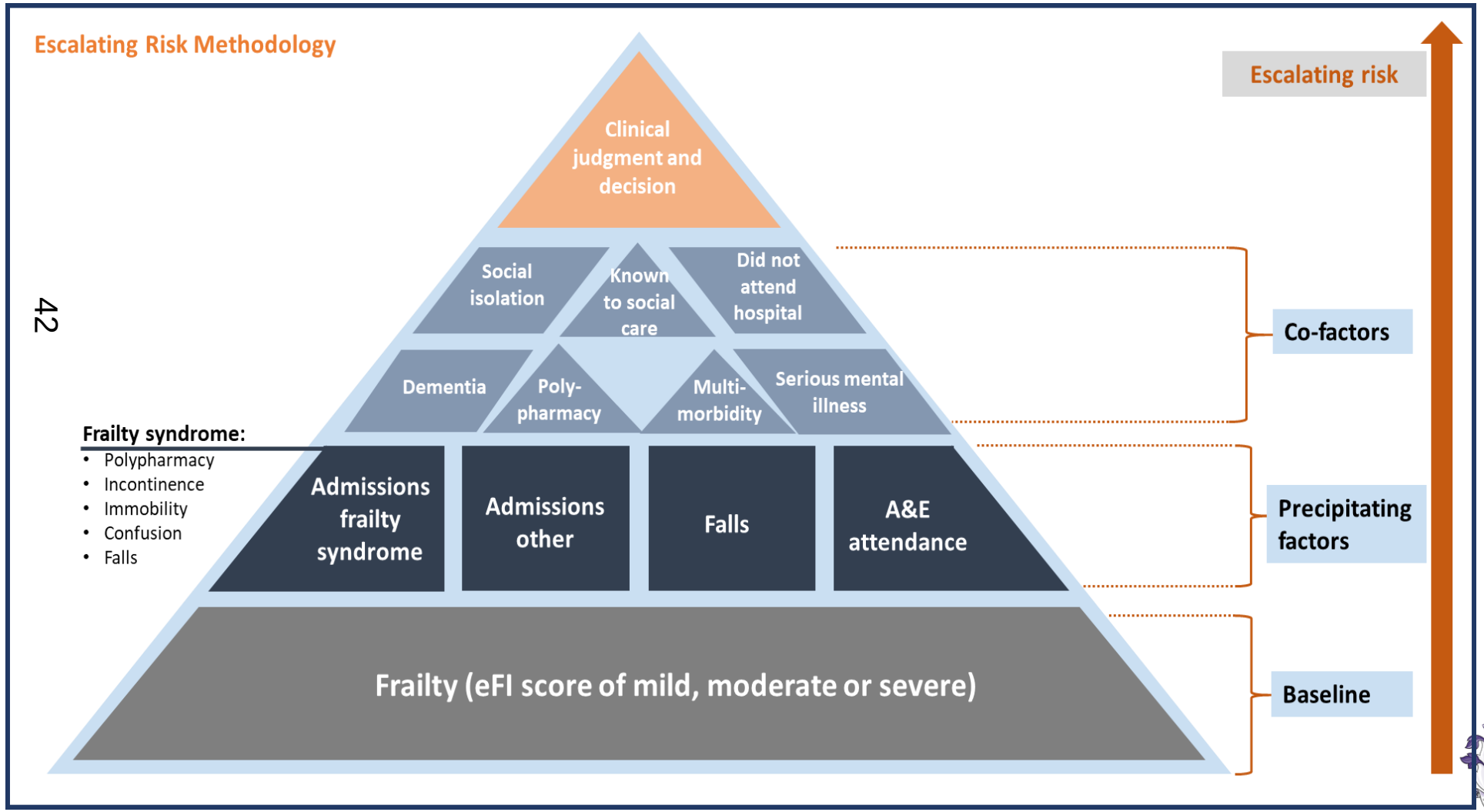
Reference: Escalating Risk Methodology



Escalating Risk Methodology: Identification of patients at highest risk of escalation.

Generates a RAG list of patients with the highest risk of admission or increasing risk of frailty, so that clinicians can act accordingly and proactively.

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Asks

How can your organisation support this work?

(Focused version of the prevention mapping can be shared):

- Anything missing/ incorrect?
- Need to consider service capacity limits (e.g. in terms of further promotion), or decommissioning in near future?
- Any immediate service gaps?
- Other feedback, e.g. uses of the map?

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Questions?

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LONDON BOROUGH OF HARROW

Report for:	**Health and Wellbeing Board**
Date of Meeting:	20 March 2024
Subject:	Progress of 'Right Care, Right Person'
Responsible Officer:	Detective Superintendent Alastair Vanner
Public:	Yes
Wards affected:	All
Enclosures:	Briefing

Section 1 – Summary and Recommendations

This report sets out to provide an update to colleagues and partners regarding the progress of 'Right Care Right Person' following implementation on 1st November 2023.

Recommendations:
No decision required. Briefing for information purposes.

Section 2 – Report

Right Care, Right Person aims to ensure that the right professional sees individuals with mental health and/or broader health and social care needs. It is a model that has generated positive outcomes, including reduced demand on all agencies, in other areas of the country. At the centre of the Right Care, Right Person approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents. Right Care, Right person went live on 1st November 2023 and all statutory partners continue to work closely to ensure safe implementation. This briefing will provide an overview of data and progress.

Ward Councillors' comments N/A

Financial Implications/Comments

N/A briefing only

Legal Implications/Comments

N/A briefing only

Risk Management Implications

N/A briefing only

Risks included on corporate or directorate risk register? **N/A**

Separate risk register in place? **N/A**

The relevant risks contained in the register are attached/summarised below. **N/A**

Equalities implications / Public Sector Equality Duty

N/A

Council Priorities

1. **A council that puts residents first**
2. **A borough that is clean and safe**
3. **A place where those in need are supported**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

N/A

Mandatory Checks

Ward Councillors notified: No as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Detective Superintendent Alastair Vanner – Lead Responsible Officer for Mental Health - RCRP Project Exec

Background Papers: None

If appropriate, does the report include the following considerations?

1.	Consultation	N/A
2.	Priorities	YES

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A partnership approach
to ensure the right response
by the right professional

RIGHT CARE, RIGHT PERSON
BRIEFING PACK

MARCH 2024

METROPOLITAN POLICE

MORE TRUST | LESS CRIME | HIGH STANDARDS

WHAT IS RIGHT CARE, RIGHT PERSON?

RCRP is an operational model that provides guidance on the way the **MPS responds to health related calls.**

RCRP is aimed at making sure the **right agency deals with health-related calls, instead of the police being the default first responder** where there is a concern about a person's physical or mental health.

RCRP CONTEXT

2020 RCRP introduced and piloted by **Humberside** in 2020 in a phased approach

Feb 2023 **Letter from Home Secretary** announcing the intention for a **National Partnership agreement to implement RCRP**

May 2023 **MPS Commissioner** confirms to London's Health & Social Care providers that the **MPS will introduce RCRP by Autumn 2023**

July 2023 **RCRP National Partnership Agreement** signed by Home Office, NPCC, APCC, CoP, NHS, and Dept. for Health & Social Care

Sept 2023 **MPS RCRP policy written,** legal advice received and formally signed off by MPS Management Board

1st Nov 2023 **MPS operational go-live for RCRP**

THE FOUR PILLARS OF RCRP

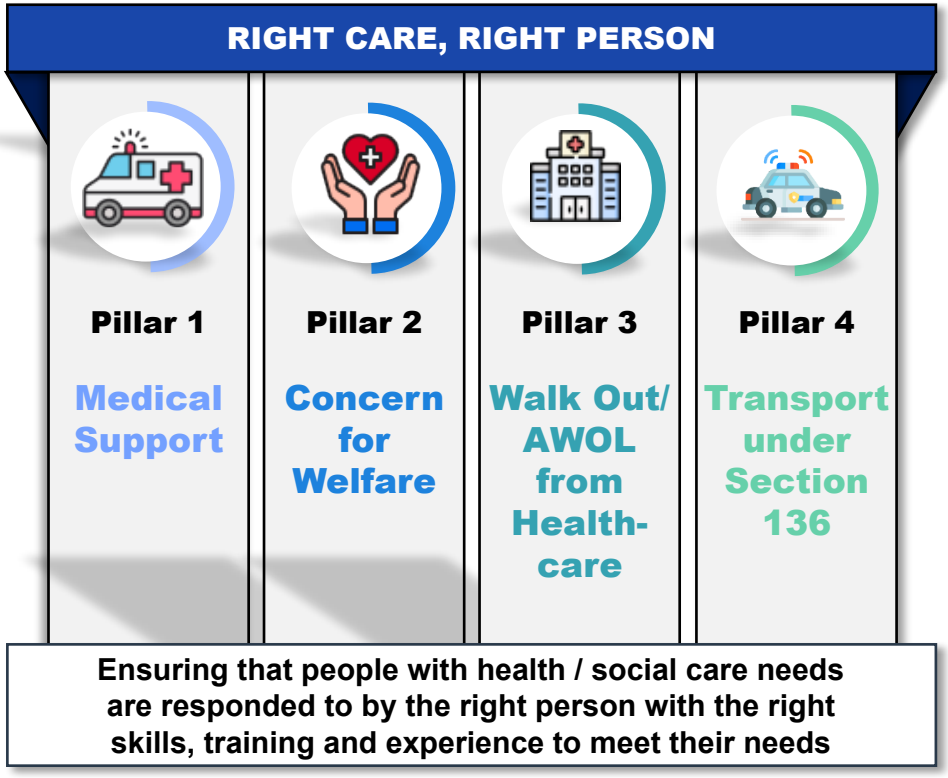
The MPS RCRP policy applies to four health-related pillars only

PILLAR 1:
MEDICAL SUPPORT

When a member of the public requests medical support Incidents in which police are already present when medical support is requested or required

PILLAR 2:
CONCERN FOR WELFARE

When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual



PILLAR 3:
WALK-OUT / AWOL

When a person has walked out from a healthcare setting, has abandoned medical care / treatment or is absent without leave (AWOL) from mental health services

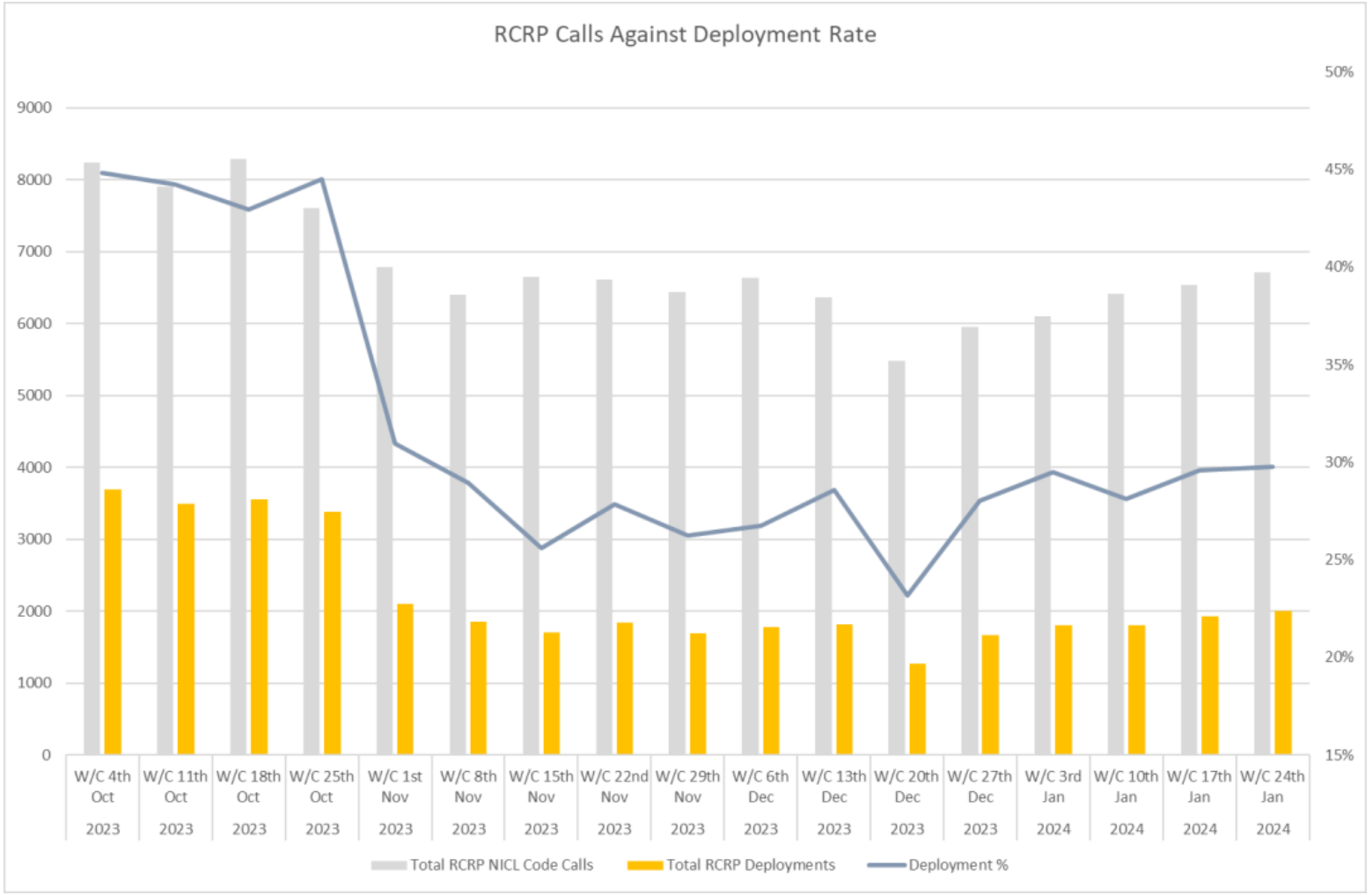
PILLAR 4:
TRANSPORT UNDER S136

Transporting a person detained under s136 to a health based place of safety and undertaking a timely handover to a medical professional

OVERVIEW SINCE GO-LIVE

	Nov 2022	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024 (Up to 25th)
Total Incidents	34,613	34,576	33,635	28,786	28,005	28,762	24,138
Deployments	14,220	14,195	12,639	7,760	7,616	8,370	7,005
Deployment Rate	41%	41%	38%	27%	27%	29%	29%

Weekly RCRP related demand and deployment volumes pre and post go live of RCRP



RCRP categories by incident and deployment volumes (February)

Comparative RCRP categories by volume and deployment percentage for February

	2023							2024						
RCRP NICL Code Incidents	Total Incidents	Total Deployed to	% Deployed to	Median Time spent on scene	Median Demand Handling Time	I	Avg Units Assigned	Total Incidents	Total Deployed to	% Deployed to	Median Time spent on scene	Median Demand Handling Time	I	Avg Units Assigned
Concern for Safety	17123	9068	53.0%	01:19:00	00:11:16	4644	1.965	12240	4140	33.8%	01:27:00	00:12:56	1939	2.200
Mental Health	10976	2258	20.6%	01:30:00	00:11:03	907	1.891	10439	1461	14.0%	01:32:00	00:11:37	506	1.867
Vulnerable	4784	2663	55.7%	01:34:00	00:13:22	523	1.582	5347	2726	51.0%	01:33:00	00:14:31	368	1.570
Collapse/Illness/Inj/Trapped	2543	1003	39.4%	01:16:00	00:09:58	614	2.268	2035	449	22.1%	01:34:00	00:11:36	224	2.802
Welfare Check Request	365	169	46.3%	01:13:00	00:14:07	25	1.805	139	55	39.6%	02:54:00	00:13:04	2	1.891
ALL RCRP	32349	13316	41.2%	01:23:00	00:11:18	5834	1.901	28172	8173	29.0%	01:31:00	00:12:32	2759	1.976

BCU	Concern for Safety							Mental Health							Vulnerable						
	Incidents	Deployed	% Deployed to	Median Time spent on scene	Median Demand Handling Time	I	Avg Units Assigned	Incidents	Deployed	% Deployed to	Median Time spent on scene	Median Demand Handling Time	I	Avg Units Assigned	Incidents	Deployed	% Deployed to	Median Time spent on scene	Median Demand Handling Time	I	Avg Units Assigned
South	1115	393	35.2%	01:18:00	00:12:51	156	2.120	801	109	13.6%	01:14:00	00:11:54	30	1.702	551	287	52.1%	01:27:00	00:14:23	42	1.509
South East	1287	486	37.8%	01:26:00	00:13:03	207	2.278	1077	145	13.5%	01:28:00	00:11:06	52	1.715	474	260	54.9%	01:31:00	00:14:14	28	1.554
North West	1081	382	35.3%	01:28:00	00:13:40	191	2.060	1203	154	12.8%	01:40:00	00:12:07	56	1.724	581	288	49.6%	01:44:00	00:15:13	39	1.559
West	1216	442	36.3%	01:36:00	00:13:30	220	2.258	840	164	19.5%	01:31:00	00:12:14	58	2.094	514	262	51.0%	01:30:00	00:15:03	36	1.543
Central West	1386	299	21.6%	01:28:00	00:12:05	142	2.328	906	116	12.8%	01:30:00	00:11:25	43	1.965	444	219	49.3%	01:05:00	00:14:09	26	1.530
South West	990	366	33.6%	01:26:00	00:12:51	187	2.530	640	110	17.2%	01:21:00	00:11:35	38	2.109	471	249	52.9%	01:30:00	00:13:54	34	1.690
North	795	307	38.6%	01:16:00	00:12:45	122	2.033	833	123	14.8%	01:29:00	00:11:57	39	1.733	384	218	56.8%	01:32:00	00:14:14	36	1.648
Central East	804	274	34.1%	01:54:00	00:12:36	126	2.106	878	102	11.6%	01:21:00	00:10:19	38	1.822	361	173	47.9%	01:48:00	00:14:59	23	1.524
Central South	1045	367	35.1%	01:21:00	00:12:47	184	2.584	1029	146	14.2%	01:15:00	00:11:09	52	1.814	376	201	53.5%	01:19:00	00:14:16	24	1.605
East	991	343	34.6%	01:35:00	00:13:02	184	1.860	691	101	14.6%	02:06:00	00:12:05	39	1.871	455	226	49.7%	02:12:00	00:14:47	33	1.477
Central North	673	230	34.2%	01:18:00	00:12:55	97	2.104	867	98	11.3%	01:45:00	00:11:40	19	1.912	362	179	49.4%	01:23:00	00:15:07	25	1.762
North East	789	251	31.8%	01:47:00	00:13:10	123	1.948	648	93	14.4%	02:00:00	00:12:01	42	1.989	370	164	44.3%	02:05:00	00:14:01	22	1.463
MPS	12240	4140	33.8%	01:27:00	00:12:56	1939	2.200	10439	1461	14.0%	01:32:00	00:11:37	506	1.867	5347	2726	51.0%	01:33:00	00:14:31	368	1.570