



Report for:

**Health and Wellbeing
Board**

Date of Meeting:	Thursday 7 th November 2024
Subject:	Harrow Borough Based Partnership: Managing Director update report
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 August and September 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.

In addition, the Harrow Winter Plan is attached for oversight and discussion.

Recommendations:

The Board is requested to:

- Note and comment on the work of the Borough Based Partnership
- Note and comment on the Harrow Winter Plan

Section 2 – Report

1. Overview

This report covers key developments of the Harrow Borough Based Partnership (BBP) over August and September 2024.

Key achievements for the Borough Based Partnership over this period include:

- Winter plan agreed and in mobilisation.
- Starting planning for new BBP strategy and delivery plan from April 2024
- Operational priorities for Integrated Neighbourhood Teams have been agreed and from October will start to be tested within the neighbourhoods.

2. Progress of the Harrow Borough Based Partnership

High level reporting against the objectives is as follows:

2.1 Reducing Health Inequalities in Harrow

Revisions to the community champion's programme

Following the review of the first year of the community champions programme, some revisions have been agreed on the focus areas as follows:

- Maintain Maternal Health Champions programme.
- Mental health support within the Romanian community to continue to the end of March 2025, with facilitated support for the network beyond this point.
- Continuing support for the broader mental health champions programme, increasing active support to address social isolation.
- Launch an Out-of-Hours Fund to focus on the creation of new/innovative activities that focus on getting people who do not usually access services.
- Governance & Management - Delivery of training, light-touch monitoring and evaluation impact.
- Scoping of the community champions programme strengthening links into faith groups within Harrow, with a view to support health lifestyles and understand better the barriers; supporting our priorities on diabetes and hypertension.

In addition:

Healthy Harrow Programme: Developing a framework to align volunteering roles with career goals and expand to VCS organisations. Champions recruitment and training are progressing, with 321 champions recruited, 174 trained, and 12,252 people reached.

Community Support: Horizon Youth and Community Action and HACAS are providing health checks and diabetes management for the Ghanaian and African Caribbean communities, respectively.

Vaccine Hesitancy: Targeted campaign with to understand and address immunisation hesitancy in Romanian groups.

2.2 Delivering Truly Integrated Care for Harrow

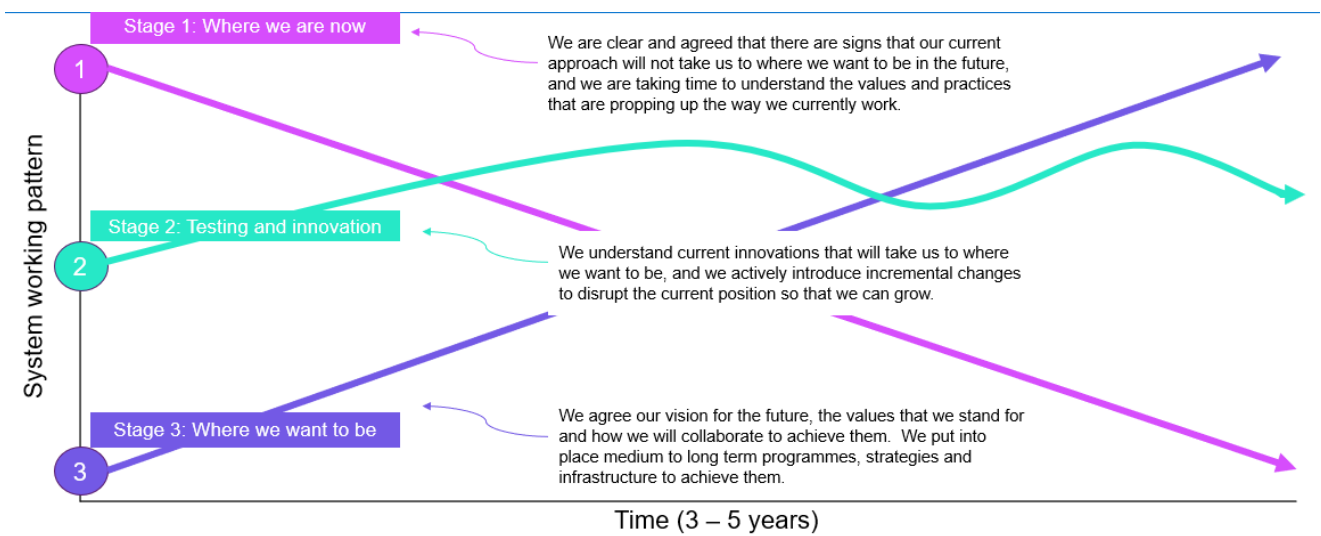
Developing Integrated Neighbourhood Teams in Harrow

The Harrow BBP workshop held on 17th July has supported us to significantly move forward our thinking on:

- Our current ways of working;
- A shared vision on future state;
- Practical ways we can get there.

We are now taking forward a programme of work to address how we do this (our methodology) and what we do (our activities - short, medium and long term) to move forward change in Harrow.

The Neighbourhood working group are adopting the horizon 1,2,3 approach to change delivery:



Our work to test and innovate is being developed through the Neighbourhood Teams. Examples of initiatives that are being taken forward are:

- Active promotion of the JOY app to the public
- Test how we can better connect families into universal offers where they do not meet the criteria for services.
- Scope and test what better support to primary care for managing complex mental health needs might look like - for example, removing referral forms, dynamic access to services, direct booking.
- Trial basing social workers within General Practice settings to improve coordinated care for older people.
- Deliver neighbourhood level learning events to build knowledge of service offers across health and social care.
- Pilot vaccinations in community pharmacies
- Clearly communicate equipment pathways to the whole system – for example, Social Care OTs do not provide walking aids. Referral is to community rehab team and direct referral is possible from social care to CLCH.

Wider system communication will be issued in October to provide clarity on direction, timescales and key design principles of Integrated Neighbourhood Teams. We are proposing that a focused discussion is held on this at the December JMB meeting.

Digital capabilities and the ability to share information across organisations is a key enabler of integrated work within neighbourhood teams. Progress is being made with access to the London Care Record and Urgent Care plan for Harrow Social Care teams, with data agreements pending.

Primary Care Access developments

- **Capacity and Access Plans**

All GP practices are currently working to improve access to online services and improve telephone access. This year the PCNs have been requested to focus on:

Modern General Practice domain: Complete implementation of:	All PCN practices to have following components in place and these continue to remain in place (assurance to be provided by PCN CD)
1. Better digital telephony	Digital telephony solution implemented, including call back functionality. Each practice will comply with the Data Provision Notice so that data on telephone utilisation can be supplied to NHS England for publication.
2. Highly usable and accessible online journeys for patients	Online consultation is available for patients at least for the duration of core hours (Mon- Fri: 8.00am to 6.30pm).
3. Faster care navigation, assessment, and response	Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access.

GP Access

In addition, the NW London Primary Care Networks will be undertaking a local survey aimed at understanding local population needs, identify areas for development and inform future model of delivery. The proposed date for the local survey is currently end of September 2024.

In addition, there will be local face to face and on-line digital events aimed at capturing patients' opinion and views on GP access to shape future models.

Winter Plan

The Winter Plan for Harrow has been agreed by the Complex and Urgent Care workstream and the Health and Care Executive. The final version has been shared with the JMB papers. The BBP team are now tracking the implementation of actions within the plan and the Health and Care Executive are monitoring the system indicators associated.

2.3 Transforming our care pathways

Complex and urgent care pathways

- MDT arrangements for the Borough Based Partnership. Work is being progressed to align MDT arrangements to neighbourhood footprints, bring clinical and professional teams together to manage rising risk and complexity for their population groups. Children and Young People arrangements are operating now on these footprints. We are working towards frailty teams aligning at neighbourhood level by November 2024. Arrangements for complex adults will follow after this.
- Preventing admissions steering group is delivering against their key workstream areas. Data on admissions for ambulatory care sensitive conditions is currently being refreshed
- The Care Homes Response Team is working with Harrow PCNs to deliver care home MDTs and prevent unnecessary LAS call outs using monthly LAS data.

Harrow funding gap: update on recommendations for discretionary funding

Following a request from NWL ICB to set out the priority areas for Harrow with any discretionary funding, Harrow submitted priority areas. The latest update we have is that following increasing levels of challenge in the ICB financial position, no new business cases are now being considered. We are hopeful that the request made for the BCF officer may still move forward but are currently awaiting confirmation.

Children and Young People's Services

Lorraine Goude AD Strategy, Quality and Commissioning will support the partners to form a robust OT in Education settings Improvement plan, that will support the building of success started and support improved outcome for children.

We have in partnership identified a risk and we have drawn key information together to work in collaboration and pull clear mitigations in place, that from part of the developing improvement plan. This work will commence w/c 23 September with partners over a two- week period.

The plan will be shaped around the following core areas:

- Voice and experience of young people and families and partners
- Data and mitigation pertaining to risk and impact – including mitigation
- Future OT in Education Models of service through outcomes -based specification to be fit for the future
- Wider OT Assessment Interventions offer how this links with early help and wider community assets
- Education investment plan to build capacity against risks
- Collaborative partners agreement
- Monitoring and reporting of outcome measures

This will be reported to the JMB in November and discussed at the December meeting.

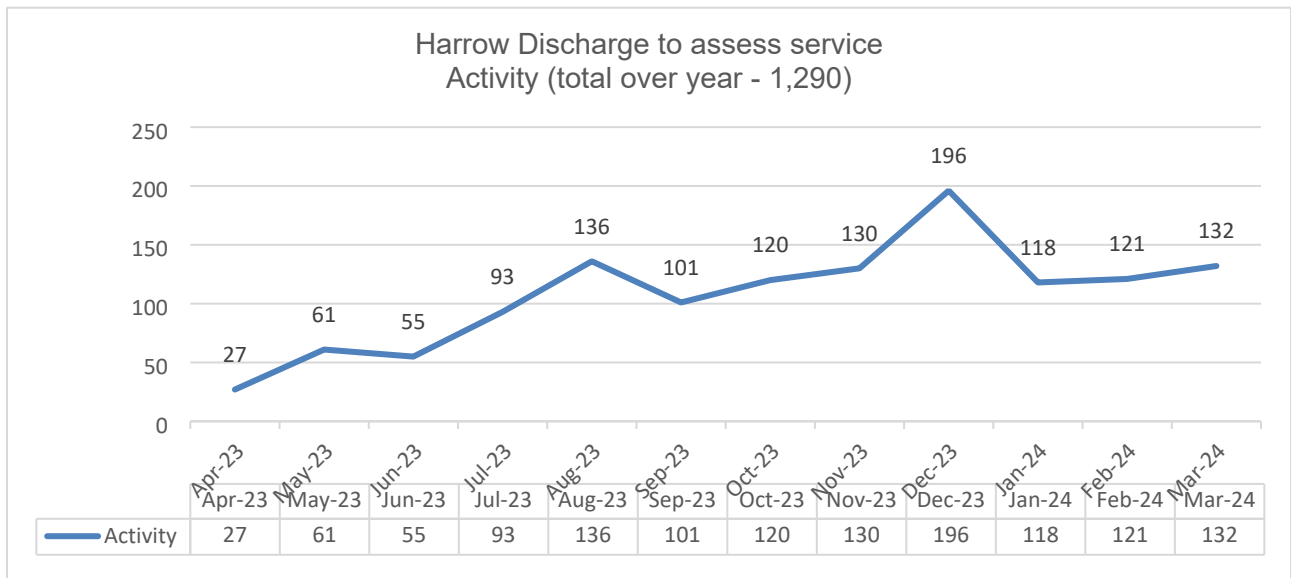
Harrow Discharge Pathways: Community Rehabilitation discharge to assess

Harrow Borough Based Partnership implemented a transformation programme focused on changes to existing system resources and designed and delivered an integrated reablement and rehabilitation

pathway for Harrow. Now referred to as the Integrated Intermediate Care team, this launched in May 2024 and even in its early months is demonstrating improvements to the productivity of care delivery and experience of citizens.

The Discharge to Assess service is a core component of this pathway. The Discharge to Assess (D2A) pathway was established during the covid pandemic to support 'Pathway 1' patients, who are defined as being able to return home with new, additional or a restarted package of support from health and/or social care. Financial flexibilities allowed in the NHS during the pandemic enabled the funding and rapid mobilisation of this pathway which has been in operation since for patients to have rapid access to community rehabilitation in support of their discharge from Acute care.

The service provides community rehabilitation within 24 hours of discharge, with one visit and one follow up, and then referral into community-based teams where further support is needed. Activity levels in the service are as follows:



The annual cost of the service is £300,000.

Post pandemic, funding has not been extended for Harrow patients and CLCH is unable to maintain service provision as a cost. This service was planned to end on 1st September and is now extended to 1st November to allow a full impact assessment and options appraisal to be completed. This is now in progress.

3. Partnership Governance

Following the restructuring within NHS North West London a number of changes are taking place in respect of how Place Based and central Programme teams will work. As a result of this, there will no longer be local dedicated primary care teams as there have been previously. Much of the primary care contracting discussions and decisions will now be led centrally. Consequently, Borough Primary Care Executive Groups (BPCEGs) will no longer meet, and a new North West London group will be established. Like the BPCEGs meeting it is planned that this meeting will be in public.

Recognising that BPCEG meetings have been positive spaces to discuss local primary care, Boroughs will be encouraged to look at whether continuing with a local forum, within Place Based governance, would be useful. The establishment of such a forum would be a local decision and not mandated by NHS North West London. Any such local arrangements will not have any delegated decision-making authority.

4. Wider System Updates

ICS delivery plan

North West London ICB is now starting its process for the next round of the ICB's prioritisation and planning work, in developing the **Joint Forward Plan (JFP) for 2025/26 to 2029/30**.

The Joint Forward Plan is an annual process (for 2024/25 to 2028/29 – please see [link](#) for the final version online). This process will start in early **October 2024** (with some planning and preparatory

activities happening this month), targeting a first draft by the end of **December**. This will support formal engagement (including seeking the views of Health and Wellbeing Boards) between January and March next year before the publishing deadline of 31 March 2024.

BCF review – next steps

The key next steps to completion of the review are as follows:

- We have commissioned the 3 deep dives on Safeguarding, Infrastructure and Equipment. Each being led by a Place Director. We have received the Safeguarding Report and expect the remainder to report by 13 September 2024.
- Draft Review Recommendations and Proposals will be developed week commencing 16 September 2024
- Presentation of Review Outcome to SRO's: week commencing 23 September 2024
- Proposals Engagement Phase: September to October 2024. We will run a further workshop to front end the presentation of proposals followed by a series of engagement activities
- ICB and LA Governance Phase: November to December 2024.

Common core offer for community services developments

NWL Community Collaborative is coordinating strategic development against shared priorities, underpinned by effective shared governance across the three providers.

At the heart of our strategy is a commitment to developing a consistent core offer for “any place” to reduce unwarranted variation and drive service consistency across North West London. Within this, we will shape the future role of place, considering how our services are part of and enable Integrated Neighbourhood Teams. We will work together to drive efficient, high-quality care through improved productivity, including making the best use of our digital and physical assets and infrastructure.

We will shortly start engagement on the core offer for children & young people and adults with our partners and patients which will take place between September 2024 and early next year. Our intention is to engage on a NWL, Borough and INT level and we would welcome views on how this would be best achieved in Harrow. We were planning on asking to attend borough meetings but also using our usual Community Trust communications route. Our ambition is to have a core offer and mobilisation plan by March 2025.

Darzi Investigation into the NHS in England

The Darzi investigation into the NHS England has completed. A summary overview of the report is attached as Appendix A.

The themes that are addressed in the review will feel very familiar to many of the local challenges that the Joint Management Board have been managing and leading. Despite this, it is a tough read as a reflection of the current state of NHS services. The response to the Darzi report will come within the NHS 10-year plan, which it is anticipated will be published in February 2025.

The headline next steps set out to date seem to align broadly well with the ambitions of the Harrow BBP:

- **Reengage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- Change financial flows to promote and sustain the expansion of GP, MH and community services at a local level, **embracing the multi-disciplinary neighbourhood care team model**
- Improve **productivity in hospitals** through improved operational management, capital investment and empowering staff
- Across the system, **tilt towards technology** through digital systems, especially for staff outside of hospitals
- **Clarify roles and responsibilities in NHS England and ICBs**, rebalancing management resource with emphasis on capacity to deliver plans, and **avoiding top-down reorganisation**
- Direct efforts at aspects that will drive national prosperity by **supporting people back to get back to work**

5. Delivery of the priority partnership outcomes

Performance measures for the Harrow Borough Based Partnership and progress to date

Objective	Measure	Target	Baseline	Current performance	Commentary	Progress against the target - Percentage change from baseline	Progress against the target
Reduce health inequalities	1. Reduction in number of children 5 and under with tooth decay	5% reduction	42.7%	35.8%	Please be aware the most recent oral health survey showed a decrease in tooth decay prevalence, but this information should be used with caution as the sample size was not achieved. However, this follows a similar downtrend in the acute activity for tooth decay (under 5).	-16.0%	MET
	2. Improvements in patient reported access to General Practice Services	To improve 'good' and 'poor' ratings to the NWL average across age, ethnic and socio-economic groups.	The percentage of survey respondents that rate their experience of access to primary care as 'good'/'poor' for 2023 were ; NWL is 71%/12% and London 76%/7%.	69% (good), 8.2% (poor)	This is now the 2024 latest data. Feedback suggests people receive good quality, compassionate treatment and care on the whole, with good levels of involvement and communication. Service access has improved over the year with an increase from 62% to 69% (overall good) and decrease from 30% to 8% (poor) in 2024. Compared to baseline, there is only 2.8 % difference with NWL of good experience / 31% decrease of poor experience.	-2.8%, -31%	MET Partially
Integrated out of hospital care	3. Increase in number of citizens reporting positive experience of care	Target to be established in year 1	Baseline to be established in year 1	80% (positive), 19% (negative), 1%(neutral)	This indicator will be available from October 2024, and it will be set our baseline.	N/A	

	4. Increase in number of staff reporting satisfaction in their work	TBC	5.49	New data has been added as baseline. The progress will be assessed with the next results to determine (March 2025)	CLCH (Central London Community Healthcare NHS Foundation Trust) Harrow Integrated Care - morale score		
		TBC	5.44		CNWL (Central and North West London NHS Foundation Trust) Harrow Children's Community Health - morale score		
		TBC	6.32		CNWL (Central and North West London NHS Foundation Trust) Harrow Mental Health - morale score		
		TBC	4.53		NHS NWL ICB (NHS North West London Integrated Care Board) Harrow Team - morale score		
		TBC	5.93		LNWHT (London Northwest Hospital Trust) Average of morale scores from all 29 breakdowns of departments.		
	Care pathways	5. Reduction in Non-Elective admissions for Ambulatory Sensitive conditions	9.89 (this equates to 16% reduction)	11.47	11.8	The rate per 1,000 population has remained stable (from 11.9 to 11.8) 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).	0.9%

6. Partnership risk register

Underpinning principle of the risk register:

- Sovereign organisations are responsible for managing operational and clinical risks as they relate to their own service provision.
- Where there is heightened risk to operational and clinical services impacting at a Borough system level, these should be reported to and managed across partner organisations.
- The BBP are responsible for managing risks associated with delivery of the Borough Plan and operational risks affecting 2 or more partners.
- Score of 12 or above are reported to the Joint Management Board

Ris k #	Risk / Issue	What is the risk to the Harrow BBP and its objectives	Date	Last Review	Workstream	Risk owner	Organisations impacted	Impact	Probability	Risk Score	Risk direction	Ongoing action / mitigate
1	Issue	Operational/reputational/compliance- Due to increased demand and limited resources OT EHCP provision is not being delivered as per plans which are legally binding documents. There is currently no OT provision in Harrow for any child aged 11 or over (except for those with a physical disability).	4/4/24	19/7/24	Children & Young People	CNWL and Local Authority	CNWL and Local Authority	4	4	16	Stable	16.09.24: Meeting held with ICB/CNWL/LA partners. An action plan will be developed and brought to the JMB for endorsement. ICB/CNWL and LA to agree action plan for improvement. CNWL provide termly updates to SEND are on non-delivery of provision. An increase in therapy teams' capacity is needed to ensure early help and detailed assessments are available for SEND Support pupils. Increase in therapy teams' capacity to meet growing demands of EHCP provision.

2	Risk	If we continue to see a growth in the volume and complexity of patients being admitted to hospital, there is likely to be an impact on LOS within the acute setting due to limited options in our care market to meet their needs. This is also driving financial challenges in social care as many require 1:1 support in residential settings.	26/09/2022	17/05/2024	Complex and Urgent Care	LA/LNWH/ICB	LA/LNWH/ICB	4	3	12	Stable	<p>Bridging services in place. Additional system funding targeted towards complex patients with delirium and dementia to support the P3 pathway.</p> <p>Harrow case for increase community investment to manage this group of patients in a community setting in development.</p>
3	Issue	Children's Continence: Long standing issues with children's continence services mean that Brent and Harrow children with continence issues can no longer access level 3, consultant led continence services.	29/07/2024		Children & Young People	NWL ICB	LA/ICB/Primary Care/CNWL	4	4	16	Stable	<p>CLCH school nurses are committed to offering continence care to children in schools.</p> <p>A joint business case developed by Harrow and Brent was shared with NWL Local Care, but we have subsequently been advised by JW (NWL ICB Local Care) that the business case will not be approved outside of a common core community offering, which hinges on the community spend review.</p>

Score	Description	Financial	Operational	Reputational	Legal and Compliance	External Environment
4	Severe	Financial loss that is severely detrimental to the business	Project or department unable to operate for more than 2 days	Loss of partner or public confidence	Serious regulatory consequences or legal implications	Seriously harm to the mission of the operation or project
3	Major	Great financial loss	Major service disruption	Public embarrassment	Threat to legal or compliance regulation	Major disruption to the mission of the operation or project
2	Significant	Significant financial loss	Some service disruption	Risk to service user, partner or funder dissatisfaction on single incident	Single non conformance with law or legislation	Significant harm or risk to the operation or project
1	Minor	A minor financial loss	Minor disruption - quick work around in place	Internal Only	None or negligible regulatory consequence	Minor impact on operation or project

RAG					
LIKELIHOOD	Almost certain	4	8	12	16
	Likely	3	6	9	12
	Plausible	2	4	6	8
	Almost Impossible	1	2	3	4
		Minor	Significant	Major	Severe
		IMPACT			

Adapted from Carnell and Farrar snapshot:
[Darzi Investigation of the NHS in England - CF \(carnallfarrar.com\)](#)

Context for the Review:

- The NHS is in serious trouble. The health of the nation is worse, with increasing long-term conditions, worsening mental health, leading to a spike in 2.8m long-term sick from 2m, whilst the public health grant has reduced by 25% and the public health body has been split in two.
- This is not a reason to question the principle of the NHS or to blame management. Managers have been keeping the show on the road and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity.

Challenges for the NHS are interlinked

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low.

People struggle to see a GP despite more patients than ever being seen, the relative number of GPs are falling, particularly in deprived areas, leading to record low satisfaction

Community waiting lists have soared to 1m with 80% being children and young people; 345k people are waiting more than a year for **Mental Health** services

A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

People receive high quality care if they access the right service at the right time, without health deteriorating

- Cardiovascular mortality has rolled back as rapid access has deteriorated
- Cancer mortality is higher in part due to minimal improvements in detecting cancer early
- Dementia has a higher mortality rates in the UK than OECD and only 65% are diagnosed

Funding misaligned to strategy, with more expenditure in acute driven by poor productivity

Too great a share of funding is on hospitals, increasing from 47% to 58% of NHS budget since 2006, with 13% of beds occupied by people who could have been discharged

The number of hospital staff has increased sharply, equal to 17% since 2019, with 35% more working with adults and 75% more working with children

Patients no longer flow through hospitals properly leading to 7% fewer OP appts per consultant and 18% less activity for each clinician working in emergency

Four main drivers are identified ...

It has been the most austere period in the NHS with revenue prioritised over capital

- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has now deprived the system of funds for new hospitals, primary care, diagnostics and digital

The pandemic's legacy has been long-lasting on the health of the NHS and population

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable systems e.g. 69% UK drops vs OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change

- Patients feel less empowered and secure and compensation claims stand at £3bn p/a
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen by up to 15% for nursing staff since 2019

Management structures and systems have been subject to turbulence and are confused

- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives are now longer effective

Addressing these in the forthcoming 10-year health plan needs to include:

- **Reengage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- Change financial flows to promote and sustain the expansion of GP, MH and community services at a local level, **embracing the multi-disciplinary neighbourhood care team model**
- Improve **productivity in hospitals** through improved operational management, capital investment and empowering staff
- Across the system, **tilt towards technology** through digital systems, especially for staff outside of hospitals, and embracing the potential of AI for care and life sciences
- **Clarify roles and responsibilities in NHS England and ICBs**, rebalancing management resource with emphasis on capacity to deliver plans, and **avoiding top down reorganisation**
- Direct efforts at aspects that will drive national prosperity by **supporting people back to get back to work**

Ward Councillors' comments

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 operate with a budget of £528,019 in 2024/25, made up of a carry forward value from 23/24 of £278,019 and operating budget of £250,000. 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

Please identify how the decision sought delivers this priority.

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: Belvin Corriette

Signed on *behalf of/by the Chief Financial Officer

Date: 21/10/2024

Statutory Officer: Sharon Clarke

Signed on *behalf of/by the Monitoring Officer

Date: 23/10/2024

Chief Officer: Carole Furlong

Signed by the Director or Public health

Date: 23/10/2024

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: Harrow Winter Plan