



Health and Social Care Scrutiny Sub-Committee Agenda

Date: Tuesday 5 March 2024

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

Joining the Meeting virtually

The meeting is open to the public and can be viewed online at [London Borough of Harrow webcasts](#)

Attending the Meeting in person

Directions by car:

Go along Kenmore Avenue and head towards the Kenton Recreation Ground. When approaching the end of the Kenmore Avenue turn right before reaching the Kadwa Patidar Centre.

The venue is accessible to people with special needs. If you have specific requirements, please contact the officer listed on the front page of this agenda.

You will be admitted on a first-come-first basis and directed to seats.

Please:

- (1) Stay seated.
- (2) Access the meeting agenda online at [Browse meetings - Health and Social Care Scrutiny Sub-Committee](#)
- (3) Put mobile devices on silent.
- (4) Follow instructions of the Security Officers.
- (5) Advise Security on your arrival if you are a registered speaker.

Filming / recording

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Agenda publication date: Monday 26 February 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 5 - 10)
That the minutes of the meeting held on 12 December 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, Thursday 29 February. 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. **Winter Pressures** (Pages 11 - 30)
Report of Borough Director Harrow Mental Health.
8. **Harrow Mental Health - CNWL** (Pages 31 - 38)
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

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.]



Health and Social Care Scrutiny Sub-Committee

Minutes

12 December 2023

Present:

Chair: Councillor Chetna Halai

Councillors: Govind Bharadia Rekha Shah
Vipin Mithani

Advisers: Hugh Caslake Assistant
Director ICB

Simon Crawford.
Deputy Chief Executive of
London North West
Healthcare NHS Trust.

Apologies received: Councillor Maxine Henson

42. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

43. Declarations of Interest

RESOLVED: To note that the declaration of interests, which had been published on the Council website, be taken as read and that no further declarations were made during the meeting.

44. Minutes

RESOLVED: That the minutes of the meeting held on 20 June 2023, be taken as read and signed as a correct record.

45. Public Questions

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

46. Petitions

RESOLVED: To note that no petitions had been received.

47. References from Council and Other Committees/Panels

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

48. Harrow Health and Care System Pressures

The Sub-Committee received the report from Hugh Caslake on behalf of Lisa Henschen, Managing Director Harrow Borough Based Partnership.

The report contained a schedule of metrics that was used by the local health and care system to monitor pressure within the system and to plan remedial action. The Partnership's 2023/24 winter planning had included the development of an expanded list of metrics that will inform the system's response to increased demand during the winter period. The second part of the report focuses on *The Place* plan for Harrow during the winter of 2023/24.

The report also highlighted that average Covid cases have remained below 20 at Northwick Park Hospital, while A&E attendances and non-elective admissions are currently above the average for last winter. While London Ambulance Service handover delays over 60mins has been reduced to zero following a change in approach from June 2023, there has been a sharp increase in 12 hour waits in A&E. Hospital discharges in the most recent weeks from Northwick Park Hospital were 655 against an average over the last year of 503, while the number of patients leaving hospital requiring social care support in October (147) was lower than last year's winter average (178). 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.

The second part of the report focused on Harrow's Winter Plans including the prevention and community winter wellness stream that covers warm hubs, flu and Covid vaccination and engaging local communities. Care Home Support has been seen as a key focus of preventing winter admissions through

community-based support, alongside improved asthma reviews, screening of asylum seekers, increasing pharmacy capacity with regards to consultation and prescription for minor ailments, as well as proactive frailty management. Other aspects explored include in-hospital care, discharge pathways as well as an associated winter action plan.

Mitigations to system risks to the winter plan include ensuring CLCH is commissioned to provide discharge to assess community rehabilitation provision, addressing under-utilisation of beds and delayed discharges, managing cross NWL and NCL arrangements for discharge support, and securing a stoma care pathway for Harrow.

Members asked the following questions:

Members wanted more clarification as to why the number was so high for unscheduled care in Northwick Park A&E. The officer explained that the A&E department at Northwick Park is one of the busiest and largest ones in London and also it has a stroke unit within the hospital.

A Member also sought clarification on the number of discharges compared to the previous year, discharges in most recent week from NPH were 655 against an average over the last year of 503. Officers advised that the hospital staff were working faster and faster with the number of patients coming in and the fixed number of beds. Members also wanted to know what percentage of those patients discharged had to be readmitted. Officer did not have the report to hand but would provide that information to the Members in time for the next committee. Member also wanted to clarify if the patients were discharged before they were ready, given the shortage of beds.

Officer advised that patients are discharged only when they are fit to be discharged according to four pathways:

- Pathway 0 - would be those who could go home without a package of care,
- Pathway 1 – those needing low-level community nursing support in their own home,
- Pathway 2 - typically those needing more -complex packages of care involving social services.
 - Pathway 3 – this was much more complex cases and requiring 24-7 support outside of hospital. There were discharge meetings with the local authority, with community providers as well as the patient and families to discuss the appropriate package of care needed, so there was a robust process in terms of engagement, assessments, chasing up care homes to assess a patient in terms of whether they could take them, given their clinical care criteria.

Members asked why the number needing social care support for people discharged from hospital was so high year on year. Officers advised that the high number of people coming into hospital during 20/21 was due to Covid and people were only coming in for emergencies or Covid and now the ongoing cases were of much older people with multiple health conditions. Hence, they are stabilised by the hospital, and the hospitals treat their immediate problem, but they still have many ongoing health issues and many of them are unable to cope on their own at home. So social care is having to

support a large number of people. The hospital is there to support their acute needs, but they will need support in their normal life. Many are coming out of hospital with multiple conditions, they're not going to be completely well ever again because they have long-term conditions. They will need support in the community or at home and the demand for that is inexorably rising.

Members also asked about the impact of the improvement in handover time by London Ambulance Service on hospital waiting times. Officers advised that a change in policy resulting in faster handover time from the London Ambulance Service to A&E departments has resulted in longer waiting times for A&E departments.

Chair asked about the number of Covid patients and how that compares with other London hospitals, Officers advised that they were not certain that the numbers were low compared to other hospitals, but they were low compared to past years. But most of the other hospitals were very similar.

Chair also asked what were the plans to mitigate the increase going forward to prevent additional pressure on the council's adult social care services? Officers advised the Local Authority has implemented a bridging service and this will be put into action on 16th December, which means they have set up a service so when people come out hospital they can go home, and they are immediately assessed and provided with support in the short term while they look at what their longer-term support needs are. However, overall demand in social care has increased and this has been a constant issue. The Officer said the long-term solution is a complex issue to do with funding and how care is provided by local authorities. The Chair advised that this issue of demand for social care should be looked at a future Committee meeting. Officers advised that this is a constant issue, and this was being worked on by the NHS and local authorities.

Officers advised that a lot of work has been done as to what the drivers are the high usage of the A&E and the correct pathways. A lot of work has been done especially with kidney failures and diabetes and due to the demographic of the Borough that we live in and also their lifestyle.

Harrow Borough Partnership Winter Plan – Risks

The Chair wanted clarification in terms of the prevention and community winter wellness, and where Harrow stands compared to the rest of London with regards to Flu and Covid vaccination, particularly amongst groups experiencing the highest levels of health inequalities. Officers advised that there have been quite distinct differences between the take-up in different communities.

Officers explained that the British Indian community had the highest take-up of COVID vaccinations, the British Pakistani community had one of the lowest. Afro-Caribbean communities had low uptake, the white communities had relatively high, so there's a lot of work going on like people's champions who are working in the community and making links with places of worship and community groups to try and emphasise the need to get these vaccinations done. Officers also advised that there are also quite a lot

of young people who read things on the internet that has made them reluctant to take vaccinations. It's a constant battle to try to identify groups that are not getting it and to try and find trusted figures in their communities that we can speak to and encourage people to get the vaccinations done.

Members also asked about what VAH stood for Officers advised that it was Voluntary Action Harrow.

RESOLVED: The Committee agreed to the content of the report and identified any additional requirements for data about demand and performance in the health and care system. The Chair also wanted to bring back to a future meeting about social care demand and how to mitigate the increase in numbers.

49. Harrow Mental Health - CNWL

This item was deferred till the next meeting.

50. Any Other Business

RESOLVED: That there was none.

(Note: The meeting, having commenced at 6.42 pm, closed at 7.52 pm).

(Signed) Councillor Chetna Halai
Chair

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**Report for: Overview and Scrutiny
Committee and Scrutiny
Sub-Committees**

Date of Meeting:

Subject:	Harrow Health and Care System Pressures and Winter Plans
Responsible Officer:	Lisa Henschen, Managing Director, Harrow Borough Based Partnership
Scrutiny Lead Member area:	Health: Councillor Chetna Halai
Exempt:	No
Wards affected:	All
Enclosures:	Slide pack containing detail of Health and Care System Pressure Indicators

Section 1 – Summary and Recommendations

This report provides an update on the pressures experienced by the Harrow health and care system and the implementation of plans to respond to that demand.

Recommendations:

The Committee is asked to consider the content of the report.

Section 2 – Report

Background

The first part of the report contains data on system pressures metrics that are designed to indicate:

- Demand pressure on the Harrow health and care system;
- The effectiveness of the system's response to that demand.

The second part of the report provides an update on measures developed by the Harrow Borough Based Partnership to prepare the system for the Winter Period.

The planned actions aim to support the provision of high-quality care in the community, the prevention of admission to hospital and safe and efficient discharge to the community once patients' acute needs have been met.

This includes the implementation of the Winter Improvement Plan and of additional service capacity resourced through Discharge Funding.

Current situation

Pressure on the health and care system peaked during the first week of January, when the post-Christmas surge in presentations and the Junior Doctors' strike impacted simultaneously.

Although health and care staff in the hospital and community, including primary care, have coped during this period we need to acknowledge and address the impact on patients, staff and services working under this level of pressure.

The planned actions aim to support the provision of high-quality care in the community, the prevention of admission to hospital and safe and efficient discharge to the community once patients' acute needs have been met.

The actions that the system committed to complete in 2023 have been delivered and it is expected that those scheduled for the final quarter of 2023/24 will also be completed as planned.

Financial Implications

The winter improvement plan is funded by a range of sources including grant funding from the Department for Health and Social Care to support Discharges. This grant totals £2.246m (of which £934k allocated to the Council and £1.312m allocated to the Council via the ICB funding) and is pooled within the Better Care Fund and built into the Adult Social Care forecast and budget for 2024-25 on an ongoing basis. These resources underpin a number of the metrics being reported.

Additional funding has been provided by NWL ICB to NHS Providers for additional winter capacity (for example, additional beds).

A data-based evaluation of current schemes' delivery against the aims of the Discharge Grant funding is underway.

This includes a deep dive into the operation of the various Bridging Service models implemented in NWL.

Initial findings from the data analysis and approaches to the future use of the Discharge Grant will be discussed by Directors of Adult Social Care on 22nd February.

Individual meetings will then be held with Local Authorities to discuss the use of the grant in 2024/25

A report on the outcome of these discussions will be considered by the ICS Executive on 1st March.

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

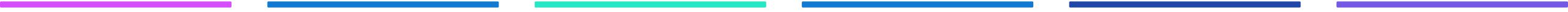
Contact: Hugh Caslake, Assistant Director of Integration and Delivery, NWL ICB (07958 196271)

Background Papers:

- Harrow System Pressure Metric Report: February 2024

If appropriate, does the report include the following considerations?

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



Harrow System Pressure Metric Report

February 2024



**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

Content

This report is intended to provide the Health Scrutiny Sub-committee with an update on demand and activity pressures in the Harrow health and care system during the winter period and progress on the measures planned by the Harrow Partnership to meet them.

The slides contain:

- System pressures update.
- ¹⁹ Winter Improvement Plan update.
- Discharge Funding activity




System Pressures Update: February 2024

- Pressure on the health and care system peaked during the first week of January, when the post-Christmas surge in presentations and the Junior Doctors' strike impacted simultaneously.
- A&E attendances now average 2,170 per week, an increase on last winter's average attendance and a level that, pre-Covid would have been an unusually high peak in demand.
- Non-elective admissions to Northwick Park Hospital average 600 per week, as high as during the previous winter. Admissions peaked in the week before Christmas at 718.
- ↗ AS Handover delays have reduced following stricter limits being placed on the time that ambulance crews will support patients at the hospital before handing over to A&E staff. One consequence of this has been an increase in long waits in A&E: the number of 12 hour waits in A&E has averaged 395 per week since October, compared to 313 during the previous winter.
- During November and December an average of 97% of beds were occupied; in addition, patients were routinely being 'boarded' ie managed on wards before beds became available for them.
- The number of people on social care caseloads post-discharge from hospital is now three times that in the pre-Covid period.
- Although health and care staff in the hospital and community, including primary care, have coped during this period we need to acknowledge and address the impact on patients, staff and services working under this level of pressure.



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 system is no longer monitoring Covid+ patients in hospital beds.	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 was almost always been below 20.	N/A
Demand for Unscheduled Care	Accident and Emergency Department Attendances / Non-elective admissions at NPH	Northwick Park Hospital (LNWUHT)	Both A&E attendances and elective admissions are currently above /the average for last winter.	A&E admissions now average 2,170 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 has been an average of 395 12 Hour A&E waits per week since October, compared to an average last winter of 313. There were fewer than 20 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.	
Hospital Discharge	Hospital Discharges	Northwick Park Hospital (LNWUHT)	Discharges since Christmas have invariably exceeded 600 per week.	Discharges since October have averaged 679 against in the previous period of 481.	8
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 January (156) was lower than last year's winter average (178). The average number of discharged patients since October receiving support from social care was 327, 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 more than 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.	9



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 18/02	35.79%	35.79%	NWL uptake	27.5%
2	Autumn Campaign - Flu vacc uptake	Harrow	Weekly	WE 15/02	40.03%	38.96%	NWL uptake	36.0%
Demand pressure								
6	AED Attends	NPH	Weekly	WE 18/02	2211	2266	Avg over last winter (Oct 22 - Apr 23)	2,139
7	AED Attends Paeds	NPH	Weekly	WE 18/02	353	381	Avg over last winter (Oct 22 - Apr 23)	546
8	UTC Attends	NPH	Weekly	WE 18/02	1463	1499	3 mth avg	1,314
9	AED Emergency Admissions	NPH	Weekly	WE 18/02	617	609	Avg over last winter (Oct 22 - Apr 23)	642
10	Community/District Nursing - Visits completed (in hours)	Harrow	Weekly	WE 17/02	1,594	1,599	Avg over last winter (Oct 22 - Apr 23)	2,321
11	Community/District Nursing - Rostered staff (in hours)	Harrow	Weekly	WE 17/02	1,290	1,280	Avg over last winter (Oct 22 - Apr 23)	1,843
12	No hospital discharges in month that required social care input	Harrow	Monthly	Jan-24	156	174	Mar '20 Avg	178
13	No of patients being worked with by social care	Harrow	Monthly	Jan-24	349	348	Mar '20 Avg	91
14	MH Liaison AED Referrals	Harrow	Weekly	WE 18/02	75	89	Avg over last winter (Oct 22 - Apr 23)	33
15	MH Liaison AED Referrals - 1 hour response	Harrow	Weekly	WE 18/02	93.2%	90.9%	Avg over last winter (Oct 22 - Apr 23)	62%
16	MH Liaison Ward referrals	Harrow	Weekly	WE 18/02	19	32	Avg over last winter (Oct 22 - Apr 23)	60
17	MH Liaison Ward referrals - 24 hour response	Harrow	Weekly	WE 18/02	93.8%	85.7%	Avg over last winter (Oct 22 - Apr 23)	85%
18	Rapid Response - Visits completed (in hours)	Harrow	Weekly	WE 17/02	332.75	342.75	Avg over last winter (Oct 22 - Apr 23)	330
19	Rapid Response - Rostered staff (in hours)	Harrow	Weekly	WE 17/02	379.5	460.0	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	Dec-23	103	102	3 mth avg	91
26	Covid Related 111 Calls	Harrow	Weekly	WE 11/02	58	78	Avg over last winter (Oct 22 - Apr 23)	69



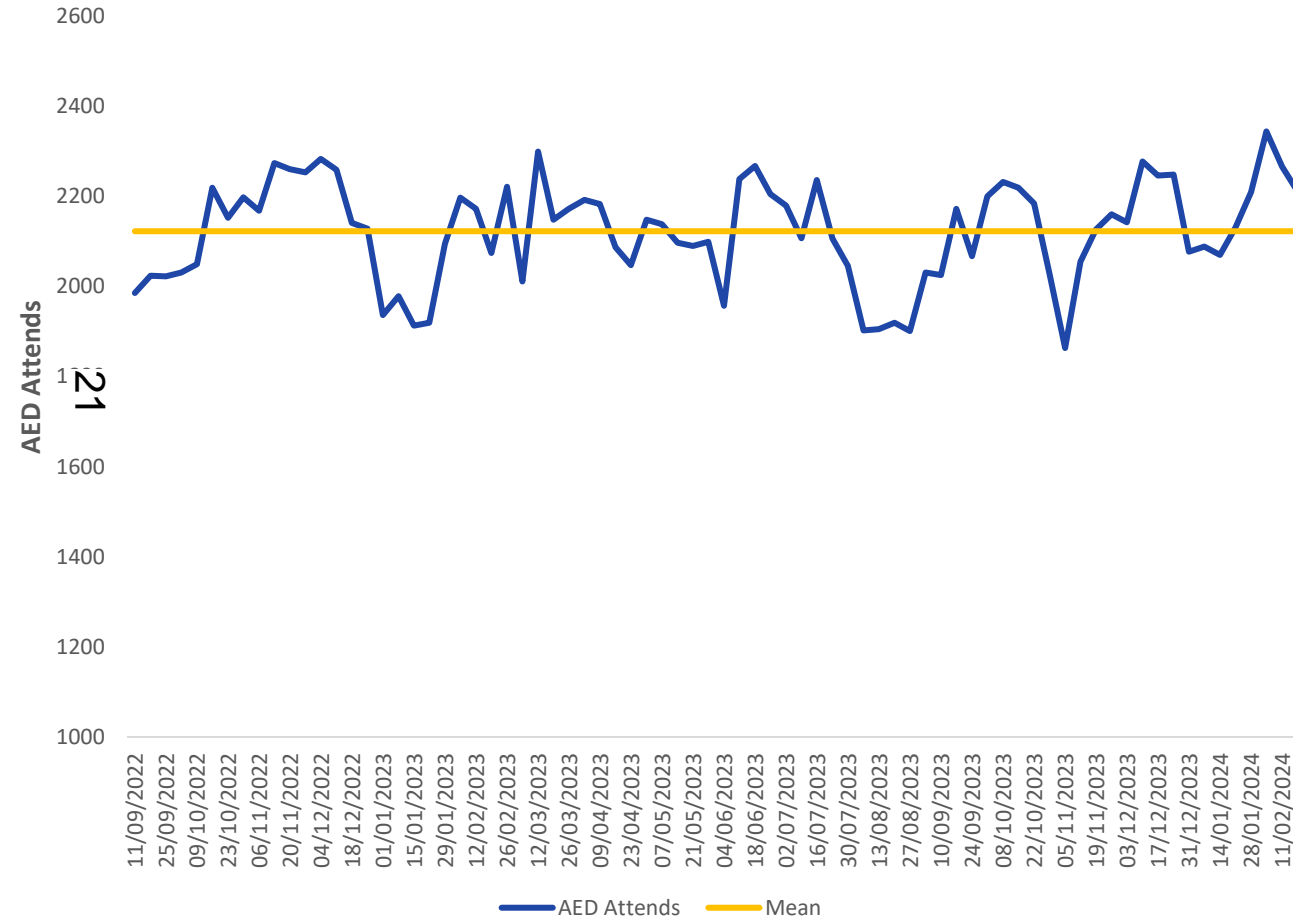
Harrow System Pressures Metrics (1/2)

	System Indicators	Cohort	Frequency	Data Period	Current Period	Previous Period	Context	
Pathway Efficiency								
27	Delayed Transfers of Care – Community Beds (P2)	Harrow	Weekly	WE 13/02	5	4	4 wk avg	6
28a	Delayed Transfers of Care - Pathway 0	NPH - Harrow	Weekly	WE 13/02	16	8	4 wk avg	14
28b	Delayed Transfers of Care - Pathway 1	NPH - Harrow	Weekly	WE 13/02	16	12	4 wk avg	18
28c	Delayed Transfers of Care - Pathway 2	NPH - Harrow	Weekly	WE 13/02	11	20	4 wk avg	11
28d	Delayed Transfers of Care - Pathway 3	NPH - Harrow	Weekly	WE 13/02	15	12	4 wk avg	10
	Delayed Transfers of Care Total	NPH - Harrow	Weekly	WE 13/02	58	52	4 wk avg	52
28e	Delayed Transfers of Care - Unstated Pathway	NPH - Harrow	Weekly	WE 13/02	3	2	4 wk avg	7
39	Community Equipment Delays	Harrow	Monthly					
40	Enhanced Frailty service - Current Caseload	Harrow	Monthly	Dec-23	187	189	6 mth avg	191
41	Enhanced Frailty service - Step ups	Harrow	Monthly	Dec-23	63	76	6 mth avg	68
42	Enhanced Frailty service - Step down	Harrow	Monthly	Dec-23	63	64	6 mth avg	65
System Stress								
56	Hospital Capacity Status	NPH	Weekly	WE -13/02	FCP	FCP	% of weeks FCP over last winter (Oct 22 - Apr 23)	83%
57	12 Hour AED Waits	NPH	Weekly	WE -04/02	433	404	Avg over last winter (Oct 22 - Apr 23)	313
58	LAS Handovers - No. of 60 min Breaches	NPH	Weekly	WE -18/02	15	17	Avg over last winter (Oct 22 - Apr 23)	103
59	Community/District Nursing - No. of visits deferred once	Harrow	Weekly	WE -17/02	179	136	Avg over last winter (Oct 22 - Apr 23)	4
60	Community/District Nursing - No. of visits deferred more than once	Harrow	Weekly	WE -17/02	22	4	Avg over last winter (Oct 22 - Apr 23)	1
61	Rapid Response - No. of referrals with a 2 hour response time	CLCH	Weekly	WE -17/02	65	68	Avg over last winter (Oct 22 - Apr 23)	69
62	Rapid Response - Initial visits not completed within 2 hours	CLCH	Weekly	WE -17/02	5	4	Avg over last winter (Oct 22 - Apr 23)	2
63	Rapid Response - No. of referrals rejected due to capacity	CLCH	Weekly	WE -17/02	0	0	Avg over last winter (Oct 22 - Apr 23)	0
64	Community Services Sickness Absence	Harrow	Weekly	WE -17/02	1.1%	0.0%	Avg over last winter (Oct 22 - Apr 23)	3.9%

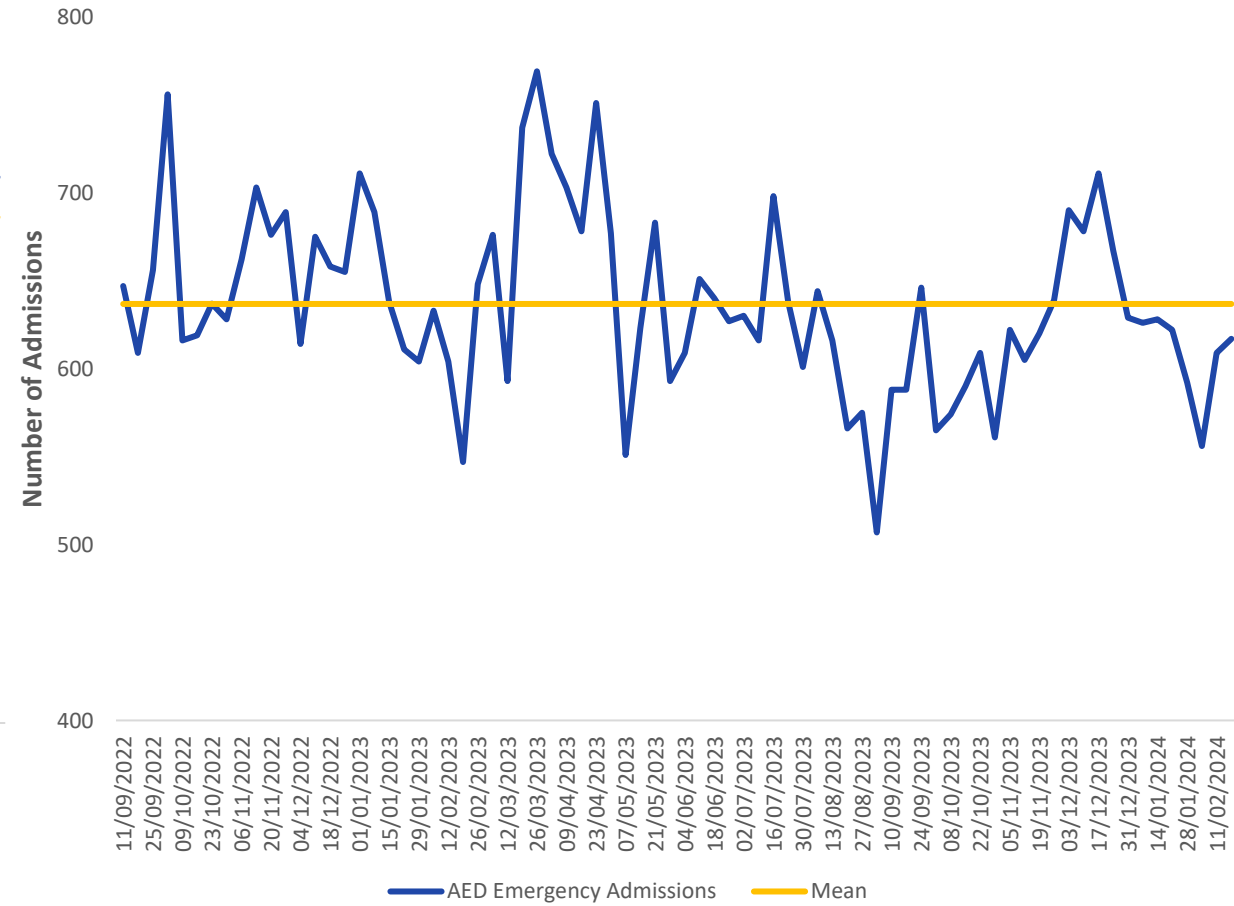


A&E Attendances and Admissions at Northwick Park Hospital

AED Attendances at Northwick Park Hospital



AED Emergency Admissions at Northwick Park Hospital

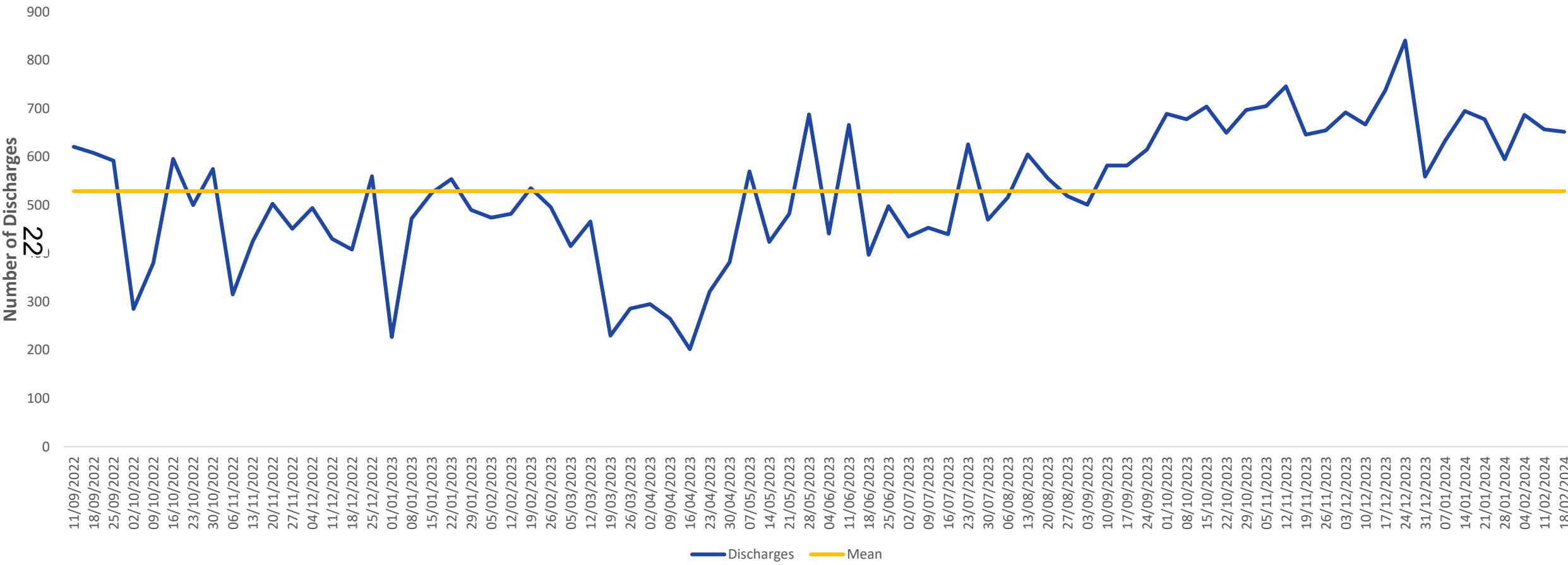


**Harrow Borough
Based Partnership**

Supporting better care and healthier lives

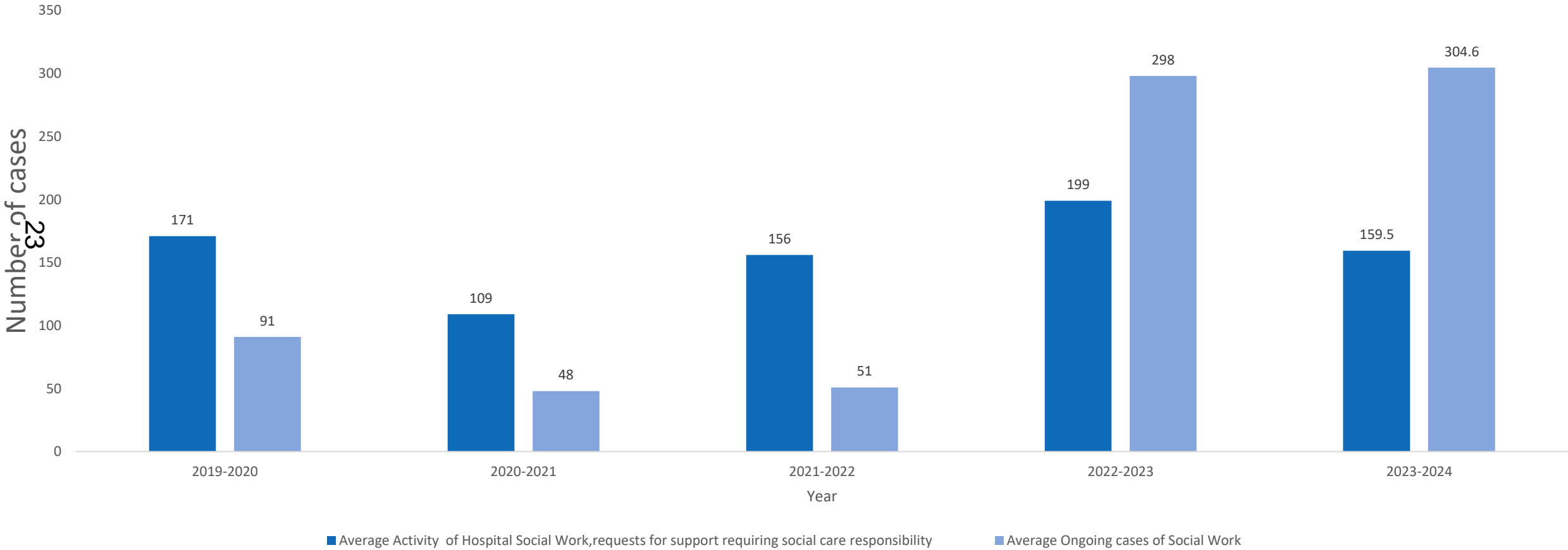
Discharges from Northwick Park Hospital

Discharges from Northwick Park



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



Winter Improvement Plan

The action plan on the three following slides was developed by the Harrow Borough Based Partnership to prepare the system for the Winter Period.

The planned actions aim to support the provision of high quality care in the community, the prevention of admission to hospital and safe and efficient discharge to the community once patients' acute needs have been met.

The actions that the system committed to complete in 2023 have been delivered and it is expected that those scheduled for the final quarter of 2023/24 will also be completed as planned.



Winter Improvement Plan Actions (1/3)

Action	Target impacted	Status	30 Nov	31 Dec	31 Jan	28 Feb	31 Mar
Implement Harrow Bridging Service	Reduce % of patients without C2R, not discharged	<ul style="list-style-type: none"> • Spec and procurement complete. • Service commenced 16/11/23. • Service accepting all referrals from MDT but spare capacity – review of potential to manage wider cohort of patients. 	Commenced				
Harrow Multi-Agency Admission Avoidance Summit	Reduce ASC NEL admissions	Multi-agency summit took place 09/11/23.	Action plan agreed.				
Action plan to improve review of children attending hospital due to asthma	Reduce ASC NEL admissions	Task and finish group established. Data analysis complete.	Action plan agreed.				
Implement local escalation processes for discharge delays as described in the winter plan	Reduce % of patients without C2R, not discharged	<ul style="list-style-type: none"> • Twice daily Discharge Hub / ASC MDTs established 09/10/23. • Three times weekly PL DTOC reporting to Partnership Leaders, 	In place				
Launch 'Radar' function of Harrow Frailty Dashboard to identify rising risk patients	Reduce ASC NEL admissions	Risk stratification radar launched 02/11 for use by primary care to identify patients with rising risk of deterioration.	Complete				



Winter Improvement Plan Actions (2/3)

Action	Target impacted	31 Oct	30 Nov	31 Dec	31 Jan	28 Feb
Implement 2023/24 winter wellness scheme: Deliver Make Every Contact Count winter programme	Reduce ASC NEL admissions	Public Health and Voluntary Action Harrow training programme started 06/11	Ongoing			
Review pathway for discharge of patients in rehabilitation units	Reduce % of patients without C2R, not discharged	MDT established. P2 NCTRs reducing.	In place.			
Review processes for admissions from and discharge to care homes	Reduce % of patients without C2R, not discharged Reduce ASC NEL admissions		Review complete 30/11	Finalise pathway between care homes and LNW virtual wards.	Discharge pathway and SOP confirmed.	Trusted assessor model to be developed.
Improve process for discharging patients from CNWL mental health beds to reduce delays	Reduce % of patients without No Criteria to Remain, not discharged	Adult social care review pathway accelerated, Currently no patients whose discharge is delayed (03/01/23)				
Secure access to clinical records across CNWL and Drug and Alcohol service provider.	Prevent admissions to secondary inpatient care	CNWL data available to D&A team. Further work to resolve IG issues for sharing of Drug and Alcohol Service data.				



Winter Improvement Plan Actions (3/3)

Action	Target impacted	31 Oct	30 Nov	31 Dec	31 January	28 Feb	31 March
LNWHT winter inpatient beds Phase 1: open 33 beds up across NPH and EH from October Phase 2: open NPH SAU level 4 from November Phase 3: open 32 NPH AMU modular beds from March		Phase 1: 23 of 33 beds open	Phase 2: open 14 NPH SAU level 4 trollies		Phase 1: 33 of 33 beds open		Phase 3: 32 NPH AMU modular beds open
Digital solutions to support flow and discharges to improve monitoring of patient flow actions through Timely Care Hub and Optica	Reduce % of patients without C2R, not discharged	Continued working with CCS to develop the digital tools to interface with Cerner					
Increase daily discharges via NPH and EH Discharge Lounges	Reduce % of patients without C2R, not discharged	Daily process in place to review all discharges for suitability Daily review of confirmed and potential discharges with Divisional Teams					
REACH: 12 week pilot for ED Consultant to triage LAS call-in anticipation of preventing conveyance by offering A&G or diverting call to SPA for SDEC/other specialty alternatives. REACH will operate M-F, 1000-1800	Reduce ASC NEL admissions	12 week pilot commenced as of 11 Oct					
Increase conversion NPH	Same day emergency care: Reduced waits to be seen in ED Rapid Access Unit NPH		Converting NPH CDU D Bay to increase access to non-specific chest pain, needlestick injuries, hyperkalaemia and post CT KUB				



Discharge Funding Activity

- Although Bridging Service activity is below plan the service continues to take all patients deemed to be appropriate by the multi-agency MDT.
- Demand for reablement and home care is below plan, resources are being redirected to fund additional bedded care.

Recent Discharge Funding Activity

Scheme	Description		08/01/2024	22/01/2024	05/02/2024	19/02/2024
P1 Bridging service	Bridging Service continues to promptly support the discharge of every patient referred by multi-agency MDT.	Plan Patients	60	60	60	60
		Actual	43	41	32	53
Blc ∞ Beds	Temporary step down beds from hospital to enable discharge and assessment before long term care needs are finalised	Plan Beds	8	8	8	8
		Actual	8	8	8	8
Residential / Nursing Beds	3 long term beds reflecting the increase in residential and nursing placements following discharge.	Plan Beds	3	3	3	3
		Actual	3	3	3	3
Support for Hospital Discharges	Additional staff employed in hospital and social work practice teams to ensure prompt / timely discharge	Plan Workforce	3	3	3	3
		Actual	3	3	3	3
Reablement	Additional hours purchased from community provider.	Plan Hours	720	720	720	720
		Actual	194	391	343	400
Home Care	Additional hours purchased from community provider.	Plan Hours	540	540	540	540
		Actual	209	78	156	122
Residential / Nursing Beds	There has been an increase in the number of discharges to bedded care which will mitigate the reablement / home care activity.	Plan Beds	6	6	6	6
		Actual	6	6	6	6



Harrow Bridging Service Scope

Service Provider

Name: Elite Specialist Care

Service

Description: Brief description of the service.

The Bridging Care Service is designed to meet the short-term adult social care and support needs of people that no longer require acute treatment within hospital and are identified as Medically Fit for Discharge for safe return home via 'home first' Pathway 1. The service will therefore support delivery against requirements for effective and timely hospital discharge. The objective of the service is to facilitate same day discharge from Northwick Park Hospital NHS Trust for people identified as being medically fit and provide care and support for up to 7-days to ensure that identified care needs are met while also maintaining individual safety and wellbeing.

Referral process: Steps or information on how to make a referral

All referrals into the Service will come from the Integrated Discharge Team IDT at the Hospital. Referrals by any other route or through any other process must not be accepted without the express written consent

Exclusions: Any specific exclusions or limitations

- People who have been admitted to and require care and support at the point of discharge from an acute hospital that is not Northwick Park Hospital NHS Trust.
- People who do not reside within the boundary of the London Borough of Harrow.
- People who do not have a registered Harrow GP and live outside of the boundary of the London Borough of Harrow.
- People that lack capacity.
- People that require nutritional support through feeding tubes (such as PEG, RIG) and supervised feeding where there may be a risk of aspiration.
- People identified as unable to weight bear and are unable to assist or cooperate with transfers and/or repositioning.
- People identified as having palliative care needs.

Service Hours: Days and Hours of Operation

Opening Days: 7 days/per week

Opening Times: 7am - 9.30pm, including all Bank Holidays



Other Harrow Local Authority Discharge Schemes

Other Harrow discharge schemes:

- Block Beds – interim step down support to enable prompt discharge whilst establishing ongoing assessed social care support requirements.
- Residential/Nursing Beds – increased capacity to enable support for those no longer able to live independently post hospital discharge.
- Support for Hospital Discharges (workforce) – increased social work / occupational therapy / brokerage capacity to enable timely assessments to support discharge process as a 7 day service.
- Reablement – short term support (up to 4wks) to provide support to return (if possible / where appropriate) to pre hospital admission independence.
- Homecare – interim support (up to 4 wks) to provide assessment of long term ongoing social care assessed support requirements.

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**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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