# Health and Wellbeing Board

# SUPPLEMENTAL Agenda

**Date:** **Tuesday 22 September 2020**

**Time:** **12.30 pm**

**Venue:** **Virtual Meeting - Online**

## Membership (Quorum 5)

| | |
|---|---|
| **Chair:** | **Councillor Graham Henson** |
| **Board Members:** | |
| **Councillor Ghazanfar Ali** | **Harrow Council** |
| **Councillor Simon Brown** | **Harrow Council** |
| **Councillor Janet Mote** | **Harrow Council** |
| **Marie Pate** | **Healthwatch Harrow** |
| **Councillor Christine Robson** | **Harrow Council** |
| **Javina Sehgal** | **Managing Director, Harrow Clinical Commissioning Group** |
| **Dr Muhammad Shahzad** | **Harrow Clinical Commissioning Group** |
| **Dr Genevieve Small (VC)** | **Chair, Harrow Clinical Commissioning Group** |
| **1 Vacancy** | **Harrow Clinical Commissioning Group** |
| **Reserve Members** | |
| Councillor Niraj Dattani | Harrow Council |
| Councillor Dean Gilligan | Harrow Council |
| Councillor Maxine Henson | Harrow Council |
| Councillor Dr Lesline Lewinson | Harrow Council |
| Councillor Krishna Suresh | Harrow Council |
| Dr Himagauri Kelshiker | Harrow Clinical Commissioning Group |
| Rasila Shah | Healthwatch Harrow |
| 1 vacancy | Harrow Clinical Commissioning Group |

## Non Voting Members:

Inspector Edward Baildon, Harrow & Brent Police
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
John Higgins, Representative of the Voluntary and Community Sector
Chris Miller, Chair, Harrow Safeguarding Boards
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

**Contact: Mwim Chellah, Senior Democratic & Electoral Services Officer**
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# Useful Information

## Meeting details

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The recording will be made available on the Council website following the meeting.

**Supplemental Agenda publication date: Thursday 17 September 2020**

8. **Out of Hospital Plan [updated with Glossary] and Implementation Plan (Pages 1 - 58)**

9. **Care Home Support Plan (Updated)** (Pages 59 - 85)

10. **Mental Health and Learning Disabilities** (Pages 86 - 97)

11. **Health and Well-Being Strategy with Obesity Strategy (as an Appendix)** (Pages 98 - 134)

12. **Local Outbreak Plans (Plus Update on Contain Framework)** (Pages 135 - 162)

13. **Public Health Quarterly Reports [ Quarter 3 and Quarter 1]** (Pages 163 - 213)

*Note: In accordance with the Local Government (Access to Information) Act 1985, the following agenda items have been admitted late to the agenda by virtue of the special circumstances and urgency detailed below:-*

| Agenda item | Special Circumstances/Grounds for Urgency |
|---|---|
| 8. Report | This report was not available at the time the agenda was printed and circulated as the content of the report had been subject to changing circumstances due to the Covid-19 emergency. Members are requested to consider this item, as a matter of urgency, in order to make an informed decision. |
| 9. Report | This report was not available at the time the agenda was printed and circulated as the content of the report had been subject to changing circumstances due to the Covid-19 emergency. Members are requested to consider this item, as a matter of urgency, in order to make an informed decision. |
| 10. Report | This report was not available at the time the agenda was printed and circulated as the content of the report had been subject to changing circumstances due to the Covid-19 emergency. Members are requested to consider this item, as a matter of urgency, in order to make an informed decision. |
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Covid-19 emergency. Members are requested to consider this item, as a matter of urgency, in order to make an informed decision.

| | |
|---|---|
| **REPORT FOR:** | **HEALTH AND WELLBEING BOARD** |
| **Date of Meeting:** | 22nd September 2020 |
| **Subject:** | Out of Hospital Plan [updated with Glossary] and Implementation plan |
| **Responsible Officer:** | Ms Javina Sehgal<br>Managing Director<br>NHS Harrow CCG |
| **Public:** | Yes |
| **Wards affected:** | Harrow Borough |
| **Enclosures:** | 1. Harrow Out of Hospital Recovery Plan v5 (updated with glossary)<br>2. Recovery Plan Implementation August Summary (HWB09.20)<br>3. NWL ICS OOH Plan on a page |

## Section 1 – Summary and Recommendations

This report sets out to inform the Board on the latest position in the implementation of the Harrow Out-of-Hospital Recovery Plan and also includes the plan now updated with a glossary, and a summary of the North West London Out-of-Hospital Plan.

This report is delivered by Javina Sehgal, Harrow CCG MD and joint chair of the Harrow Health and Care Executive, and Ayo Adekoya, Harrow Integrated Care Programme Manager.

**Recommendations:**
For Information only

# Section 2 – Report

Following the last briefing given to the board, the Harrow Health and Care Executive (HHaCE) was formed and was mandated by the Integrated Care Joint Management Board as the partnership executive responsible for delivering integrated care in Harrow.

Due to the Covid pandemic, the integrated care programme was put on hold between March and May, to allow health and care partners to respond to the pandemic. The HHaCE continued to meet on a weekly basis and became the decision-making group for Harrow's system response.

In June 2020, Harrow health and care partners worked together to develop an Out-of-Hospital Recovery Plan with support from PPL (external leadership support). PPL developed a 100-day plan to enable the set-up of the mechanisms to facilitate delivery, and the Integrated Care Joint Management Board mandated the HHaCE with the delivery the plan. The HHaCE continues to meet weekly to ensure progress. Senior responsible officers from across the partnership and CCG management leads and clinical directors have been appointed to lead all the workstreams identified. The workstreams have started to meet regularly and have developed Terms of Reference and workplans.

The enclosed *Harrow Out of Hospital Recovery Plan v5* is an updated version, now including a glossary.

The enclosed *Recovery Plan Implementation August Summary* highlights progress to date with the planning and implementation of the Out-of-Hospital Recovery Plan.

The enclosed *NWL ICS OOH Plan on a page* highlights the priorities for the North West London (NWL) Out-of-Hospital (OOH) Recovery Plan, which will be delivered through the Integrated Care System (ICS) framework with a focus on integrated care. The Harrow plan takes into account all the priorities highlighted in this plan.

## Ward Councillors' comments

## Financial Implications/Comments

Plan to work within the existing financial envelope.

## Legal Implications/Comments

None.

## Risk Management Implications

A recovery plan implementation risk log is currently being developed by the partnership as risks arise through the workstreams. Programme level risks are also being identified under the themes of finance, subsidiarity and

resources. These will also be added to the risk log and monitored by the Harrow Health and Care Executive.

## Equalities implications / Public Sector Equality Duty

For the Integrated Care Partnership, clinical leads are attached to the programme, and quality impact assessments undertaken.

## Council Priorities

**N/A – report is for information only**

Please identify how the decision sought delivers these priorities.

1. **Improving the environment and addressing climate change**
2. **Tackling poverty and inequality**
3. **Building homes and infrastructure**
4. **Addressing health and social care inequality**
5. **Thriving economy**

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

**[Note: If the report is for information only, it is the author's responsibility to decide whether legal and / or financial / Corporate Director clearances are necessary. If not, the report can be submitted without these consents.]**

| | |
|---|---|
| Name:<br><br>Date: | ☐ on behalf of the*<br>Chief Financial Officer |
| Name:<br><br>Date: | ☐ on behalf of the*<br>Monitoring Officer |

| | |
|---|---|
| Name: | ☐ Corporate Director |

Date:

| | |
|---|---|
| **Ward Councillors notified:**<br>**MANDATORY** | **YES/ NO**<br>** Delete as appropriate.* |

## Section 4 - Contact Details and Background Papers

**Contact:** Report Author's name, Job Title, direct telephone number

**Background Papers**: List only **public** documents (ie not Private and Confidential/Part II documents) relied on to a material extent in preparing the report (eg previous reports). Where possible also include a web link to the documents.

# NW London Out of Hospital Recovery Plan: Harrow

5th June 2020
Harrow Health & Care Executive Approved v5.0

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# Glossary ….. (1/2)

- ASD – Autism Spectrum Disorder
- BAME - Black, Asian and Minority Ethnic
- BMA – British Medical Association
- C2C – Consultant to Consultant
- CAMHS – Child and Adolescent Mental Health Services
- CEPN – Community Education Provider Networks
- CHC – Continuing Health Care
- CMCs – Coordinate My Care
- CYP – Children and Young People
- DTOCs – Delayed Transfers of Care
- EHCP – Emergency Health Care Plan
- ERM – Effective Resource Management
- GIRFT – Get It Right First Time
- GPAC – GP Access Centre
- HCA – Harrow Community Action
- HCCT – Harrow Collaborative Care Teams (enhanced ‘virtual ward’ teams in the community)
- HHaCE – Harrow Health & Care Executive
- IAPT – Improving Access to Psychological Therapies services
- ICB – Intermediate Care Beds
- ICP – Integrated Care Partnership
- INR – International Normalised Ratio (an anti-coagulation indicator used in monitoring a patient’s blood)

# Glossary ….. (2/2)

- IPC – Infection Prevention and Control
- LAS – London Ambulance Services
- LPOL – Last Phase of Life
- LTC – Long Term Conditions
- NCMP – National Child Measurement Programme
- NEL – Non-Elective attendances
- O/P – Outpatients follow up
- OTC and LCV – Over the Counter and Limited Clinical Value (in relation to medicines)
- PAMs – Patient Activation Measures
- PCN – Primary Care Networks
- PHE – Public Health England
- PPE – Personal Protective Equipment
- PTL – Patient Tracking List
- QOF – Quality Outcomes Framework (GP incentive scheme)
- SALT and OT Services – Speech and Language Therapy and Occupational Therapy services
- SITREP – Daily Situation Reporting (reporting to indicate where there are issues and pressures)
- SROs – Senior Responsible Officer
- UCC – Urgent Care Centre
- VCSE – Voluntary, Community and Social Enterprise
- WSIC – Whole Systems Integrated Care

# 1. Introduction
## Harrow Out of Hospital Recovery Plan

**For a number of years Harrow has been on a journey towards integrated, person and community-centred care –** from the original Whole System Integrated Care (WSIC) model for over 65s; to the decision in 2016 to establish the Integrated Care Alliance / Integrated Care Partnership (ICP); and in 2019 to transition from the development stage of the ICP to delivery at-scale.

**All partners have shared how hard this journey has felt, even at the best of times –** and in common with systems across England and around the world, never have the challenges for us individually and collectively been greater than in the recent months of the Covid-19 outbreak.

**When, after significant discussion and self-reflection, we committed in February 2020 to the next "100-days" of our ICP development –** with six shared priority areas of implementing our holistic Frailty Model; aligning our Mental Health Services; adopting a Population Health Management approach to diabetes; mobilising our Community Assets; integrating with our Voluntary and Community Sector partners; and developing our joint Learning Disabilities support – no-one could have foreseen what the next 100 days would fully bring.

**However, as we look back on those 100 days since the beginning of March, when the newly formed Harrow Health & Care Executive (HHaCE) became the epicentre of our ICP and of our work with local partners on supporting each other in responding to Covid-19 –** bringing together, as it has, on a weekly basis senior representatives of the acute, community, mental health, social services, primary care networks, voluntary and community sector, CCG and broader council services – we see the foundations of a system that we believe will enable us to drive improvements in health and wellbeing, reductions in inequalities, and the sustainable use of collective resources: both to meet current demands across these areas and our future health and wellbeing priorities for Harrow as a whole.

**This is not to suggest that the next steps will be easy –** in many ways, following on from the unprecedented challenges of re-purposing our health and care systems to meet the challenges of Covid-19, the process of continuing to manage safety and risk; capacity and flow; support for both existing and new long-term conditions and care needs; and of accelerating the journey of integration across the partnership; is an even bigger ask of our workforce, our relationships, and all of those who are involved in delivering care in our communities. Nonetheless, in many areas implementation of this plan is already underway.

**As we recognised in February, our five Primary Care Networks will be critical to the success of this, with primary care at the heart of our out-of-hospital recovery plan.** But it is only by working together as a single team, in support of all of the people of Harrow, that we will succeed in delivering safe, effective care which harnesses the diverse assets of our organisations and our partnership – enabling all of those we care for to "**Start Well, Live Well, Work Well and Age Well**".

# 2. How we work
## Harrow Integrated Care Partnership

**In engagement with partners across Harrow, including our patient and public representatives**, they tell us consistently the next stage of our ICP development needs to:

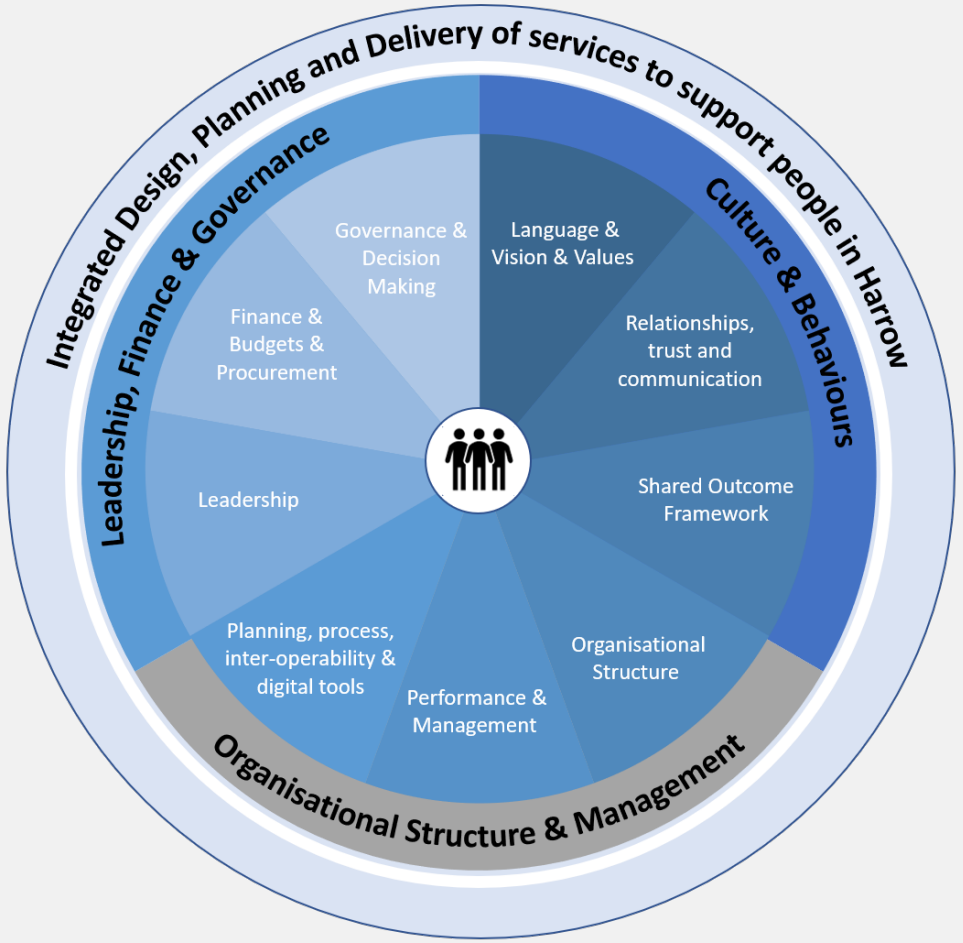
- **show real and tangible improvements** for patients and staff throughout the borough.
- **making integrated working "business as usual"**, building on progress and learning to-date.
- **develop through collaboration with Primary Care Networks** and the communities they support.
- **be underpinned by shared and realistic plans**, **resources and funding**.

**We recognise that future changes will need to be phased over time**, with individual parts of Harrow having the flexibility to adapt local responses to local community and individual needs.

**However, there is also a very real commitment to making the borough-based partnership the way in which Harrow enables and achieves truly integrated care** for all of its partners and communities; one which capture the progress which has been made over the last three months in developing our collaborative working and new ways of meeting demand; together with an energy around ensuring that we make the further changes required to safeguard and support our population in the short, medium and longer term.

**To achieve this, our Recovery Plan will be underpinned by:**

- **effective joint design, planning, and delivery built** on a shared view of local priorities and needs.
- **leadership and governance** that is streamlined and works together and not in conflict or duplication with organisational and NWL system structures.
- **support to each other with pooled resources and finances** where there is agreement to co-develop and transition to new ways of working.
- **investment in shared organisational development** and behaviours which will enable collaborative working and build relationships.



# 2. How we work
## Shared principles (1/2)

**For each aspect of our plan, we have ensured our proposals reflect principles developed jointly to guide provision and development of care in our communities across North West London as a whole (recognising the common historic challenges, and the potential to work together to support broader improvements):**

| Characteristics of the past | Characteristics of the present and the future | What this means for out of hospital care |
|---|---|---|
| Inconsistent approach and variable quality and effectiveness | **One system working with consistent safety and effectiveness:**<br>best practice infection control across all services (remote access to services as default, and segregation of physical services), and providing the most effective care-based on evidence (e.g. GIRFT); and adopting action learning model to test our models to consistently improve. | • *Common IPC guidance and service segregation*<br>• *Addressing inequalities*<br>• *Scope children and adults, cradle to grave, physical and mental health*<br>• *Consistent support to shielded patients*<br>• *Consistent support to care homes across NWL*<br>• *Virtual first will be the default with talk before you walk* |
| 'Doing to', creating dependency and passivity | **One system working with our communities:**<br>empowering and activating people to help themselves, supporting communities to help one another; and working with our communities to be clear and transparent about what is happening and why, including what we may need to stop doing. | • *Support expansion personalised care and devolved budgets, co-production*<br>• *Voluntary sector and volunteers as key partners*<br>• *Focus on social isolation and social exclusion*<br>• *Importance of focussing on wider determinants of health to promote health lives rather than treating illness e.g. connection between employment and mental health* |
| Silos of specialism | **One system working with a team of teams:**<br>enabling our staff to work as teams without walls – more easily integrating across community, primary, secondary, tertiary and mental health care as well as across NHS and social care (e.g. portable arrangements and trusted assessor model). | • *Consistent community services offer building on pre-Covid plans – rapid responses, core planned service*<br>• *Joined up care up around the whole person building block primary integrated provision including social care*<br>• *Continued elimination of DTOCs working with local authorities, future discharge model*<br>• *PCN will be the default unit of provision in primary care*<br>• *Single point of contact for accessing and coordinating services*<br>• *Lead community trust for each borough working in collaboration with other Trusts*<br>• *Lead community trust facing each hospital*<br>• *Utilising our skills and expertise to best effect to deliver care rather than being dictated by employing organisation or funding flows especially across NHS and Local Authority*<br>• *Reduce bureaucracy that stifles progress and innovation but with appropriate governance* |

# 2. How we work
## Shared principles (2/2)

| Characteristics of the past | Characteristics of the present and the future | What this means for out of hospital care |
|---|---|---|
| Information poor and led by events | **<u>One system working with shared clinical & operational intelligence:</u>**<br>using real-time information to proactively identify people with high care needs (e.g. shielded patients); using a single PTL to ensure fair and timely access; combining real time operational data to support mutual aid across sites & service (e.g. manage capacity and demand); and using all of this information to learn fast and improve where necessary. | • *WISC – use of population health management tool, across all organisations*<br>• *Population health management based on good data should drive our approach to our care for residents*<br>• *Common IT platform between primary, community and mental health interoperability*<br>• *Common single care planning tool* |
| Separate organisations competing | **<u>One system working with collaboration across sites:</u>**<br>using the facilities we have as part of a single network; putting the right services in the right places according to best practice and need to enable safe, effective and equitable care and mutual aid; and ensuring fair and equitable outcomes to everyone in NWL, based on need. | • *Addressing inequalities*<br>• *Sharing existing and back office function at scale including PCN and Trusts*<br>• *Planned community services on the PCN footprint as far as practicable (geographical coherent) recognising service resilience and flexibility*<br>• *Build on multiborough services and shared across NWL….. If already exist share them, e.g. build out*<br>• *Joint approach to services undertaken by both LA and NHS such as CHC* |

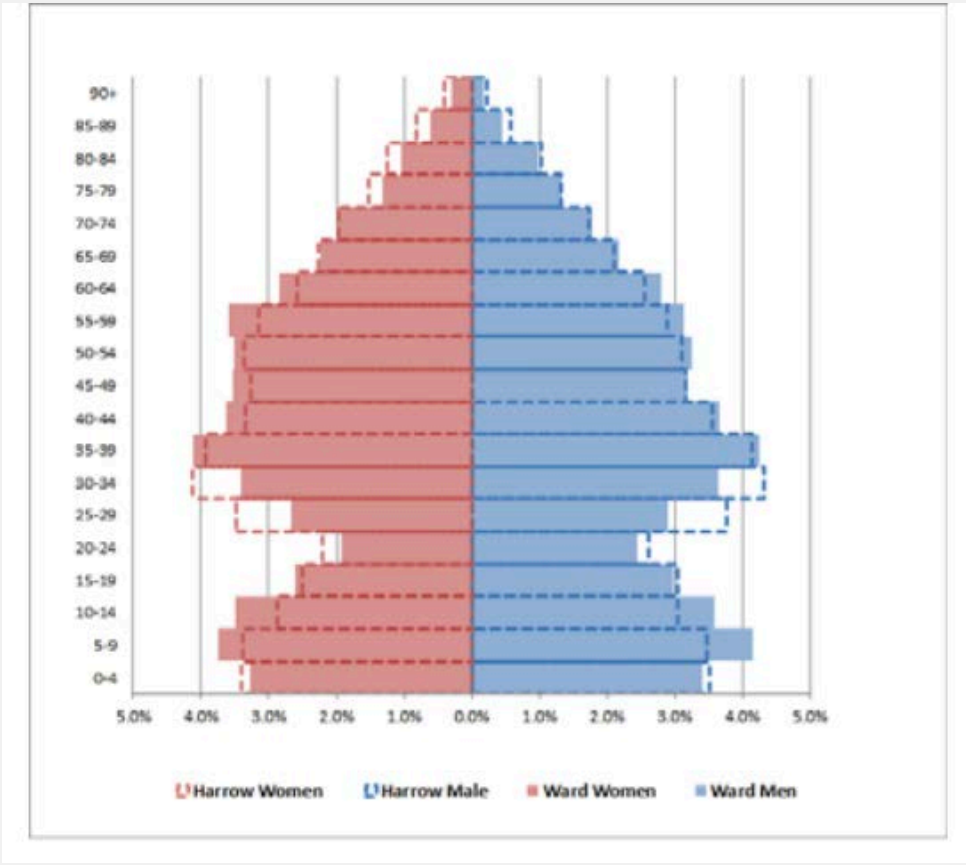
**In parallel with collaboration across our community-based services, colleagues working in the acute sector have been a fundamental part of the Harrow Health & Care Executive and our borough-based response.** We will continue to engage jointly in the development of the Harrow ICP and in ensuring that our out-of-hospital plans are co-ordinated at a North West London level, including understanding and managing the risks as patient pathways are restarted in the context of "pent-up" demand and continuing restrictions on capacity resulting from the need for Covid-19 related safeguards and controls.

**Understanding demand and capacity across NW London will be critical to this process**, as will regular engagement and communication with our primary and community services to ensure that there is effective expectation setting and management at a local level, in support of the broader sector recovery plan.

# 3. Managing Population Health & Tackling Inequalities
## The Harrow context

- **Harrow has a population of over 250,000** and is characterised as a "densely-populated" borough with 410 confirmed cases of Covid-19 per 100,000 population as of 26th May 2020.
- **Harrow has an ethnically diverse population**, with White 42%, Asian/Asian British 43% and 8% from a Black/African/Caribbean/Black British ethnic background.
- **There are big variations in life expectancy throughout the borough**: men in west Harrow can expect to live for 5.5 years longer than those in Greenhill, and women in inner south Harrow can expect to live greater than ten years longer than women in Wealdstone.
- **15% Harrow population is over 65 and 4.3% Harrow population over 80.** Recent research by the BMA shows that 50% over 65s already live with a degree of frailty.
- **According to the most recent census data Harrow's population includes 24,620 carers**, the second highest level in London, often looking after older people with Long Term Health conditions who are at higher risk from Covid-19, and needing greater support to recover.
- **The national survey of adult carers in 2016 showed approximately 40% of carers receiving support from Harrow were themselves over 65**, potentially managing one or more long term conditions of their own, and also at enhanced risk from Covid-19.
- **Harrow has 57 Care Homes** in total, including:
  - 12 Nursing homes (627 beds)
  - 34 Learning Disability / Mental Health homes (265 beds)
  - 11 Residential homes (296 beds)

  with at least a further 5 homes in other boroughs supported by Harrow GPs.
- **Harrow currently has over 12,000 shielded people** living in the borough.




*Sources: PHE, Harrow JSNA, Harrow Council, ONS, BMA (2018)*

# 3. Managing Population Health & Tackling Inequalities
## Addressing the impact of Covid-19

**As part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for Covid-19.** The PHE analysis has looked into effects of age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from Covid-19 and are likely to explain some of the differences. Continuing to improve the holistic management of long-term conditions in Harrow is a key priority for our partnership, as (working with VCSE colleagues) is addressing the broader socio-economic determinants of health and wellbeing, including inequalities exacerbated by the effects of the Covid-19 outbreak. However, as an area with a diverse population and a diverse workforce, we recognise our shared responsibility to address emerging disparities in risks and outcomes specifically in our immediate and future plans:

| Risk factor | 1. Age and sex<br>*Older people, Male* | 2. Geography<br>*Urban areas*<br>3. Deprivation<br>*Deprived areas* | 4. Ethnicity<br>*BAME groups* | 5. Occupation<br>*Nursing, Social Care, Other Key Workers* | 6. Inclusion health groups<br>*Migrants, those with no fixed abode* | 7. Care homes<br>*Living in care homes* | 8. Comorbidities<br>*Diabetes & other Long Term Conditions* |
|---|---|---|---|---|---|---|---|
| **Priorities for our Recovery Plan** | • **Integrated support** to our shielded population.<br>• **Development of Covid-19 protected and risk-managed pathways** co-ordinated through our five PCNs.<br>• **Targeted investment in prevention** to support population health and wellbeing, including encouraging uptake of Health Checks. | • **Use of population health data** including WSIC and Harrow Public Health to identify and support deprived areas and at risk populations within Harrow.<br>• **Close working with Local Authority and VCSE partners** to target broader determinants of health and wellbeing. | • **A focus on BAME support** co-ordinated across mental and physical health services.<br>• **Effective communication and engagement** across all of our communities living and working in Harrow to ensure that equal access to advice, guidance, services and support.<br>• **Proactive support and co-ordination** through our PCNs including promotion of Health Checks. | • **A rigorous and co-ordinated focus on staff mental and physical heath** and wellbeing across NHS, local authority and VCSE organisations.<br>• **Ensuring ongoing availability of PPE and testing, and effective "zoning"** and management of patients and service users across all care settings, supported by our PCN virtual "homes". | • **Improved community resilience and responsiveness** including co-ordination through the Harrow community hub and partnerships with local VCSE organisations.<br>• **Working with colleagues across NWL** to address ongoing challenges and opportunities including in providing effective support for homeless health. | • **A named clinical lead per home** providing a co-ordinated Single Point of Access**.**<br>• **Weekly reviews and 24x7 support** across all our Care Homes<br>• **Proactive calls on weekends** to high-risk homes across Harrow.<br>• **On-call geriatric consultant** available in support.<br>• **Co-ordinated PPE and testing** for staff and residents. | • **A specific focus in our recovery plans** on standing up services and support for those living with one or more Long Term Conditions, including as one of our top three priorities improving management of diabetes.<br>• **Establishment of the LTC "home"** to support co-ordination through our PCNs of support and services. |

# 3. Managing Population Health & Tackling Inequalities
## Our Strategy

**Our Joint Health and Wellbeing Strategy 2020-2025 aims to improve the health and wellbeing of the local community and reduce health inequalities across all ages. We believe in the context of Covid-19 recovery, it is more vital than ever that we work together to deliver these commitments.**

Our vision for Harrow is that of a healthy, happy borough. All individuals should have equal opportunities to education, health care, healthy living conditions and access to healthy food and physical activity opportunities. These opportunities should be available and appropriate to all, at all stages of life. Maintaining a life course approach to this strategy allows for focus on opportunities and impact on all life stages.

1. **Reducing the gap in life expectancy:** There is currently a difference in life expectancy across the borough of seven years for men and nine years for women. Through the course of the five years of the strategy, and through the actions across the life course, we aim to decrease this gap. Particular actions that will contribute to this outcome are those addressing the economical stability of the borough, looking at school outcomes, and looking at the living environment in the borough. Ensuring a good start in life for all, regardless of ethnicity, socio-economic group, or gender, will play a key part in tackling inequalities.

2. **Focusing on prevention:** Through focusing on prevention we will work to increase rates of physical activity, address access to healthy foods, improve oral health, and ensure services are available to support early intervention and screening (e.g. through the Health Checks programme); stopping smoking; substance use; healthy sexual behaviours; and self care which is facilitated and encouraged. Through a focus on prevention we aim to halt the rise of obesity prevalence in both adults (QOF) and children (NCMP Year 6) by 2025.

3. **Improving emotional wellbeing:** Emotional wellbeing and resilience is vital for a healthy happy population. We will reduce recorded rates of anxiety in the borough (annual population survey) and in schools (developing schools questionnaire). Emotional wellbeing is important through out childhood and adulthood, for resilience and happiness. Actions across the life course in different settings - schools, workplaces, primary and community care - will tackle emotional wellbeing and increase access to mental health services.

4. **Ensuring an integrated approach to care:** Through an integrated approach, care will be delivered in the right place, at the right time. Across the care system, impact will be seen including through a reduction in attendances in A&E in adults. We will ensure care is centred around the patient in the community, through an integrated approach which breaks down organisational barriers. We will work to reduce variation across care provision, keep care local and improve access.

# 3. Managing Population Health & Tackling Inequalities
## ICP Priorities and Success Measures

**We will evolve and build upon the ICP's work on population health management, to ensure that for each of the areas identified in this recovery plan we have in place robust measures for managing our progress in the short, medium and longer term.** We recognise that Covid-19 has introduced new risks; that we now have individuals presenting with more complex and severe needs; and that those recovering from Covid-19 will need additional support. CLCH is working in collaboration with Sollis and primary care colleagues in Harrow to establish a population health management programme that extracts and monitors multiple health metrics from the WSIC platform in order to provide PCN-level data to help our MDTs to prioritise high risk patients and prevent their deterioration and admission.

| Pre-Covid Risk Stratification (WSIC) | Well | Stable | Rising Risk | High Risk | Specialist / End of Life |
|---|---|---|---|---|---|
| **Definition** | **77% of adult population** – patients with no long-term conditions or risks who may be most suited to transactional care e.g. routine appointments. | **19% of adult population** – patients with existing conditions who are not outliers for service use, or control their health. Likely to be suitable for routine Long Term Condition management at practice level. | **0.6% of total adult population** – patients with existing conditions who are also outliers for service use, or control of their health. Likely to be suitable for pro-active care at network or practice level. | **2.9% of the total adult population** – very complex patients with co-morbidities and / or high admission risk who may benefit from case management to co-ordinate their care more effectively. | **0.7% of the total adult population** – patients already receiving End of Life or Specialist Services and therefore probably not appropriate for case management or care planning. |
| **Areas of Focus** | **Prevention and strengths-based work** | **Early diagnosis and self-care** | **Primary care management and surveillance** | **Crisis management and unplanned care** | **Last phase of life** |
| **Key Measures** | • *Improvement in self-reported Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)*<br>• *Rates of Immunisation*<br>• *Rates of Health Checks*<br>• *Proportion Harrow residents report adequate access to health food (residents survey)* | • *Proportion of adults physically active (PAMS)*<br>• *Uptake of community offers (Social prescribing evaluation)*<br>• *Self-management of LTC*<br>• *Early identification of dementia*<br>• *Dementia prevalence*<br>• *Access to Advice and Guidance*<br>• *Care for children with ASD* | • *PAMS*<br>• *LTC-related admissions*<br>• *Early identification of LTCs*<br>• *OTC and LCV prescribing*<br>• *IAPT access 90% GP Access Hub Utilisation*<br>• *Patient satisfaction: GP Access*<br>• *Equipment costs*<br>• *Device costs for enteral feeds*<br>• *Phone advice and support*<br>• *Early identification of cancer* | • *PAMS*<br>• *In NEL attendances and admissions*<br>• *LAS call-outs from care homes*<br>• *Delayed Transfers of Care*<br>• *Long length of Stay*<br>• *Excess bed days*<br>• *HCCT referrals (1500pa)*<br>• *Mental Health DTOC*<br>• *C2C*<br>• *O/P follow up* | • *Patients dying in their place of choice* |

# 3. Managing Population Health & Tackling Inequalities
## Addressing mental and physical health inequalities

**Tackling health inequalities will involve embedding the tools and approaches for effective population health management:** The Harrow Public Health team is working with the NWL WSIC team to extract and analyse de-identified data sets for the improvement of Harrow's population health (including Long Term Conditions) and the reduction of unwarranted variation. The data will be used to determine key areas of focus for integrated care, broken down by practice and PCN.

**Reversing the inverse care law: eliminating unwarranted variation in resources and outcomes: diabetes, depression and hypertension.** We will continue to target hard-to-reach communities through multi-language communication; health and social care staff attending community meetings and hubs to deliver key messaging around health and well-being; linking into communities via patient champions; and proactive promotion of health checks across the population.

**Supporting community resilience:** working in partnership with Harrow Council and Voluntary & Community Sector to deliver support to Self-care and Long Term Condition management (in priority areas such as Diabetes and Dementia); to tackle health inequalities and stabilise mental wellbeing; and to expand shared education, training, and engagement of other key service areas such as housing.

**Support to vulnerable people and families, including mental health and learning disabilities:** our approach to identifying and reducing inequalities through support to vulnerable people and families in this period will include:

- **Improved access to Mental Health information, tools & advice** as part of community transformation, with specific work on Complex Emotional Needs (CEN).
- **Investing in long-term psychological support for frontline staff**.
- **A focus on BAME support** including trust-wide approaches being developed within CNWL.
- **Mental Health rehabilitation and step down models** to support people in the community.
- **Increasing access to Talking Therapies (IAPT)** and counselling including online therapies.
- **Increase access to CAMHS**.
- **An integrated crisis offer that enables community based support and patient choice** including Mental Health Emergency Centre at Northwick Park Hospital and new community based VSCE-delivered "crisis-havens".
- **Learning Disabilities recovery planning** managing the anticipated surge in demand for known patients alongside preparing for any backlog in LD Eligibility & Autism Diagnostic assessment; with remote advice & consultation available to non-specialist services.

# 3. Managing Population Health & Tackling Inequalities
## Support to Children & Young People (1/2)

**During the Covid-19 outbreak, we have worked hard to maintain our support to Children & Young People across Harrow. As we move into the recovery phase, we will be building on these developments and relationships, working together as the NHS and Harrow Council with key local partners including schools and the voluntary & community sector; expanding our digital offer; and implementing the THRIVE framework.**

### Harrow 0-19

- **Increased our digital offer** with new birth visits taking place virtually where possible.
- **Maintained essential elements of service** including where there are safeguarding concerns; and in support early of identification, e.g. via face-to-face Health Visiting.
- **Developed proactive linking with schools** to support them in both closing-down and to re-open, including re-establishment of immunisation programmes.
- **Child health and wellbeing duty line:** managing key health development checks and immunisations.
- **Maintained all essential healthy child contacts** as per community guidance and provide support and advice as required.
- **Followed up all new births where jaundice / low birth weight** or other health concerns were flagged.
- **Recovery of childhood immunisations** to pre-COVID levels as a minimum. We will analyse available data to support recovery and develop a robust communication programme emphasising the importance of immunisations and the safety measures we are taking in relation to providing them.

### Looked After Children

- **Maintained Initial and review health reviews** virtually.
- **Ensured CYP had access to advice and support** as required.


***Expanding the Thrive Framework***

**Harrow Horizons, our Emotional Wellbeing Service co-produced with children, young people and their families, and commissioned jointly** with **the CCG and local authority**, has harnessed digital technologies to meet the challenges of Covid-19. Working with those up to age 18 (or 25 for CYP with special education needs and/or disabilities) it forms a key part of our Thrive Framework and brings together partners from across the system. We are now working with service users and the provider to explore how we can embed innovation and alternative delivery models as part of our commitment to Prevention and Early Intervention, and developing community resilience.

# 3. Managing Population Health & Tackling Inequalities
## Support to Children & Young People (2/2)

### Core CAMHS

- **Working with local partners to implement the Thrive model and update transformation plans** including early identification of concerns with children; and upskilling partners including schools, local authority, VCS and parents to ensure children have a comprehensive support network skilled and able to support their individual needs.
- **Working towards achievement of Long Term Plan goals** including recruitment of staff in line with mental health investment standard.
- **How we 'live with Covid' and increase service provision and footfall on-site** whilst managing social distancing and infection control across the CAMHS estate.
- **Bereavement support** under review and development, including earning from Grenfell.

### Urgent Care

- **EAS review to scope long term provision**.
- **Surge in A&E presentations anticipated** as lockdown measures lift, with associated staffing plans and support from volunteers as appropriate.

### Digital

- **CAMHS website / digital platform offer to be further developed** as part of longer term CAMHS communication & engagement project.
- **Covid-19 digital transformation to be harnessed as part of business-as-usual CAMHS provision** (increase in digital appointments from 15% pre-Covid to 80%).

### Communication & Engagement

- **CAMHS-wide communication and engagement project being launched**.
- **Key stakeholders kept up-to-date** on service provision changes in response to evolving advice and guidance.

### Collaboration

- **Discussions continue around pan-NWL opportunities and challenges** emerging from Covid-19.
- **Links with schools as lockdown measures are adjusted** to support and manage potential surges in referrals (e.g. social anxiety and school refusal).
- **Increased integration between the 0-19 Nursing Service and Harrow's Children's Centres**.

### Community Paediatric Services

- **Recovery of our jointly-commissioned SALT and OT Services** embedding new ways of working across the system including in education and other settings, ensuring that the interfaces with families and schools are in place to undertake statutory assessments for children and young people with an EHCP.

# 4. Working together
## What's worked well and learning from our Covid19 response (1/2)

**It is easy to list the many changes that have taken place across Harrow since March 2020, to celebrate the way in which services have responded and transformed to meet the demands upon them, as well as to recognise the lessons-learnt both for future management of Covid-19 and future approaches to our health and wellbeing as a whole.**

Whilst the rapid adoption of digital technologies is perhaps one of the most obvious effects of the outbreak, it is also just one example of how we have moved as an ICP from a process of piloting, at limited scale and over many months; to rapid implementation of major changes across the whole of Harrow in a matter of days and weeks.

**Underpinning these more profound changes have been the thousands of daily conversations between colleagues across Harrow, supporting each other and those they are caring for, throughout the evolution of the pandemic.**

We have seen our Primary Care Networks and practices come together as never before to work together and to ensure the resilience of our primary care system upon which the rest of our joint working relies; mirrored in the collaboration across broader acute, community, mental health, public health, social services and our voluntary and community sector to help safeguard our population and to continue to provide vital services to those in need.

**There have been daily COVID Care Home calls between the LA, CCG, local public health, community providers to manage evolving care home outbreaks** and to respond as an ICP - born out of a willingness to understand the detail of the problems facing our care homes and to apply strategic solutions which focussed on the operational issues that matter and how we could help each other.

**And there have been frequent, often daily primary care leadership meetings between CCG and PCNs**, with daily bulletins of key changes in guidance and response restructuring developments and weekly forums with the wider general practice workforce**.** All of this has set the context within which we have jointly developed the proposed recovery plan for Harrow.

**However, we recognise that the coming period will bring new, as well as existing, challenges.** As we re-open services both inside and out of hospital, the need to protect patients, service users and staff will continue to impact on our capacity to meet demand. Patients are likely to wait longer for referral and treatment, and as a result we need to continue to expand and build upon advice and guidance, self-management and broader community support services. At the other end of the spectrum, many people remain deeply concerned around using our services; from children and parents, to vulnerable older people, we need to reassure them our services are safe.

# 4. Working together
## What's worked well and learning from our Covid19 response (2/2)

**Our recovery plan recognises the importance of continuing this work, and particularly, of ensuring that those on the frontline continue to have the autonomy to make the decisions needed in the interest of the individuals and communities of which they are a part.** There has been particular learning around how we protect our care homes and successfully shield those at greatest risk from Covid-19 infection, even as we also work on the wider health and wellbeing needs of individuals across Harrow as a whole. It is critical this learning is not lost, as we manage and mitigate the risks of future outbreaks nationwide.

**We will ensure that we stand-up preventative services as a priority, including child immunisation and, over coming months, our resources for managing winter pressures; and build on the wider contribution of the voluntary and community sector in Harrow,** including in social prescribing, supporting self-management, identifying and aiding victims of abuse, and managing the impact of Covid-19 on the wider socio-economic determinants of health.

**We recognise the model for children is particularly complex as risks and profiles frequently evolve, children are dependent on their parents/carers to access services, and much of our school system currently remains closed.** We therefore need to re-enable universal face-to-face provision to a greater extent, to pick up issues early, and to maintain a good balance between new ways of working and our safeguarding responsibilities. Whilst we have been able to move some new birth visits virtual, Health Visiting is particularly vital to identifying vulnerable families. We will be looking at how we introduce the Maternal Early Childhood Sustained Home-visiting (MECSH) programme to help strengthen this area, alongside increased used of digital interventions.

**Social prescribing is already playing a key role in helping to stabilise long-term conditions and support individuals to live healthy and well**, and we will be seeking to expand the current levels of collaboration between the voluntary & community sector and primary care across all areas of our response to immediate and future health needs. In this way we will ensure that primary, voluntary & community, NHS community and social services "wrap around" our patients and service users and provide a genuinely integrated set of services that support the outcomes that matter to them.

**In addition, we understand the fundamental role that unpaid carers play within Harrow.** In many cases they have been particularly affected by the lockdown and the need to suspend routine services and support, and we need to ensure that their needs are taken into account as we begin the recovery journey, alongside the ongoing health and wellbeing of those they care for.

**Last, but by no means least, we recognise that we could not have done any of this without the commitment of our staff, across all health, local authority and voluntary & community services.** Their welfare is a core part of our plan for the months and years to come.

# 4. Working together
## Key developments since March 2020

**At the start of the Covid-19 outbreak in London, a decision was taken to co-ordinate Harrow's response through the newly-formed Harrow Health & Care Executive, co-chaired by Harrow Council's Corporate Director of People Services and Harrow CCG's Managing Director**, with senior representation from all local partners. There has been significant learning, with much more to do, but examples of the achievements across the partnership since the beginning of March 2020 include:

### Integrated Care Partnership development

- **Weekly Health & Care Executive meetings**: escalating issues, developing shared plans, and co-ordinating our Covid-19 responses.
- **Relationships & Culture:** strong recognition of individual and team efforts across organisational boundaries, in supporting our communities through Covid-19.

### Urgent response services

- **Rapid establishment of COVID 19 Hub:** during initial phases of outbreak.
- **COVID Rapid Response team:** created to support Care Homes and the Frail Elderly.
- **Development of Acute-based, Community-led Discharge Hub:** to ensure safe patient flow from hospital to community / home.
- **Mental Health Emergency Centres (Adults & CAMHS):** based at Northwick Park Hospital.

### Primary care resilience

- **SITREP reporting in Primary Care:** overseen by our PCN Clinical Directors.
- **Practice Co-horting Plans:** to ensure sector resilience.
- **Home Visiting Services for Shielded Patients:** including phlebotomy and INR monitoring.
- **Pulse Oximetry Deployment and Monitoring Service:** with VCSE partners.

### Support to care homes

- **24/7 Support**: established across Harrow Care Homes.
- **Proactive Calls**: on the weekend to 'high-risk' Homes.
- **On-call Geriatric Consultant**: available to support GPs (Mon – Fri, 8am – 8pm).
- **Urgent Local Testing**: arranged for residents and staff affected by outbreaks.

### Robust testing arrangements

- **Expansion of Hub Activities**: to include COVID testing and patient monitoring.
- **Integrated Working**: with health and social care around testing in care facilities.

### Rapid deployment of digital solutions

- **Online Consultations**: adopted across primary care.
- **Local Data Sharing**: between health and social care for Shielded Patients to ensure effective deployment of care teams.
- **Distribution of IT Equipment**: to support virtual consulting in General Practice.

### Community resilience

- **Volunteering / GoodSAM App**: bereavement and mental health support.
- **Local Authority Community Hub**: co-ordinating food parcels and welfare support.

### Mental Health

- **7-day working** for Community Mental Health Teams.
- **Cohorting and swabbing** on wards.

# 5. Planning for recovery and second wave:
## Managing safety, risk, capacity and flow

**Our priorities for Harrow build on the progress to-date in responding as a partnership to Covid-19, but recognise the specific challenges ahead, including in restoring access to services and support across our population to both shielded and non-shielded individuals, adults and children, and those requiring mental and physical health and care support.**

The Covid-19 outbreak has put further pressures on a system already under financial strain and whilst we have been able to support each other to respond to the requirements of the Covid-19 throughout the last three months, we are already seeing the effects in relation to increased demands across a wide-range of services; and, in a number of cases, increased acuity in those now presenting who require our help and support.. Our key priorities are:

**Managing Safety and Risk:** across our population as a whole, including ensuring that effective measures are in place to support those living, working and receiving services in Harrow, whichever health or care services they require access to; and those who are in need of additional support, whilst being shielded, self-isolating, and / or recovering from a period of Covid-19 infection.

- **We will achieve this by continuing to develop our borough delivery model for ensuring that care is as safe as possible, with our PCNs working in partnership with Mental Health, Community, Social Care and Voluntary Sector organisations**; including “Virtual First”; robust programmes of staff testing; ensuring ongoing supply of PPE; supporting self-care; and implementing appropriate “zoning” within services – all to provide an environment in Harrow which is both safe, and recognised to be safe, by those who need to access help and those providing it.
- **We know a particular priority in Harrow will be continuing to support our many Care Home residents and shielded individuals**, with specific arrangements in place for them; but we also recognise that only by safeguarding the population as a whole will we be able to progress our recovery journey.

**Managing Capacity and Flow:** many of our services were already under significant pressure pre-Covid-19, and the restarting of services which were temporarily paused during the Covid-19 outbreak will create new demands.

- **Our Recovery Plan focusses on improving productivity through integrating our work and our teams**, “standing-up” services in a way which develops and transforms them and doesn’t just go back to how we were working before; and reducing emergency needs through proactive intervention in the community co-ordinated at the frontline. Critical to our success will be effectively supporting those with Long Term Conditions and tackling existing and new health inequalities across Harrow.

# 5. Planning for recovery and second wave:
## Managing Safety and Risk (1/3)

**Borough delivery model: ensuring that care is as safe as possible**

Our PCNs are working with Mental Health, Community, Social Care and Voluntary Sector organisations to support the safe delivery of proactive, patient-focused care, including enhanced prevention and self-care programmes to enable people to live independently and well now and into the longer term. The same model will also support provide reactive care to our population as a whole, including shielded and non-shielded patients, those living in their own homes and those in residential and nursing care, recognising that as we move forward these groups are not fixed and we will need to manage effectively transitions between them. Our approach to managing safety and risk will be supported by a robust process of segregation, testing, information sharing, PPE, communications and training: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# 5. Planning for recovery and second wave:
## Managing Safety and Risk (2/3)

**We will build on our PCN multi disciplinary team (MDT) model to co-ordinate our support to local people across all groups and care settings, including:**

| Zoning | Testing |
|---|---|
| **COVID protected**<br><br>Ensuring that essential services continue to be delivered in safe settings. Contact will be virtual by default for proactive, routine and urgent care services. PCN level hubs central to the coordination of proactive care for this cohort. Where face-to-face is needed, these will be delivered in COVID protected zones with segregated teams within our out of hospital care settings to ensure robust infection control. Continued work in inpatient mental health settings to sustain and enable cohorting and isolation of C19+ patients who require inpatient mental healthcare. | **Patient Testing/Track and Trace**<br><br>The COVID Hub team tests residents at local care facilities as well as developing results co-ordination protocols to update to GP records for all tests.<br><br>This will be co-ordinated with our local track-and-trace programme. |
| **COVID risk-managed**<br><br>Reactive urgent services to be managed within COVID risk-managed zones within General Practice, and across all health and care partners, supported by the escalated care hub (hot hub) with staff trained and confident in the use of PPE for this group. | **Staff Testing**<br><br>Staff testing services will be established at multiple locations in Harrow, with the COVID hub acting as our primary testing site. Testing, initially for symptomatic key workers, is extended to asymptomatic as well as carer agencies. |

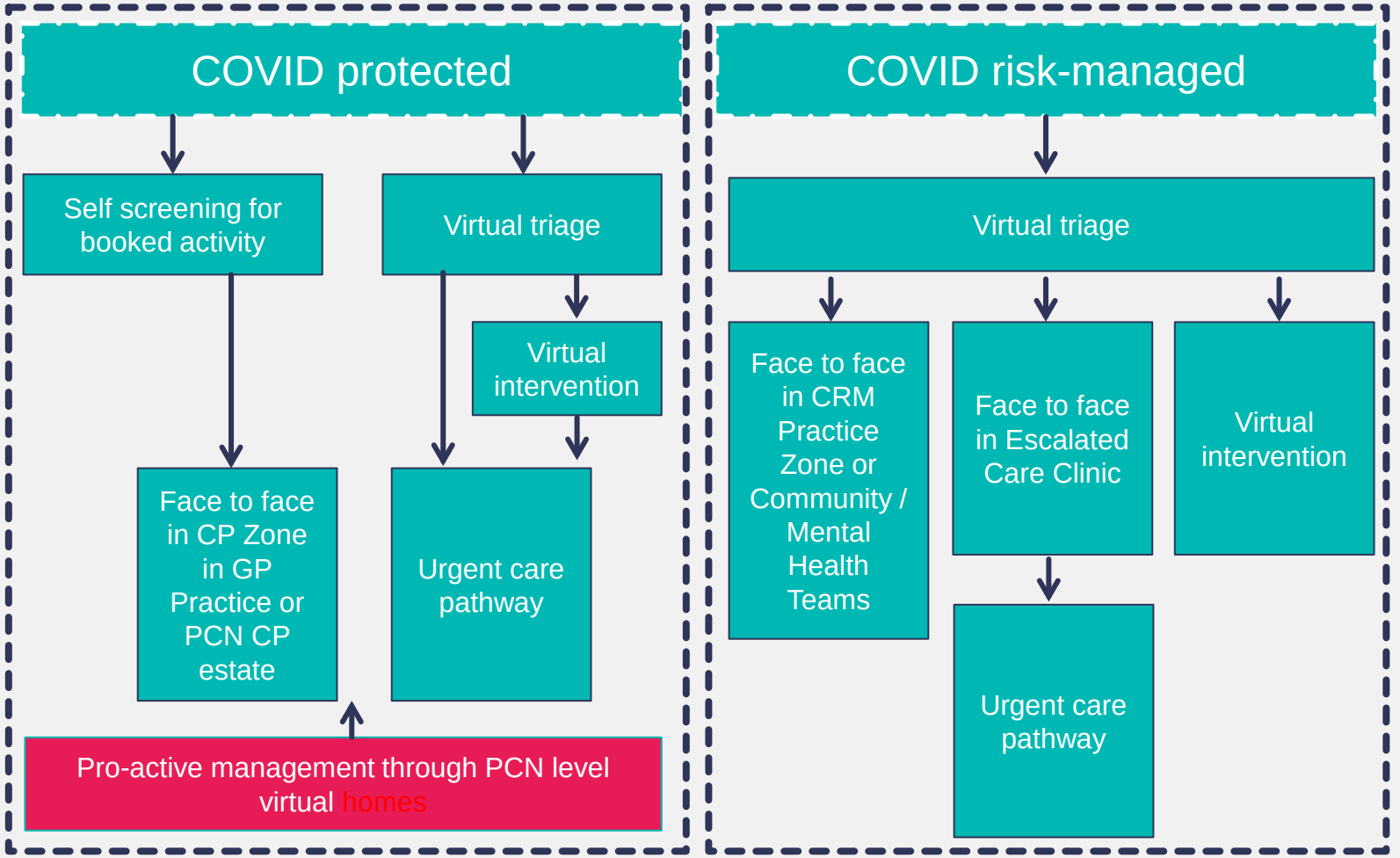
# 5. Planning for recovery and second wave:
## Managing Safety and Risk (3/3)

**We recognise that the Covid-19 status of individuals in Harrow requiring health and care support will change over time –** including those who are being shielded, those whose infection status is unclear (symptomatic or asymptomatic but identified as having been at risk of being exposed) and those who are in recovery.

**Our approach will ensure that our population have access to the services they need** through a robust process of self-screening and virtual triage, with appropriate pathways for each individual to safeguard them, our staff, and other patients and service users.

**To achieve this we will ensure high standards of infection prevention and control measures across primary care and community settings** aligned with the specific pathways for COVID "protected" and COVID "risk-managed" patients: supporting GPs and community services wit digital access, PPE, re-design of estate and teams to meet these requirements and manage associated risks.

**We acknowledge that these measures will put additional pressure on our capacity in this period.** As such, it is critical that we fully engage patients and communities in managing expectations and demand; and deliver on the supporting transformation and integration aspects of our plan.

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# 5. Planning for recovery and second wave:
## Support to Shielded Patients (1/3)

**Our borough model for shielded patients and their carers is one that upholds patient safety and infection control measures at the forefront, promotes proactive management of health and care needs and supports the mental health and wellbeing of our shielding population and their carers**.

The core components of the model are:

- **Proactive care planning and management of health needs: Overseen by long-term conditions "homes"** in each of our PCNs, all shielded patients will be assigned a case manager to coordinate their care needs and have a care plan in place for how their needs will be managed. This includes care planning and case management for shielded patients; ensuring appropriate CMCs are completed and care is coordinated. Where face-to-face contact is needed, the case management approach will ensure all needs can be addressed in one appointment.
- **Health and social care needs will be managed virtually by default, with the rapid deployment of new technologies to support remote monitoring** and home visits made for key monitoring and diagnostics such as phlebotomy and INR monitoring.
- **Where all virtual means have been exhausted and face to face contact is required, the case manager will ensure that all health and social care needs can be addressed in a single consultation** by drawing on the full MDT and providing these services in a COVID-protected only site to reduce insorfar as possible future infection risks.
- **An integrated approach with local council and voluntary and community sector partners, with welfare support coordinated with Harrow Council** including social care and a focus on the frail and elderly in particular.
- **Provision of dementia care in care homes and in people's own homes** – including post diagnosis support for patients and carers. A telemonitoring pilot is currently underway with Harrow Council (Mysense and Ethel), with the intention to proceed to full implementation post-completion. Integrated health and care services will also provide support through the virtual ward and the provision of VCSE social prescribers working with our partners in Harrow Community Action.

# 5. Planning for recovery and second wave:
## Support to Shielded Patients (2/3)

**We recognise that the most appropriate person to help support and co-ordinated the care of shielded patients will vary from person to person, and in some cases will be the individual themselves. We will focus on supporting GPs to make first contact whenever appropriate and to undertake a full consultation virtually, and to act as an enabler to request other teams attend where follow-up is required.**

- **Urgent care primary care & non COVID urgent pathway***:* All urgent primary care needs will be met with a home visit from the registered GP Practice or a home visit from the community rapid response team; equipped with full PPE to maintain infection control. Where a patient needs to attend urgent care services on a face to face basis, their shielded status will be recorded in their care plan, and on entry to the urgent care service, they will be moved to a robust isolation zone from point of entry.
- **Mental health and well being:** The mental health and well being needs of our shielded patients will be overseen by the mental health and wellbeing "home" in each PCN. These hubs will be the central coordinating points for social prescribing link workers and volunteers in each PCN area. There are also three transformed CNWL Primary and Community Mental Health Hubs wrapped around the 5 Harrow PCNs.
- **The Social Prescribing link workers will be the conduit for shielded patients through to Harrow Action and their network for third sector providers**, ensuring that shielded patients are able to seamlessly access the support that they need. The Harrow volunteering service will be coordinated at PCN level, via the GoodSAM App to the following services (1) check in and chat (2) patient transport (3) community response (shopping and medication collection) and (4) NHS transport. They will also be the route through to Help Harrow for food where needed.
- **Proactive support, virtually through our mental health and wellbeing hub, will be central for this group.** The mental health and wellbeing hub will establish an integrated response with CNWL services for additional NHS services, aligned with further support options such as "check in and chat" function launched on 4th May for patients across CNWL who have been advised to shield and other vulnerable patients that are self-isolating.
- **Clinical Directors across WLT and CNWL are working together to align approaches around NWL memory services** which are not be able to operate in the same way as pre-COVID-19 due to the risks inherent in face-to-face appointments with older vulnerable individuals. This includes:
    - **Model staffing numbers** required to open services to all new referrals
    - **Develop a remote working policy** to conduct remote cognitive assessments either by video / teleconsultation; and re-open groups.

**We are working together to manage the changes required operationally, so that the services can re-open to routine referrals on 1st July 2020.**

# 5. Planning for recovery and second wave:
## Support to Shielded Patients (3/3)

**Our Mental Health and Community "Virtual Offer" now includes:**

**Mental Health**

- **All patients under the Community Mental Health Hubs and Older Adult / Memory service who are shielding / isolating due to Covid-19 have been contacted by a member of the team** to provide support and advice.
- **All shielded patients are being offered the opportunity of a face-to-face appointment / consultation via Zoom or telephone consultation should they prefer.** They are supported in their decision.
- **All shielded patients in Adult / Older Adult Mental Health have been provided with a named worker** (care navigator or support worker) who keeps in regular contact and is able to arrange food deliveries and provide self-help materials.
- **Patients are discussed virtually at the daily virtual MDT** if there are any concerns.

**Community Services**

- **Technology is in place for virtual patient consultations** for example in areas such as diabetes and cardiology.
- **We are now moving to video conferencing for classes** such as Pulmonary Rehabilitation.
- **As required, shielded patients will be seen as a home visit**.
- **Where there is a the need for a patient to attend a clinic** for example to equipment requirements these will be at start of the day to avoid un-necessary contacts.

# 5. Planning for recovery and second wave:
## Support to Care Homes

**Supporting our care homes will involve a co-ordinated response linking the work of our PCNs with borough-wide co-ordination and assistance.**

### PCN MDT

- **A named clinical lead per home** to ensure a co-ordinated Single Point of Access (SPA) for homes.
- **Twice weekly reviews of patients** virtual where possible but face to face where clinically required.
- **Proactive support** including a range of primary and community disciplines for example regular health checks, podiatry, dental, continence advice.
- **Medicines optimisation** and re-use of medication.
- **Out of hours access** to GP support.
- **Advanced care plans** offered to all residents.

### Central Co-ordination

- **Support for borough acute discharge.**
- **Central co-ordination of Harrow Care Home testing** and results.
- **Co-ordinated use of ICBs** for residents required to stay in isolation for 14 days following discharge from hospital.
- **Link with the PCN LTC Model** and admissions avoidance.

### Borough Response (LA and NHS)

- **An integrated approach between the Local Authority and the CCG** to ensure that care homes have an on-going programme of training and education e.g. PPE, dementia care and challenging behaviour.
- **Accessing national funding to support gaps in infection control** and workforce.
- **Support for capacity planning**, quality and safety concerns, and safeguarding.
- **Linking with neighbouring boroughs** to ensure coverage and medical support for cross-border residents and transition to re-registration.
- **Healthcare training and seminars** at the quarterly Care Home Managers' Forum.
- **The Integrated Care Homes Group** currently meeting week-daily in response to Covid-19 will continue to meet regularly to plan recovery and deliver integrated models of care to care home staff and residents.
- **Support for care homes as independent / private businesses** to form a collaborative network for sharing information and responding collectively to the needs of the care home population and staff around training and development and quality improvement.
- **Daily COVID Care Home calls** between LA, CCG, local public health and community providers to manage evolving care home outbreaks and respond as an ICP.
- **Webinars** for care homes and carers.

# 6. Proactive Planned Care
## Primary Care Networks

**For pro-active planned care, our PCNs will continue to work to provide a coordinated and proactive approach to long term condition management.** Five long term condition "virtual homes" will be established in Harrow, one for each of our PCNs, coordinating support to people with long term conditions on behalf of their registered GP. The purpose and functions of the long-term condition virtual homes will be:

- **Providing single points of contact and coordination within each PCN** for pro-active long term condition care, particularly Practice QOF requirements.
- **Innovating with, and deploying, available technology** to support remote monitoring and self-management of patients with long term conditions.
- **Use of apps and online services will be provided** for services such as falls prevention that were previously delivered in face to face class settings.
- **Remote classes for falls and rehab services** harnessing online platforms to make help and support accessible as part of community recovery plans.
- **Decision support tools will be made available to patients** to use in their own homes.
- **We will coordinate a borough-wide deployment of telemonitoring devices** to support patients in managing their conditions.
- **Delivering a personalised, case management approach** working in collaboration with system partners, to plan and coordinate care needs, minimising face to face contacts and where contact is needed, that all patient needs can be met in a single consultation.
- **Shared approaches to health checks and immunisation** to support uptake.

- **Using appropriate estate within the PCN to deliver services in COVID protected "cold sites" for:**
  - **Pro-active and preventative services** (such as flu immunisations).
  - **Out of hospital care** (community cardiac clinics, audiology services, physiotherapy etc.).
- **Coordinating key monitoring and diagnostic services for shielded patients** in the PCN area (phlebotomy, INR etc.).
- **Coordinating across the PCN self-management and expert patient programmes.** There will be the inclusion of the Expert Patient as a dedicated team member within each locality model, working along side care co-ordinators.
- **Revised launch date for Harrow transformation community mental health hub**, factoring in learning from Covid-19 response e.g. 7 day working; virtual offer.
- **Psychological support to frontline staff** as part of NWL STP approach.
- **CYPMH working with local partners to implement the Thrive model** with early identification of concerns with children and upskilling partners including schools, local authority, voluntary sector and parents to ensure a comprehensive support network skilled and able to support individual needs.

# 6. Proactive Planned Care
## Proposed Model of Care

**The following summarises our proposed model of care for supporting patients to access and professionals to deliver proactive care in a way which is integrated around the needs of individuals and our communities:**

### Triage-led reactive care

- Triage-led model delivered via digital as far as clinically possible
- Access to same day consultation for all
- Face to face settings determined by blue/amber/green/shielded status to ensure safe care
- Health need resolved within minimum time and with minimum settings
- Rapid access to acute specialist advice to reduce
- 8 – 8, 7 days a week

### Team-based proactive care

- Focus on prevention and proactive care
- Timely identification of conditions
- Use of population health data to prioritise care and improve outcomes
- Care plan-led holistic physical and mental health care
- Care delivered on a team basis
- Specialist input and management of disease accessible in the community

### Team-based care in the home

- Responsive, co-ordinated delivery of proactive care
- Maximise use of the multi-agency team and care planning to deliver person-centred care
- Care plan at the centre of care delivery
- Minimise individual and episodic contacts with services
- Use of telemonitoring and equipment to support prioritisation of clinical review and decision-making

### Shielded care

- Proactive monitoring, holistic physical and mental health care, specialist input and management of disease
- Proactive co-developed care plan in place that supports self-care and wellbeing
- Minimise face to face contact with health and care professionals, working as a team to support the patient
- Identification of shielded group via SCR to maximise safe delivery of urgent/unplanned care

# 6. Proactive Planned Care
## Long-Term-Condition Management

**Analysis of Harrow's population health data has highlighted the importance of integrated approaches to tackling diabetes, respiratory conditions and child asthma as part of our recovery plan.** However, we also recognise that the Covid-19 outbreak has also created new pressures and demands. As such, we will:

- **Ensure early identification and proactive management of the broader health impacts of Covid-19** for those who are now or will be in the future recovering in the community. Our GPs are creating a new Practice-based risk register for those patients who were hospitalised with Covid-19 infections, particularly those who received Intensive Therapy Support, to allow close monitoring and to identify and manage the full range of post-Covid physical and psychological complications
- **Identifying where resource pressures are likely to occur** including reviewing the capacity of existing respiratory teams and the impact as we re-establish broader community services, such as podiatry, where we are already experiencing a rapid pick-up in demand.
- **How we re-assure individuals in Harrow living with one or more long term conditions around the availability and safety** of the services upon which they rely.

### Diabetes

- **Re-establishing the roll out of the REWIND programme**, identifying Diabetes Clinical Champions at a Practice level to work alongside the Specialist Diabetes GP and nursing Community teams.
- **Identifying those patients within diabetes plus at least one other cardiovascular or respiratory condition** and ensure both care planning and case reviews are in place at three-monthly intervals.

### Respiratory

- **Each practice to review its respiratory disease registers** to ensure those patients tested positive for COVID 19, and admitted for to hospital as a result, are included.
- **Care Planning and Case Management of patients with COPD, post-COVID airway damage, or chronic respiratory illness** undertaken at three- to six-monthly intervals, depending on the severity of the condition.
- **Patients on home-based oxygen therapy should have their case reviewed** monthly by community respiratory teams.

### Child Asthma

- **Practices to ensure their Asthma Registers are updated** following the COVID outbreak.
- **Care plans to be in place for all children diagnosed with asthma**, and who are receiving regular medication.
- **Any child admitted to hospital with asthma or a respiratory condition will be reviewed by their GP within 48 hours of discharge**, with care plans updated accordingly. Post admission reviews to be undertaken regularly by the practice teams.

# 6. Proactive Planned Care
## Advice and guidance, palliative care, integrated discharge

**In addition to the development of long term conditions "virtual homes", borough-wide leadership will be provided to develop proactive planned care in the following areas:**

### Advice and guidance

**We will implement a staged roll out of IT-based *Advice and Guidance* system for Primary Care** with an initial focus on top 5 specialities; MSK, Gynaecology, Dermatology, Cardiology, Gastroenterology. Further specialities will come on stream as processes are embedded and assured.

**Through the wider PCN partnership organisations clinical expertise will be deployed to undertake a thorough re-evaluation** of the needs of those patients on outpatient service waiting list for six months or longer. This expertise can also be used as part of a PCN-based Advice & Guidance service as well as localised specialist clinics.

**Development of PCN-based outpatient speciality services** such as dermatology and cardiology.

### Palliative care services

**We will take forward the learning from COVID crisis on palliative care services** by developing a seamless integrated palliative care model between acute, community and primary care.

**We will define and secure the role of hospice services in the Palliative Care system** as one which is leading system integration.

**Palliative care and End of Life funding streams will be aligned to create single, merged budget** across the system. This will be supported by the creation of a Palliative Care Board with PCN representation to determine budget spend and system development.

### Integrated discharge

**Integrated discharge will be maintained and further developed by the Integrated Discharge Hub at LNWUHT.**

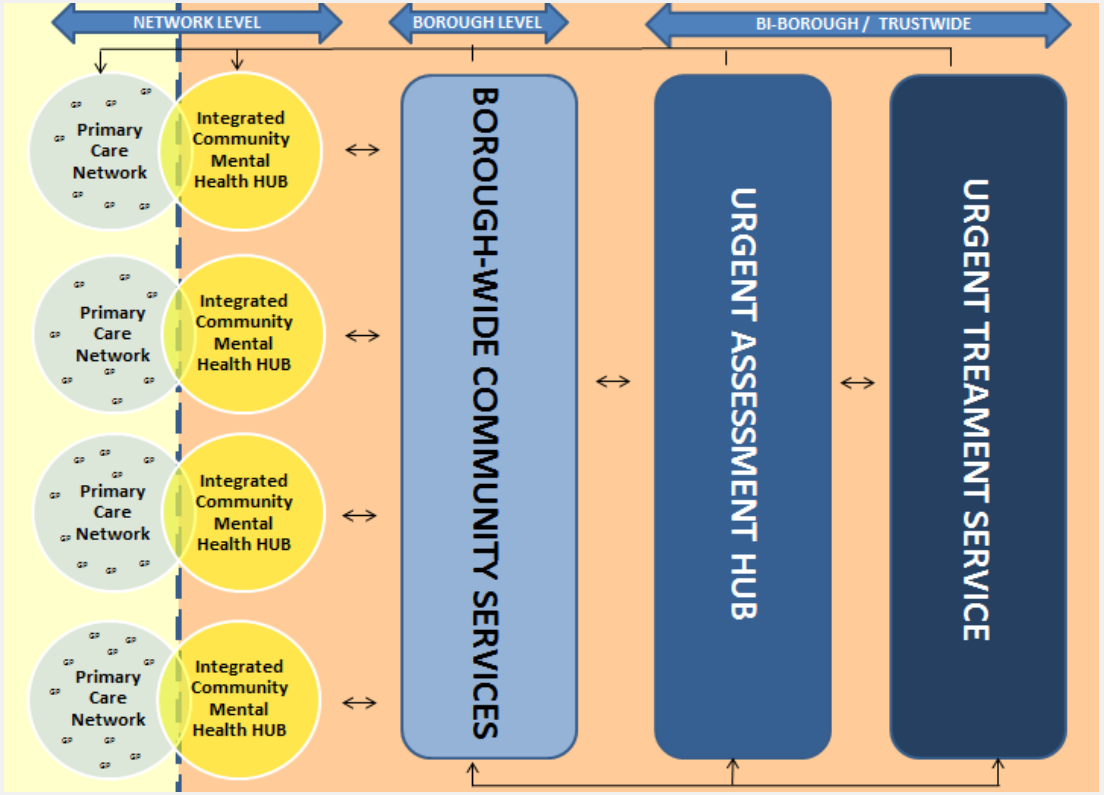
The scope of the hub will be expanded to include elective and non elective patient discharges and non acute-based bedded services will be included in the discharge hub's remit; facilitating discharge of all patients.

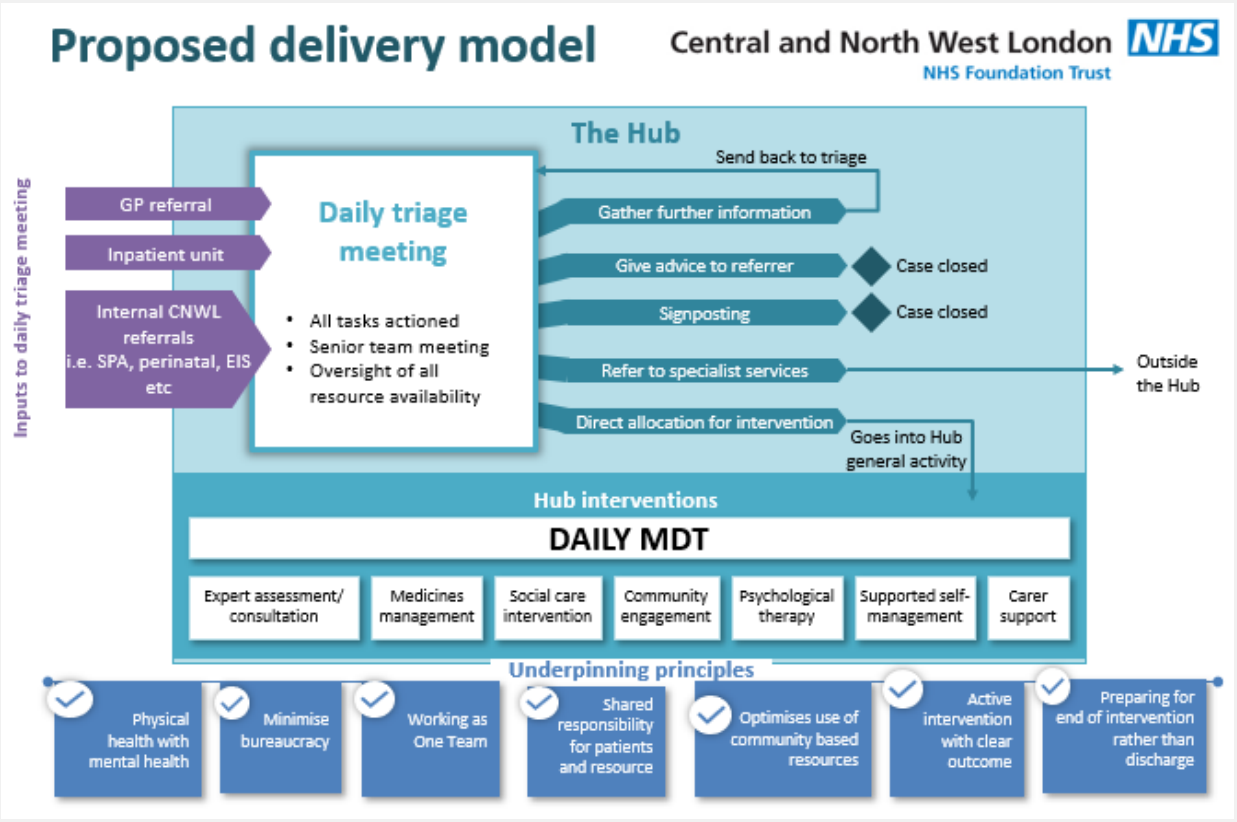
**The discharge hub will be aligned with PCN level long term condition "homes"**, as well as our *Whole Systems Integrated Care* service. This will support the tracking of patients from primary care, through acute services and back to community.

**Defined non elective pathways will be in place** with anticipated LOS for common conditions.

# 6. Proactive Planned Care
## Integrated Primary and Community Mental Health (1/2)

**We will launch our integrated primary and community mental health model aligned to PCNs, incorporating learning from Covid-19 and building on gains made during caseload reviews as part of our emergency response, whilst delivering on the mental health commitments of the Long term Plan.** This will incorporate our experiences of 7 day working and development of our "virtual" offer, learning from staff and patient feedback during the Covid-19 crisis, ensuring accessibility to those who are shielding or C19+ in future



# 6. Proactive Planned Care
## Integrated Primary and Community Mental Health (2/2)

### Mental Health Support Teams (MHSTs)

**Mental Health Support Teams (MHSTs) will provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing.**

- Harrow has submitted an expression of interest in implementing mental health support teams in 2020-21 (Wave 3).
- The vision is to deliver innovative support for vulnerable children and young people across Harrow.
- Our focus is on a place-based approach that targets the entire community and aims to address issues that exist at the neighbourhood level.
- The MHSTs build on the strong local collaboration between the Harrow CCG, Harrow Council, Public Health, the Young Harrow Foundation and local charities including Mind in Harrow, Barnardo's and the local CAMHS provider (CNWL).
- Teams will be led by CNWL, who are currently providing child wellbeing practitioners in Harrow Schools.

# 7. Integrated Community Based Urgent Care
## Our approach

**Our integrated community-based urgent care model (reactive pathway) will combine our borough and PCN-level response.** It will operate on "Talk before you walk" principles, with a virtual first online triage by the registered GP or 111 service with support for self-care provided where this is clinically appropriate; and will involve a fundamental redesign of Urgent Care services in order to meet the system requirements post Covid-19. The core components will be:

- **Enhanced access to Primary Care** to reduce reliance on Urgent Treatment Centre capacity.
- **Embedding the use of Virtual Appointments** wherever appropriate, ensuring equality of access to vulnerable groups such as disabled residents, homeless people.
- **Enhance and promote the effectiveness of NHS 111 services** and align to GP Access; with 50% of GP Access Centre appointments given to NHS 111.
- **Reduce capacity for Walk in and Urgent Treatment Centres** – move to appointment-only functions where possible.
- **Re-examine the Acute Hospital Front Door**, and non ambulance services; including our requirements post-Covid-19.
- **Establish GP triage function for Harrow**, supporting NHS 111 access.
- **Maintain the "Virtual First and Foremost" approach**. Single, virtual triage model based at the GP Access Centres or PCN based.
- **Re-designed Mental Health Urgent Care offer**, meeting Covid-19 recovery principles and local needs as well as delivering against the Long Term Plan objectives around enhancing community-based MH crisis care and alternatives to A&E / admission.

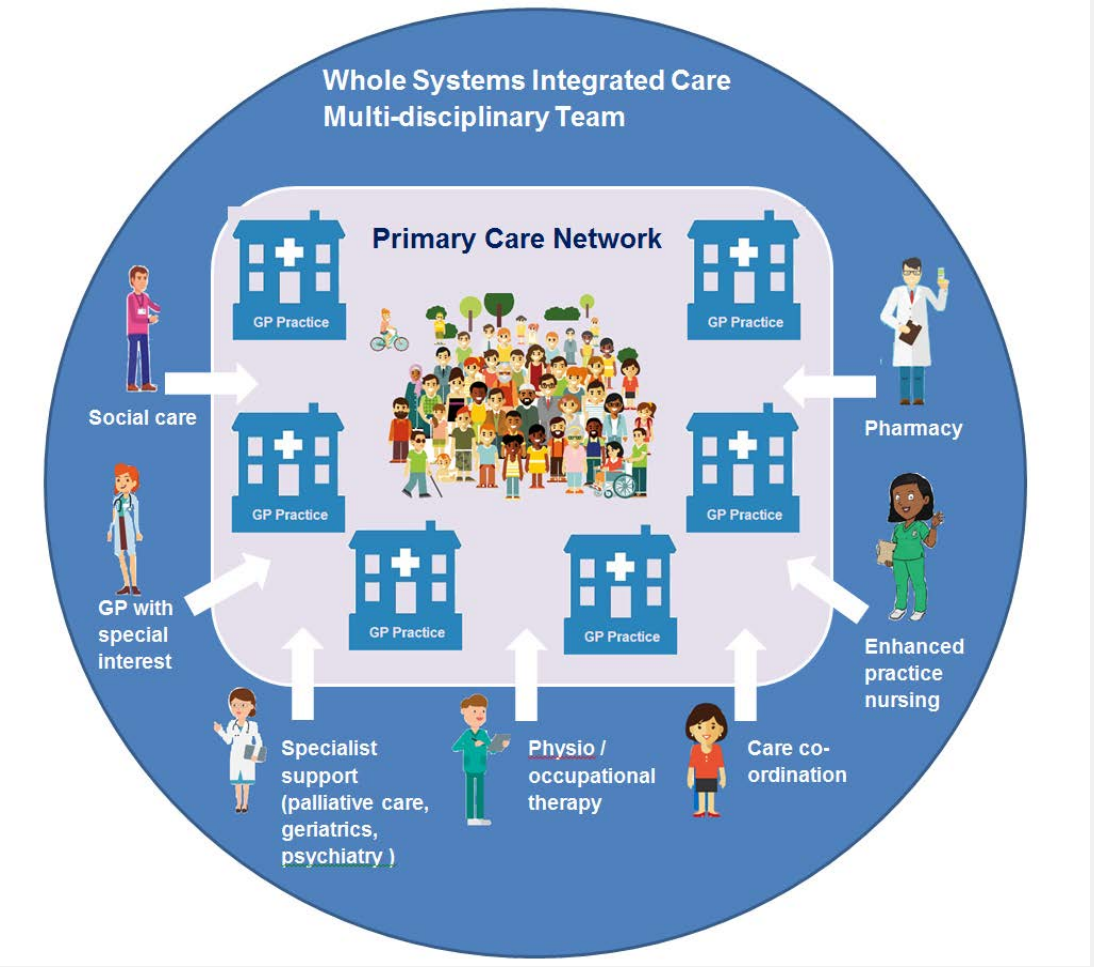
- **Enhancing Same Day Emergency Care (SDEC) pathways** to cover community-based intervention – referral to acute only where complex diagnostics or Consultant examination is needed.
- **Virtual SDEC chair or bed in patients home** or place of residence using telemonitoring and community rapid response service.
- **Discharge Hub able to take ownership of patients in Emergency Department** working on the premise that all patients can be discharged until proven otherwise.
- **Extend the functionality of the Advice and Guidance systems** to include Urgent Care. Make better use of Physician of the Day, Surgeon of the Day, and "Consultant" of the Day model to deploy Advice and Guidance and reduce referrals.
- **Enhanced, integrated pathways for palliative care** building on the experience of Covid-19 to-date, and incorporating feedback from frontline staff, carers and relatives.

# 7. Integrated Community Based Urgent Care
## Multi-disciplinary working

### Escalation of LTCs, MDTs, and integrated admission avoidance including social care

In delivering integrated, community-based urgent care, each PCN will be supported by our whole systems integrated care service.

- **At the heart of the service will be an MDT, including community nursing, mental health and social care** building on principles and practice of joint working established both before and during the Covid-19 outbreak.
- **This will provide integrated admissions avoidance** for complex long term conditions and frail patients.
- **The team will bring together the MDT around each Primary Care Network** to support GPs in out-of-hospital care management.
- **The service is consultant-led** as part of a borough-wide service with the MDT aligned to each PCN.
- **Rapid response services will be integrated within the MDT**, supporting urgent care needs and working to support patients staying in their own homes.



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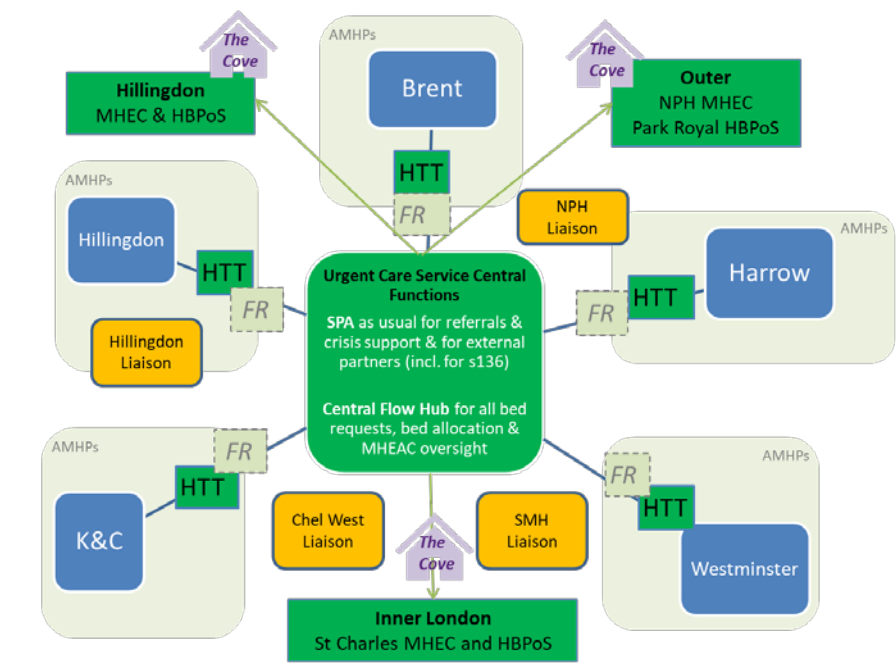
# 7. Integrated Community Based Urgent Care
## Mental Health

**We will deliver our Mental Health Urgent Care Service redesign embodying our recovery principles**, responding to local complexities and enhancing the community based crisis offer (including alternatives to A&E and admissions). As part of our recovery plan we will develop the NWL model to ensure all required functions are in place and accessible in Harrow, including learning from Covid-19, with the Cove running a virtual offer at present to enable access for those requiring support.







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# 8. How we will support implementation
## Supporting the wellbeing of our staff

**During this period there have been increased concerns, uncertainty and sadly deaths amongst our staff members.**

We will support staff to manage their wellbeing by helping staff with approaches, changes and understanding of how to manage what is within or beyond our control.

**IAPT Service: available to staff in Harrow**

- A staff offer, tailored around the COVID situation;
- A trained counselling team, experienced in working in bereavement counselling;
- Support for post traumatic stress disorder (PTSD) for those frontline professionals experiencing trauma daily;
- Support for anxiety and depression, including anxiety caused by loneliness;
- Strategies to deal with isolation and uncertainty, and how to lift the mood.

**Self Help**

- **Silver Cloud** is an online provider offering guidance or packages that staff can work through in their own way (with a specific Covid-19 support package).
- **NHS Our People** offers support for the health and care workforce including nurses and other frontline staff who need support with their mental health during the Covid-19 pandemic.
- **Good Thinking** offers a Covid-19 specific response to Londoners feeling anxious, stressed or struggling with other mental health concerns in response to the pandemic.
- **Headspace** offers a science-backed app in mindfulness and meditation, providing unique tools and resources to help reduce stress, build resilience, and aid better sleep. The offer is free access to all NHS staff with an NHS email address until 31 December, active now.

**Throughout this process we will take every opportunity to address parity of esteem across the care settings, such as the many carers working across the care home and home care sector in Harrow, including co-ordination and engagement through Harrow's Social Care Portal:** a dedicated app for the adult social care workforce to support staff through the coronavirus pandemic, it acts as a single one-stop shop providing the latest guidance and advice including learning resources, discounts, and resources to support mental health and wellbeing.

# 8. How we will support implementation
## Developing integrated training and education

**There is a commitment across Harrow to building on the joint learning and sharing of know-how which have underpinned our response to Covid-19.**

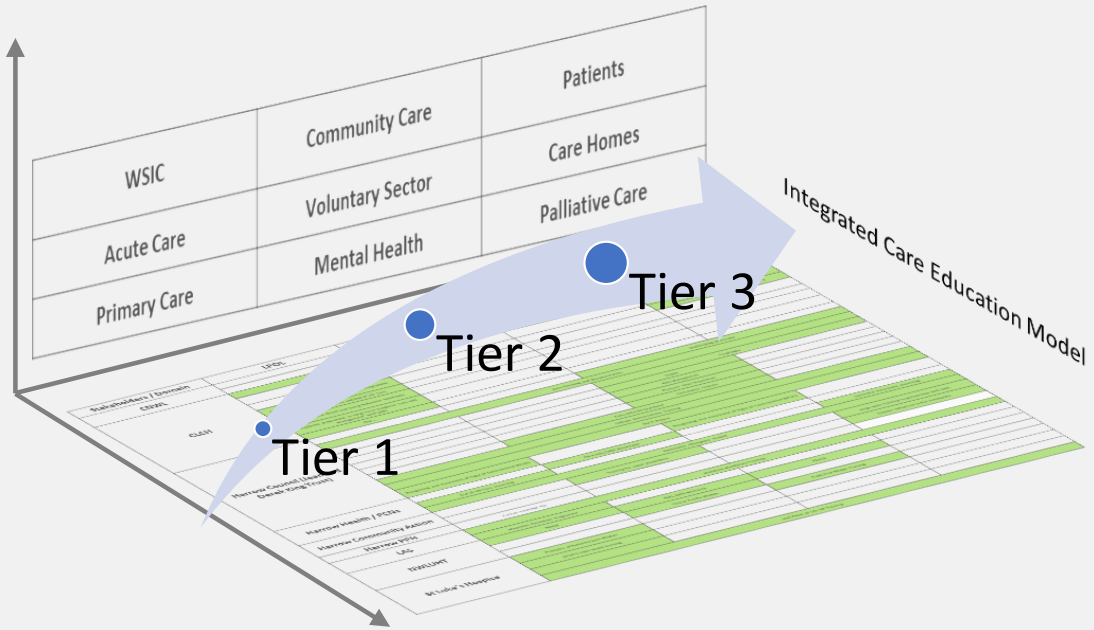
**Formal and informal networks have both played a key part in this:** including regular joint system meetings, rapid cascading through instant messaging services, shared communications and wide-reaching virtual GP forums. These have been supported through well-attended virtual learning sessions, organised around the need to ensure convenience and accessibility for all relevant staff.

**This rapid learning has translated directly into existing and new service delivery** and we believe there is a significant opportunity to extend this in the recovery period to promote cross-organisational and multi-professional joint training as part of the "new normal".

**The ICE Project set up by the CEPN / Training Hub, resourced by and in partnership with the ICP,** has scoped the current training and education landscape in Harrow for frailty, LPOL, dementia and care homes and produced recommendations across three tiers:

- **Tier 1:** *Those that require general awareness.*
- **Tier 2:** *Those who encounter people living with frailty, dementia or approaching end of life through their work but who would seek support from others for complex management or decision-making.*
- **Tier 3:** *Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and who may also lead services for care delivery.*

**Education and training are key enablers of doing things differently** and will be a core part of supporting our shared recovery in Harrow.



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# 8. How we will support implementation
## Supporting our Primary Care Networks

**Our PCNs are central to the delivery of this plan for Harrow.** Ensuring that the right capability and capacity is in place is critical, and will focus in the following areas:

- **Use of population health data:** Population health data will be provided on a monthly basis, by Harrow CCG and in collaboration with Harrow Public Health team. This will enable PCNs to direct resources appropriately and take a data driven approach to service transformation.
- **Quality improvement:** Coming from a strong foundation of collaboration for quality improvement, as demonstrated through the successful ERM approach in 2019/20 which saw demonstrable improvement in management of non-elective referrals and A&E attendances, PCNs have been accelerating their collaboration through the Covid-19 period. The establishment of the "home" approach in each PCN, providing leadership and coordination functions for mental health, care homes, long term conditions and child health builds on these strengths, bringing together clinicians to raise quality, share approaches and agree best practice models of care.
- **Clinical leadership across and within the PCNs:** PCN CDs have played the central leadership role within their PCNs in ensuring primary care resilience through the Covid-19 pandemic. They have established cohorting plans for each of these areas, and review daily SITREPs from their Practices. Through the SITREP data they have been pro-actively providing support and guidance in terms of work flow, demand management, clinical support and workforce matters. Twice weekly leadership meetings between the CCG and PCN CDs have enabled this clinical leadership to thrive across PCNs and provide robust information exchange and joint leadership in the development of the new care models. This leadership role will continue to build as PCN clinical directors lead the development of integrated services within their PCNs, with General Practice at the heart and wider MDTs formed in a population health approach.
- **Team development**: Through the transitional period of implementing the out of hospital recovery plan, team development is essential to bring our primary and community care teams on the journey and support the integration of local teams supporting defined populations within PCNs. Our approach to team development will build on an MDT model to develop working relationships that will be central to our overall approach to organisational development in the context of integrated care.
- **Flexible workforce and new roles:** PCNs will increasingly look to the capabilities and capacity of their total workforce, rather than focusing at a practice level. The development of PCN hubs will align skill sets across the PCN.
- **Use of our estates:** Using our estates in different ways to minimise infect risks and create Covid-protected areas for a shielded patients will mean that we align the local workforce to patient need and to where services can be delivered safely in the future.

# 8. How we will support implementation
## Developing Harrow Integrated Care Partnership

**We will continue to develop integrated working across Harrow through the Harrow Health & Care Executive and Harrow Joint Management Board.**

- **Building effective, fully operationalised ICP will require us progress and activity across a range of areas simultaneously.** This includes reconciling the challenge of managing the current, day-to-day reality with re-imagining that reality, recovering services in ways which support our integration agenda.
- **It also requires a system-wide response: A system is built on the interactions of its parts.** All parts are inter-dependent and the system needs all parts to work well together. As such, it cannot be about one part of the system "taking over" the others. It is about building on our alliance of commissioners, providers, and the communities they serve, starting each and every time with how best to support the long-term health and wellbeing of the people of Harrow.
- **We have developed and agreed a clear framework to understand and progress the next steps we need to take, across all parts of our system, in support of our short, medium and longer term goals:**
  - **Leadership, Finance and Governance:** The ICP represents a significant challenge to traditional organisational and statutory boundaries of responsibility and it requires significant strength and depth of leadership to work together for the benefit of the system. We will continue to develop our joint governance structures and processes on empowering the right people making the right decisions at the right points. The financial pressures within Harrow are particularly severe and growing, and for the ICP to be a success, financial structures and decision-making will need to be similarly aligned to support the objectives of this plan.
  - **Culture and Behaviours:** The development of an ICP cannot be achieved by simply changing system structures and processes, but requires people to continue to come together around a shared vision and shared outcomes. This means building deep levels of trust and understanding, enabling staff and patients to navigate through the complexity of our current systems and come up with new ways of working, as has been reflected in our Covid-19 response.
  - **Organisational Structures and Management**: It is very unlikely that any ICP will take the form of a traditional organisation, and certainly not in the foreseeable future. The ICP will require a pragmatic set of structures and processes to operate effectively, ones which priorities and incentivise collaboration.
  - **Integrated Design, Planning and Delivery**: Sitting across all of these areas, is the need for an integrated capability to co-produce change in the Harrow system, and to see future planning through to the effective delivery of shared, priority outcomes; including management of individual and collective risks on behalf of the partner organisations.

# 8. How we will support implementation
## Our key enablers

**Many of the critical enablers of this plan remain the same as in the pre-Covid period.** Some, such as our digital capabilities, have been developing at pace. Our experience is that there will be a number of other key steps to enabling further transformation of services, infrastructure and outcomes, at pace, including:

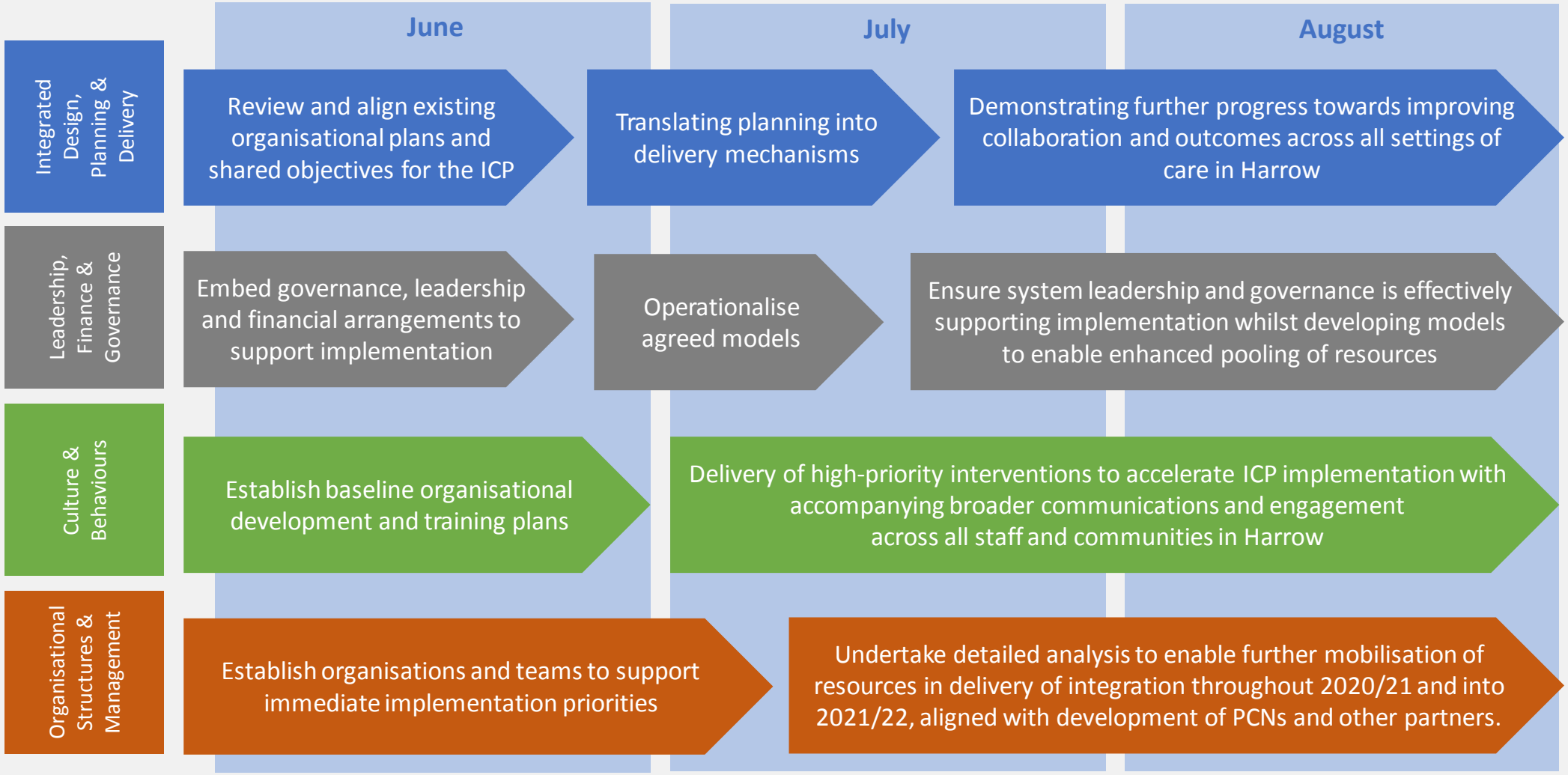
1. **Nominated leads from across the system ensuring we maximise reach and impact:** individual, named SROs for each area of the Harrow plan, drawn from the organisations and individuals that make up the partnership, but each empowered to operate on behalf of the system as a whole.
2. **Agreeing and implementing effective, governance, decision-making and funding agreements:** co-ordination through the Harrow Health & Care Executive supported by and supporting the work of the Harrow Joint Management Board and newly reconstituted Clinical Leadership Board, recognising the key role that clinical leadership has played in Harrow throughout our response to-date; and phased implementation, together with a shared approach to managing required financial resources and any associated service pressures.
3. **Using Population Health Management data to target our effects effectively:** including the current work being led by CLCH with primary care partners to prioritise and co-ordinate support to high-risk grounds.
4. **Developing our shared approach to risk management:** capturing the key risks facing us individually and collectively, in relation to both day-to-day operations and delivery of our updated plans, and managing these jointly – building on the work, support and relationships which have been developed as we have jointly responded to Covid-19.
5. **Co-ordinating support to our communities through our PCNs and VCSE partners:** investment in primary care and multi-disciplinary working to support improved mental and physical health and wellbeing. Working together, our five PCN Clinical Directors will continue to enable innovation across the networks, including realising the vision of virtual “homes” to support key groups within our population.
6. **Working in partnership with our communities:** including proactively securing feedback on recent experiences and our proposed plans, and co-producing future solutions through active engagement of the population of Harrow in understanding and shaping how we will respond to the challenges of the coming months, with our practices playing a core role in engaging individuals and communities alongside established channels including those of Harrow Council.

# 8. How we will support implementation
## Our immediate priorities

- **Confirm and communicate latest borough testing and Track & Trace plans.**
- **Confirm Infection Prevention and Control arrangements** in place across all care settings.
- **Implement Covid-19 Lessons Learnt** in consultation with staff and patients / service users.
- **Identify areas of increased demand** (incl. impact and dependencies) and immediate system-wide measures to manage flow, aligned to NWL sector recovery plans.
- **Develop our shared System Risk Log and resource plans.**
- **Ongoing review of support for Shielded Residents**.
- **Accelerate programmes of support for learning disabilities, prevention, self-care and social prescribing.**
- **Development of MDT care models and virtual "homes" at PCN level** covering:
  - **Long Term Conditions**
  - **Mental Health and Wellbeing**
  - **Children and Young People**
  - **Care Homes**
  - **Frailty**
- **Reconstitute the Harrow Clinical Leadership Board** to reflect our evolving health and care priorities.
- **Refresh Terms of Reference for Harrow JMB and HHaCE** in line with the priorities of our Recovery Plan.
- **Develop our overall communications and engagement plan** working across the partnership to ensure key messages reach those in need.
- **Establish our approach to integrated education and training** building on the ICE work completed in Harrow before the Covid-19 outbreak.

# 8. How we will support implementation

## Developing Harrow Integrated Care Partnership: our next 100 days



# NWL Out of Hospital Recovery Plan - Plan on a page

# Priorities for the OOH Recovery Plan, delivered through an ICS framework and a focus on Integrated care

## A: Reactive care: discrete / episodic

### First contact referring into urgent & emergency services

- Accessed through 111 (talk before you walk) with onward referral into either A&E, a hot-hub, or into a PCN / GP practice for triage and call-back.
- Consistent Rapid Response specification, and direct access to 111/LAS
- Maintain appropriate same day primary care access

### Responsive pathways of care

- Accessed following a GP consultation, and involving further scheduled interaction(s) with diagnostics (pathology or imaging) and specialist advice.
- Talk before you Walk across community clinics.
- Advice and Guidance as standard for non-urgent Outpatient referrals

## B: Proactive care: proactive, preventative and integrated population health management , delivered through integrated services

### Public health actions planned for population

- Public health interventions as planned episodes, covering health checks. Focus on Children's Imm & vaccs, and flu.
- Review approach to minimise harm from people not seeking medical care through Covid.
- Understanding impact of Covid on CYP, to develop support

### Community Services (Discharge, re-ablement and rehabilitation )

- Discharge Hubs - support people to leave hospital quickly and safely.
- Community rehabilitation pathways – COVID-19 Protect & COVID-19 Risk Managed. Consistent service specifications.
- Continued assessment of community bed capacity.
- Post Covid-rehabilitation, continue monitoring within LTC management

### People with long term conditions*

#### Long Term Conditions through Integration

- Integrated MDT approach to LTCs and older people/frailty.
- Consistent minimum service specifications
- WSIC/PHM to prioritise patients and inform care.
- Strategic development of PC at scale through PCNs, integrated with community & MH teams.

#### Last phase of life

- Having an agreed health and care plan
- Support to people and their families when they approach the end of life
- Resilient hospice sector

#### People who live in care homes

- Getting the right NHS support to residents
- Consistent services
- Stability for the care home market
- Consideration of NHS input to supported living

## C: Caring about the whole person

- Taking a holistic approach to a person's needs,
- Supporting self-care
- Connecting wellbeing, mental and physical health.
- Taking an assets-based approach and helping people to engage their time and talents in their communities.

**Safety first**

**Working with and through communities**

**One team approach**

**Digital and data driven**

**Tackling inequalities**

** Note: 'People with LTCs' refers to managed care to cohorts of people with ongoing health needs, including, frailty, dementia and those clinically vulnerable*

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# Harrow Out of Hospital Recovery Plan

## How We Will Support Implementation

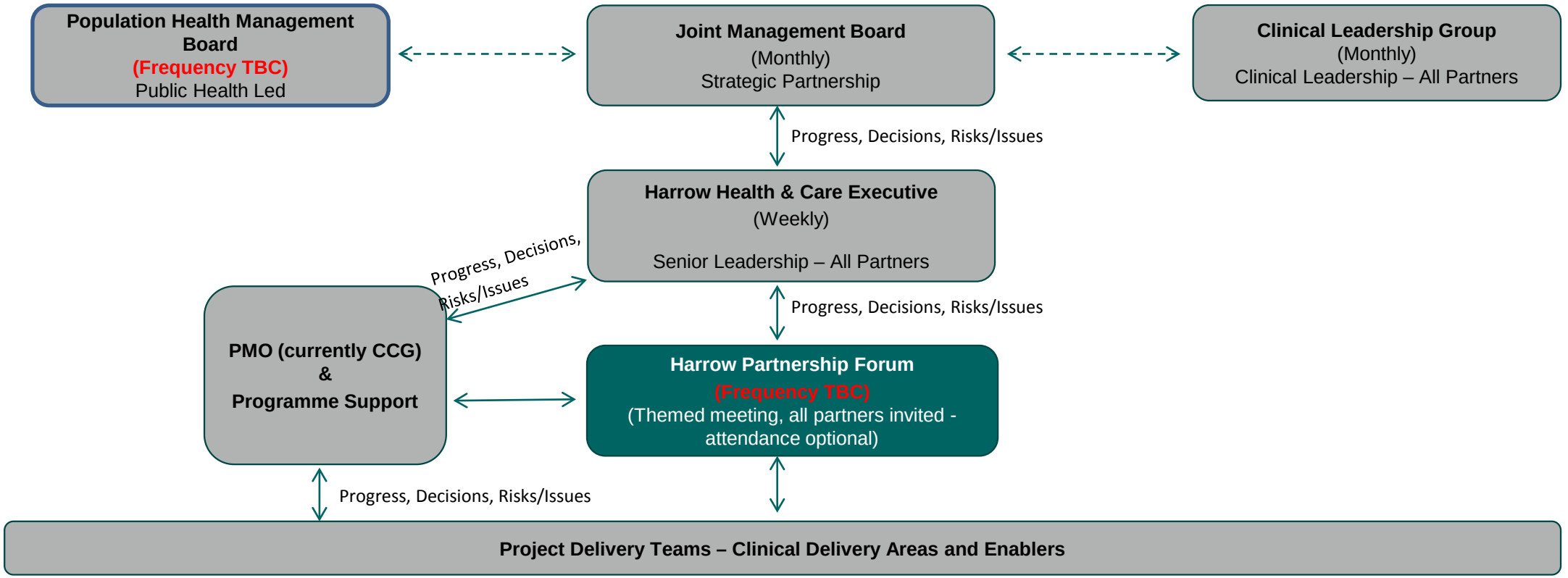
Health and Wellbeing Board, September 2020

***This report provides a stocktake on progress in delivering the Harrow Out-of-Hospital Recovery Plan***

# Glossary

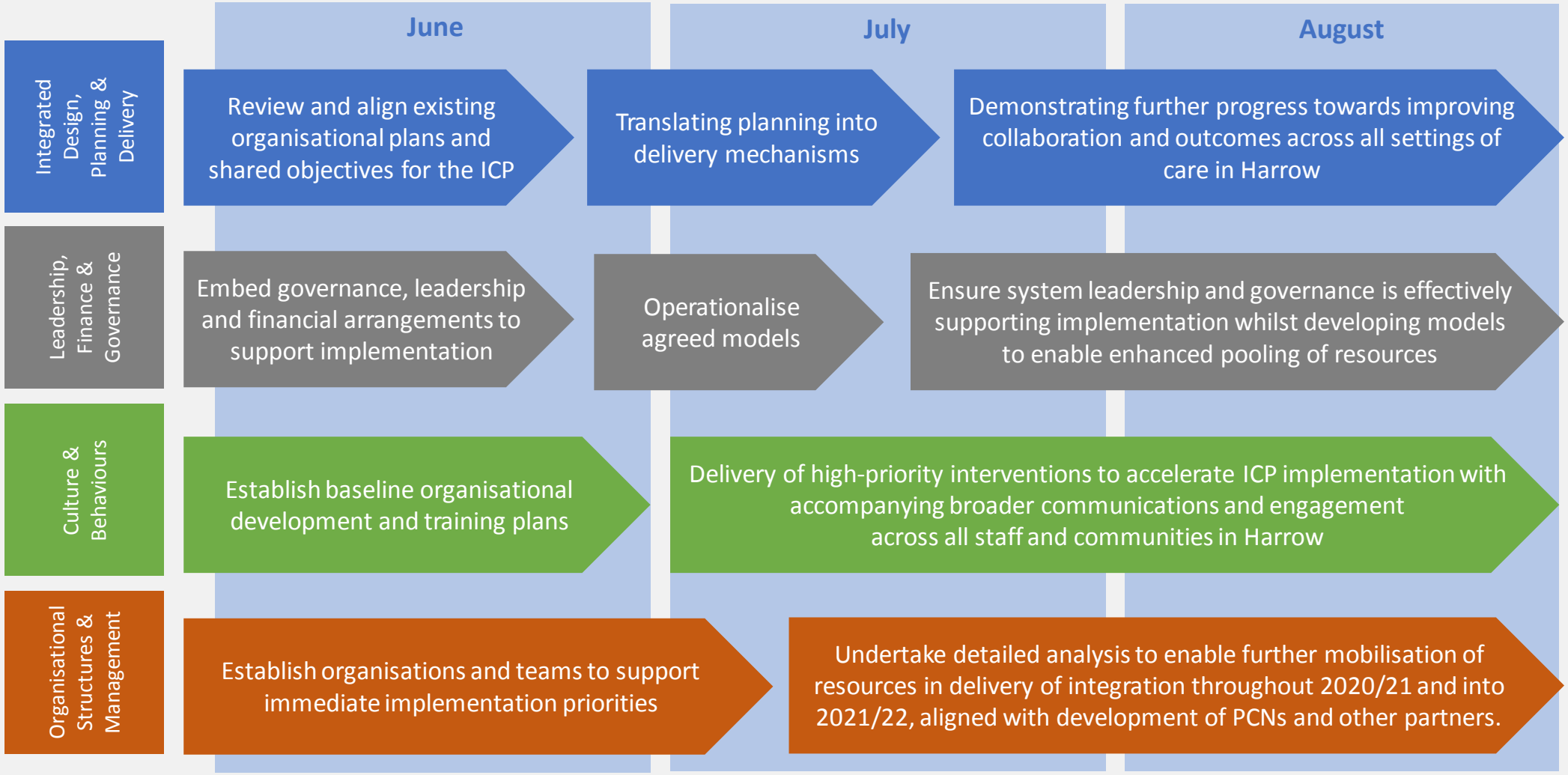
CCG: Clinical Commissioning Group
Comms: Communications
HHaCE: Harrow Health and Care Executive
ICP: Integrated Care Partnership
IC: Integrated Care
JMB: Joint Management Board
NWL: North West London
OOH RP: Out-of-Hospital Recovery Plan
PCN: Primary Care Network
PMO: Programme Management Office
SRO: Senior Responsible Officer
ToR: Terms of Reference
VCS: Voluntary and Community Services

# Current Harrow ICP Governance



# How we will support implementation

## Developing Harrow Integrated Care Partnership (ICP): our next 100 days



# 100-Day Plan
## July Objectives

| Plan | Status |
|---|---|
| Operationalise agreed models<br>*(Leadership, Finance and Governance)* | Completed leadership/governance. Workstreams set-up and running.<br>Finance – as part of wider finance discussion on resourcing of workstream delivery teams |
| Translating planning into delivery mechanisms<br>*(Integrated Design, Planning and Delivery)* | Implementation model completed.<br>Logic models and work plans being developed for each workstream to track outcomes of OOH RP.<br>CCG PMO supporting Programme manager re: programme monitoring activities. |
| **JMB – 11th August** | |

# 100-Day Plan
## June

| Plan | Status |
|---|---|
| Review and align existing organisational plans and shared objectives for the ICP | Complete – all priorities and shared objectives have been identified. |
| Embed governance, leadership and financial arrangements to support implementation | • SROs and management support identified<br>• Governance proposed<br>• Financial arrangements – On-going |
| Establish baseline organisational development and training plans | Covid Education and Training proposal has been circulated.<br>Longer term plans to be agreed and signed-off. |
| Establish organisations and teams to support immediate implementation priorities | Completed – known projects and teams under each priority area identified and circulated to partners. |
| **JMB – 14th July** | |

# 100-Day Plan
## August Objectives

| Plan | Status |
|---|---|
| Demonstrate further progress towards improving collaboration and outcomes across all settings of care in Harrow<br>(Integrated Design, Planning and Delivery) | Membership on each workstream includes relevant health and care system partners.<br>Decision devolved about VCS sector engagement (with the workstreams) to the VCS sector. Proposed model to be presented after VCS workshop in October 2020.<br>Work started on mapping IC Outcomes Framework to OOH RP outcomes (including indicators). Outcomes will be tracked in workstreams.. |
| Ensure system leadership and governance is effectively supporting implementation whilst developing models to enable enhanced pooling of resources<br>(Leadership, Finance and Governance) | Extended HHaCE meeting on a fortnightly basis by ½ hour for leadership to focus on interdependencies across workstreams.<br>Governance confirmed at HHaCE on 14.08.20.<br>3 meta risks identified re: Subsidiarity, finances and resources. Standing item on HHaCE to resolve/mitigate each.<br>Resource gaps or duplication being identified in workstreams and resolved there. Any requiring strategic support are captured for escalation to HHaCE and JMB.<br>Governance and membership for each workstream finalised. |
| Delivery of high-priority interventions to accelerate ICP implementation with accompanying broader communications and engagement across all staff and communities in Harrow<br>(Culture and Behaviours) | Priority areas of work identified for each workstream. Delivery plans being developed where not already in place.<br>Comms and Engagement plan: Alex Dewsnap leading with VCS on comms and engagement with communities and VCS organisations. Mike Waddington leading on staff comms and engagement.<br>Workstreams identifying specific comms and engagement asks.<br>Education and Training plans to accelerate delivery of key areas e.g. MDTs.<br>Meet and greet workshops with PCNs and community providers. |
| Undertake detailed analysis to enable further mobilisation of resources in the delivery of integration throughout 2020/21 and into 2021/22, aligned with the development of PCNs and other partners<br>(Organisational Structure and Management) | Required: alignment of Phase 3 letter People Plan, single CCG plan and PCN workforce development plans with workstream implementation plans. |
| **JMB – 8th September** | |

The North West London health and care partnership

# Workstream “Planning to Implementation”

**Green – completed; Grey – in progress; Blue – to be completed**

1. Priority workstream identified and agreed by the Joint Management Board (JMB) as part of the Harrow Recovery Plan.
2. SROs agreed by partners at the Harrow Health & Care Executive (HHACE).
3. Related projects, meetings (existing and planned) and project leads identified across the partnership.
4. Identification of any overlaps or gaps in projects or planned activities in order to deliver on priority for Harrow.
5. Confirmation with partners of which projects or meetings might be brought together, which need to be started, which could stop.
6. Agree broad workstream ToR to include:
   - Scope
   - Reporting process
   - Measures of success
7. Identification of any operational and project resource gaps (incl. skills and expertise) to deliver the workstream plans.
8. Confirmation of the resources available across the partnership to support delivery of the priority area, and any remaining gaps (incl. enablers)
9. Development of proposals to meet these gaps and / or re-focus the workstream to mitigate the effects incl. timescales and finance.
10. HHACE endorse proposal and implementation plans incl. resources and funding.
11. Approval of proposal and implementation plan at JMB, incl. resources and funding.

The purpose of this process is to support the partnership in:

**a) Identifying and aligning activity and resources** around the delivery of shared priorities.

**b) Mapping any gaps required support** for implementation, for example in relation to clinical expertise, data and analytics, communications and engagement.

**c) Agreeing a shared way forward with partners** to ensure that the workstream is deliverable and the SROs are appropriately supported in overseeing that delivery.

At the end of the process there should be clarity around how activities fit together across Harrow in the context of the priorities of the recovery plan, and who is responsible for doing what in implementing the associated changes.

# Workstream Update

| Priority | Status |
|---|---|
| Support for Shielded Residents | Care Planning Spec for adults who are highly clinically vulnerable being signed off. Monthly link into North West London Programme. |
| Learning Difficulties and Autism | ToR confirmed. Reviewing latest government guidance in relation to OOH RP. Meeting monthly. |
| Prevention, Self Care and Social Prescribing AND Carers | ToR confirmed. Cervical and Bowel Screening identified as priority areas. Development plan in progress.<br>Carers Sub-group – meeting on 26.08.20 with the Local Authority, Harrow Carers and Carole as Senior Responsible Officer (SRO). Next steps for primary care engagement and education agreed. Will meet monthly to progress plans. |
| Long Term Conditions | ToR and Logic Model reviewed – for update and sign-off. Diabetes, Respiratory and Cardiology identified as priorities. Baselines being confirmed. Respiratory plan being developed. |
| Mental Health and Wellbeing | ToR confirmed. Logic model updated. Work plan in development. Now meeting monthly. |
| Children and Young People (CYP) | ToR confirmed. Logic model in progress. CYP strategy being developed with partners. |
| Frailty and Care Homes | Final ToR for sign-off. Meeting fortnightly. Work plan for priority areas finalised. Same Day Emergency Care (SDEC) and latest guidance re: discharge added to workplan. Logic model in progress.<br>Care Homes Direct Enhanced Scheme (DES) – meeting held with wider community providers on 27th August. Multi-Disciplinary Team (MDT) model shared. Monthly MDT and weekly ward rounds. Gaps identified. Next steps agreed. |
| Tackling Inequalities | Linked into NWL BAME Advisory Group. PCN demographic data being analysed via the Whole Systems Integrated Care dashboard (to identify top ethnicity and risk factors by PCN). This will also inform Prevention Workstream. |
| Safeguarding Sub-group | Partner leads reviewing OOH RP. |
| Comms and Engagement | External engagement: HHaCE endorsed proposal that Harrow Community Action and partners to review OOH RP and propose engagement model. 2nd VCS Workshop proposed for October. PCN demographic data will inform engagement strategy. |
| Integrated Education and Training | Training plan completed and circulated.<br>Faculty presented plan at the GP Forum to engage GP community and request attendance. |
| Digital Transformation | To be reconvened – meeting on 10.09.20 |

# Other Priority Areas Identified On Recovery Plan

| Priority and Leads | Status |
|---|---|
| Implement Covid-19 Lessons Learnt<br>(Workstream SROs/Leads, Ayo Adekoya) | Incorporate into workstreams<br><br>Care Homes Lessons Learnt Session held on 20.08.20. Feedback are being incorporated into a Care Homes Support Group Action Plan.<br><br>September Partnership Forum to focus first wave lessons learnt, preparation for surge and winter planning. |
| Identify key areas of increased demand to address (Managing Risk and Safety)<br>(CCG SLT) | In progress |
| Develop our shared System Risk Log<br>(PPL and SROs) | 3 system risks raised at JMB 14.07.20.<br>Standing item on HHaCE.<br>Meetings being convened to focus on each risk. |
| Develop Resource Plans – sharing and pooling resources<br>Confirm resources available to support key delivery areas<br>Confirm resource gaps<br>Confirm PMO support (incl. data analysis and project management)<br>(Ayo Adekoya/CCGPMO) | In progress. See implementation plan (slide 2). |
| Refresh Terms of Reference for ICP boards<br>(Board Chairs) | ToR for former Provider Management Board (now *Partnership Forum*) being refreshed.<br>Other boards – for review |
| Confirm and communicate latest borough testing and Track & Trace plans | Completed |
| Confirm Infection Prevention and Control arrangements (Zoning/Segregation) | Completed |

| | |
|---|---|
| **REPORT FOR:** | **HEALTH AND WELLBEING BOARD** |
| **Date of Meeting:** | 22nd September 2020 |
| **Subject:** | Care Home Support Plan |
| **Responsible Officer:** | Javina Sehgal, Managing Director, Harrow CCG and Angela Morris, Director of Adults, Harrow Local Authority |
| **Public:** | Yes |
| **Wards affected:** | All Harrow Wards |
| **Enclosures:** | Community Support to Care Homes – Final<br>Implementation Plan – Care Homes |

## Section 1 – Summary and Recommendations


This report sets out the Harrow response to the national specification – Enhanced Health to Care Homes. The Harrow care home model has four principal aims:

1. Providing residents living in care home the access to the right social care and health services in the place and time of their choosing;
2. Delivering high-quality personalised care within care homes;
3. Enabling effective use of resources for both proactive and reactive care and support required in care homes
4. Reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.


**Recommendations:**
The Board is requested to: Note the report and continue to support the implementation process as part of the Harrow Out of Hospital Recovery Plan.

# Section 2 – Report

In response to COVID a local Care Home Working Group was set up in order to ensure that there was an effective system response to support residents and carers. Following the immediate pandemic response the group has morphed into the local Harrow recovery working group. The governance for all recovery workstreams has been agreed at the Harrow Health and Care Executive (HHaCE).

**Risk Management Implications**

There is a risk around delivery as the health and social systems enter the winter period and with a potential second wave of COVID. This will be mitigated by system level escalation to the HHaCE.

**Equalities implications / Public Sector Equality Duty**

Was an Equality Impact Assessment carried out? No

The proposals in the report address particular issues in terms of the way in which services are being provided during the pandemic and will not adversely affect the level of service offered to citizens

**Legal Implications**

**The Equality Act 2010**

The Equality Act replaced and consolidated previous discrimination legislation and provides protection from discrimination in the workplace and in wider society The council has statutory obligations under the Equality Act 2010 , and is subject to the Public Sector Equally Duty in s149 of the Act as a public body
s149 which sets out the Public Sector Equality Duty (PSED) - which came into force on 5 April 2011.

General Public Sector Equality Duty

The Public Sector Equality Duty ('PSED') consists of a general duty, with three main aims. The general duty requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups; and
- Foster good relations between people from different groups.

## Council Priorities

The aims of the Enhanced Health to Care Homes and the implementation plan contribute to two of the Council's priorities of Addressing Health and Social Care Inequality and a Thriving Economy. The integration of health

and social services to support providers will contribute to the quality of care provided to some of the most vulnerable residents. As local employers, there will be a contribution to the economy in Harrow and employment opportunities.

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

| | | |
|---|---|---|
| Name: Donna Edwards<br><br>Date: 17/09/2020 | x | on behalf of the*<br>Chief Financial Officer |
| Name: Sharon Clarke<br><br>Date: 17/09/2020 | x | on behalf of the*<br>Monitoring Officer |

| | | |
|---|---|---|
| Name: Paul Hewitt<br><br>Date: 10th September 2020 | x | Corporate Director, People Services |

| | |
|---|---|
| **Ward Councillors notified:**<br>**MANDATORY** | **No** |

## Section 4 - Contact Details and Background Papers

**Contact:** Ali Kalmis, Deputy Managing Director, Harrow CCG

**Background Papers**: None

# Enhanced Care Home Support (ECHS) Harrow - Community Support to Care Homes

An initial discussion for consideration

# Enhanced Health in Care Homes (EHCH) - Community Support to Care Homes (Harrow)

## 1. Background

For the purposes of the implementation framework a 'care home' is defined as a CQC-registered care home service, with or without nursing. Whether each home is included in the scope of the service will be determined by its registration with CQC. (See appendix 1 for care homes currently registered with the CQC)

### The Harrow care home model has four principal aims:

1. Providing residents living in care home the access to the right social care and health services in the place and time of their choosing;
2. Delivering high-quality personalised care within care homes;
3. Enabling effective use of resources for both proactive and reactive care and support required in care homes
4. Reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.

## 2. Core elements of the Enhanced Support to Harrow

In line with 'The framework for Enhanced Health in Care Homes 2020/21 - Version 2', Harrow Health and Care Partnership are committed to providing care in line with the national framework, as outlined below:

| | |
|---|---|
| 1. Enhanced primary care support | Each care home aligned to a named PCN, which leads a weekly multidisciplinary 'home round' |
| | Medicine reviews |
| | Hydration and nutrition support |
| | Oral health care |
| | Access to out-of-hours/urgent care when needed |
| 2. Multi-disciplinary team (MDT) support including coordinated health and social care | Expert advice and care for those with the most complex needs |
| | Continence promotion and management |
| | Flu prevention and management |
| | Wound care – leg and foot ulcers |
| | Helping professionals, carers, and individuals with needs navigate the health and care system |
| 3. Falls prevention, Reablement, and rehabilitation including strength and balance | Rehabilitation/reablement services |
| | Falls, strength, and balance |
| | Developing community assets to support resilience and independence |
| 4. High quality palliative and end-of-life care, Mental health, and dementia care | Palliative and end-of-life care |
| | Mental health care |
| | Dementia care |
| 5. Joined-up commissioning and collaboration between health and social care | Co-production with providers and networked care homes |
| | Shared contractual mechanisms to promote integration (including Continuing Healthcare) |
| | Access to appropriate housing options |
| 6. Workforce development | Training and development for social care provider staff |
| | Joint workforce planning across all sectors |
| 7. Data, IT and technology | Linked health and social care data sets |
| | Access to the care record and secure email |
| | Better use of technology in care homes |

## 3. Current provision in Harrow - gap analysis:

### 1. Enhanced primary care support (EPCS)

Discussions have commenced with PCN regarding the establishment of EPCS to care homes. At present there is a named clinical lead for the 57 residential and care home in Harrow (appendix 1). In addition to this and in response to COVID the following local pathways/support have been established in addition to core general practice input and review of residents on a weekly basis: 1) Enhanced in-hour support to general practices for homes/residents requiring additional support via a central co-ordination function and access to geriatric consultant support 2) Enhanced out-of-hour support to general practices for homes/residents requiring additional, including proactive calls to high risk homes, 3) rapid and co-ordinated testing for homes with outbreaks, 4) provision of some guidance, education and advice on ordering, management and administration of medicines in care homes, access to anticipatory care medicines and structured medication reviews, 5) additional support and resource for the completion of care plans – CMCs, prioritising those at highest risk (see appendix 2).

### 2. Multi-disciplinary team (MDT) support including coordinated health and social care

Since the beginning of COVID Harrow has come together in a truly collaborative approach to ensure a joined up response to provide support for the residences of Harrow. This has included daily calls between the CCG, Harrow Local Authority and CLCH to discuss and agree the pathways and approaches. In addition to this there is an existing level of established risk stratification undertaken by EPNs to identify high risk patient cohorts, although this is not consistently done through the borough.

### 3. Falls prevention, Re-ablement, and rehabilitation including strength and balance

Harrow has a range of community services including specialist falls and rehab services. Work is on-going to ensure all services are integrated and we reduce variation. At present there is a range of support provided via social care, care homes staff, rapid response teams and community nurses, however this is not consistent and aligned to PCN supported risk management. Although there is always room for improvement, the current community response is based on need and urgent consultations are generally dealt with in 1 day. This reactive clinical response has been enhanced by the locally agreed COVID pathway providing geriatric consultations on-call support as required.

### 4. High quality palliative and end-of-life care, Mental health, and dementia care

In response to COVID we have had additional support offered and provided via palliative support consultants from LNWHT. This support has involved in-hours access to on call advice between 8am – 8pm Monday – Friday and informal support to general practice, particularly where there are large homes with a number of end of life patients. Mental health and dementia support to care homes needs to be strengthened as a consistent part of the ECHS and MDT based approach.

**5. Joined-up commissioning and collaboration between health and social care**

As part of the Harrow Integrated Care Partnership (ICP), pre-COVID partner organisations had already committed joint funding for two posts, one proactive and one reactive to support residents in a co-ordinated health and care approach (see appendix 3).

**6. Workforce development**

There has been a range of support provided to care homes and carer in terms of education and training. There has been a range of support provided via in-reach nursing teams, NWL quality visits, CCG webinars and weekly Local Authority led meetings with homes. Topics include: infection control, PPE, social distancing, quality improvement initiatives and local pathways and additional support orientation. All improvement actions are followed up with the homes. There is a diverse workforce including health and social care staff and it is important the workforce development plan addresses the specific issues relating to the various staff groups eg recruitment and retention.

**7. Data, IT and technology**

There are 4 out of 25 older adult homes that currently regularly utilise digital technology. Harrow is part of the wider NWL programme to expand the use of technology and training to enable virtual MDT reviews and consultations via TEAMS. This is not to say that virtual consultations between homes and general practice are not already a part of standard practice.

## 4. Recovery Plan – Next Steps


**1. Enhanced primary care support (EPCS)**

By 6 July - A Task and Finish Group will be formed, comprising PCN Clinical Leadership and Community Partners. This group will be tasked with implementing the MDT requirements of the Enhanced Health in Care Homes model (as part of PCN DES 2020/21). By 30 September MDTs will be established and operational in each of the 5 PCNs. These MDT will encompass general practice, social care, pharmacists and community providers.

**2. Multi-disciplinary team (MDT) support including coordinated health and social care**

Established joint forums and collaborative ways of working will continue. Senior leads have been identified by all ICP providers for each recovery workstream to ensure pace and collective ownership. This stakeholder group will be tasked with implementing a range of training including: bladder and bowel, hydration and nutrient, infection control and falls and pressure ulcer prevention and strategies for specific work force issues including building on Government campaigns eg Proud to Care.

To enhance and consistently progress an understanding of the risk stratification of patients by PCN the CCG is actively reviewing the Effective Resource Management (ERM) KPIs for 2020/21. In the context of COVID alternative incentive options are being reviewed.

3. **Falls prevention, Reablement, and rehabilitation including strength and balance**
   One of the local borough recovery workstreams is Frailty (incorporating care homes). The scope and aim of this workstream will be to ensure reablement and prevention is effective and consistent regardless of the place of residence. This includes a review of a range of services including the virtual ward, falls, rapids and frailty etc.

   As part of this review of services to support rising and high risk patients the workstream will ensuring the effective utilisation of voluntary and 3rd sector services.

4. **High quality palliative and end-of-life care, Mental health, and dementia care**
   The frailty and care homes recovery workstream will be looking to enhance the level of mental health and dementia support to care homes. The proposed CNWL model for Harrow due to commence from 1st July is based around a 3 hub model. Further discussions are required to confirm how this community based model will support the PCN (x5) Enhanced Health in Care Homes model.

5. **Joined-up commissioning and collaboration between health and social care**
   The CCG, Local Authority and wider community providers have already commenced and intend to continue to live and work to a set of collectively agreed principles as part Harrow ICP. The collective local response to COVID has only further embedded and engrained this commitment. As such CLCH, public health and the local authority have committed to support with funding for essential roles (see appendix 3).

6. **Workforce development**
   As part of the Harrow local system response to the core nationally specified EHCH standards, CLCH will be working with local stakeholders and the CLCH Training Academy to scope the requirements and provision of a comprehensive training programme to care homes including: bladder and bowel, hydration and nutrition, infection control and falls and pressure ulcer prevention.

7. **Data, IT and technology**
   Harrow providers have effectively utilised digital options during this pandemic period. General practice has continued to support care homes with virtual patient reviews and we

have had high levels of engagement from care homes staff in an on-going series of training and education webinars. Harrow will continue to be a progressive partner in the rollout of the NWL digital programme and will review all lessons learnt in order to make the 'digital first' agenda an effective and enabling resource.

## 5. Conclusion

The collective stakeholders in Harrow have been able to evidence the ability to implement integrated, enhanced service provision in the face of COVID for a large number of residents in homes (care and residential) at pace. Building on this and the existing ICP work there is a collective impetus to ensure that these strong collaborative relationships continue and that service provision and aims are based on need and enhanced outcomes and experience.

Harrow's response to COVID in respect of support to care homes has been in general exceptional, with a general will by organisations and a consistency of process and communication. We believe all elements of the above plan will be consistently and substantively in place by the end of September 2020 to ensure on-going support to this vulnerable patient cohort.

It should be noted that in order to meet the national standards, investment will be require. The value of this is currently being finalised.

**Appendix 1**

**CQC Registered Nursing & Residential Homes**

Care Homes - GP and PCN data 04 v7 04062

**Appendix 2**

**Agreed pathways**

Care Homes RFT and swabbing v14.pptx

**Appendix 3**

**Agreed Job Specifications**

**Pilots funded by Public Health Harrow and The Urgent and Emergency Care Workforce Collaboration Bid (Phase 2) Funds**

**Vision**

An 'Integrated Community Rapid Response' for care homes.

**Objectives**

- Recruit two clinical practitioners (Reactive Care Practitioner and Proactive Care Facilitator) with funding from Public Health and the Health Education England under the Urgent and Emergency Care (UEC) Workforce Collaboration Bid – Phase Two, working together to enable an integrated community response to care homes
- Link to existing infrastructure and services, aiming to enhance relationships and improve access to this alternative care pathway, rather than the London Ambulance Service

- Learn where the barriers and gaps in the system are (from work done and cases seen), and problem-solve at a system level.

**Background and Rationale**

Older people are the fastest-growing section of the community: the number of people over 85 is expected to double within two decades. It is estimated that between 2014 and 2024 there will be a ~33% rise in over 85 year olds and a roughly doubling of patients with dementia by 2025[1]. The number of older people living in care homes in England (currently 329,000) is already more than three times the number of hospital beds, and is set to increase further[2].

In Harrow, there are 57 care homes, 40 of which are designed for older people (1,050 beds), and 10 of which are nursing homes (600 beds). The non-elective activity and associated costs for this group of patients in Harrow, in 2017/18 was:

| **Nursing and residential homes** | | | | |
|---|---|---|---|---|
| | **2017/18** | | **2018/19** | |
| | **Activity** | **Cost** | **Activity** | **Cost** |
| **LAS call outs** | 739 | £184,750 | 1019 | £254,750 |
| **LAS conveyances** | 618 | Part of call-out cost | 859 | Part of call-out cost |
| **Non-elective admissions** | 696 | £2,968,386 | 618 *at Month 9* | *TBC* |

Two of Harrow's care homes are amongst the top ten highest LAS callers in North West London, and emergency admissions from care homes are increasing. In the period April 2018 to March 2019 there were 1019 incidents where ambulances were called out across all the care homes. 859 of these were conveyed to hospital. These figures show an increase from 2017/18. At Month 9, 2018/19 (i.e. December 2018), there were already 618 non-elective admissions from care homes – indicating a likely increase also in the NELs on the previous year. The activity data for Months 10-12 and the annual cost data are yet to be confirmed.

In addition to causing distress to residents, their families and staff, hospitalisation is expensive for health and social care systems. Hospital admission increases the risk of decline in functional ability, delirium, adverse events and prolonged stays[3]

[1] Shifting The Balance Of Care, Great Expectations; Nuffield Trust, March 2017
[2] Care Quality Commission 2017; National Institute for Health Research 2017; Wittenberg and Hu 2015
[3] British Medical Journal Open, *Evidence-based intervention to reduce avoidable hospital admissions in care home residents (the Better Health in Residents in Care Homes (BHiRCH) study): protocol for a pilot cluster randomised trial*, 27 May 2019

Through establishing a different pathway of care when a patient has a health care need in a care home, a proportion of the call-outs and admissions could be avoided. New analysis from the Improvement Analytics Unit, a joint initiative between NHS England and the Health Foundation, has found that more than four in ten (41%) emergency admissions to hospital involving care home residents could be potentially avoided with better provision of preventative primary care, community support or NHS care in care homes[4]. The Harrow Integrated Care (IC) Programme Care Home Improvement Workstream group has been exploring ways to work collaboratively in Harrow to improve the quality of care experienced by residents and staff, and relieve pressure on acute services.

It was proposed by Public Health in Harrow that a specialist paramedic be employed as a one-year pilot to serve the care homes of Harrow. Working with the Care Homes Improvement Workstream and one of the IC clinical leads, it has been proposed that a Band 6 Advanced Care Practitioner role (ACP, focusing on 'Reactive Care') would be more beneficial to care homes and their residents, and to the system. This has been proposed following:

- Engagement with care homes managers
- Engagement with London Ambulance Service (LAS) colleagues
- Reviewing the proposed model with the Rapid Response Team (RRT) and other community nursing leads at CLCH
- Reviewing the proposed model with the Local Authority's Safeguarding, Assurance and Quality Service (SAQS) lead
- Further evaluation of the available data on call-outs and admissions
- Learning about other care homes models in Hertfordshire, Wandsworth and Hackney.

Subsequent to this, the IC Programme Team and Harrow CCG have won a £50K bid from the Health Education England under the Urgent and Emergency Care (UEC) Workforce Collaboration Bid – Phase 2. This has offered the opportunity to recruit a 'Proactive Care Facilitator' to work alongside the Reactive Care ACP.

This would mean a change in the pathway for call-outs and consequently, admissions. If a care home has a patient with an urgent healthcare need, the call to 999 would instead go to the 'reactive' ACP. This could be particularly appropriate for issues such as mild sepsis, falls, wound care and fainting. The ACP would visit the care home as part of the Rapid Response Team and provide community-based care if appropriate.

[4] The Health Foundation, *New analysis finds encouraging results in reducing emergency admissions from care home*, 25 July 2019

This approach could have a number of benefits:

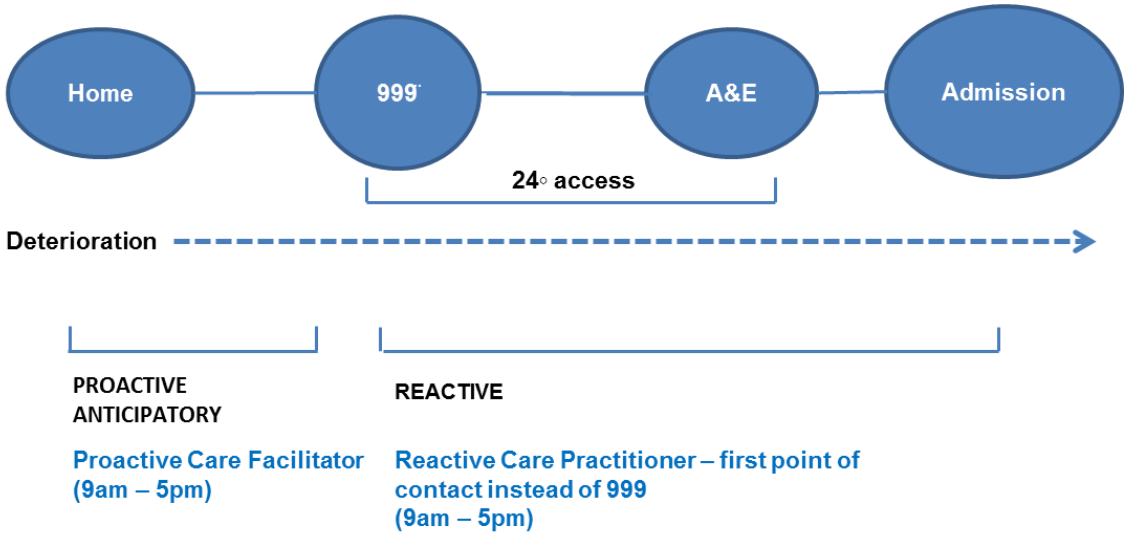
- Reduce the need for hospital care, therefore reducing subsequent lengthy spells in hospital, further healthcare needs and pressure on services
- Reduce the need for adult social care services following hospital discharge, thereby reducing staffing pressures on the service
- Improve patient experience through reducing the likelihood of being admitted to hospital
- Reduce the need for use of the ambulance service, lifting pressure on the service, and allowing ambulances to be used elsewhere
- Reduce costs of hospital stays and treatments, and of adult social care services
- Professional development for the practitioners
- Novel pilots giving an evidence base to further build on.

Similar approaches have been running in Hertfordshire, Wandsworth and Hackney with excellent results for the care homes staff and their residents. In Hertfordshire and Hackney, the teams aimed to reduce hospital admissions by 50% in the top ten homes and achieved their target. The teams have increased in number and have rolled out the improvement to other care homes identified as poor or failing in quality areas.

This proposal seeks to describe the model of care to be piloted for the care homes in Harrow for the next year using the two available funding streams for this work. It is also intended that the learning of this work will be used to inform how to best to utilise the upcoming March 2020 care homes Direct Enhanced Services (DES) contract funds being offered to Harrow's five Primary Care Networks (PCNs).

**Proposed Pilots**

To recruit two new practitioners will work together to improve and coordinate care in care homes. One role to pro-actively identify need and act as a responsive system informer, and the second role to focus on assessing and treating residents who become unwell.




There will be an essential collaborative approach between the two roles and the following partner organisations and on-going improvement projects:

- Medicines Optimisation in Care Homes (MOCH) pharmacists who are undertaking medication reconciliation and can link in with advanced care planning
- CEPN/Harrow Training Hub, including the PIE frailty work and newly appointed Darzi fellow
- The Harrow CCG Integrated Care Delivery Programme, specifically with the Care Homes Improvement Workstream. This is looking to establish a system that is able to respond appropriately and in a timely way when urgent or emergency situations occur, and build resilience to crises in care homes.
- Consistent and seamless access to specialist community nursing and the full range of allied health professionals such as the Falls Service, specialist nurses, district nursing etc.
- North West London Health and Care Partnership Care Homes projects (Telemedicine (111 *6), Data Security and Protection Toolkit (DSPT) Training + nhs.net accounts for care homes, Red Bag Scheme etc.
- Virtual Wards and Harrow Collaborative Care Team
- St Luke's Hospice
- Public Health Team (e.g. Oral Hygiene Project)

**The Rapid Response Service Specification is being enhanced to allow for direct referrals from all Harrow care homes into the Rapid Response Team, <u>for the duration of the pilots</u>.**

**Reactive ACP (Public Health Funding)**

**Role Details**

- Band 6, 1.0WTE
- Integrated within the RRT, focusing specifically on care homes
- Hosted by CLCH via an honorary contract *(employed by CCG or LA, TBC)*
- Service Cover: Monday – Friday 09:00-17:00
- Link between care homes and the RRT
- The care homes will use the RRT number as the point of contact for the ACP. The RRT call handler can then contact the ACP with the relevant details to attend to
- The ACP will assess and treat residents where appropriate and refer on the RRT if a follow-up is required or the case is complex. The ACP could also refer to the other community services such as the Falls Service and the GP Practices
- Link to same day emergencies care work and care homes DES
- Data collection of all care home referrals
- Supportive partnership working with the Proactive Care Facilitator
- Flexibility to learn and continually improve the model

**Existing Services and Support Mechanisms**

- Rapid Response Team
- Hospital Discharge Team
- Community nursing e.g. District Nurses
- 111*6
- 999
- Harrow Collaborative Care Team (HCCT)

**Skillsets Identified**

- Clinically skilled
- Prescribing

- Catheterisation
- Phlebotomy

**Proactive Care Facilitator (UEC Workforce Collaboration Fund – Phase 2)**

**Role details**

- Band 6, 1.0WTE
- Integrated within the RRT, focusing specifically on care homes
- Hosted by CLCH via an honorary contract *(employed by CCG or LA, TBC)*
- Service Cover: Monday – Friday 09:00-17:00
- Proactive and preventative approach to the management of patients in care homes through supporting front line care home staff with bespoke education and training
- Identify learning needs in care homes
- Co-design and test new ways to improve care using the learning from the care home training models
- Signposting care homes to existing health and social care services
- Identify barriers to accessing appropriate and timely care, to provide vital information to feedback to the system
- Routine assessment of residents after discharge from hospital to avoid readmission
- Root cause analysis of all unscheduled admissions and LAS callouts to seek feedback from the system that can be used as learning to influence change
- Liaise with the named GP when there is a need for an Advanced Care Plan (to be followed up by the CMC record being developed by Enhanced Practice Nurse?)
- Flexibility to learn and continually improve model
- Work with GP practice(s) for care homes with high referrals to RRT
- Supportive partnership working with the Reactive Advanced Care Practitioner

**Existing Services and Support Mechanisms**

- Primary care
- Enhanced Practice Nurses (EPNs); Advanced Care Planning
- Medicines Optimisation in Care Home (MOCH) Pharmacists
- Communities Services (Falls, specialist nurses, district nursing)
- HCCT

- St Luke's Hospice
- Harrow Training Hub
- Local Authority Safeguarding, Assurance and Quality Service (SAQS)

**Skillsets Identified**

- Band 6, clinically trained
- Excellent communication and engagement
- Ability to provide training and support to care homes' staff to develop their confidence and competence in managing the needs of their residents
- Role-modelling
- Care co-ordination and signposting

**Care Homes Selection for Pilot**

Rationale for selecting care homes to undertake pilots:

***Reactive ACP***

- Attends to care homes where calls coming into RRT are deemed appropriate by RRT call handler
- Attends to care homes when called by the Proactive Care Facilitator

***Proactive Care Facilitator***

- Cover more than one PCN to ensure equity and also to cover areas that RRT covers (across the borough). This also offers the potential for an ultimate spread across Harrow
- Highest number of LAS call-outs, weighted by number of beds
- Highest number of A&E attendances and admissions, weighted by number of beds
- Care homes willing to engage

Three suggested care homes as a starting point ***(TBC)***, within a one-mile radius – 20 mins walk, reducing the need for the facilitator's own transport*:*

- *Sairam Villa, Kings Road – Harrow Collaborative*
- *Rowanweald, Enderley Road – Healthsense*
- *Sancroft, Belmont – Health Alliance, Stanmore / Harrow Collaborative, Belmont*

**Measuring Success**

The following indicators are proposed to measure the success of the pilots:

- ↓ LAS call-outs
- ↓ A&E attendances
- ↓ Hospital admissions
- ↑ Deaths in the preferred place (usually in patients' care homes)
- ↑ Hospital bed days saved
- ↑ Patient and carer experience (surveys, TBD)
- ↑ Staff experience (surveys, TBD)

The above are initial indicators to meet the 4 key IC outcome themes of improved patient experience, improved quality of care, financial sustainability and staff satisfaction with services and in delivering care.

Attribution of benefits may be difficult if other pilots or change ideas are being tested or implemented in the care homes selected.

In order to strengthen the evidence base of the data, the evaluation will use data weighted on number of beds in the relevant care homes (to measure A&E attendances and admissions).

**Constraints and Risks**

Some of the data collection has been rudimentary, based on available hospital data which can only be narrowed down to the postcodes that the care homes are in and could therefore contain additional patient activity data. Also, the bed capacity has been based on information received via telephone calls to care homes, increasing the risk of human error.

It may be difficult to recruit Band 6 level nurses with the required skills. There is no funding to extend the roles to higher bands. The required skill set may need to be reviewed if this is the case.
In order to allow for prescribing by the practitioners, the funding source for any medicines prescribed needs to be agreed and signed-off, after which a prescribing code linked to that funding can be used.

Experiential data collation and recording (of residents, carers and staff experience) will be based on surveys which are subject to misinterpretation.

There is a risk that the recruitment of the Reactive ACP and Proactive Care facilitator could take longer than anticipated (February 2020 at the earliest) and there is a possibility of staff and skill-mix shortages in the Harrow locality.

The length of the pilots is too short to recruit and induct practitioners, as well evidence benefits, if not extended post-March 2020. Currently there is just 4 months to recruit and start to show benefits. The UEC Phase 2 bid funding is available to March 2020 and the one-year Public Health funding was offered in March 2019. The opportunity to run the pilots for one year from the recruitment into the identified roles would offer a more realistic timeframe for meeting the proposed objectives. Harrow CCG is seeking a means of extending the use of the UEC Bid funding for a full year from the Proactive Care Facilitator recruitment.

**Potential costs**

The cost of recruitment of 1.0WTE band 6 Reactive ACP and Proactive Care Facilitator would be approximately £50,000 each.

It is aimed that the pilots would reduce hospital costs. The pilots would be evaluated for costs and benefits to determine if cost saving or cost neutral.

**Next Steps**

| | **Activity** | **Lead TBC** | **End Date TBC** |
|---|---|---|---|
| 1. | Finalise first set of care homes for Proactive Care Facilitator | AA | 06.12.19 |
| 2. | Communication and engagement with practices linked to care homes (named lead GP) | EW | 06.12.19 |
| 3. | Develop and finalise job descriptions | TBC, CLCH | December 2019 |
| 4. | Recruitment process | TBC, CLCH | January 2020 |
| 5. | Determine sources for on-going measurement and start process and baseline data collection with care homes. External support required | ICHP? | February 2020 |
| 6. | Implement pilot with a Quality Improvement (incl. Plan Do Study Act 'PDSA') approach to ensure services can be responsive to needs and continuously improve. Book Quality Improvement (QSIR) Training. | Practitioners | March 2019 |

**Future considerations:**

The panel for the practitioner interviews to include:

- Rapid Response Lead
- Care Home Manager
- Integrated Care GP Clinical Lead

There will be a need for strong leadership/coaching to enable the 2 practitioners and care homes to be able to work in an iteratively learning way, to share principles of change methodology and system integration. External support could be sought to help the 2 practitioners with this at the start of the work and to help them ask the right questions as well as collect the right data. This support could be funded by the UEC Workforce Collaboration bid - **Phase 1** (won by the IC programme in 2018) dependent on the cost – TBC.

Wider system and health partners could help meet the bespoke training needs of the practitioners and care homes as these become apparent E.g. St Luke's, CPEN frailty work.

True and fully proactive care will require an enhanced model with linked GPs and EPNs – the pilot work could provide the feedback to the system to inform what would be required.

| Standard | Gap identified (Yes/No) |
| --- | --- |
| Multi disciplinary team | No |
| Condition support available via MDT | No |
| Infection Control and Prevention | No |
| Personalised Care planning | No |
| Contribute to advanced care planning | No |
| Single point of access | No |

| | |
|---|---|
| Rapid response (2 hour urgent response) | No |
| Reablement and rehabilitation | No |

| If you have no gap, please describe what is in place | Describe how you plan to meet the gap(eg describe model of MDT and community matron roles if that's the plan) |
|---|---|
| MDTs will be established and operational in each of the 5 PCNs. These MDTs will encompass general practice, social care, pharmacists, community providers and voluntary sector. In the process of recruiting nurses who will also be part of MDTs. | n/a |
| Support available for conditions: bladder and bowel, hydration and nutrition, infection control, falls, and pressure ulcer prevention.<br>CLCH Training Academy is developing a training programme on these topics/conditions. | n/a |
| CLCH Training Academy is developing a training programme on topics including infection control and prevention. This will be aligned with infection control and prevention training sessions delivered by NWL team and on-going mandatory training from providers | n/a |
| MDTs will oversee the implementation of Network Contract DES (March 2020) that supports health in Care Homes, including sharing of care plans with Care Homes for delivery of personalised care.<br>Where Care Coordinators are in place that they are providing dedicated and personalised support for residents and carers. | n/a |
| Advanced care planning and CMCs are in place for EPNs, Pharmacists and named GPs to complete and utilise.<br>Consultant in the community supports Care Homes to implement recommendations from care planning and CMCs. | n/a |
| CLCH SPA for community services is already in place | n/a |

| | |
|---|---|
| Rapid Response service specification has been enhanced and implemented to allow for direct referrals from all Harrow Care Homes | n/a |
| Review of services including the virtual ward, falls, rapids and frailty to ensure they are meeting the needs of high risk patients. Working collaboratively with stakeholders including voluntary sector organisations.<br>Implementation of Care Home elements from the Out-of-Hospital strategy | n/a |

| Resource required and implications if any | Key delivery milestones | Timescale for implementation |
|---|---|---|
| n/a | Local plans confirmed for delivery | 30-Sep-20 |
| n/a | Local plans confirmed for developing CLCH training programme | 30-Sep-20 |
| n/a | Local plans confirmed for developing CLCH training programme | 30-Sep-20 |
| n/a | On-going implementation and review | On-going |
| n/a | On-going implementation and review | On-going |
| n/a | Already in place | n/a |

| | | | |
|---|---|---|---|
| n/a | Already in place | n/a | |
| n/a | On-going implementation and review | | 31-Mar-21 |

| REPORT FOR: | HEALTH AND WELLBEING BOARD |
|---|---|
| **Date of Meeting:** | 22nd September 2020 |
| **Subject:** | Mental Health and Learning Disabilities |
| **Responsible Officer:** | Javina Sehgal, Managing Director, Harrow Clinical Commissioning Group<br><br>Paul Hewitt, Corporate Director, People Services, Harrow Council, Local Authority |
| **Public:** | Yes |
| **Wards affected:** | All Wards affected |
| **Enclosures:** | List all appendices/documents attached which include information relevant to the report |

## Section 1 – Summary and Recommendations

This report is a summary of the local Harrow Health and Social Care preparation and response for Mental Health and Learning Disabilities services during COVID-19.

This report is delivered by Lennie Dick, Head of Commissioning for Mental Health and Learning Disabilities, Harrow CCG. Seth Mills, Head of Service Peoples Services, Community Learning Disability Team, Children and Young Adults Disability Services, Harrow Local Authority

Section 2 – Report

## Mental Health and Learning Disabilities Response to COVID-19

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Harrow Clinical Commissioning Group (CCG), Harrow Local Authority, Public Health Harrow, Voluntary Sector colleagues and partners across North West London have worked together to ensure the residents, citizens and patients received the treatment, care and support they required.

Enhanced bed capacity, increased testing capacity and Prevention and Control support and guidance was needed in all NHS organisations. Personal Protective Equipment (PPE) for the NHS and social care were all addressed as part of the challenge.

At the start of the Covid-19 outbreak in London, a decision was taken to co-ordinate Harrow's response through the newly formed Harrow Health & Care Executive, co-chaired by Harrow Council's Corporate Director of People Services and Harrow CCG's Managing Director, with senior representation from all local partners. There has been significant learning, with much more to do, but examples of the achievements across the partnership since the beginning of March 2020 are included in *Appendix One.*

This paper sets out the local actions taken to ensure resilience and business continuity for Mental Health, Learning Disabilities and Autism services through the three phases; First Phase, Recovery and Restoration, and 'Phase 3', for Harrow CCG and Harrow Local Authority.

## FIRST PHASE

Central and North West London Mental Health Foundation Trust (CNWL) is the main provider of Mental Health and Learning Disabilities services in Harrow. As an immediate response to the COVID-19 pandemic, CNWL implemented the Mental Health Emergency Assessment Centre. The function of this services includes:

- To ensure diversion of s.136 away from Emergency Department (ED)
- Offer face to face assessment, and manage a standardised agreed admission threshold for beds or to HTT, whilst screening all admissions
- To reduce staff "traffic" in ED by completing gatekeeping assessments elsewhere
- Single Point of Assessment (SPA)/Hub to divert non-medical emergencies to the relevant hub for patient's locality

- Non-medical s136 patients for Brent and Harrow to be diverted to Park Royal
- S136 pts medically fit for discharge to be transferred to Park Royal
- Brent and Harrow patients triaged by Urgent Care Centre (UCC)/Chaucer unit at Northwick Park as not requiring medical treatment will be transferred to the mental health unit at Northwick Park.
- Liaison nurses would screen patients in mental health unit reception and decide suitability for assessment in identified rooms on level 6 suite 2 or Health Based Place of Safety (HBPoS) suite on level 4
- High risk pts & pts presenting with aggressive behaviour will be assessed in the HBPoS suite
- Patients presenting with COVID 19 symptoms will be managed in ED
- Patients who require further medical treatment who are not presenting with COVID-19 symptoms will remain in Chaucer unit. Liaison will do parallel assessment for all such patients regardless of their medical condition.
- Intoxicated patients will remain in Chaucer unit until fit for transfer to relevant assessment hub

### Harrow CCG and Voluntary Sector Partners COVID-19 Webinar

Harrow Voluntary and Community Sector Services along with faith groups played a crucial role in supporting those in the community, and those who often do not use statutory services.

Harrow CCG held a webinar with the Voluntary Sector Partners it commissions to share and discuss business continuity plans through the COVID-19 Pandemic.

The attendees included Harrow CCG Mental Health and Learning Disabilities Commissioners and Directors, Executive leads from Harrow Carers, Mind in Harrow, Harrow Mencap, Harrow Association of Somali Voluntary Organisations (HASVO), the Centre for ADHD and Autism (CAAS), and Harrow Association of Disabled People (HAD). Similar discussions took place between Harrow Local authority the Voluntary Sector providers.

Here is a summary of the discussions and progress from statutory services on the impact and response to COVID-19:

- Reducing bed capacity and set up MH Emergency Centre
- Increasing primary care resilience
- Increasing care home support
- Increasing Community resilience
- Service transition to virtual with limited F2F contact
- Food and medication supplies have also been delivered where necessary to support those in the community.

- The pandemic has emphasised the inequalities in health and social care highlighting the urgent need to address this issue going forward
- There were 3 pools of volunteers: 2 locals used for general support and one national which was mainly being used by NWL to support people who are shielding in the NHS. Locally, Harrow had access to about 800 volunteers who have opportunities to provide a broader range of help. This was being coordinated by Social Prescribers which have been allocated to each of the 5 PCNs and make link access to the responder scheme.
- LD services: access though health and social care team or the Single Point of Access. they were carrying out risk assessments prior to limited F2F appointments offered e.g. physio 7-day week service
- Telephone contact and follow-up
- Adult and Older people CMHTs running 7-day week service
- IAPT virtual offer with some F2F;
- Staff testing was available for key workers and CCG staff at Alexandra Avenue and at Marylebone Road

A similar reflection was given by Harrow Mencap, Harrow Carers, CAAS, Harrow Mind, HASVO reporting they had continued to operate with many volunteers working from home, providing support using virtual and digital methods:

- Supporting vulnerable people with food parcels
- Telephone contact checking on vulnerable patients
- Planning recovery and reinforcing guidance on social distancing
- Increase in counselling and mental health support
- Increase in benefits advice and food services as of last week
- Suspending drop-in activity to protect health and safety of carers
- More referrals for teenagers with behavioural issues and who cannot be kept inside
- Those with Education Health and Care need plans who are refusing to return to school possibly due to difficult environment
- Recovery plans as part of transformation for Community Mental Health services
- Engagement plans on hold to establish an integrated care working group to look at pathway with LA, VSOs and service users to ensure all needs are met
- Harrow User Group report collated 120 questionnaires through other organisations and put forwards some recommendations covering a range of support needs (primary care, carers, daily needs)
- Engagement with LA about test and track and implications for Somali cohort
- Providing information and advice to the Somali community on lock down measures and risk of mortality due to high incidence

- Issues remain around employment, housing and overcrowding and its impact

## RECOVERY AND RESTORATION

As we entered the Recovery phase, many the discussion points have focused on tackling health inequality, emotional and psychological support. There has been an increased need for talking therapies to address post-traumatic stress disorder, bereavement, anxiety and uncertainty; for the entire community including staff. Offers around wellbeing are being planned including effective communication and engagement to inform service development and sharing information across partners. The Enhanced offer was not totally F2F or virtual but personalised and based on needs and meeting principles of equality of access, usually supported by a risk assessment.

The emerging themes and priorities from the Harrow CCG/ Voluntary Sector Partners Recovery and Restoration Webinar, focused on several areas including Health Checks. Quarterly monitoring is currently on hold but will soon be resumed. Due to social distancing rules, activity was expected to slow down therefore performance notices will not be applied given the circumstances. In relation to social isolation those with mental health conditions as well as young adults living alone and carers have been impacted. It is expected that the economic impact of the pandemic will increase the prevalence of mental health need.

Harrow CCG, Harrow LA and Voluntary Sector partners are ensuring a joined-up approach to restoration. The voluntary sector has provided evidence that shows that the pandemic has impacted people differently. Those with conditions such as PTSD, OCD and Eating Disorders have been particularly affected and we need to think about how these services target these groups, as some are able to seek help whilst others are less likely to do so. There has also been a lot of anxiety related to going back to work and business as usual. Service Users may also still have insecurities about the safety of services.

Feedback from service users on the greater use of digital/virtual platforms showed that many carers declined the virtual counselling offer. Services need to be flexible as virtual services do not suit everybody. Delivery of face to face services continues in a small amount of cases, following a risk assessment, precautions and according to the needs of individuals and members of staff. A number of staff live with shielding patients and individual profiles are being built in order to ensure services meet everyone’s needs whilst keeping people safe and controlling the virus.

One VSO reported this was a complex picture which considers service objectives, staff and service user needs. The Face-to-face befriending service

has resumed and is now being conducted outdoors. About 20% of users have declined digital access to services and would like to wait. The reasons for not wanting to engage digitally are varied and sometimes complex. Plans going forward include up skilling staff and service users, offering support through buddying and taking a mixed approach according to individuals' needs.

Reducing health inequalities for vulnerable groups including BAME communities is being addressed as a priority. All staff across NWL are being and should be risk assessed. Harrow has a diverse population and a diverse workforce. It recognises its shared responsibility to address emerging disparities in risks and outcomes specifically in its immediate and future plans. Therefore, there will be:

- A focus on BAME support co-ordinated across mental and physical health services.
- Effective communication and engagement across all of our communities living and working in Harrow to ensure that equal access to advice, guidance, services and support.
- Proactive support and co-ordination through our PCNs including promotion of Health Checks.

Support to care homes was established across Harrow Care Homes. This included proactive calls on the weekend to 'high-risk' Homes. This service includes:

- On-call Geriatric Consultant: available to support GPs (Mon – Fri, 8am – 8pm).
- Urgent Local Testing: arranged for residents and staff affected by outbreaks.
- Expansion of Hub Activities: to include COVID testing and patient monitoring.
- Integrated Working: with health and social care around testing in care facilities.

## NW LONDON OUT OF HOSPITAL RECOVERY PLAN

Planning for recovery and second wave: Managing safety, risk, capacity and flow (*see Appendix One*); Our priorities for Harrow builds on the progress to-date in responding as a partnership to Covid-19, but recognise the specific challenges ahead, including in restoring access to services and support across our population to both shielded and non-shielded individuals, adults and children, and those requiring mental and physical health and care support.

The Covid-19 outbreak has put further pressures on a system already under financial strain and whilst we have been able to support each other to respond to the requirements of Covid-19 throughout the last three months, we are already seeing the effects in relation to increased demands across a wide-range of services; and, in a number of cases, increased acuity in those now presenting who require our help and support. Our key priorities are:

**Managing Safety and Risk:**

- Ensuring that effective measures are in place to support those living, working and receiving services in Harrow, whichever health or care services they require access to; and those who are in need of additional support, whilst being shielded, self-isolating, and / or recovering from a period of Covid-19 infection.
- We will achieve this by continuing to develop our borough delivery model, ensuring that care is as safe as possible working with our PCNs, Mental Health, Community, Social Care and Voluntary Sector organisations; including "Virtual First"; robust programmes of staff testing; ensuring ongoing supply of PPE; supporting self-care; and implementing appropriate "zoning" within services – all to provide an environment in Harrow which is both safe, and recognised to be safe, by those who need to access help and those providing it.
- We know a particular priority in Harrow will be continuing to support our many Care Home residents and shielded individuals, with specific arrangements in place for them; but we also recognise that only by safeguarding the population as a whole will we be able to progress our recovery journey.

**Managing Capacity and Flow:**

- Many of our services were already under significant pressure pre-Covid-19, and the restarting of services which were temporarily paused during the Covid-19 outbreak will create new demands.
- Our Recovery Plan focusses on improving productivity through integrating our work and our teams, restarting services in a way which develops and transforms them and doesn't just go back to how we were working before. In doing so we aim to reduce emergency need through proactive intervention in the community co-ordinated at the frontline. Critical to our success will be effectively supporting those with Long Term Conditions and tackling existing and new health inequalities across Harrow.

This year it is more important than ever for health and social care workers to receive their free flu vaccination and protect themselves, their patients and their families against flu. There is a driver for GPs to make every contact count. To this end Annual Health Checks for people with Learning Disabilities and Physical Health Checks for People with a Severe Mental Illness (SMI) should be undertaken whilst encouraging the uptake of the flu vaccine.

Suicide Prevention remains a key priority, with programmes running across NW London and a local programme being re-launched across Brent and Harrow.

The COVID-19 Pandemic drew attention to the significant increase in deaths for people with Learning Disabilities. LeDer Rapid Reviews were implemented nationally to monitor the impact of COVID-19 on this group, although all

deaths must still be notified on the LeDeR system during this period whether they are Covid-19 related or not.

The Executive Team at Central and North West London FT, Harrow's main Mental Health provider mandated that IAPT services be re-framed to develop and roll out an enhancement Covid19 specific programme of clinical support, interventions and signposting, covering three key areas:

1. Addressing pervasive anxiety and uncertainty arising from the global health crisis
2. Providing mental health support and advice around social isolation, including wellbeing, domestic violence signposting and helping to develop coping strategies and ways of managing mental health through the current crisis
3. Supporting front line healthcare workers and families through periods of extreme stress and loss and involve in backing up our crisis and secondary care services

As well as individual support, we will be offering specific online groups and will target specific vulnerable groups and people with long-term health conditions.

Over the last 2 years Harrow CCG and Harrow LA have co-chaired the Autism Health and Social Care Group, and the Learning Disabilities Health and Social Care Group. Both of these are quarterly meetings, Strategic in nature and co-produced with a Parents and/or Carer as Co-Chair.

This forum allowed Harrow CCG and Harrow LA to highlight national guidance, enhanced the support to the COVID-19 response, and help shape decisions and actions in relation to supporting people with Autism going forward. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) had been raised as an issue nationally, Harrow CCG confirmed a letter had been issued to GPs to clarify and reiterate the guidance to ensure that a mental health capacity assessment is carried out before any decisions are made. Other points include:

- Care homes are now accessing multi-agency support coordinated by Harrow council on a weekly basis to ensure guidelines are being followed and good practice shared.

- CNWL had put measures in place to ensure that staff are supported to stay safe and work from home by working around individual needs. Staff risk assessments are being undertaken for staff to return safely to work.

- Physical care assessment and ADOS have been carried out whenever possible although it has been significantly reduced as they need to

have face-to-face assessments. The possibility of carrying out virtual ADOS are being examined.

- The community transformation programme has been soft launched. Staff teams have been allocated into 3 teams at Bentley house. The service will operate 7-day week to help reduce hospital admissions.

- The service carried out a temperature check on the provision of a virtual service and the result is that some service users like it while others prefer face-to-face. Shielded patients from LA and CCG lists (150 of which are mental health patients) have been contacted weekly and all have been allocated a key worker. Some patients asked not to be contacted as they have enough support.

- Harrow Local Authority has been providing food deliveries, support to schools and bereavement support in addition to the COVID helpline which is still in operation.

## PHASE THREE

Harrow has begun to implement the latest Phase Three national guidance. This includes:

NHS Priorities from August:

- Accelerating the return of non-Covid services
- Expand and improve mental health service
- Restore and expand services e.g. IAPT and 24/7 crisis helplines
- Validate system plans for mental health service expansion trajectories
- Continue to reduce the number of people with a learning disability in specialist inpatient settings by providing better alternatives and using Care and Treatment Reviews

Prepare for winter and possible Covid resurgence:

- Continue to follow good Covid-related practice to enable safe access to services and protect staff
- Continue to follow PHE infection prevention and control guidance to minimise nosocomial infections
- Sustain current staffing, beds and capacity, and make use of independent sector and Nightingale hospitals
- Deliver an expanded flu vaccination programme
- Expand the 111 First offer and maximise ‘hear and treat’ and ‘see and treat’ pathways for 999

Supporting the Workforce:

- Deliver the commitments in the NHS People Plan for 2020/21 including urgent action to address systemic inequality experienced by some
- of our staff including BAME staff

- Develop a local People Plan to cover the expansion of staff numbers, mental and physical
- community engagement to mitigate identified risk in the community Accelerate preventative programmes which proactively engage those at the greatest risk of poor health outcomes
- Strengthen leadership and accountability for tackling inequalities
- Protect the most vulnerable from Covid with enhanced analysis and
- support for staff, and setting out new initiatives to develop and upskill staff

Action on inequalities and prevention:

- Ensure data is complete and timely to support understanding and response to inequalities

Harrow is also enhancing and investing in the Long-Term Plan to ensure we met our ambition. These areas include:

- Perinatal Mental Health
- Children & Young People's (CYP) Community based services and crisis services
- Children & Young People's (CYP) Eating disorder services
- Adult Severe Mental Illness (SMI) Integrating primary care and community Mental Health
- Improving Access to Psychological Therapies (IAPT)
- Crisis Teams
- Therapeutic Acute

The Phase 3 planning process closes on 21 September. For Mental Health, this process will enable us to allocate the additional funding that is required to meet the Mental Health Investment Standard (MHIS) in 2020/21. The final plans will also need to be agreed and signed off by the lead Mental Health Provider.

## Ward Councillors' comments

## Financial Implications/Comments

The paper does not ask the Board for a financial decision. Phase 3 Mental Health planning will support allocation of the Mental Health Investment Standard (MHIS) uplift to ensure sufficient investment.

## Legal Implications/Comments

N/A

## Risk Management Implications

Identify potential key risks and opportunities associated with the proposal(s) and the current controls (in place, underway or planned) to mitigate the risks.

*Please see:*
*https://harrowhub.harrow.gov.uk/downloads/file/9714/committee_report_templates_-_implications_guidance*

**Note: Risk implications must be signed off by Corporate Director.**

## Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? Yes/No (delete as appropriate)

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these.

If no, state why an EqIA was not carried out.

*Please see:*
*https://harrowhub.harrow.gov.uk/downloads/file/9714/committee_report_templates_-_implications_guidance*

## Council Priorities

Please identify how the decision sought delivers these priorities.

1. **Tackling poverty and inequality**

2. **Addressing health and social care inequality**

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

**[Note: If the report is for information only, it is the author's responsibility to decide whether legal and / or financial / Corporate Director clearances are necessary. If not, the report can be submitted without these consents.]**

| | | |
|---|---|---|
| Name: Donna Edwards<br><br>Date: 16/09/2020 | [x] | on behalf of the*<br>Chief Financial Officer |
| | ___ | on behalf of the* |

| | | |
|---|---|---|
| Name: Sharon Clarke | X | Monitoring Officer |
| Date: 16/09/2020 | | |

| | | |
|---|---|---|
| Name: Paul Hewitt | x | Corporate Director |
| Date: 16/09/2020 | | |

| | |
|---|---|
| **Ward Councillors notified:**<br>**MANDATORY** | **YES/ NO**<br>** Delete as appropriate.* |

## Section 4 - Contact Details and Background Papers

**Contact:** Lennie Dick,
Head of Commissioning for Mental Health and Learning Disabilities, Harrow CCG.

**Background Papers**: NW London Out of Hospital Recovery Plan: Harrow

Harrow Health & Care Executive Approved

| | |
|---|---|
| **REPORT FOR:** | **HEALTH AND WELLBEING BOARD** |
| **Date of Meeting:** | 22nd September 2020 |
| **Subject:** | Health and Wellbeing Strategy |
| **Responsible Officer:** | Carole Furlong<br>Director of Public Health |
| **Public:** | Yes |
| **Wards affected:** | All |
| **Enclosures:** | Documents attached:<br>- Harrow Joint Health and Wellbeing Strategy<br>- Obesity Plan for Harrow |

## Section 1 – Summary and Recommendations


The Joint Health and Wellbeing Strategy is a statutory requirement, and sets out the strategic objectives and focus for the Joint Health and Wellbeing Board, to address the health and wellbeing needs of the population of Harrow. The strategy will be for a five year period from 2020 – 2025. The Strategy was due to be presented at the Health and Wellbeing Board in March 2020, it has now been refreshed with Covid-19 implications.

The Health and Wellbeing Strategy also incorporates the Obesity Action Plan. The plan has been formed by a group of stakeholders and is based on the needs identified in the Obesity Needs Assessment 2020.


### Recommendations:

The Board is requested to:
Approve the Health and Wellbeing Strategy for Harrow.

The Board is further requested to identify a Councillor and a GP as 'healthy food champions'

# Section 2 – Report

Please see attached strategy document.

## Ward Councillors' comments

n/a

## Financial Implications/Comments

There are no direct financial implications arising from this report however any future changes in expenditure arising from the implementation of the strategy and delivery of actions detailed in the strategy document will need to be contained within existing the financial envelope for all partner organisations.

The delivery of public health outcomes are funded by a specific ring fenced government grant which totals £10.8m for 2019-20. The longer term funding of Public Health has yet to be confirmed, with the potential for the service to be funded by business rates.

It is not clear what impact, if any, the changes to the funding will have on the level of available resource and future funding decisions will be considered as part of the annual budget setting process.
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## Legal Implications/Comments

Legal note there are no specific implications and risks identified within this Report. Any decisions undertaken in the delivery of the Health Wellbeing strategy will be subject to any relevant governance considerations

## Risk Management Implications

The Joint Health and Wellbeing Strategy is aligned to the strategic direction set through other strategies in the borough including the Borough Plan, integrated care. This will maximize the opportunities and strengthen delivery plans.

As with other strategies, flexibility and adaptation to changing political landscape will be important.

## Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these.

If no, state why an EqIA was not carried out.

The strategy is grounded in tackling inequalities and addressing health and wellbeing needs across the borough.

## Council Priorities

Please identify how the decision sought delivers these priorities.

The strategy addresses the priorities for Harrow 1-5 through collaborative actions across the council, CCG and wider partners.

**1. Building a Better Harrow**

- Create a thriving modern, inclusive and vibrant Harrow that people can be proud to call home
- Increase the supply of genuinely affordable and quality housing for Harrow residents
- Ensure every Harrow child has a school place
- Keep Harrow clean
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion

**2. Supporting Those Most in Need**

- Reduce levels of homelessness in the borough
- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

**3. Protecting Vital Public Services**

- Harrow has a transport infrastructure that supports economic growth, improves accessibility and supports healthy lifestyles
- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues
- Harrow continues to be one of the safest boroughs in London

**4. Delivering a Strong local Economy for All**

- A strong, vibrant local economy where local businesses and thrive and grow
- Reduce levels of in-work poverty and improve people's job opportunities
- Harrow is a place where people and businesses invest

**5. Modernising Harrow Council**

- Deliver excellent value for money services
- Reduce the borough's carbon footprint
- Use technology and innovation to modernise how the Council works
- Improving access to digital services

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

**[Note: If the report is for information only, it is the author's responsibility to decide whether legal and / or financial / Corporate Director clearances are necessary. If not, the report can be submitted without these consents.]**

| | | |
|---|---|---|
| Name: Donna Edwards<br><br>Date: 19/12/19 | x | on behalf of the*<br>Chief Financial Officer |
| Name: Sarah Inverary<br><br>Date: 19/12/19 | x | on behalf of the*<br>Monitoring Officer |

| | | |
|---|---|---|
| Name: Paul Hewitt<br><br>Date: 19/12/19 | x | Corporate Director |

| | |
|---|---|
| **Ward Councillors notified:** | **NO** |

## Section 4 - Contact Details and Background Papers

**Contact:** Laurence Gibson, Consultant in Public Health, Laurence.Gibson@harrow.gov.uk

**Background Papers**: see attached strategy document, and obesity plan

# Draft Harrow Obesity Plan 2020-24

## *Obesity is everyone's business*

*Since the obesity plan was drafted for the Health and Wellbeing Board in March 2020, the COVID-19 pandemic has meant that some services and actions may be delayed and the deadlines may need adjustment. The period of lockdown and social distancing has the potential to slow down the roll out of services, and in some cases there is a back log of appointments. Some of the primary actions – such as gaining service user feedback and developing weight management support for children and young people will now take place later in the year. Other services such as the Watford FC Weight Management service have been adapted to offer online support and the impact on outcomes will be closely reviewed. We are still committed to delivering this plan for Harrow and all efforts will go into meeting our goals and aspirations while maintaining quality.*

## Introduction

This plan describes the strategic aims and objectives and the actions that will take place to prevent and treat excess weight in Harrow between 2020-24. The action plan below shows our 2020-21 position and will be updated annually.

As part of our 'whole system approach' a group of stakeholders including Primary care, Paediatrics, Community Dietetics, Health Visiting, School Nursing, Planning, Early Support services (including Children's Centres), Public Health, Transport, Environmental Health, Parks, Harrow Leisure Centre and Exercise on Referral provider Everyone Active, Schools and Harrow Clinical Commissioning Group have been working together to interpret the picture presented in the Harrow Obesity Needs Assessment 2020. We worked together to identify our assets in Harrow and make a partnership plan making the most of our momentum and resources to prevent and treat excess weight.

The recommendations from the Obesity Needs Assessment 2020 form the themes for this plan, which are;

- Overarching levers and issues we need to address to have an effective response to the problem in Harrow
- Planning a better environment
- Prevention of obesity for children and adults (including maternity) (Tier 1)
- Community based weight management and lifestyle services (Tier 2)
- The route to specialist obesity services for adults and children and young people in Harrow (Tier 3)

## A brief overview of obesity and overweight in Harrow

There are myriad health risks associated with obesity, including an increased risk of stroke, cardiovascular disease, type II diabetes, depression and some types of cancer. (1) There is also a clear dose response relationship between BMI and disease implying that any reduction in BMI may be beneficial for health and health and all other care services for vulnerable people . (2) Obesity is caused by an imbalance in energy consumption and expenditure, of which over-consumption of calorie dense foods and a lack of physical activity are important determinants.

The Active Lives survey 2017/18 estimated that just over half (52.9%) Harrow adults are either overweight or obese. Using the 2018 mid-population estimate for the Harrow adult CCG population and applying the Active Lives prevalence we can estimate 101,462 adults residents were overweight or obese. Harrow has higher rates than London and England of physical inactivity in adults (32%) which is a determinant of overweight.

The environment in which our residents live  affects both how active they are and what you eat. Currently fast-food, which is generally high in energy content and low in nutritional value, is readily available in Harrow – the density of fast food outlets (compared to other food shops) is increasing in most Harrow wards. In 2019 12 schools in Harrow were found to have more than 4 fast-food outlets within 400m of the school.

In 2017/18 94.5% of Reception children and 94.9% of Year 6 children in Harrow participated in the National Childhood Measurement programme (NCMP). This showed that 8.8% of Reception children were obese and that by the end of primary school this was 20%.

For more information please see the full Obesity Needs Assessment 2020 available at: https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment/2?documentId=12490&categoryId=210266

## The governance and monitoring of the Harrow Obesity Plan

The monitoring of this action plan will be completed by the Harrow Obesity Stakeholder group who will report updates to the Harrow Health and Wellbeing Board annually and the action plan will be updated annually (and so the one below is for 2020-21). The Obesity Stakeholder group will have designated 'system leaders' for each action plan and smaller groups may also meet to deliver what success looks like. A key role of the group will be to remain alert and respond to grant allocations as they become available and particularly in light of the association of obesity with long term conditions and Covid recovery.

## Harrow Obesity Plan Key Aims by 2024:

- To engage with the issue of excess weight in Harrow with a whole system approach maximise the efficient use of resources, assets and momentum for change
- To have a clearly communicated pathway for prevention, treatment of excess weight for everyone who needs it and a plan to reduce the obesogenic elements within our environment

## Harrow Obesity Plan Objectives to achieve by 2024 unless otherwise stated:

1. To strategically address our obesogenic environment with actions that form a whole system approach

2. To have a fully specified and functioning pathway for excess weight for children and adults and maternity by end of March 2021

3. To have a reference point for information on how to access services that prevent and treat excess weight for residents and professionals by end of March 2021

4. To have at least 300 adults with a BMI of 30+ seen as part of the Shape Up programme (tier 2) in 2020-21 (further years will be confirmed annually after budgets and commissioning plans are finalised).

5. To have a fully functioning excess weight treatment and prevention pathway for children and young people including tier 2 weight management services commissioned and operational by March 2021 (further year aspirations will be confirmed annually depending on Public Health resource allocation and when commissioning plans are finalised).

# Harrow Obesity Action Plan 2020 -21

| 1. Actions: Overarching themes and recommendations<br>System leader: Public Health | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success measure** | **KPI** | **Date** |
| 1. An operational pathway should be specified and agreed by the stakeholder group for Adults, Maternity and Children and have synergy with the current Active Harrow Strategy and action plan. | Public Health and CCG (Commissioners) | 1. An operational pathway in line with national guidance and linking to the Active Harrow Strategy | 1. Number of referrals to tier 2 services | March 2021 |
| 2. A communications plan that uses mixed methods and takes into consideration the culturally specific needs of the Harrow population should be developed including key messages to be reinforced by stakeholders and all signed off by the Adult and Children and Young People Obesity Stakeholder Groups | Council Communications | 2. Engagement from stakeholders through the pathway group and implementation of Obesity Communications Plan | 2. Operational Communications plan | March 2021 |
| 3. A webpage should be developed to advise professionals and residents on the services for treatment and prevention of excess weight and including the key messages and this should be promoted in the communications plan above to a wider groups of professionals. | Public Health | 3. An operational information point and number of hits on the webpage | 3. Number of clicks | March 2021 |
| 4. Opportunities for self and professional assessment should be identified and promoted as part of the pathway in the Obesity Communications Plan | All Stakeholders | 4. Operational weight assessment tools in settings across Harrow identified and referral to appropriate tier 2 services (including self assessment and referral) | 4. Number of self assessment tools promoted | March 2021 |
| 5. Resident views and service user feedback should be gained on the proposed Obesity Plan as part of the stakeholder feedback | Public Health | 5. Residents consultation via the Residents survey and service user feedback scheduled via the community dietetics services | 5. Number of respondents | July 2020 |
| 6. Harrow Obesity system leaders should be identified and agreed and become the leads for relevant actions and success measures in this action plan. | All System leaders | 6. A finalised action plan with regular Obesity Stakeholder meetings to monitor | | |

| **2. Actions: Planning an environment that promotes being active and availability and accessibility of healthier food**<br>**System leader: Calum Sayers – Planning/ Annabelle Fosu – Transport/ Dave Gilmour – Environmental Health tbc** | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Support and input from the Obesity Stakeholder group should be made into strategic Planning such as the development of New Harrow Local Plan policies on fast food takeaway restriction close to schools. | Public Health/ Planning | 1. The development of new policies in the New Local Plan which will see the restriction of any new fast food takeaways within 400m of schools | 1. Local Plan policies finalised | March 2021 |
| 2. A partnership between the Obesity Stakeholder Group and Planning to develop a new Health Impact Assessment process which would mean new developments maximised the opportunities to build an environment which promotes health through healthier eating and being active . | Public Health/ Planning | 2. The development of a new approved HIA process | 2. Number of HIAs completed | March 2021 |
| 3. Strategic links should be developed between the Obesity Stakeholder groups and the Harrow Council Active Travel programme including the new Healthy Streets Officer's portfolio – including the sharing of data on with schools with high obesity so that additional support can be offered to them on promoting and facilitating active travel and working with work workplaces on active travel. | Transport | 3. Attendance in the pathway group from Transport and completed examples of joint working, and the completion of targeted support for schools on active travel with higher obesity | 3. Number of transport initiatives delivered | March 2021 |
| 4. The Harrow Healthier Hot Bites Award should continue to be supported and offered as part of the food hygiene visits by Environmental Health but the profile of the award should be raised | | 4. The Hot Bites award should be included in the Obesity Communications plan | 4. Number of Hot bites awards | March 2021 |
| 5. The promotion of healthy and affordable food: Key messages to all settings on affordable and healthy convenience food | | 5. Key messages about healthier convenience food should be included in the Obesity Communications plan | | March 2021 |

| **3. Action plan: Prevention and treatment of excess weight in Early Years**<br>**System leader: Andrea Lagos and Jonathan Hill Brown– Public Health** | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Incorporate and promote local physical activity services in early years settings including the promotion and monitoring of Busy Feet<br>2. Continuation of healthy eating as part of the healthy lifestyle work by Early Support services (including Children's Centres)<br>3. Continuation of the rolling out of the Baby Buddy App (as part of the NW London Obesity Programme) as part of the advice given to mothers by Harrow Health Visitors<br>4. Any changes to the pathway should also include training on the key messages for brief interventions for School Nurses, Primary Care and Health Visiting so that they have the messages and tools to use contact time effectively and include best practice on cultural requirements, positive self esteem, body image.<br>5. The delivery of the Healthy Schools London and Healthy Early Years award where both have key roles in promoting healthy eating and physical activity in all settings. | Public Health | 1. Number of EY settings trained and delivering Busy Feet<br>2. Tbc<br>3. Development of a way to monitor the local uptake of the Baby Buddy App<br>4. Development of pathway and guidance<br>Review of training needs, training provided, number attended and evaluation<br>5. Number of new Early Years and Schools in Harrow achieving the awards | 1 and 2.To have physical activity and healthy eating opportunities by in Early Support Services in every Harrow Children's Centre<br>3 and 4. To have a specified tier 1 and 2 pathway that can then be communicated to all professionals in 2021 | Mar 21<br>Mar 21<br>Mar 21 |

| **4. Action plan: Prevention in Schools**<br>**System leader: Rob Hawkes – School Improvement Team – Harrow Council/Andrea Lagos Public Health/Alicia Morton - Transport** | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Encourage schools to access specialist support particularly regarding the use of DfE School Sports funding tbc | PH & HSIP | 1. Schools signed up for Healthy Schools London award | 1. Number of schools signed up for Healthy Schools London | March 21 |
| 2. Create support around fast food, water only schools and healthy eating approaches in school | Public Health | 2. Establishment of a school health network tbc - Speak to Andrea tbc | 2. Number of schools operating water only policies | Mar 21 |
| 3. Schools should be encouraged to sign up to the Daily Mile and TfL's STARS programme and other physical activity schemes and work closely with school nurses who can deliver health promotion workshops to schools. | Public Health/Transport | 3. Establishment of a school health network tbc - Speak to Andrea tbc | 3. Number of Daily Miles in operation and of Engaged Schools in STARS | Mar 21 |
| 4. The NCMP data on obesity by school should be used address needs around healthy eating and keeping active | Public Health/Transport | 4. NCMP data analysed by school | 4. Number of initiatives targeted based on needs identified in the NCMP and work with the Healthy Streets officer | Mar 21 |

| **5. Action plan: Treatment of children who are overweight (tier 2)**<br>**System leaders: Jonathan Hill- Brown – School Nursing and Health Visiting Commissioner, Public Health** | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Review the NCMP pathway and consider proposal to commission an age specific weight management service based on NICE guidance (tier 2) linking appropriately with other pathways such as diabetes, mental health and looking at timing of NCMP letters. Services should carefully consider the needs of the Harrow population – food and language needs. | PH and SN | 1. Review of tier 2 completed and procurement of services where necessary | To have a specified AND functioning tier 1 and 2 pathway that is communicated to all professionals with data to analyse on numbers and outcomes | March 2021 |
| 2. Guidance to be produced for primary care regarding NCMP pathway, and correspondence with parents should be adapted to reflect co-design with families and any pathway changes, messaging should be evidenced based and in consultation with dietetics and reflect the communications plan messaging. | PH and SN | 2. Development and circulation of guidance of the children and young people's obesity pathway to primary care | | |
| 3. The pathway should be linked to other relevant strategic approached such the Early Health Strategy in Social Care and mental health services such as IAPT services | Public Health/ Social Care | 3. Clear pathway to the strategies and the services this plan is linked to | | |
| 4. Any changes to the pathway should also include training on the key messages for brief interventions on healthy eating, weight and physical activity for School Nurses, Primary Care and Health Visiting to have the messages and tools to use contact time effectively and include best practice on positive self esteem, body image and cultural differences | | 4. Training session developed and delivered, | Number of attendees | |

| 6. Action plan: Treatment of children who are obese (tier 3)<br>System leader: Jason Parker CCG | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Establish a clear pathway with all commissioners and synergy with other relevant services ( e.g. mental health, diabetes) and incorporate in the training and information disseminated in communications plan | Public Health and CCG | Specified pathway for t1-3 | To have a specified AND functioning tier 3 pathway that is communicated to all professionals with data to analyse on numbers and outcomes | March 21 |

| **7. Action plan: Prevention of adults obesity (Tier 1) including maternity**<br>**System leader: Anna Kirk Public Health** | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. A new Adult Obesity Pathway should be developed in Harrow which includes physical activity and brief advice for those with a BMI of over 25. The pathway should recognise the need for culturally specific approaches and resources and link to other relevant services for referrals and key messages such as NHS Health Checks, Diabetes and pre diabetes services, IAPT, Stop smoking and alcohol services. | Public Health | • An operational pathway in line with national guidance | • To have a specified AND functioning tier 3 pathway that is communicated to all professionals with data to analyse on numbers and outcomes | Mar 2021 |
| 2. A communications plan of the agreed Adult Obesity Pathway should be developed and shared across all stakeholders | Public Health | • Implementation of communications plan | | |
| 3. Any changes to the pathway should also include training for frontline staff (clinical, social services, housing, pharmacy) on the Making Every Contact County providing key messages for brief interventions on healthy eating, weight and physical activity to give staff the tools to use contact time effectively. Free exercise opportunities should be highlighted aswell as the social and wellbeing benefits. | Library, Sport and Leisure | • Training on brief advice and MECC tbc | • Number of people trained from key professional groups | |
| 4. A universal means of the promotion of physical activity such as the council webpage www.harrow.gov.uk/getactive | Public Health | • Accessible website | • Clicks on website | |
| 5. Development and systematic promotion of physical activity opportunities for specific and vulnerable adult groups such as people with disabilities and people with poor mental health and their carer. Examples include Everyone Active's walking netball and chair exercise sessions which promote the social aspect of meeting up for exercise for older people. | Public Health | • Development and promotion of physical activity opportunities for vulnerable groups as part of the pathway | | |
| 6. Development of a workplace health guidance to engage with employers in Harrow and include smaller and medium sized businesses that includes promotion of healthy eating/catering advice and physical activity opportunities | Public Health / EH | • Support for Environmental Health to deliver advice to workplaces on health and safety visits | • Number of health and safety visits that incorporate healthy eating advice | |

| 8. Treatment of Adults (including maternity) who are overweight (Tier 2)<br>System leader: Anna Kirk Public Health | | | | |
|---|---|---|---|---|
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. A review of tier 2 weight management interventions and insights into barriers to access from pilots in 2018-20 to commission a more flexible weight management service in 2020-21 that considers the needs for culturally specific approaches<br><br>2. A review of the identification of overweight and obesity in adults including maternity, and access and mapping of weight management services including Shape Up, Community Dietetics and Exercise on Referral to inform improvements to accessibility as part of the pathway redesign<br><br>3. There should be a GP champion for each PCN that acts as a link between public health and primary care. This should also be linked closely with the pre-diabetes work and programmes to incentivise practices on both obesity and prediabetes.. They will help implement new proposals and disseminate information to other health professionals including Healthcare Assistants. They will also ensure that excess weight is being appropriately addressed in general practice | Public Health (commissioner) | 1. Completed appropriate procurement of tier 2 services<br><br>2. Completed review of identification as part of the pathway redesign<br><br>3. Number of overweight and obese people referred to Tier 2 services | To achieve 300 people taking up some kind of Tier 2 offer in 2020-21 | Mar 21 |

# Harrow Joint Health and Wellbeing Strategy 2020-2025

*Start well*

*Live well*

*Work well*

*Age well*

# Introduction

*The Joint Health and Wellbeing Strategy aims to improve the health and wellbeing of the local community and reduce health inequalities in all ages*

## What is the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy is a statutory requirement, jointly owned by the local authority and Clinical Commissioning Group (CCG). It aims to meet the population needs identified in the Joint Strategic Needs Assessment, and the Health and Wellbeing Board has responsible oversight.

The strategy is a five year plan that aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It provides leadership and strategic direction across Harrow to tackle the issues that influence health and wellbeing, including wider issues such as housing and education.

It enables planning and commissioning of integrated services that meet the needs of the whole local community, and gives opportunities to take a system-wide approach to health and wellbeing, reflecting on key national deliverables and must-dos set out in the NHS Long Term Plan.

This will need to be delivered within the allocated budgets of both the Local Authority and the CCG, recognising the need to make efficiencies in the coming year to ensure sustainability.

## What makes us healthy?

We began this strategy well before the global Covid-19 pandemic. Since then we have seen over 1,000 laboratory confirmed cases and almost 400 deaths due to COVID-19 in Harrow. The subsequent lockdown and social distancing measures have had a huge societal impact. It is these wider measures that have shown us how our health and wellbeing is not just determined by the health services we have access to, but also how our communities can offer us resilience.

COVID-19 has exposed the huge inequalities in health that exist. It showed that if you are older, living in a deprived area and from a black, Asian or other minority ethnic community, you were more likely to get COVID 19 and more likely to die from it. We seek to address these fundamental inequalities n this strategy.

This is not new thinking. A study, by the Canadian Institute of Advanced Research (2012), showed socio-economic factors to contribute 50% of an individual's health, environmental factors 15%, genetics 15%, and health care the remaining 20%.

The Health Foundation model showed contributing factors to include : Good work; Our surroundings; Money and resources; Housing; Education and skills; The food we eat; Transport; and Family friends and community

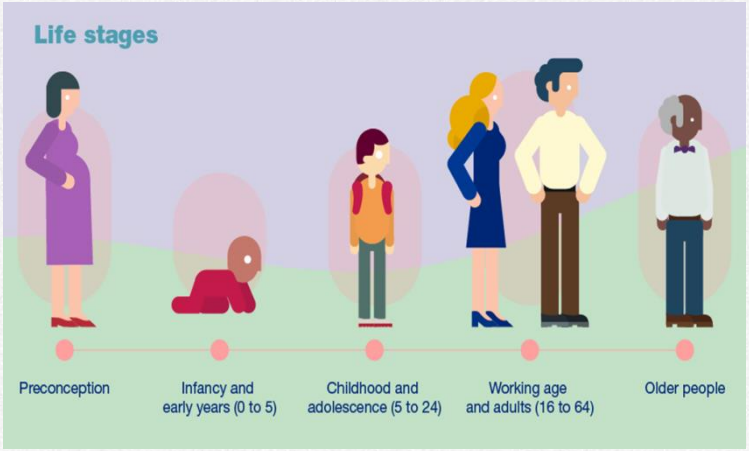
The Marmot review (Fair society, healthy lives, 2010), found that:
"Universal action is needed to reduce the steepness of the social gradient of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage"

The review recommended that action should be focused on:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities
- Strengthening the role and impact of ill-health prevention

Seven cities in the UK have been declared Marmot cities, with extra focus to tackle inequalities, focusing on the life course and recommendations made in the report.

# The life course approach




There is a wide range of protective and risk factors that interplay in health and wellbeing over the life span. The life course approach considers the critical stages, transitions, and settings where large differences can be made to health and wellbeing.

Looking at the life course enables action on social determinants of health, both to address negative risk factors and build empowered and resilient individuals and communities. Addressing factors across the life course can reduce the cumulative effects throughout life and across generations

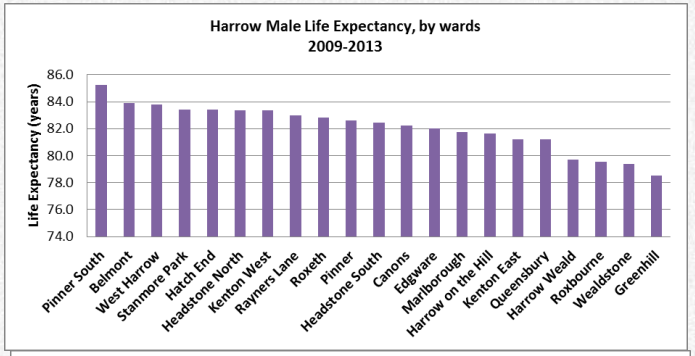
Primary transition points where impact can be had if action is taken include, for example, starting work, becoming a parent or becoming a carer. At these times, a person may adopt healthy lifestyles and build supportive social networks.

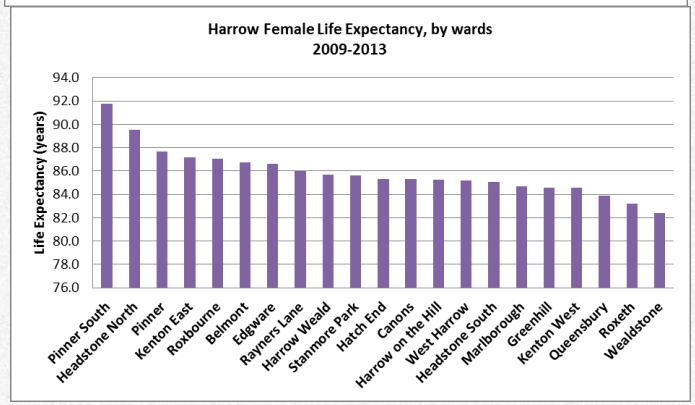
BUT sometimes the life course trajectory is 'interrupted' and is less positive, for example through ill health, disease outbreaks, unhealthy lifestyles or coming into contact with the criminal justice system.

Harrow is relatively affluent and relatively healthy, with average life expectancy higher than the England average (82.7 years for males and 85.7 for females compared to 79.4 and 83.1 years respectively, 2015-17, PHE Fingertips).

But inequalities exist within Harrow, between wards of opposing levels of deprivation, life expectancy at birth varies by 7 years for men and 9 years for women. Reviews by Public Health England show that the emergence of Covid-19 has in some cases exacerbated health inequalities, particularly for Black, Asian and minority ethnic groups.

Using the life course approach allows us to focus on and take action where these inequalities exist at different points across the life course.




Source: ONS 2018 (note data source and analysis method means this data is some years out of date. Update is expected soon.)

# The strategic approach across Harrow

The Health and Wellbeing Strategy for Harrow is part of a strategic approach for Harrow. The developing strategic plan for Harrow as set out below is the wider 10 year framework for the borough, with the Health and Wellbeing Strategy forming a composite part of this. The Health and Wellbeing Strategy also sets out the joint work being undertaken between the Local Authority and the CCG through integrated care, as outlined further below.

## *Harrow's Borough Plan*

Harrow is currently developing its Borough Plan which will set 10 year vision for Harrow. It will create a vision that demonstrates why we are proud of Harrow and sets out aspirations across the borough, encapsulating our sense of community. The plan will be consulted on during 2020 prior to being finalised for February 2021.

Through the borough plan, the aim is for Harrow to be a diverse and high achieving place where everyone can feel at home: caring for each other and our environment. The aim is to deliver a vision for Harrow, tackling inequality, ensuring equality of opportunity for all our communities who contribute significantly to the diversity and culture within the borough.

There are three emerging areas that will form the foundations of the plan, where the standard of provision is currently good:

- Sustaining quality education and training
- Celebrating communities and cohesion
- Maintaining low crime levels and improving community safety

The plan proposes to address five priority areas across Harrow including:

- Improving the environment and addressing climate change
- Tackling poverty and inequality
- Building homes and infrastructure
- Addressing health and social care inequality
- Thriving economy

## *Joint commissioning*

As part of the Borough Plan, Harrow CCG and the Local Authority are working to scope services that could more effectively be commissioned together. The areas being reviewed initially are: Mental Health and Learning Disabilities, Children and Young People, Admissions Avoidance and Discharge and Carers. This review will endeavour to highlight key priority areas where patient pathways can be improved and organisational handoffs can be minimised.

## *Integrated care – Harrow*

Health and care partners and local people are working together to develop and deliver truly integrated care for the whole population of Harrow. The vehicle for delivering this will be an Integrated Care Partnership (ICP). With the Covid-19 pandemic the model for the ICP has been accelerated, the original vision for integrated care is below.

*"We will work together with pride to deliver a high-quality, value-for-money, joined-up health and care service, that supports our population to manage their health and wellbeing, and anticipates and responds to their needs in the right place and at the right time."*

The ICP partners are the acute trust, community providers, Harrow CCG, voluntary sector, Harrow GP federation, Harrow Council, a hospice, the patient participation network, and Primary Care Networks (PCNs). The partnership has agreed a set of high-level areas of focus:

- Prevention and strengths-based work
- Early diagnosis and self-care
- Primary care management and surveillance
- Crisis management and unplanned care
- Last Phase of Life

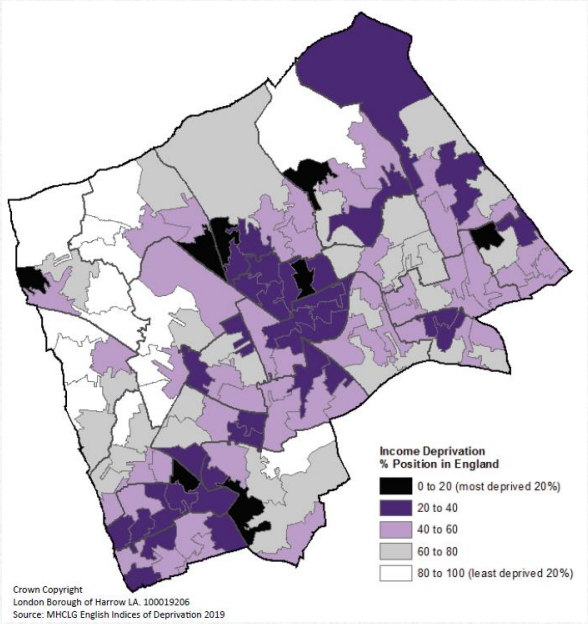
## *Integrated care –North West London*

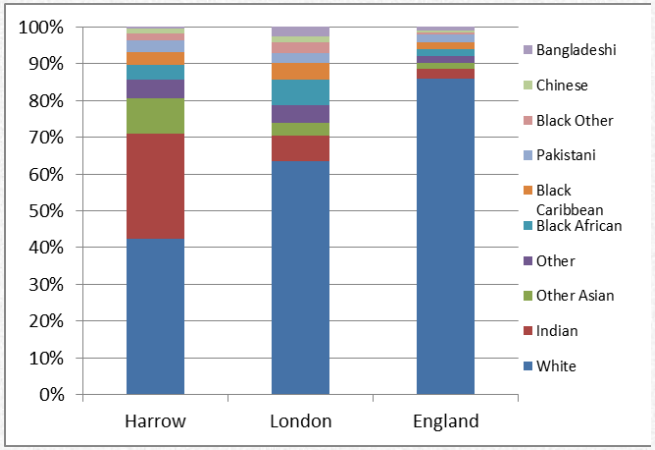
North West London is currently on a System Architecture Accelerator programme with a view to becoming an Integrated Care System (ICS) by April 2021. It has developed a clear vision and robust governance arrangements, supported by a well-developed population health approach. There will be clear alignment of primary care networks and integrated care partnerships through to the ICS. Promoting and encouraging strong community and place-based care, and by clear areas for system focus, the ICS will ensure equity of provision and experience for all residents in North West London.

## *Harrow Joint Health and Wellbeing Strategy*

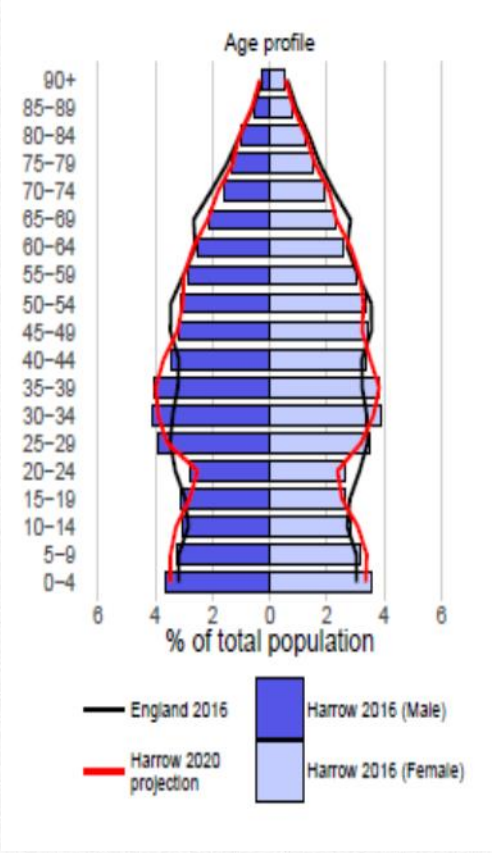
Building on and supporting all of these strategies, the Health and Wellbeing Strategy sets out the specific vision and actions over the next five years to tackle health outcomes and inequalities across the borough.

# Harrow population




Source: GLA 2019




*Although a large proportion of Harrow is more affluent than the national average, there are some small areas that are in the 20% most deprived in England.*

*Harrow is a very ethnically diverse borough, with only 42% of the population being of White ethnicity. The second largest group is Indian. Local research has shown the Romanian population to be about 5% of the population although it could be more.*

*The population of Harrow is more like the National population than the London population with a larger proportion of older people than is seen in London as a whole.*

# Start well

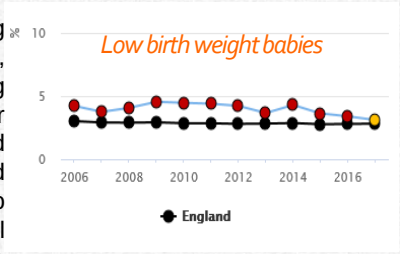
The first year of life can have a huge impact on the health and wellbeing of an individual. Much research has shown the importance of the first 1000 days (Health and Social Care Committee, 2019).

Harrow has for a number of years had higher than England average proportion of low birth weight babies and infant mortality, although both have improved in recent years.

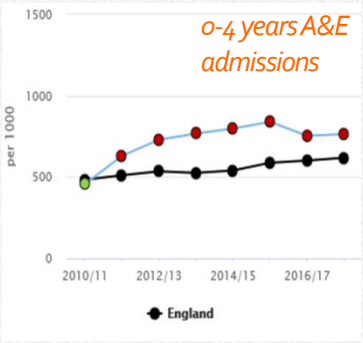
90% of mothers start to breast feed, dropping to 78% at 6-8 weeks of age (2018). Of infants that have any breast feeding, under 50% are exclusively breastfed.

A local audit of 1,085 infants under 28 days old attending A&E in 2017 showed 20% of these babies were admitted to the wards – with 39% of those being related to feeding problems, dehydration or jaundice – likely preventable admissions.

Harrow has had a low smoking prevalence in its population, including women smoking during pregnancy. However this has been increasing, and in 2018/19 it had increased from a prevalence of 3.4% to 4.6%. Data from the hospital shows that a large proportion of these are Romanian mothers.




The proportion of 0-4 year olds admitted to A&E in Harrow is higher than the England average.

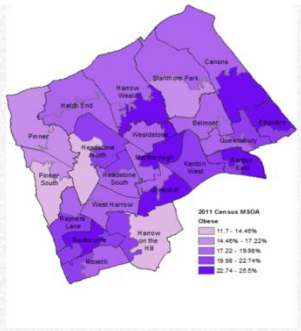



Harrow has the highest rate of decayed missing or filled teeth in five year olds in London, with 39.6% of five year olds with DMFT in 2016/17.

Source: PHE Fingertips

The National Childhood Measurement Programme measures height and weight in reception and year 6 children annually. Childhood obesity is disproportionately higher in more deprived groups, and in black ethnic groups (in year 6 prevalence in black ethnic groups was 26.1% compared to 18.1% in white groups and 20.1% in Asian groups for combined years 2013/14 to 2017/18). In additional, there is a greater proportion of boys compared to girls who are obese (24.1% of males vs 16.7% of females in year 6 for same years).

Map to show the proportion of obesity children in year 6, in 2015/16, 2016/17 and 2017/18 combined



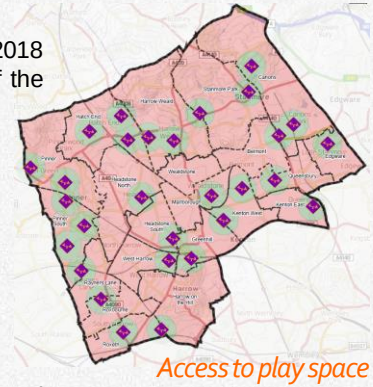
Access to play space is not consistent across the borough, with some areas have much more limited access. This can impact on risk of obesity and wider health and wellbeing.

The Young Harrow Foundation conducted a survey in 2018 taking in the views of 4,358 young people (around 15% of the Harrow 10 –19 population).

Through the results of this survey, five themes were identified as important for young people of Harrow:

- Mental and emotional wellbeing
- Youth violence
- Accessing employment opportunities
- Inequalities
- Being active

In the survey, when asked about support needs for self and others, mental health, suicidal thoughts, and self harm, were all in the top four issues raised.



Access to play space in Harrow

In education, Harrow is a high performing authority and there is much to celebrate. However, analysis and evaluation of performance information for 2018-19 indicates that areas for improvement include reducing the achievement gap between the lowest attaining 20% of children and all children (Harrow has moved from ranking 63rd nationally in 2015 to 72nd in 2019), and in KS1 raising further the proportion of pupils achieving greater depth in reading and writing, including boys and disadvantaged pupils, and Children Looked After.

There also is a need to improve the proportion of children looked after and with special educational needs in education employment or training at 16.

# Live well

Harrow has a target of 8,020 new homes over the next 10 years and an expectation that the population will grow from 250,000 to approximately 300,000. With this changing and increasing population, there is a need to ensure the health and wellbeing of the population is supported and inequalities continue to be tackled.

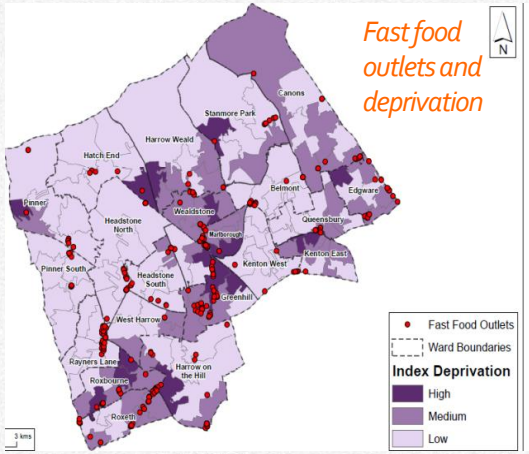
Homelessness is rising steeply and the Homelessness Reduction Act 2017 has increased the burden on local authorities. Social housing is only available to those most in need and few properties become available for new tenants each year. It is expected that there will be an impact on housing and homelessness as a result of the economic impact of COVID-19

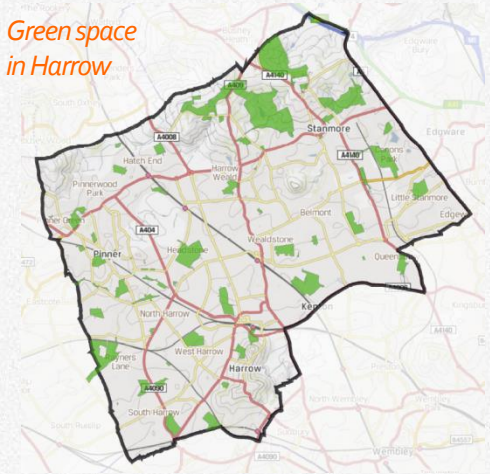
Harrow has an increasing proportion of the population who are obese. Measured in primary care, in 2018/19 this was 7.7% of the population, although this is lower than the England rate which is 10.1% (QOF data, PHE Fingertips).

There are many health risks associated with obesity, including an increased risk of stroke, cardiovascular disease, type II diabetes, depression and some types of cancer[1].

The term "obesogenic environment" refers to the influence that environmental factors have on promoting weight gain in individuals and populations. Key features of an obesogenic environment include availability and accessibility of unhealthy foods and a built (physical) environment that promotes inactivity. This can be influenced through the work of the local authority and through the actions of this strategy.

The local community can also have a big impact on health and mental wellbeing, through having the right information and advice that can help people look after themselves, a feeling of belonging purpose, and social interactions that give connectedness in the community. Harrow has a large number of voluntary organisations and community groups, that provide important services and support to the community.




A high proportion of Harrow's adult population are physically inactive, 30.1% in 2017-18, which is the fifth highest in London. People can be active through use of leisure facilities, active travel, or use of parks and green space.

Harrow has a prevalence of mental health issues – schizophrenia, bipolar, and other psychoses - slightly higher than the England rate of 0.94% at 1.04%, and 59% of all social care users had depression and anxiety in 2017/18. People with mental health problems are more likely to require support from other services, and have a much higher smoking prevalence than the general population.

Over the last three years, rates of admissions for alcohol specific reasons have increased for both males and females. These have increase from 611 to 731 per 100,000 of the population for males (directly standardised rates) and from 144 to 209 per 100,000 (DSR) for females from 2014/15 to 2017/18 (PHE Fingertips). While Harrow's smoking prevalence is low overall, rates are much higher in vulnerable groups and the poor health implications therefore disproportionately affect those who are already more at risk of poor health. Harrow also has a high proportion of HIV cases that are diagnosed late (51.8%, third highest in London for 2016-18.)



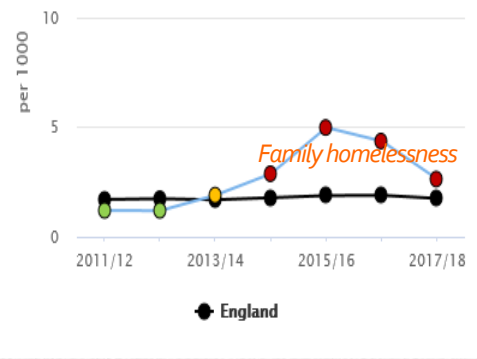
1. https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf.

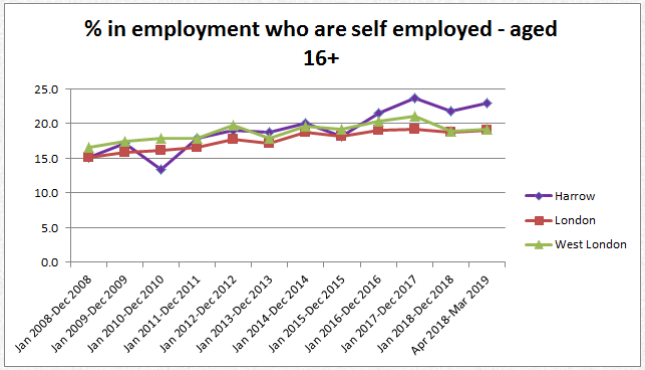
# Work well

As adults in employment spend a large proportion of their time in work, our jobs and our workplaces can have a big impact on our health and wellbeing. Work provides the income needed to live a healthy life, is a source of social status, and offers opportunities to participate fully in society.

There is clear evidence that good work improves health and wellbeing across people's lives, not only from an economic standpoint but also in terms of quality of life. Employment is also a major influence on family income and poverty and lack of employment can in some circumstances lead to a chain of events culminating in homelessness.

Harrow benefits from high Economic activity and low unemployment. Harrow Town Centre provides nearly a fifth of the total jobs in the borough. People in Harrow earn substantially less than the London weekly wage. However people living in Harrow but working outside earn just above the London weekly wage. An annual survey (2018) of earnings by workplaces showed Harrow full time workers were paid £574 a week, which is 61% of the rate of the London weekly pay of £713.20.




The District Centres provide easily accessible community hubs delivering goods and services and acting as employment sites. Nearly half of the borough's population are working in professional, managerial or technical roles and a significant number are running their own businesses. However, pay rates are low which impacts ion on health and wellbeing. The town centre and district centres are threatened by changes in shopping patterns and e commerce. The impact of e-commerce can reduce the economic vibrancy of those centres and in turn increase social isolation and poor health.

Self employment in the borough is rising, at a faster rate than the London average. The majority of self employment is in men, which has grown from 2015 to 2018 from 20.2% to 25.7% of all employment, whereas women has stayed stable. Self employment can be stressful and isolating if done without support.

There has also been an increase in part time jobs of 8% between 2015 and 2018 and a decrease pf 6.25% of full time jobs. This limits earning potential.

The majority (99.1%) of businesses in Harrow employ fewer than 10 people. These types of small businesses are more likely to be less productive and pay lower wages. Related to these business trends, there are 87,000 households in Harrow, and 19% of households are claiming housing / council tax benefits, whereas unemployment is 2% (3,245 people).

The gap in employment rate for those in contact with secondary mental health services and the overall employment rate in 70.9% for Harrow compared 68.2% for both London and England (2017/18)

The COVID-19 lockdown is expected to have some significant impacts on the local and national economy and the job market.

# Age well

The older a person is, the more likely they are to experience chronic diseases and disabilities of both the body and brain. In recent years Harrow has seen an increase of 27% (over 10,000) in elderly population, which brings increasing demand on both health and social services.

Harrow has high numbers of people living with long term conditions. Of particular importance in Harrow is diabetes, rates are increasing with latest primary care data showing Harrow to have nearly 10% of the adult population to have diabetes, the highest rate in London. Harrow also has very high rates of coronary heart disease, hypertension, a stroke compared to London.

Numbers of people with dementia is also increasing, and is set to continue increasing at a pace over the coming years. Harrow has the seventh highest prevalence of dementia in London boroughs.

Harrow has a high rate of hospital admissions due to falls in people aged over 65 compared to the England average.

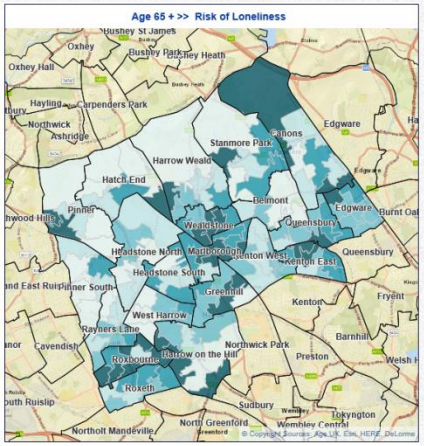
In the Adults Social Care Outcome Framework, Harrow has a low proportion of service users (65+) who report having control over their daily lives (63.8%) and a low proportion of users who report having as much social contact as they would like (39.5%). These indicators are both substantially lower than England rates (2017/18)

Social isolation when experienced at older ages, increases the risk of premature mortality by up to 26%. There are areas in Harrow where people at higher risk of isolation.

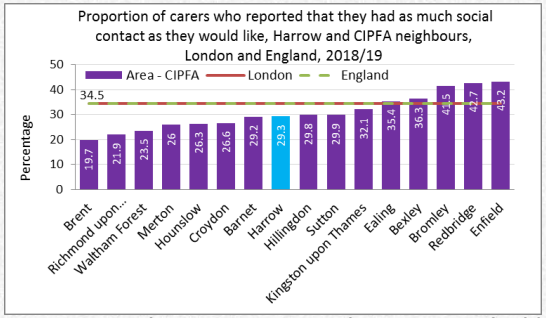
Three life events in particular are associated with social isolation among older people:

- retirement and losing connection with colleagues
- falling ill and becoming less mobile
- a spouse dying or going into care

COVID-19 has had a profound impact on older people across the borough. Lockdown has meant significantly less social interaction which has been combined with fear of the virus. It will be challenging to reverse these fears and anxieties and we expect to see an impact on the mental health of many people in our society, not least older people, their families and their carers. The higher number of deaths and the inability to observe the usual funeral rituals has impacted on the grieving process for bereaved people which is also likely to have an impact on mental health and support services




In Harrow the majority of carers (73.1%) have been carers for over five years, higher than both London and England with (67% and 65.4% respectively). Over a third of carers in Harrow (37.4%) have been caring for 20 years or more, compared to 26.5% in London and 23.5% in England (Survey of Adult Carers in England (SACE) 2018- 2019).




In Harrow a relatively low proportion of carers report having as much social contact as they would like.

Harrow also has a lower than London and England average for carer reported quality of life score (7.3 versus 7.8)

(Source: PHE Fingertips)

In Harrow, there are 57 care homes, 40 of which are residential catering for older people, people with learning disability or people with mental health problems (1,050 beds), and 10 of which are nursing homes (600 beds).

Two of Harrow's care homes are amongst the top ten highest LAS callers in North West London, and emergency admissions from care homes are increasing. In the period April 2018 to March 2019 there were 1019 incidents where ambulances were called out across all the care homes. 859 of these were conveyed to hospital.

In Harrow, the percentage of residents whose place of death is in their usual place of residence is increasing but still falls below the England average at 40% (all ages).

# Stakeholder feedback

Through workshops across partners, we looked at the evidence and discussed what the priorities and challenges are for Harrow. Attendees were:

- Local authority officers – public health, adults services, children's services, education, children's commissioning, leisure, employment, culture, housing, adult learning, communities
- Councillors
- CCG
- Police
- Acute – midwife, paediatrics
- Voluntary sector
- Healthwatch

**Overarching concepts and themes**:

- Supporting the most vulnerable / tackling is important.
- There is a recognition of the impact of wider issues such as employment, cultural services etc on health and Health should be considered within decision making
- Needs to be more joined up working – across the council between departments, with the CCG, health care, vol sec. Need to make the most of things going on; - Data sharing and access between partners needs to improve
- Communication approaches are important – so people know what services are available, what projects are being worked on

## Start well

Smoking in pregnancy is an important issue to give babies the best start in life – particularly thinking about groups with higher smoking rates in pregnancy e.g. Romanian women

Low birth weight babies – what are the reasons? Oral health Healthy weight
Thinking about impact on family – domestic violence, universal credit, parenting skills, and the wider impact

Mental health – perinatal and in children and young people

Gangs and fear of crime. Linked to mental health, and family approach. Relevant community activities for young people – dance, music recording, etc

## Live well

Healthy place – focus on health impacts in regeneration and new housing, think about green space and access to parks, fast food outlets proliferating. Air quality, parking

Mental health – pressure on services

Diabetes and long term condition prevention and management; Healthy weight, physical activity
Resilient communities – social prescribing, asset based, investing in prevention. Links to cultural services

## Work well

Businesses locally – not just a commuter town

Healthy workplaces

Engage work places in mental health, local champions

Supporting vulnerable into work

Volunteering opportunities

## Age well

Carer support important – training and support, working conditions, social prescribing

High users of services – focus on prevention, engaging to tackle problems early, community networks

Loneliness ; Mental health, dementia; Multiple conditions

Care homes and right care in right place ; End of life – care in the right place

# A vision for Harrow

Our vision for Harrow is that of a healthy, happy borough. All individuals should have equal opportunities to education, health care, healthy living conditions and access to healthy food and physical activity opportunities. These opportunities should be available and appropriate to all, at all stages of life. Maintaining a life course approach to this strategy allows for focus on opportunities and impact on all life stages.

The following pages outline the vision for this strategy across the four areas of the life-course. Each of these four chapters will have a responsible director or officer from both the local authority and CCG who will report back to the Joint Health and Wellbeing Board on an annual basis with progress. The high-level plans for the first 1-2 years are outlined. Through this approach and the actions laid out in this strategy, there are 4 priority areas where we aim to see impact.

**1. Reducing health inequalities**

There is currently a difference in life expectancy across the borough of 7 years for men and 9 years for women caused by inequalities in health which in turn are caused by inequalities in life chances and deprivation, These inequalities have been highlighted by the COVID-19 pandemic. Through the course of the five years of this strategy, and through the actions across the life course, **we aim to decrease this gap by appropriately identifying and addressing inequalities in our population at all levels and proactively managing health and wellbeing**. Particular actions that will contribute to this outcome are those addressing the economic stability of the borough, school outcomes, and the living environment in the borough. As well as addressing inequalities in access to services Ensuring a good start in life for all, will play a key part in tackling inequalities.

**2. Focusing on prevention**

We will work to minimise the individual and societal impact of COVID-19, and support all residents to become resilient within their communities. We will encourage uptake of immunisation and screening services, and we will help to identify and support residents in managing their health and their level of health risk. Using programmes such as Healthchecks and by supporting other evidence based local programmes the aim is to increase levels of physical activity, address access to healthy foods, improve oral health, encourage healthier sexual behaviours and support smokers, and substance misusers to manage their addiction. We aim to **halt the rise of obesity prevalence in both adults (QOF) and children (NCMP yr 6)** by 2025.

**3. Improving emotional wellbeing**

Emotional wellbeing and resilience is vital for a healthy happy population. We **will continue to assess and reduce rates of anxiety in the borough** (Annual population survey) and in schools (developing schools questionnaire). Emotional wellbeing during and after the Covid-19 pandemic will impact children and adults, challenges across all ages such as social isolation, loneliness, anxiety and bereavement have further raised the profile of emotional wellbeing and how to cope. Preventative actions and access to further support will be strengthened across the life course in different settings - schools, workplaces, primary and community care.

**4. Ensuring an integrated approach to care**

Through an integrated approach, health and care can be delivered more efficiently and according to need. The COVID-19 pandemic has spurred an integrated response to health and care needs that might otherwise have taken years to achieve, We will ensure future health and care continues to be centred around the resident supported within the community. Ultimately a more resilient community will reduce the demands on a health and care system to fix the problem, and ultimately the impact will be a **reduction in the number of attendances to A&E observed before the Covid-19 pandemic.**

## *Annual impact measures*

The impact measures for this strategy will be refined and finalised following consultation. The below are an initial suggestion, with further work required to ensure these are meaningful.

It is proposed that these will be reported back to the Health and Wellbeing Board as part of an annual report by the responsible directors for each life-course chapter.

| | **Reducing inequalities** | **Tackling prevention** | **Improving emotional wellbeing** | **Integrated care** |
|---|---|---|---|---|
| **Primary measure** | • **Difference in life expectancy across borough** | • **Obesity prevalence adults (QOF)**<br>• **Obesity prevalence year 6 (NCMP)** | • **Annual Population Survey (APS) Well-being dataset –anxiety School Questionnaire (as develops)** | • **Reduction in A&E attendances/ adult population** |
| **Start Well** | • Proportion of 16 year olds in employment education or training – CLA and SEN<br>• Early years average point score Improvement in gap in inequalities in early years foundation stage attainment Family homelessness | • Decayed missing or filled teeth in under 5s<br>• Obesity in reception and year 6 Smoking at time of delivery Childhood immunisations | • School survey – to be developed<br>• Maternal mental health at booking<br>• Care leavers emotional wellbeing – measure TBC | • A&E admissions in under 5s |
| **Live well** | • Uptake of community offers (Social prescribing evaluation)<br>• Admissions for alcohol related conditions<br>• Smoking prevalence | • Proportion of adults physically active<br>• Proportion Harrow residents report adequate access to health food (residents survey)<br>• Uptake of community offers (Social prescribing evaluation)<br>• Number of disease outbreak incidents in the community | • Uptake of community offers (Social prescribing evaluation)<br>• IAPT referrals against target<br>• Proportion of people with mental health condition receiving a physical health check | • Health checks invite and delivered against target<br>• NDPP delivered against target<br>• Improvement in average PAM score |
| **Work well** | • Number of individuals supported through skills, learning and employment services<br>• Comparative increase in Harrow weekly pay vs London | | • Referrals from workplaces for mental health support<br>• Support into work in priority groups (IPS/DWP programmes) – measure TBC | |
| **Age well** | • Reduction in inequalities in access to health services as evidenced by Equity profiles | • Number of disease outbreak incidents in care homes<br>• Number of admissions due to falls<br>• Uptake of flu vaccination | • Dementia prevalence against target<br>• Improvement in ASCOF carers survey outcome measures | • Reduction A&E admissions and attendances in 65+ Reduction in admissions for long term conditions<br>• Reduction in emergency hospital admissions for falls in 65+<br>• A&E admissions from care homes<br>• Death in usual place of residence<br>• Reduction in Delayed Transfers of Care<br>• Reduction in NEL admissions 65+ |

# Start well

**Enabling every child to have the best start in life**

**Responsible director:**
Director of Children's Services, Harrow Council
Managing Director, Harrow CCG

Aligned with Marmot's recommendations, our ambition for Harrow is for every child to have the best start in life - from birth and first year of life, early years experience, and schooling. Whilst the direct impact of Covid-19 on children is less significant than the adult population, the indirect impacts will need to be mitigated. The "think family" approach, will encourage the view that children and young people are not seen in isolation and their surrounding influences are also considered. A refreshed Child Poverty strategy will help direct collaborative action.

The mental wellbeing and safety of children and young people through the pandemic will be assisted with collaborative action of safeguarding and mental health support at all tiers of health need. Particular focus will be retained on those that are high risk, such as children leaving care.

Young people should feel safe and secure in the borough. As part of Harrow's approach to community cohesion, a clear approach to tackling youth violence will be developed using a public health approach which looks at the evidence and involves collaboration across partners.

Through the commissioned services across the borough, pregnant and postnatal women will receive support that's right for them, around giving up smoking, infant feeding, weaning, and oral health, to ensure that positive behaviours and prevention actions are embedded early. Through focus on smoking in pregnancy we will reduce the rising numbers of women smoking at time of delivery. Focus on infant feeding and weaning will be part of multi-factorial actions to tackle healthy weight and oral health in children.

Early years attainment should be high universally without the existing inequalities gap. This and the average point score in early years will be tackled through focused action. Particular focus will be given to improve opportunities for education and training for 16 plus year olds in more vulnerable groups.

Through the actions of this strategy and beyond, we aim to reduce the proportion of five year olds with decayed missing or filled teeth (DMFT). As the borough with the highest proportion of DMFT in London, action is needed to turn this trend around. This will be through action lead by the oral health steering group.

Healthy weight in children is of huge importance to maintain health and wellbeing through into adulthood. In Harrow overweight and obesity is a greater problem in year 6 children compared to reception. Through a system-wide healthy weight strategy we will address the multiple factors that influence this. Actions will be multi-factorial looking at the environment including play space, activity travel, access to healthy foods, as well as in-school activity, and weaning approaches. Particular focus will be on inequalities.

# Live well

**Enabling a healthy life and promoting wellbeing through the environment and community we live in**

**Responsible director:**
Director of Public Health and
Director of Strategy and Partnerships, Harrow Council
Managing Director, Harrow CCG

Our ambition for Harrow is to be a healthy, happy place to live with the infrastructure and environment to enable healthy lifestyles and a strong community.

This will be achieved through developing a clear approach to embedding health into all policies. Minimizing the spread of infectious diseases such as Covid-19 infection, and understanding the potential health impacts of planning and regeneration are both policy considerations for the Local Plan. The environment can have a huge impact on health through access to healthy foods, green space, travel options, and living conditions. Through tackling these wider determinants of health and wellbeing , inequalities in health can be addressed across the borough. Housing requirements for those with greatest need will also be tackled through the housing strategy and fuel poverty work programme.

Early identification of illness through screening and health checks will allow for better management of conditions . Work around access to primary care and reducing variation in care will improve outcomes.

A strong, connected community is vital for the wellbeing of Harrow residents –feeling a sense of belonging , feeling safe where you live, and having the right services available to meet needs, are all important factors in health and wellbeing. This will be addressed through the development of social prescribing for Harrow residents as an option for those with non-clinical health and wellbeing support needs, including clear referral pathways to art and culture opportunities, and through continued development of the wider community services and opportunities across Harrow. Focus will also be given on self care opportunities in the borough, ensuring people have the right information and advice, including through apps and technology, to help them help themselves.

Through a collaborative approach, we will lead a refreshed obesity strategy, addressing the rising prevalence of obesity and the low rates of activity in the adult population through a system-wide approach. There will be increased focus on opportunities for physical activity, through a wide range of approaches and partners – through access to sports and leisure opportunities, parks, active travel, participation in dance, drama, music and other opportunities.

The right mental health support also needs to be in place. A comprehensive mental health strategy will set out the actions to ensure the right mental health services are in place that can build on the system responses to the Covid-19 pandemic.

Strong commissioned services for substance misuse, alcohol, stop smoking service, and sexual health will address the needs of those most at risk of harmful alcohol, drug, and tobacco use, and address the high proportion of HIV cases in the borough diagnosed late.

# Work well

Creating and strengthening employment and good work for all

**Responsible director:**
Director of Economic Development, Harrow Council

The importance of economic sustainability, and stable and healthy employment for the wellbeing of the population of Harrow is well known. We are expecting a recession after the Covid-19 pandemic that will have a widespread impact across Harrow. The health and wellbeing system needs to be sensitive to this and we will need a close collaboration with housing, education, training and employment services. The collaboration has already begun with the adoption of infection prevention and control guidance throughout Harrow.

We will address in work poverty and unemployment and stimulate inclusive growth to improve the health and wellbeing of residents.

We will develop provision to ensure residents to have the skills to secure fulfilling work, and access to lifelong learning to enable them to adapt to social and economic change.

Supporting those in work to have strong mental health and resilience is important for a healthy workforce. Addressing this will be a key part of Harrow's mental health strategy. We will also continue to develop tailored learning and employability initiatives for residents with mental health issues, learning disabilities and difficulties to enable individuals in these higher risk groups to access employment.

We will develop collaborative working with the voluntary, business and education sectors to create opportunities and paths into employment for young people and ensure young people are aware of those opportunities.

Structured activity will help business start ups and micro-businesses gain the skills to develop, adapt and grow in response to economic change, and the provision of an infrastructure for business growth in Harrow's town centres and district centres reflecting our diverse economy and community will work to help these areas thrive economically.

To enable healthy lifestyles of those in work and travel routes to and form work, an approach will be developed to regeneration programmes that improve walking and cycling routes and access to public transport, to increase physical activity levels and improve air quality (as part of Live Well).

# Age well

Promoting independence and ensuring the right care is in the right place at the right time

**Responsible director:**
Director of Adult Social Care, Harrow Council
Managing Director, Harrow CCG

The aging population in Harrow brings with it challenges around health and social care service use through more people living with long term conditions and therefore having greater health and social care needs. Covid–19 has impacted people of the age of 80 to the greatest extent, but with the 'lock down' and social distancing in place, there has been and will continue to be a fundamental opportunity to promote self care and the adoption of healthy lifestyles.

As people age, there is an increased risk of frailty and falls, a higher prevalence of dementia and other long term conditions, and a greater need for carers and the subsequent support needs for the carers themselves. There is also a need for a robust care home offer, and that people can end their life in the place of their choosing with dignity.

The integrated care partnership in Harrow sets out a number of actions and workstreams based on clear and evidence-based pathways for people with dementia, frailty, and falls prevention. These plans will be refreshed to incorporate the learnings from the Covid-19 pandemic. Linked to this, the housing strategy will mean that individuals will be able to live independently for as long as appropriate, with the right care and support for them.

Addressing social isolation is an important part of ageing well. This will be addressed the social prescribing programme and work being undertaken to strengthen community resilience and the voluntary sector (outlined in Live Well)

The offer in care homes will be further developed to have a clear pathway to prevent unnecessary ambulance call outs and hospital admissions.

As this develops, appropriate and robust actions will be in place to ensure that Harrow residents experience the end of life in the place most appropriate to them with the care and dignity that they require.

Through these actions, there will be reduced demand on acute services, and the integrated primary and community offer will enable people to have the right care in the right place when they need it without unnecessary referrals across the system between organisations.

# Start well – Plan

| Topic | Actions | Priority contributes to | Led by |
|---|---|---|---|
| Child poverty | Refresh child poverty strategy | Health inequalities | Council |
| School readiness | Focusing early years team to focus on narrowing the inequalities gap and increasing the average point score in early years | Health inequalities | Council |
| Education employment and training in vulnerable groups | Programmes to increase proportion of children looked after and special education needs in EET | Health inequalities | Council |
| Vulnerability violence and exploitation | Implement recommendations from the scrutiny review into prevention youth violence and the adolescent safeguarding peer review<br>Continue to build on and deliver partnership led early intervention programmes for young people | Health inequalities<br>Prevention<br>Emotional wellbeing | Council |
| Oral health | Develop and embed actions from oral health steering group, focusing on:<br>- early years settings<br>- Romanian population<br>- special schools | Health inequalities<br>Prevention | Council |
| Mental health | Ensure comprehensive mental health strategy in place with an action plan including pathways for crisis support | Health inequalities<br>Emotional wellbeing<br>Integrated care | Integrated partnership |
| Healthy weight | Ensure comprehensive obesity strategy with action plan to deliver a system-wide approach and clear weight management pathways<br>Ensure actions for young people are clear in Active Harrow Action plan | Prevention<br>Integrated care | Council |
| Smoking in pregnancy | Develop an easy to access pathway in acute setting for pregnant mums to stop smoking. Focus particularly on addressing groups with higher prevalence. | Prevention | Council |

# Live well – Plan

| Topic | Actions | Priority contributes to | Led by |
|---|---|---|---|
| Healthy place | Ensure healthy policies are built in to the refreshed local plan, including infection prevention and control, and developing an approach to health impact assessment for new developments, and reviewing fast food licensing policy<br>Develop ways to improve access to green space<br>Public health and transport work together to enhance approaches to active travel<br>Tackle homelessness and fuel poverty through the housing strategy | Health inequalities | Council |
| Strong community and self care | Develop and implement social prescribing service – incorporate community champions initiatives, park user groups, wider service offers e.g. debt management<br>Enhance and strengthen referrals routes to culture and arts, and explore development of culture hubs<br>Enhance options for advice and guidance, including apps and technology | Health inequalities<br>Prevention<br>Integrated care | Integrated partnership |
| Healthy weight | Ensure comprehensive obesity strategy with action plan to deliver a system-wide approach and clear weight management pathways<br>Implementation of actions from Active Harrow Group | Health inequalities<br>Prevention | Council |
| Mental health | Develop a comprehensive mental health strategy with action plan to develop the right support options, including provision of health checks for people with mental health conditions | Health inequalities<br>Emotional wellbeing<br>Integrated care | Integrated partnership |
| Substance misuse including tobacco | Commission a comprehensive substance misuse service – including alcohol, drugs, and tobacco.<br>Ensure targets and performance indicators around population groups at greater risk | Prevention<br>Integrated care | Council |
| Sexual health | Take forward actions through sexual health services to reduce proportion of HIV cases diagnosed at a late stage | Prevention | Council |
| Early identification | Develop the approach to early identification in primary care through PCN work programmes, including NHS Health Checks | Integrated care | Integrated partnership |
| Primary care access | Ensure access to primary care is responsive to population need | Integrated care | Integrated partnership |

# Work well – Plan

| Topic | actions | Priority contributes to | Led by |
|---|---|---|---|
| Addressing low pay in Harrow | • Develop skill base of those earning less that London living wage and productivity of small businesses<br>• Increasing take up of apprenticeships by all ages to increase skills and wage rates<br>• Improving productivity of micro businesses through the Business Accelerator and business support programmes<br>• Job creation above LLW through planning and procurement and regen | Health inequalities | Council |
| Supporting healthy workplaces, particularly mental health | • Provide infection prevention and control guidance to all places of work<br>• Build in actions from emerging mental health strategy to develop an approach to mental health and wellbeing in the council and other local employers (considering self employed) and to develop the pathway to mental health support from workplaces<br>• Develop the infrastructure necessary to increase the level of active travel<br>• Implement actions from suicide prevention plan to promote suicide prevention training in workplaces | Health inequalities | Integrated partnership |
| Employment for young people | • Improving knowledge of opportunities in young people<br>• Increasing opportunities for young people (e.g. apprenticeships) | Health inequalities | Council |
| Supporting people into work<br>- learning disabilities, mental health, substance misuse | • Implement employment support for those with problems with substance misuse as part of substance misuse contract<br>• Continue to develop pathways to support individuals with mental health needs into employment through Work and Health programme and tailored DWP / ESF provision and IPS<br>• Develop opportunities for employment support in most deprived areas.<br>• Adult Community Learning curriculum and tailored employability learning for people with learning disabilities and difficulties<br>• Evaluate pathway options for employment support for people with learning disabilities, and review feasibility to determine approach in Harrow | Health inequalities<br>Prevention<br>Emotional wellbeing | Council |

# Age well – Plan

| Topic | Actions | Priority contributes to | Led |
|---|---|---|---|
| Support for carers | Monitoring the strategy action plan and reviewing to align with the Green Paper in 2020 | Health inequalities<br>Integrated care | Integrated partnership |
| Dementia | Develop and implement evidence-based pathway as part of the ICP work stream | Integrated care | Integrated partnership |
| Frailty and falls | Develop frailty identification and pathways as part of ICP<br><br>Implement actions from housing strategy to promote independence in own home for longer<br><br>Review evidence and develop a clear falls pathway | Health inequalities<br>Integrated care | Integrated partnership |
| Social isolation and loneliness | Ensure pathways to refer to social prescribing, and build in activity to strengthen the offer for loneliness and isolation in the community | Health inequalities<br>Prevention<br>Emotional wellbeing<br>Integrated care | Integrated partnership |
| Care homes and end of life | Implement actions developed through care homes ICP workstream, to implement a model and imbed across borough<br><br>Develop strategic approach to end of life as part of ICP | Integrated care | Integrated partnership |
| Management of long term conditions | Implement actions developed through ICP workstreams to transform pathways<br>Implement actions developed through Population Health Management board work programme: Understand population at risk of LTC, at risk of poor outcomes, and high users of services to determine actions locally | Health inequalities<br>Integrated care | Integrated partnership |
| Crisis management in community | Develop and implement an approach to crisis management in the community including MDTs, risk stratification tools | Integrated care | Integrated partnership |

| | |
|---|---|
| **REPORT FOR:** | **HEALTH AND WELLBEING BOARD** |
| **Date of Meeting:** | 22 September 2020 |
| **Subject:** | Harrow COVID-19 Outbreak Control Plan |
| **Responsible Officer:** | Carole Furlong – Director of Public Health |
| **Public:** | Yes |
| **Wards affected:** | All |
| **Enclosures:** | |

## Section 1 – Summary and Recommendations

The Outbreak Control Plan describes the multiagency response to prevention of COVID-19, and management of further outbreaks.

**Recommendations:**
This is for information only.

# Section 2 – Report

The Harrow COVID-19 Outbreak Control Plan covers the seven areas required by the national guidance. It illustrates the action that is needed for different settings such as schools, care and residential homes, hostels, workplaces and health premises. It also considers the actions needed to identify and engage the varied local communities of Harrow in the test and trace programme. Underpinning these actions is a focus on the data that will identify where cases are occurring, in whom, and whether there are any outbreaks at the earliest opportunity.

The main document is supplemented by action cards for different settings and situations that have been identified so far. We will add further action cards in response to the learning from outbreaks in other areas.

As part of the work we have done with communities, we have been focussing on dispelling myths and misinformation and on understanding the needs of the community. Work with HASVO (Harrow Association of Somali Voluntary Organisations) recognised the cultural need for visual and oral information. This has resulted in a bespoke poster with a QR code which links to a You Tube video. The poster includes the Keep London Safe logo and so it also fits into the bigger promotional campaign.

## Ward Councillors' comments

N/A

## Financial Implications/Comments

The COVID19 pandemic has had significant and wide ranging impact on the finances of all partner organisations and of residents across the borough.

The Government has provided a number of grants to ensure that the council and the NHS could provide local residents/patients with essential services and to manage the local impact of the pandemic. However it is very clear that the Emergency Funding received to date by the Council of £13.1m will not cover the estimated financial impact of £44m.

The Government has released one-off funding of £300 million for outbreak control plans. Harrow's allocation for the Track & Trace actions contained within the outbreak plan is just over £1million.

To the extent that the costs of the outbreak plan exceed the grant funding, additional resources will need to be identified across partner organisations before any additional expenditure is committed to avoid increasing the Council's financial challenges arising from the pandemic.

Any longer term, ongoing costs will need to be considered as part of the annual budget setting process.

## Legal Implications/Comments

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.

Harrow Council continue to work closely with Public Health England in ensuring the best information is disseminated to the community in the form of specialist advice relating to areas where outbreaks are occurring and the numbers of people suffering with COVID-19. , and appropriate social care provision is made under Care Act duties.

## Risk Management Implications

none

## Equalities implications / Public Sector Equality Duty

none

## Council Priorities

The broad work programme of public health is aligned with the council priorities outlined below.

- Building a Better Harrow
- Support those most in need
- Protecting Vital Public Services.
- Delivering a Strong local Economy for All

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

| | | |
|---|---|---|
| Name: Sharon Clarke<br><br>Date: 15/09/2020 | ☐ | on behalf of the*<br>Chief Financial Officer |
| Name: Donna Edwards<br><br>Date: 15/09/2020 | ☐ | on behalf of the*<br>Monitoring Officer |

| | | |
|---|---|---|
| Name:<br><br>Date: | ☐ | Corporate Director |

| | |
|---|---|
| **Ward Councillors notified:** | **NO** |

## Section 4 - Contact Details and Background Papers

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

**Background Papers**: none

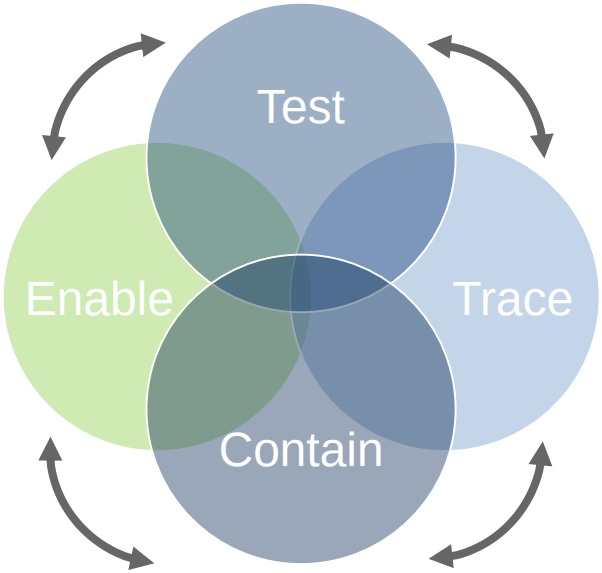
# Harrow Outbreak Control Plan for COVID-19

Harrow Outbreak Control Board

30 June 2020

# The National Plan

An integrated and world-class Covid-19 Test and Trace service, designed to control the virus and enable people to live a safer and more normal life




| | |
|---|---|
| Test | Rapid testing, at scale, to identify and treat those with the virus |
| Trace | Integrated tracing to identify, alert and support those who need to self isolate |
| Contain | Identify outbreaks using testing and other data and contain locally and minimize spread |
| Enable | Use knowledge of the virus to inform decisions on social and economic restrictions |

Continuous data capture and information loop at each stage that flows through Joint Biosecurity Centre to recommend actions

Underpinned by a huge public engagement exercise to build trust and participation

# Aims and Objectives

The aim of our Outbreak Control Plan is to describe the whole system approach to managing outbreaks of COVID-19.

The Objectives are

- To apply what we know about the extent of the pandemic in Harrow
- To identify prevention opportunities
- To ensure good communication between partners and with the local communities of Harrow
- To build on existing plans to manage outbreaks in specific settings
- To consider the impact on local communities
- To identify actions needed to address surge capacity

The plan has been developed with input from the Harrow Health Protection Board. It was signed off by the Health Protection Board and completed on 30th June 2020. This Plan is iterative and will be regularly updated, as further evidence emerges.

# Guiding Principles

The Harrow Outbreak Control Plan is guided by the principles and legislative framework specified in the document below and signed by Association of Directors of Public Health, Faculty of Public Health, Public Health England, Local Government Association, Solace and UK Chief Environmental Officers Group.

There are four principles for the design and Operationalisation of LOCPs arrangements, including local contact tracing, if needed. There are stated below:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

Further details are specified in the attached document

**https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf**

# Outline of the 7 point plan

- Local Outbreak Control Plans will centre on 7 themes:

1. **Care Homes and Schools**
   Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)

2. **High Risk Workplaces, Communities and Locations**
   Prevent and manage outbreaks in other high-risk locations, workplaces and communities

3. **Mobile Testing Units & Local Testing approaches**
   Deploy local testing capacity optimally

4. **Contact Tracing in Complex Settings**
   Deliver contact tracing for complex settings and cohorts

5. **Data Integration**
   Access to the right local data to enable the other 6 themes and prevent outbreaks

6. **Vulnerable People**
   Support vulnerable people and ensure services meet the needs of diverse communities

7. **Local Boards** (including Communication & Engagement)
   Take local actions to contain outbreaks and communicate with the general public

# 1. Specific Settings such as Schools and Care Homes

- This section details actions for specific settings.
- Action cards have been produced for each setting detailing the prevention tasks, as well as what is needed when there is a single case, a complex case or multiple cases in the setting.

| | |
|---|---|
| Schools | Residential and Care Homes |
| Early Years | Supported living |
| Tertiary education | Domiciliary care |

# 2. Understanding our community

The infection has revealed a correlation with communities that are more deprived, have poorer life chances and a shorter life expectancy. The characteristics of the most vulnerable include age, the presence of an existing medical condition, ethnicity, multi-generational households, staff that have a client facing occupation, and those residents that are obese or smoke. Harrow's population is diverse with over 60% of the local population being from a BAME background. The local communities have been affected significantly by COVID-19 with Harrow having some of the highest rates in the country of both COVID-19 cases and deaths.

- Because COVID-19 affects older people with complex health conditions, care homes have been particularly affected. This is the similar to the pattern seen nationally and internationally.
- Data is received from PHE which identifies post code and age of positive cases. We continue to map the numbers of cases to identify any local outbreaks or concerns.
- This data is soon to be expanded to provide further data (non-identifiable) on cases to allow more in depth analysis
- We have also established a process to discuss the concerns of the local communities – using the Somali community as our pilot. This has raised questions and we will produce and maintain a FAQ covering their questions.

# 2. Communications

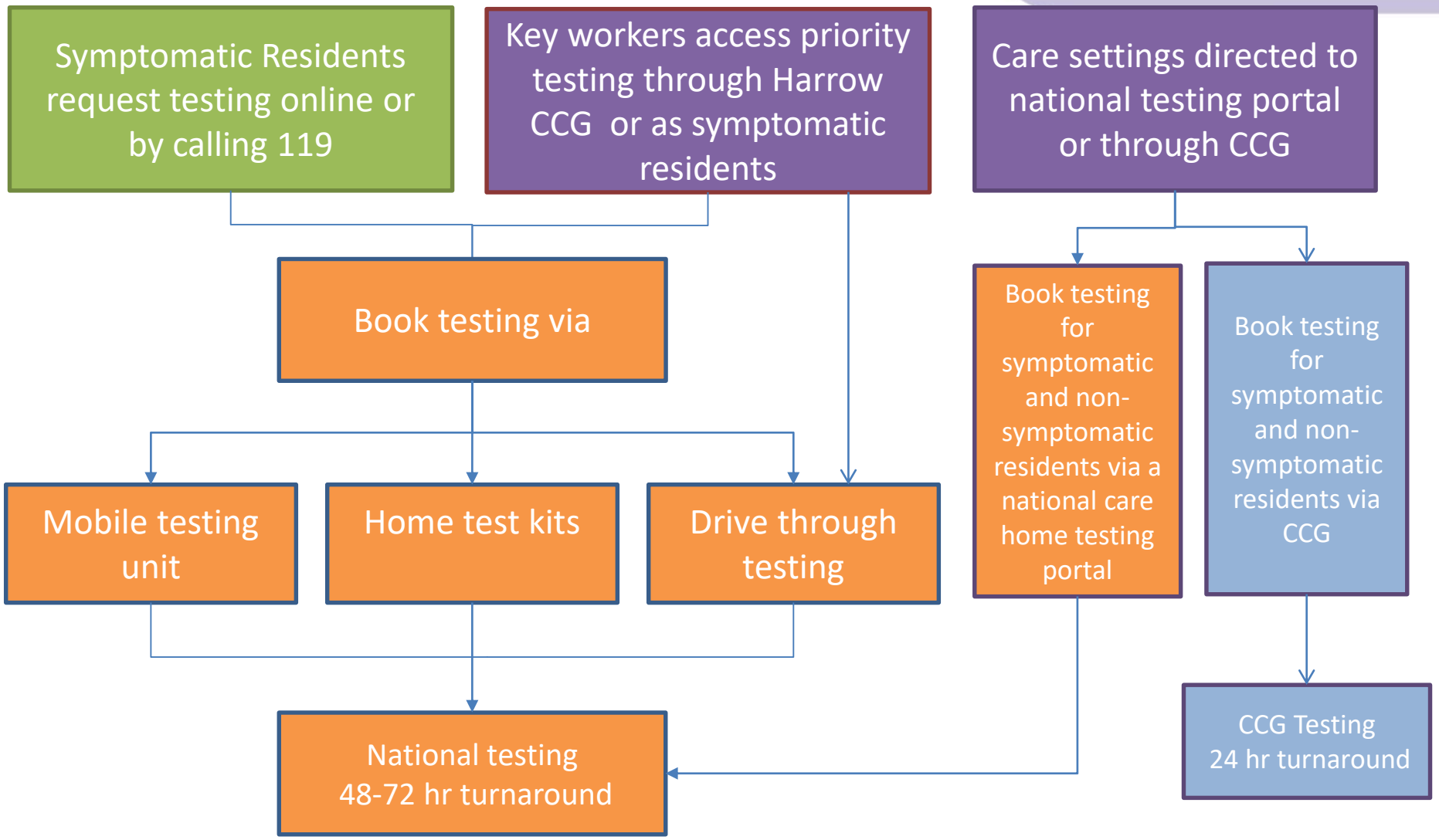
- General community communications
  - Pan-London comms group has completed research on test and trace attitudes in London. Only 44% of people would know how to get a test (less amongst over 65s and BAME groups) 35% know little of nothing about test and trace (higher amongst younger and BAME groups).
  - National Test and Trace PHE communications
  - Council webpage
  - Regular Twitter/ Facebook posts
  - Weekly promotion of mobile testing unit sites and dates.

- London Communications programme (https://www.local.gov.uk/our-support/guidance-and-resources/comms-hub-communications-support/coronavirus-covid-19)
  - Keep London Safe
  - Keep Harrow Safe
  - Keep “your community” safe

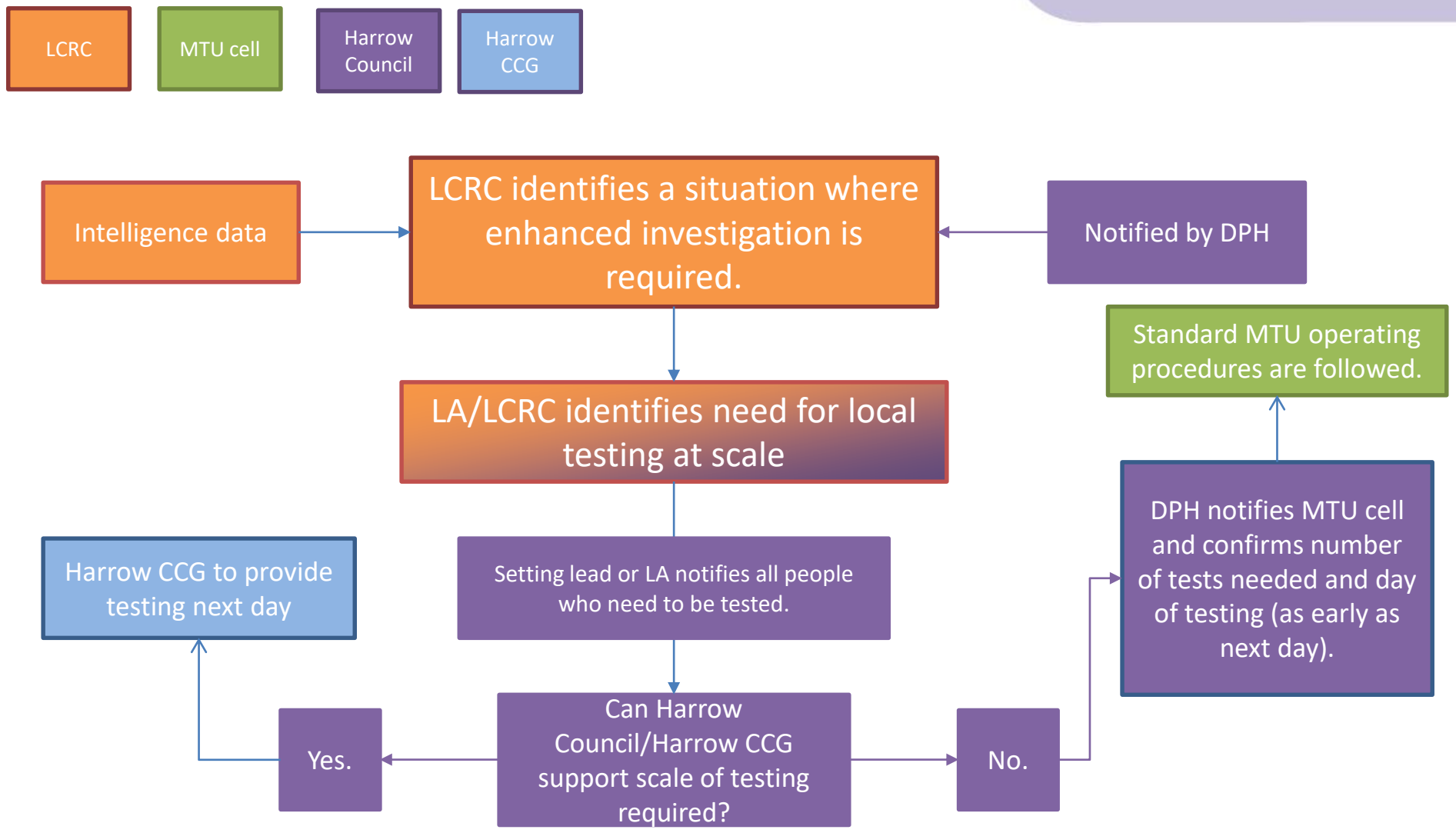

- Specific Community
  - London COVID-19 Comms group will be multilingual but we are unsure of which languages and need to work with other local authorities to fill in the gaps in the centrally produced information
  - The Doctors of the World produce factsheets in over 30 community languages https://www.doctorsoftheworld.org.uk/

- Next steps
  - To address trust issues and encourage compliance we will need to ensure the pan-London campaign is adapted to reach Harrow specific audiences. Activity should be highly targeted using local advocates and partner channels to reach our audiences.
  - Develop a stakeholder map that breaks down audience specific channels and advocates.
  - Adapt the core script for Harrow and update key channels / share with partners.
  - Create area specific videos with partners.

# 3. Testing Capacity



# Additional Testing Requirement

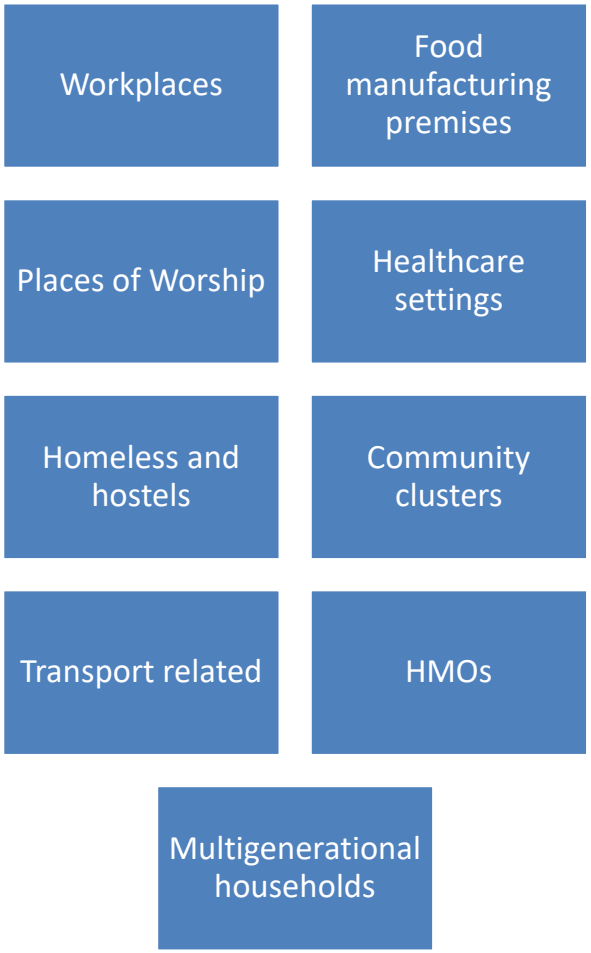


# 4. Contact Tracing

- Contact tracing is a long standing  core public health intervention measure to stop spread of infectious disease.  It is used to identify those who may have been exposed to an infectious disease to either offer a prevention (e.g. vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of Covid-19);
- Contact tracing is a specialised skill and it is used in containment phases of the pandemic to prevent sustained community infection spread;
- Anyone who has tested positive for COVID-19 is contacted by NHS Test and Trace and are asked to self-isolate.  They are also asked to identify any people they have in close contact with in the days before they became symptomatic. Close contact is defined as being within 1 metre for 5 minutes or within 2 metres for longer than 15 minutes within 2m distance).  These contacts would be advised to self-isolate too;
- Tier 3 – 15, 000 call handlers operated by SERCO for simple contact tracing
- Tier 2 – 3,000 NHS Health Professionals – This tier will receive a download of all Covid-19 confirmed cases and triage to Tier 3, if simple or Tier 1 if more complex. They'll also receive referrals from the app, when operational.
- Tier 1 – PHE Regional centre (PHE LCRC) – Up to 75 people – All outbreaks in settings (schools, prisons, health centres, care homes) plus other complex outbreaks.

# 4. Contact Tracing in Complex Settings

- For each of the complex settings action cards have been developed to assist with the prevention and management of an outbreak, with setting specific challenges in mind
- Further action cards will be developed as necessary.



# 4. Surge Plans

- Mutual aid plans are developed by PHE LCRC and LAs;
- Discussions between BRFs and LRF/SCG are taking place to agree escalation points/mutual aid mechanisms
- The DPH and Consultant in PH will be fully utilised for local outbreak investigation and contact tracing. Other Public Health staff (4 people/3.6 WTE) and GP trainee and Public Health Registrar will be utilised if necessary. Additional agency capacity can be sought.
- Environmental Health Officers' (EHOs) have capacity to investigate outbreaks as part of the Incident Management Team. Additional EHOs could be brought in from recent retirees, trainees near end of training.
- Escalation points for surge capacity/large outbreak plan to be developed and agreed including recovery process.

# Risk

| Area | Service | Risks |
|---|---|---|
| Care Homes and Schools | Care Homes, Assisted Living, shared accommodation and supported care at home. Nurseries, Childminders, Primary, Secondary, Special and Colleges. | Any further outbreaks in residential settings would case significant health and housing needs to enable groups of people to self isolate for 14 days. Failure in third party organisations applying all advice from local authorities and central government. |
| High Risk Work Places, Communities & Locations | Faith & Religious groups, Plants/Factory settings (such as Meat factories), Local businesses including hospitality, distribution centres, Homeless Shelters, HMOs, Hostels, Migrant workers and illegal/unregistered businesses. | Outbreaks in local businesses or factory settings such as Meat factories or distribution centres where staff work in close proximity together. Homes of Multiple occupancy or Hostel outbreaks could be due to failures in social distancing and shared living arrangements by private landlords. |
| Mobile Testing Units and Local Testing approaches | Multi agency response and service provision working with NHS Test and Trace. | Demand on services maybe overwhelmed and therefore, capacity/delivery of services hindered. |
| Contact Tracing Capacity & Mutual Aid | Working with multiple organisations to get a coordinated approach on contact tracing. | Lack of data on outbreaks could impact in response times and coordination of services respond. |
| Data Integration | Coordination of patient data working closely with other organisations. | Lack of data on outbreaks could impact in response times and coordination of services respond. |
| Vulnerable People | Vulnerable people such as those on the Shielded List, Adult Social Care, Children in or supported by social care, mental health and learning disabilities. Travellers, Young people, Homeless people, BAME, Minority speakers and language barriers. | Lack of PPE available for essential services where home visits are still required. Insufficient housing for outbreak in vulnerable groups. Communication failures leading to outbreak in hard to reach groups or communication breakdown to BAME or minority speaking groups. |
| Local Boards | Working closely with PHE and LCRC | Breakdown in communications between various organisations and groups could result in roles and responsibilities being misunderstood. |

# Local Lockdowns

At present, there are limited powers given directly to Local Authorities to impose Lockdowns on the population level. Most powers under the Health and Social Care Act 2012 and the amended Public Health (Control of Disease) Act 1984 and associated regulations, give statutory responsibilities to Director of Public Health to plan and oversee outbreak control and management or detain individual cases that pose infectious risk to the general population, via designated 'Proper Officer', who is appointed by PHE London.

Schedule 22 of the Coronavirus Act 2020 provides further powers relating to events, gatherings and premises. For the purposes of preventing, protecting against, delaying or otherwise controlling the incidence or transmission of coronavirus or facilitating the most appropriate health care response, events or gatherings can be restricted or other requirements imposed and premises can be closed.

Schedule 21 of the Coronavirus Act provides extensive powers to public health officials (PHE''s Proper Officer, police and immigration officers that exist for the period that the Secretary of State has declared that: coronavirus constitutes a serious and imminent threat to public health in England, and that the powers conferred by the Schedule will be an effective means of delaying or preventing significant further transmission of coronavirus. This is currently not passed on to Local Authorities.

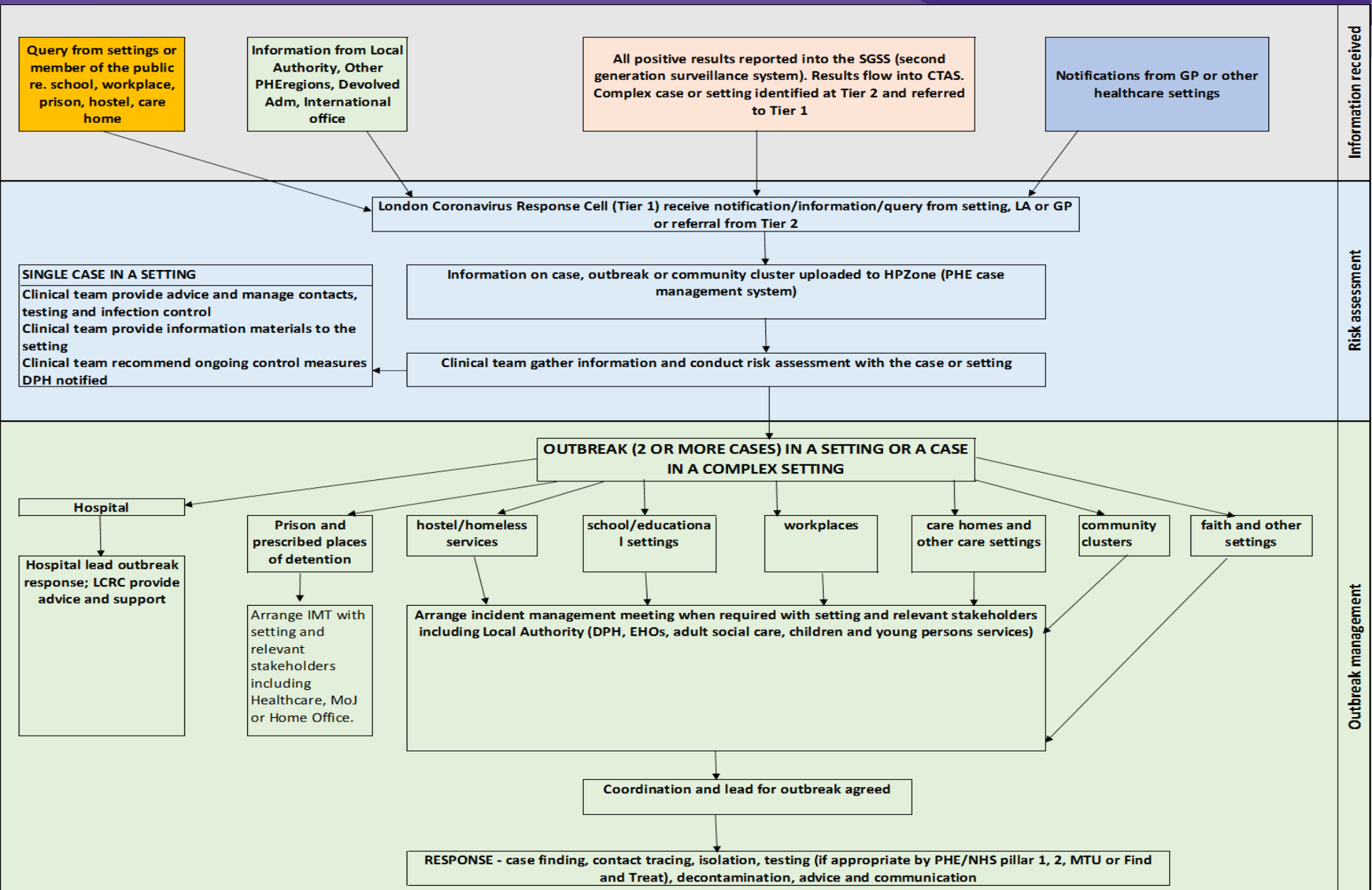
Further information is awaited on the following:

- Governance
- Regulations of this etc.
- What stage (within action cards) is it implemented
- Recovery following local lockdown

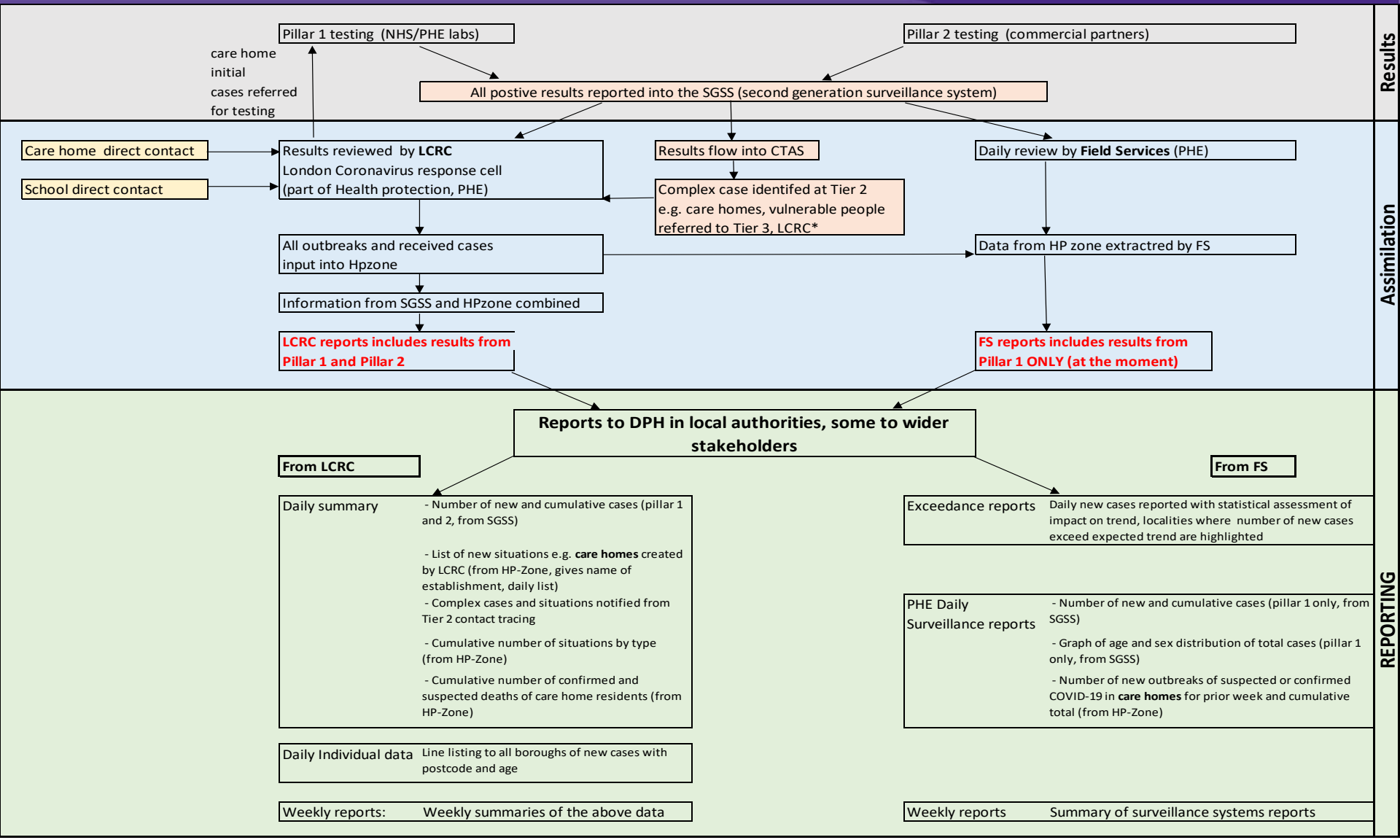
# 5. Data Integration - GDPR

- The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).
- These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information.
- The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.
- For these reasons, agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.
- Local data sharing agreements are being developed and will be attached here.

# 5. Data Integration; Data Flow PHE



# 5. Data Flow




* care home residents, schools and connected workplaces are mandatory fields for data entry.
Care homes, schools and other situations are escalated as per protocol
**Postcode and workplace "coincidences" are picked up by CTAS and HP zone and reviewed**
**Regular surveillance reports reviewed by PHE LCRC/ FS**

# 6 Vulnerable People i

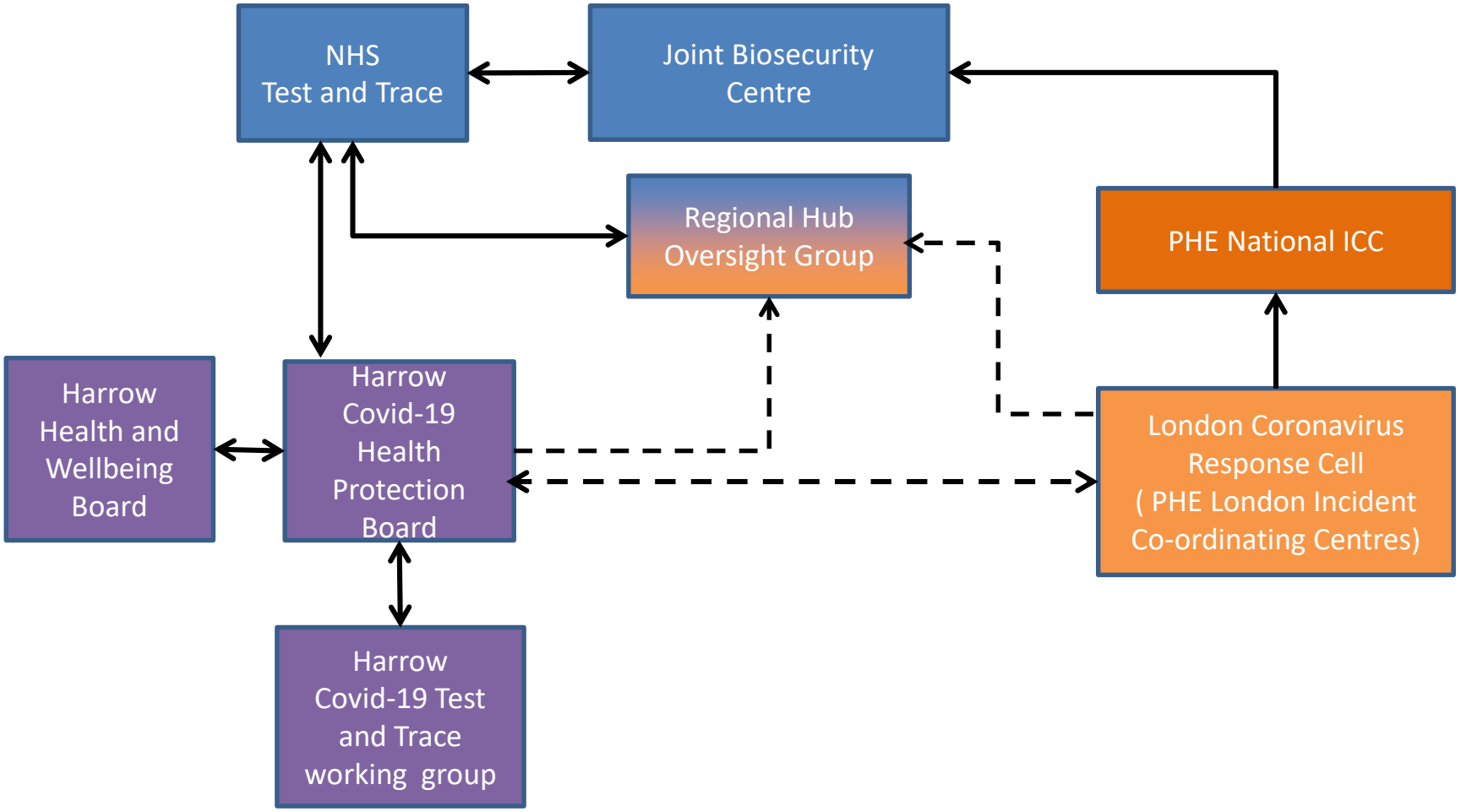
- COVID-19 has brought some unprecedented challenges to the local authority and the health and care partnership as well as to our local population.
- The council has contacted over 12,000 shielded people in the borough, ensuring that they have what they need.
- The Help Harrow Portal  in available for anyone that has been affected by COVID-19 needing support.  The community response has been enormous with hubs providing food, helping with shopping, picking up prescriptions, and social and emotional support such as virtual befriending, and bereavement support.  We recognise that people being asked to isolate as a result of the test and trace system.  Our current offer is available to them .
- We will also be working with local employers to encourage them to continue to employ any staff who have to isolate as a contact of someone with COVID-19.

# 6 Vulnerable people ii

- People with learning disabilities and /or mental health problems are one of the vulnerable groups that are of concern. The council and NHS in Harrow has arranged for testing of the residents living in residential care and the staff who work there. This will ensure that we have identified anyone with the virus reduce transmission.
- Throughout the pandemic, the Council has been proactively identifying rough sleepers and other homeless people. They have been found temporary accommodation and are now being found more secure accommodation. This route can also be used for people who can not self isolate .
- Our BAME community groups are working closely with the council to identify issues of concern within the community. They are using social media to identify myths and misinformation as well as giving out the correct information.

# Governance

The diagram shows the governance structure for Test and Trace and Outbreak management. It highlights the complexity of the system and the wide number of agencies involved.



# Local Governance Arrangements

Harrow COUNCIL LONDON

- Chaired by DPH with membership form local partners
- Responsible for the production and maintenance of the OCP, action on prevention of COVID-19, and for the action to be taken in response to an outbreak

Harrow Health Protection (Covid-19) Board

Harrow Health and Well-being Board

- Chaired by the Leader of the Council
- To received reports from the C-19 Control Board
- Political and partnership oversight of strategic response and communication with the public

National and regional support

- Supported at a national level by Government Departments, including national PHE team, and Joint Biosecurity Centre and at a regional level by London Coronavirus Response Cell, Local Resilience Forums and Integrated Care Systems (e.g., for mutual aid and escalation)

Harrow Resilience Forum

- Chaired by Chief Executive of Council with all first line responders in attendance
- Responsible for determining Council's overall response to emergency planning, including deployment of local resources and escalate need for mutual aid, if needed.

# Communications and Engagement

- We will continue to keep the local population updated about COVID-19 through our various media channels
- We have an engagement programme with minority communities to understand and address their concerns and to create local champions who can spread the messages within their communities.
- We have established a number of engagement sessions with the Director of Public Health and her team. These include local voluntary & Charity sector, local community groups, Special school head teachers, school heads and governors, care/ residential homes, and other social care providers and with our own staff across the health and social care partnership.
- Language is a barrier to accessing many services and we are supporting the communities to develop local bespoke resources, using tailored imagery and assets from the London-wide COVID-19 communications group.

This plan is  a live document which will be updated and amended when new guidance or new evidence emerges.

This version was published on 30 June 2020

**Any comments or clarifications please contact publichealth@harrow.gov.uk**

| REPORT FOR: | HEALTH AND WELLBEING BOARD |
|---|---|
| **Date of Meeting:** | 22 September 2020 |
| **Subject:** | Public Health Quarterly Update Report |
| **Responsible Officer:** | Carole Furlong – Director of Public Health |
| **Public:** | Yes |
| **Wards affected:** | All |
| **Enclosures:** | Public Health Quarterly Reports for Q3 2019-20 and Q1 2020-2021 |

## Section 1 – Summary and Recommendations

The reports provides two quarterly public health reports: one for Q3 which details how the public health grant was spent in 2019-20 and for Q1 2020-21 which reviews the impact of COVID 19..

**Recommendations:**
This is for information.

# Section 2 – Report

See attached reports

In the quarter 3 report, there is a report on how we used the public health grant (£10.523m) in 2019-20. The grant was used to fund the mandated elements (the 0-19 Public Health Nursing service, National Child Measurement Programme, NHS Health Checks, Sexual Health services); discretionary but recommended services (Drug and Alcohol services); staffing and overheads; health improvement projects and work on the wider determinants of health. Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health and further detail is provided in the report.

The quarter 4 report was cancelled due to the COVID-19 response work.

In response to requests from a number of people, the quarter 1 report for 2020-21 focuses on the COVID-19 pandemic. The report has two sections: the first is epidemiological focusing on some of the available data; and the second part looks at some of the impacts and different aspects of the ways that people can maintain their health during the pandemic. The report was written in advance of the meeting to allow it to go through the relevant channels for the Board. As such, the data in the report only goes up to 14th June. A verbal report will be presented to give the most up to date information.

## Ward Councillors' comments

## Financial Implications/Comments

All of the services referenced in the update report are funded by the ring fenced annual public health grant, which for 2020-21 totals £11.150m.

## Legal Implications/Comments

Legal note there are no specific implications and risks identified within this Report. Any decisions undertaken in relation to the Public Health's Quarterly Update for quarter 3 will be subject to any relevant governance considerations.

## Risk Management Implications

none

## Equalities implications / Public Sector Equality Duty

none

## Council Priorities

The broad work programme of public health is aligned with the council priorities outlined below.

- Building a Better Harrow
- Support those most in need
- Protecting Vital Public Services.
- Delivering a Strong local Economy for All

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

| | | |
|---|---|---|
| Name: Donna Edwards<br><br>Date: 15/09/2020 | ☐ | on behalf of the*<br>Chief Financial Officer |
| Name: Sarah Inverary<br><br>Date: 20 July 2020 | ☐ | on behalf of the*<br>Monitoring Officer |

| | | |
|---|---|---|
| Name:<br><br>Date: | ☐ | Corporate Director |

| | |
|---|---|
| **Ward Councillors notified:** | **NO** |

## Section 4 - Contact Details and Background Papers

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

**Background Papers**: none

# QUARTERLY PUBLIC HEALTH REPORT


October–December

Quarter 3

2019

# Quarterly Public Health Report

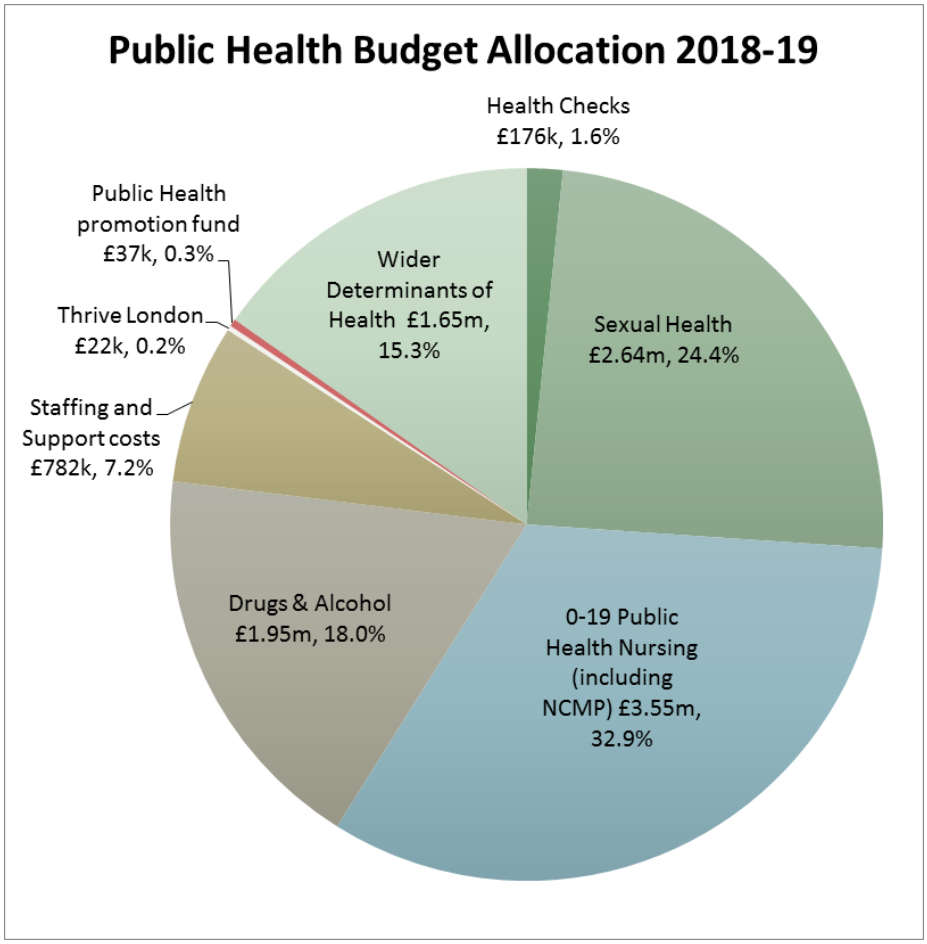
QUARTER 3

## INTRODUCTION

Welcome to quarter 3 public health report. The report outlines key activities within quarter 3 of 19-20 (October to December), within the areas of health improvement, public health commissioning, health intelligence, health care public health, and health protection. This quarter there is a report on how we use the public health grant.

## THE PUBLIC HEALTH GRANT

In 2018/19, the PH grant was £10.523m. The grant is used to fund the mandated elements;(the 0-19 Public Health Nursing service, National Child Measurement Programme, NHS Healthchecks, Sexual Health services); discretionary but recommended services (Drug and Alcohol services); staffing; health improvement projects and work on the wider determinants of health.




In other quarters, we report on the different programmes within the remit of the public health team. This quarter, we are focusing on the use of the grant with respect of the wider determinants of health.

## What do we mean by the Wider Determinants?

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. These factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They include factors like socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks, as well as access to health care.

There is a social gradient across many of these determinants that contribute to health with poorer individuals experiencing worse health outcomes than people who are better off. Children growing up in more deprived areas often suffer disadvantages throughout

their lives, from educational attainment through to employment prospects, which in turn affect physical and mental wellbeing.

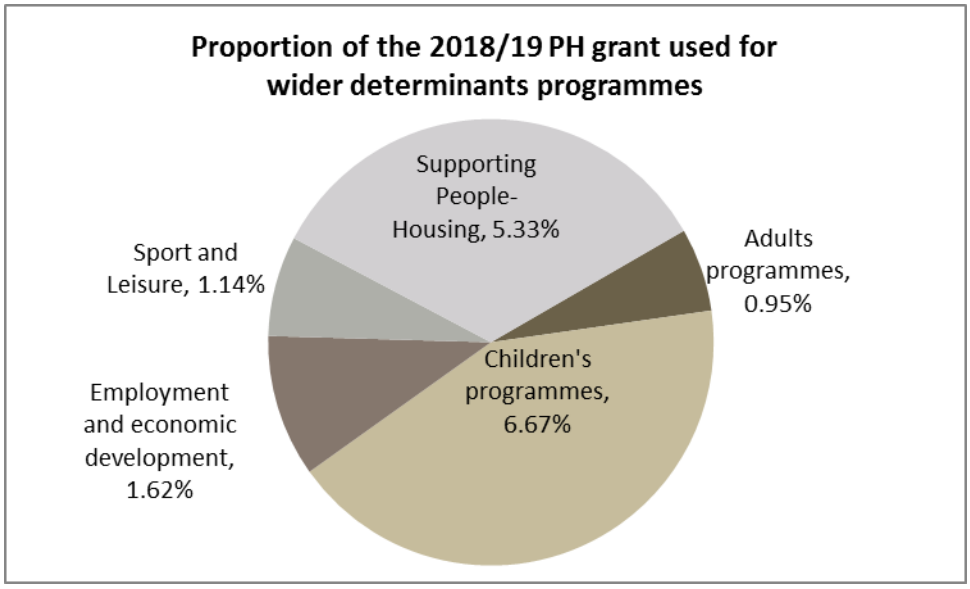
The reason we work on these wider determinants is to take upstream action to prevent the downstream health consequences.

## Grant Conditions

The public health grant is ring fenced and must therefore be spent in accordance with the grant conditions. In addition to the mandated and recommended services, the other areas of funding must:

- have a significant effect on public health
- provide value for money, and
- have regard to the need to reduce inequalities between the people in its area with respect to the benefits that they can obtain.

In 2018-19, adult services, children's services, housing and economic development received funding through the public health grant.




## Economic development

There is a wealth of evidence which shows the interrelationship between unemployment and poor health and low income and poor health. The public health grant funding has been used to develop referral routes into the Work and Health Programme, implement social value agreements with suppliers and employment and training plans with developers, develop funding bids to support low paid workers, develop and maintain operational links with housing, benefits and Peoples Directorate to ensure those most in need can access provision. In addition to the outcomes, funding of £480K has also been secured for upskilling. The work and health programme achieved 223 job outcomes of which 162 were sustained; 41 apprenticeships and 26 work placements.

## Housing related programmes

Housing is closely linked to health and wellbeing so helping people to access and maintain housing and preventing them from becoming homeless is an important public health action.

The public health grant is used to fund a number of housing related programmes. These programmes focus on supporting vulnerable people to reduce the impact on health inequalities. Vulnerable adults with support needs are at risk of needing more intensive, higher level and more expensive services if their needs are not met. Supported Housing is a way of meeting the housing needs and the low to medium support needs of residents and preventing them from needing other services, as well as addressing short term issues which have not been resolved effectively and act as barriers to independent living and wellbeing. Helping service users meet their support needs and improve their independent living skills contributes to their confidence and wellbeing.

### EACH Supported Housing and Floating Support

Two services are provided by EACH. The first is a floating support service and the second. is an accommodation based service that provides both housing and support to adults with substance misuse and/or offending. There are 6 units of accommodation at the scheme. Part way through the year the landlord decided to withdraw the properties from this arrangement and the service was changed to a specialist floating support service.

The purpose of a floating support service is to support service users to sustain their tenancy/housing and prevent homelessness through activities such as welfare advice, managing rent arrears, reporting repairs, considering housing options, entering volunteering/training/education/employment and accessing other services such as GPs, mental health services, drug and alcohol services.

### SSAFA supported housing

SSAFA provides a supported housing service called 'Stepping Stones'. There are 20 units of accommodation and the Council funds 12 of these units. While the scheme is primarily intended to support women and their children from the Armed Forces community some of the spaces funded by the Council are used for homeless women and their children who do not have an Armed Forces connection.

Women of the Armed Forces community may find themselves without somewhere to live or require a place of safety. SSAFA's Stepping Stone home provides a comfortable, secure and female-only place to stay for as long as they need to get back on their feet (up to 2 years). The scheme has individual rooms and a range of communal areas.

While the scheme is not a domestic abuse refuge the women who access the service have often experienced domestic abuse.

The staff team provides information, advice, guidance and support

### Hestia domestic abuse services

Hestia provides a range of domestic abuse services commissioned by the council and this budget contributes to the funding of the domestic violence refuge and the floating support service. The refuge is a place of safety for any mother and child made homeless by domestic abuse. Hestia offers emotional and practical support and ensures that every service user has an up-to-date risk assessment and support plan tailored to their needs. There are 6 units of accommodation at the refuge.

## Supporting vulnerable adults

### Harrow User Group

The Harrow User Group (HUG) is a user run support group for residents of the London Borough of Harrow suffering with long term mental illness. HUG foster a mental health recovery model that helps to build the resilience of people with mental illness to promote: Around 350 people are registered with the HUG and 30-40 attend each meeting. HUG members are more likely than the Harrow average to be unemployed, reliant on welfare benefits, live in social housing or residential services, and be socially isolated. In addition 60% of the members are BMER (Black Minority Ethnic and Refugee).

### Rethink at The Bridge

The Bridge community mental health hub promotes recovery, rehabilitation and independence to people with mental health illness. It supports a diverse range of people to achieve their individual goals and outcomes through a variety of means tailored to each individual client. The Service operates in an innovative and resourceful way and encourages its users to be innovative and resourceful in their recovery.

### Age UK Befriending

The befriending scheme is aimed at those over 60 who are isolated or housebound, who have limited to no social contact on a week to week basis. It is a coordinated programme with a team of 35 volunteers who provide a befriending service for around 50 of the most socially isolated citizens in Harrow. Volunteers work on a one to one basis with individuals agreeing to reduce levels of isolation and loneliness, so improving health and wellbeing.

## Giving children a good start

### Early support hubs

Three early support hubs in Harrow provide a wide range of activities and services including stay and play for social development, healthy eating, readiness for school, junior youth clubs, SEN young clubs, baby massage, and support to young parents The support hubs are integrated with other services such as midwifery, health visiting and Speech and Language therapy.

### Targeted programmes

Early Support Practitioners provide emotional health & wellbeing workshops which promote resilience and mental toughness. They also train other staff to deliver the programme in other settings

The v.Inspired project promotes volunteering and social action through a personal development programme for young people aged 16-25.

Goldseal is a programme aimed at young people who are not in education, employment or training (NEET). It enhances their aspirations for positive alternatives to criminal and anti-social behaviour and assist them in gaining recognised qualifications re-engaging with further education / training.

# HEALTH IMPROVEMENT

## Physical Activity and Obesity

The Harrow Obesity Needs Assessment 2020 is now in draft form which collates many sources of data and information to create a picture of the issues around excess weight in the borough for adults and children. Over January a large group of stakeholders including clinicians, planners, transport officers, public health, leisure providers, social care and education have been meeting to discuss excess weight prevention and treatment across all ages in Harrow. A partnership plan is being made based on best practice, local need and guidance which will form the Obesity Plan for Harrow 2020-2024 that will be taken to the Health and Wellbeng Board in March 2020.

A group of council officers met,chaired by Mark Billington, in February 2020 to look at the most recent Active Lives survey data which shows that Harrow has lower levels of physical activity than both London and England. Although the Harrow sample is small (396) this trend has been consistent since 2015. The group will continue to meet and engage with other teams such as communications to ensure that residents know about all the opportunities to keep active in Harrow.

Participation in tai chi twice a week is shown to improve balance, strength and prevent falls aswell as providing a

positive way to socialise. Public Health is supporting free Tai Chi provision in Harrow – looking at ways we can promote the benefits of Tai Chi and make sure people know about the sessions.

## Breast feeding

The award ceremony to celebrate the service's achieving reaccreditation with the UNICEF Baby Friendly Initiative Level 3 was recently recently took place. The Infant Feeding Lead for Harrow was presented with the award by the Mayor of Harrow.

## Vision screening in private primary schools

Working in conjunction with a concerned local parent the Director of Public Health has written to all parents / carers of pupils in private primary schools in the borough reminding them of the importance of taking their children for an eye test before the age of 6 in order to catch any amblyopia (commonly known as "lazy eye") while it is still treatable. Left untreated, it can lead to the eye's central vision never reaching normal levels.

Each borough's self-assessment will be reviewed and then challenged in groups of 5-6 boroughs. Harrow will come together with Bexley, Kingston, Merton, Richmond and Wandsworth in late March undergo a rigorous peer review process in March 2020.

## Expert Patient Programme

In England, 15 million people are living with a long term health condition. 1 in 3 of the working age population have at least 1 long-term condition and 1 in 7 have more than one condition (PHE Health Matters Jan 2020) People with 2 or more long-term conditions are more likely to be obese, eat less healthily and smoke, than people with one or none of these conditions (Maskell 2007, Scottish Government 2007). As the population continues to age, the number of people with long-term conditions is expected to increase.

There is a strong body of evidence that demonstrates that supporting people to manage their LTC is more effective than the conventional medical model, with benefits for people's attitudes and behaviours, quality of life, clinical outcomes symptoms and use of

healthcare resources (Lorig et al 2001). According to research,s people who have trained in self-management tend to be more confident and less anxious (Lorig et al 2001). They make fewer visits to the doctor, can communicate better with health professionals, take less time off work, and are less likely to suffer acute episodes requiring admission to hospital (Lorig et al 1999).

A DoH study shows that people with LTCs in London are the least likely to play an active role in treating their condition all or most of the time, with just 70% saying this compared to at least 83% elsewhere in the country (Department of Health, April 2011).

In Q3 Public Health Harrow re-launched the Expert Patient Programme (EPP) in the borough (after almost a 2 year break), which is being offered free of charge to Harrow residents and council employees. EPP supports the joint health and wellbeing strategy priorities for the age well life cycle (social isolation and loneliness, support for carers; frailty and falls; and management of LTCs).

EPP is a course for adults with LTCs (and/or carers) that teaches participants a tool kit of self-management techniques in order to maintain or enhance their health and well-being as well as their clinical, emotional and social outcomes. The programme encourages participants to take responsibility for their own health and wellbeing, making self-management a fundamental part of their every day lives to support their independence, promote self worth and to maintain their ability to lead as active a life as possible. Participants are encouraged to maintain contact with the peers from their cohort once the course has been completed, to continue to support each other, keep them engaged with the programme and to embed learning. They are also provided with a self-management text book containing all of the information (and more) provided on the course. Key topics include: dealing with pain, fatigue and extreme tiredness; dealing with difficult emotions; communication with health care professionals; medicine management; fall prevention; healthy eating; exercise; weight management; problem solving; decision making and others.

The first 2 courses were delivered in Q3 with a further course to take place in Q4 of this financial year. Cohort sizes are between 8 and 16. We expect to commission a minimum of 4 courses per year thereafter, providing places to 64 residents who can self refer. As a new service we will be closely monitoring the programme for efficacy and uptake.

Participants from the first 2 cohorts have said that they had "given up" before attending [EPP] and that it helped just to be in a room with people who genuinely understood. One participant and their carer wrote "[We] are not backward in doing many of these things already but struggling with long term conditions does wear anyone down. One can get to feel that the condition is in charge. The course is an excellent antidote." Personal achievements and feedback reported have included: started painting again; created crystal cards for mindfulness; went cycling for the first time in 1 year and rode 6 miles; started cooking again; I realised that "I matter"; I've been able to help other people; I've been able to say "No"; I've learnt to put myself first. Some participants have also sought advice from their peers about returning to work with a LTCs and how they overcame the barriers that their LTC causes.

During Q3 we have also been working to promote the programme, producing a PowerPoint presentation for GP waiting rooms, distributing posters and leaflets to GPs, pharmacies, libraries, children's centres and community organisations. We have had a positive response from the community and uptake is increasing. We are currently building relationships with Adult Social Care and looking at ways that we can create pathways and streamline the referral process for service users who have been referred to the Early Intervention and Prevention Team.

# COMMISSIONED SERVICES

## The Children and Young People Sector Led Improvement

The Association of Directors' of Public Health in London has made 0-19 services in London the focus of this year's Sector Led Improvement programme. This is where all boroughs have to complete a self-assessment return. A stakeholder workshop was held on 2 Dec 2019 which was very good for engaging colleagues from across Harrow on a number of cross-cutting issues. Participants were very supportive of both health visiting

and school nursing and were particularly interested in oral health and speech and language.

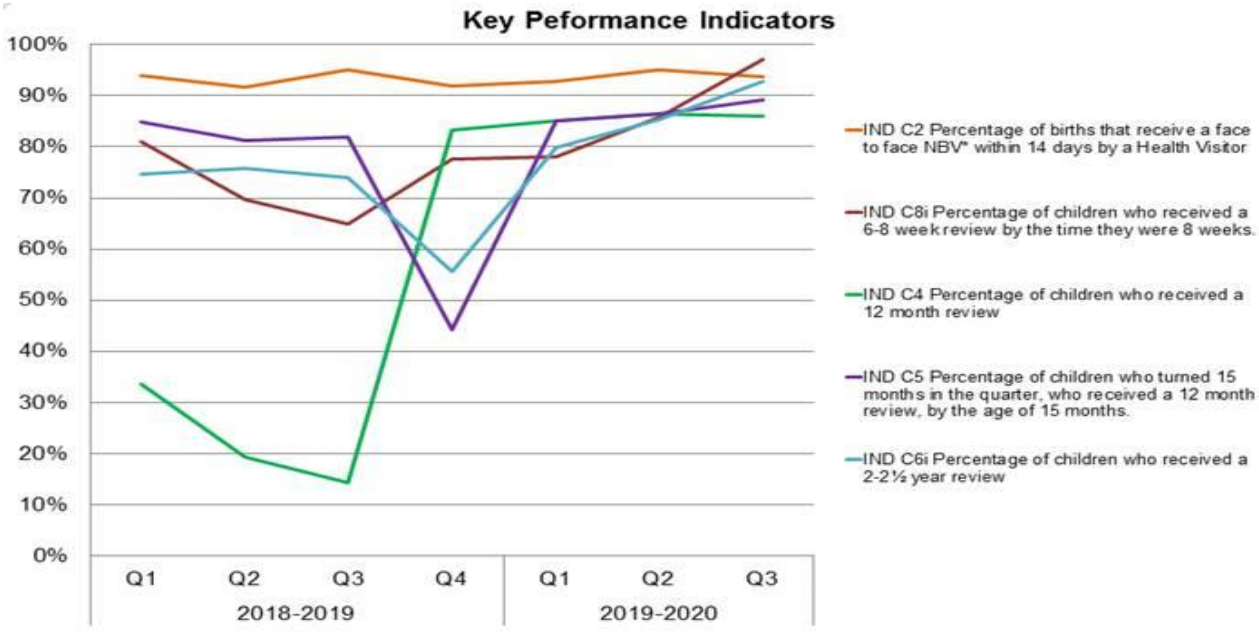
## 0-19 Service

### Health Visiting

The service has continued to improve performance. Of particular note is the highest ever percentage of children receiving a 6-8 week review (97%) and the two-year review figure (93%) surpassed that of last quarter. The service has been using staffing underspends on substantive posts to pay overtime for staff to work at weekends. This has made it easier for working parents/carers to attend reviews.

The work with the Romanian community continues to develop. A brochure in Romanian is being produced setting out the role of the health visitor and how the health system in England works i.e. trying to emphasise the importance of seeing the health visitor or calling 111 (where they can access Romanian interpreters) before going to A&E. This work was also informed by a Serious Case Review and has underlined how useful it is to have the Designated Nurse always attending the contract monitoring meetings.

As can be seen from the next table, performance has been improving across the board.




### School Nursing

Three schools now have asthma friendly status and 40 out of the 62 Harrow schools have requested that the service deliver health promotion sessions. The service is seeking to make sure that all schools take up the offer by the end of the academic year.

The service has continued to forge closer links with parents / carers who electively home educate their children. This is a group that can easily be overlooked and it is very pleasing to see that the school nursing service is starting to build the trust with this community.

## Substance Misuse Services

### Compass Harrow Young People's Substance Misuse Service

Currently 110 young people in Harrow are receiving treatment for their substance misuse. This care will always be part of a wider support network of relevant care agencies around the young person. As part of 'teach and deter' area of their work, Compass have also delivered outreach/presentations during this quarter in a variety of settings across Harrow including: School Nursing Service, Shaftesbury High School Parents' Evening (drug awareness) and Y11 (drug awareness, knife crime and gangs workshops), Harrow College Safety Fair, Park High School Yr13 (PSHE Presentation), Grange Farm (Youth Violence meeting)

Referrals into Compass from Education are significantly higher than those from the Youth Offending Service – this is seen as a positive trend as it may indicate that young people are receiving support for their substance misuse at an earlier stage before becoming involved in the Criminal Justice System.

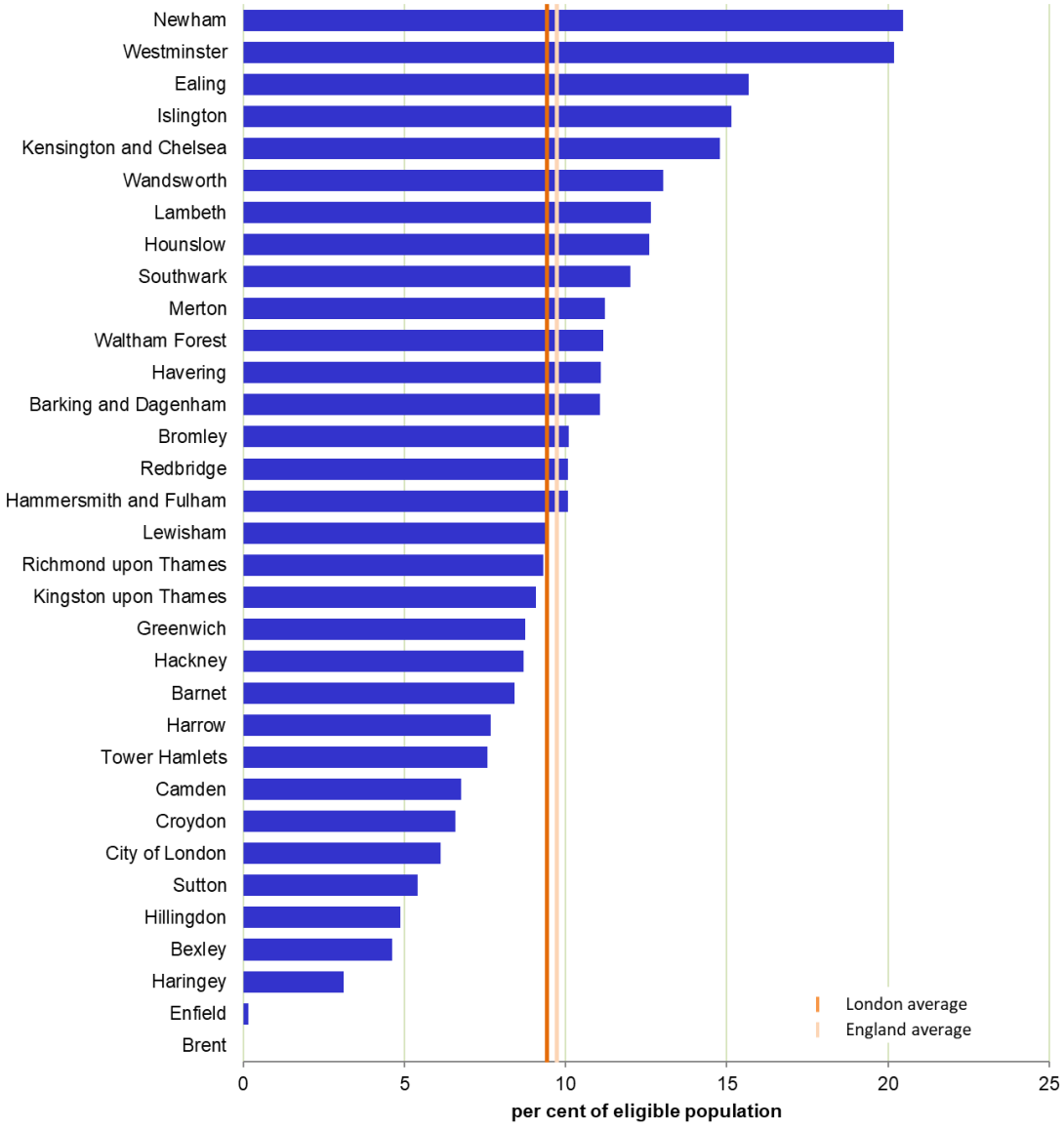
### WDP Harrow Adult Substance Misuse Service

A new service specification reflects the latest UK guidelines on clinical management of drug use & dependence and new PHE data including prison transfers into community treatment. The document has informed a refreshed treatment and recovery pathway followed by an Invitation to Tender for the new Service to commence on 1.4.20. The outcome of the procurement will be published in Q4.

To continue to support the drive of the London Joint Working Group on Substance Misuse and Hepatitis C Virus (HCV), WDP have reinforced their joint working with the Hepatology Unit at Northwick Park Hospital to revise the 'testing to treatment' pathway including a failsafe mechanism to review service users who decline a HCV test or referral to treatment. The joint working arrangement also includes a Hepatology 'in reach' clinic to the Substance Misuse Service which incorporates a fibroscan (to measure the degree of damage to a liver) for assessed service users and for those who may be a risk of liver damage but are not exhibiting symptoms.

## NHS Health Check programme

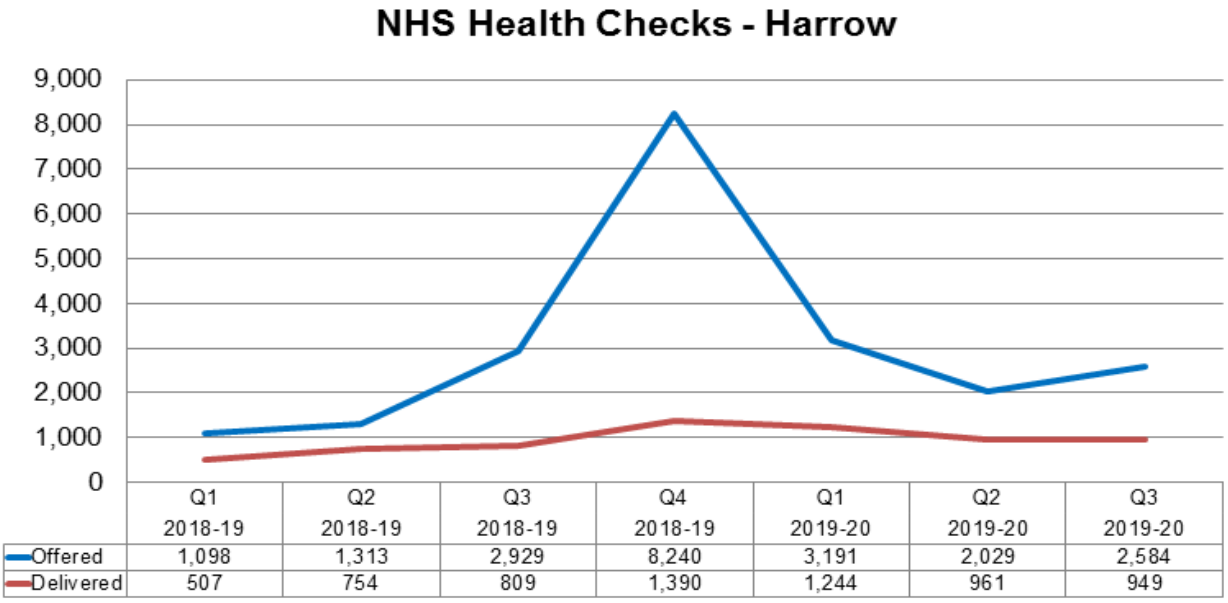
The numbers of NHS Health Check invites and completed checks is below what we are expecting in order to achieve the 20% target. The larger practices have proven very difficult to engage with. The Public Health Commissioner has been visiting all the main underperforming practices. The reasons for not engaging vary but the main reason cited is the reduction in the amount the practices receive per



completed NHS Health Check from £25 to £20. Performance has also been hampered by the extended leave of one of the provider's key staff members.

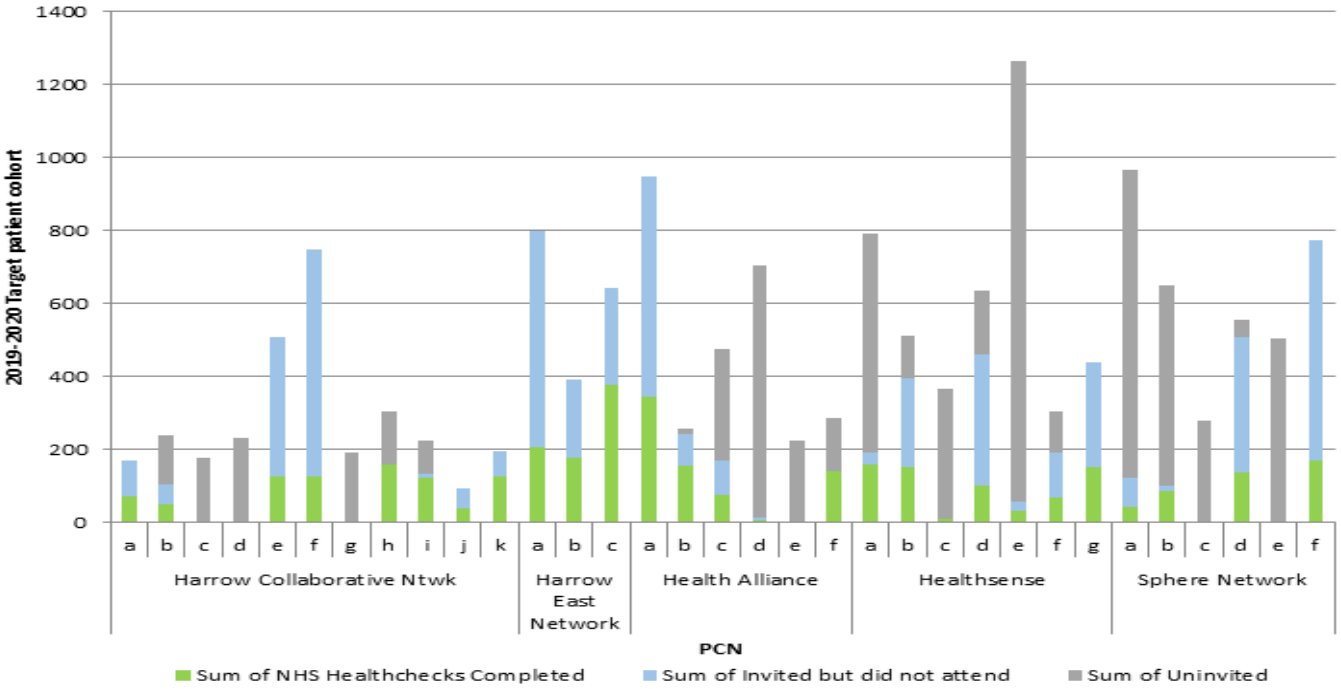
Public Health has had to write a letter to PHE London explaining our reasons for the underperformance over five years and the plan to improve it. Overall Harrow was 23rd in London for NHS Health Checks performance for the first two quarters of the financial year:

The focus remains increasing the number of invitations, increasing uptake of NHS Health Checks and improving data quality so that it is easier to measure impact.




| | Q1 2018-19 | Q2 2018-19 | Q3 2018-19 | Q4 2018-19 | Q1 2019-20 | Q2 2019-20 | Q3 2019-20 |
|---|---|---|---|---|---|---|---|
| Offered | 1,098 | 1,313 | 2,929 | 8,240 | 3,191 | 2,029 | 2,584 |
| Delivered | 507 | 754 | 809 | 1,390 | 1,244 | 961 | 949 |

The following graph shows Healthcheck performance by GP practice with cumulative activity data for Q1 – Q3 2019-20.




The grey part of the chart shows practices that are under-inviting. Some practices are currently overinviting which we are allowing them to continue to do. As the programme continues this will not be sustainable and it will put into greater focus the need to encourage the non-engaging practices to start offering the programme.

## Integrated Sexual & Reproductive Health Service

The new integrated service at Caryl Thomas Clinic is now fully embedded and supported by the sexual health outreach service with a particular focus on HIV prevention and testing. The London Sexual Health Partnership work continues with the Harrow Commissioner representing the outer North West London boroughs of Harrow, Brent and Ealing. There continues to be emphasis on the re-direction of clients requiring testing with no symptoms to the e-Service and Harrow has seen an increase in returning users to the site.

# HEALTH PROTECTION

## Health Protection Forum

We have established a local Health Protection Forum for Harrow. The purpose of the forum is to provide a single, integrated approach for those agencies involved in health protection and emergency preparedness, resilience and response. It will look at immunisation, annual flu programmes, infection control, disease outbreaks, public health aaspects of emergency planning and pandemic flu preparedness. The first meeting was in September and it will be held quarterly.

## A Focus on Flu


October is the beginning of the flu campaign. In addition to promoting the flu campaign and sending resources out, we also recognised the potential impact of our staff on the transmission of flu to the vulnerable people they come into contact with. We publicised the need for flu jab amongst council staff and organised flu jabs sessions which was delivered by a local pharmacist. As a result of these sessions, we were successful in immunising over 100 council staff from across the council. Flu is one of the topics covered by our health protection forum.

## IN THE NEXT ISSUE

We will be looking at the outcomes of health checks programme in more detail next quarter.

# QUARTERLY PUBLIC HEALTH REPORT


Mar-Jun 2020

*2020-21 Quarter 1*

*This quarterly report will focus on the COVID-19 pandemic. The first part of the report will look at the epidemiology of the pandemic in Harrow and the second half will highlight some of the work that's going on to support the vulnerable in our society and reduce health inequalities.*

# Quarterly Public Health Report

*2020-21 Quarter 1*

## Introduction

The COVID-19 pandemic has brought an unprecedented situation to the world.

Section 1 of this report shows the extent of the pandemic in Harrow (as at 14/06/20). It includes a variety of data that has been published nationally. Some data is not yet available at the levels that we wish to have which limits what we can put into this report at the current time. A good example of this is the lack of low level data to map the "hot spots" within the borough and the impact on Black Asian and Minority Ethnic communities. We will endeavour to update this report periodically to provide more detail as we get it and include the data on the test and trace programme as that becomes available.

In the second part of the report, I explore the key public health impacts of COVID-19 on the Harrow population and the key messages that we need to share. My team has conducted a review of the research base to consider the risks to health and wellbeing, and discuss the immediate impact of the COVID-19 outbreak on the services we commission.

## KEY MESSAGES

- Harrow has seen one of the highest rates of COVID-19 cases at 414.6 per 100,000 in London (London is 304.7 per 100,000)
- Due to only testing those admitted to hospital through much of the pandemic, the true number of cases in Harrow is unknown.
- A total of 1045 lab-confirmed cases of COVID-19 had been reported in Harrow between the period 1st March 2020 to 14th June 2020
- Daily lab-confirmed COVID-19 cases in Harrow account for an average of 3.8% of total daily London cases, whilst overall Harrow accounts for 2.8% of the total London population.
- Rates of cases by age in Harrow, show that the 80+ age group had the highest rate per 100,000 population, at 1394, 42 times higher than those under 20 years (33 per 100,000)
- Harrow recorded the 6th highest death rate related to COVID-19, at 114.7 per 100,000 population in London (Newham reported the highest, at 144.3 per 100,000, the average for London was 85.7 per 100,000 population)
- Increased numbers of deaths that were not recorded as COVID related were seen during the April and June. The number of excess deaths is a better measure than COVID-19 deaths of the pandemic's overall impact on mortality, current analysis show that around 87% of excess deaths occurring in this period were COVID-19 related.
- The impact from COVID-19 has highlighted existing health inequalities: Being male, living in more deprived areas, and being from a Black, Asian and Minority Ethnic (BAME) background were also found to be associated with worse outcomes in a national report. We do not currently have data to look at these differences in Harrow. However, BAME groups account for around 64% of the population of Harrow, nationally it has been seen that in this group up to 34% were affected critically by COVID-19

## Data Sources

Data has been collected by the Office of National Statistics and Public Health England, looking at lab-confirmed daily cases and deaths by occurrence and registration, in order to establish the impacts of COVID-19, nationally, regionally and now some data at local levels.

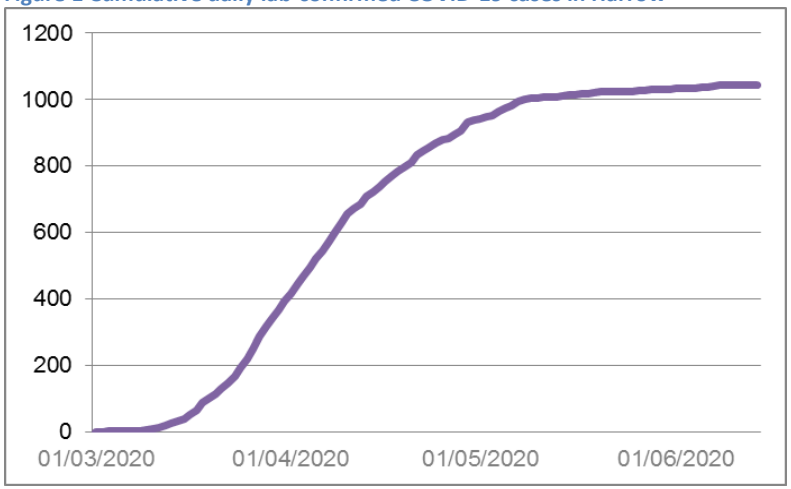
## The Curve of the Pandemic

Harrow's first lab confirmed COVID-19 case was on the 3rd March 2020, and the data for cases has been analysed from 1st March 2020 to 14th June 2020. Between the period of 1st March to 14th June, a total of 1045 lab-confirmed cases were recorded for the London Borough of Harrow. Figure 1and Figure 2 show the cumulative confirmed cases between 1 March and 14 June and the daily number of lab-confirmed cases for this same period, respectively.

We have seen nationally that the numbers of tests recorded at weekends are lower and the cases reported on Mondays causing unexpected peaks early in the week. One of the ways we can smooth out these daily variations is to do a seven day moving average number of cases. Figure 3 and Figure 4 show the seven-day moving average number of cases in Harrow and London during the same time period. London had its first confirmed case on the 11th February, 2020.

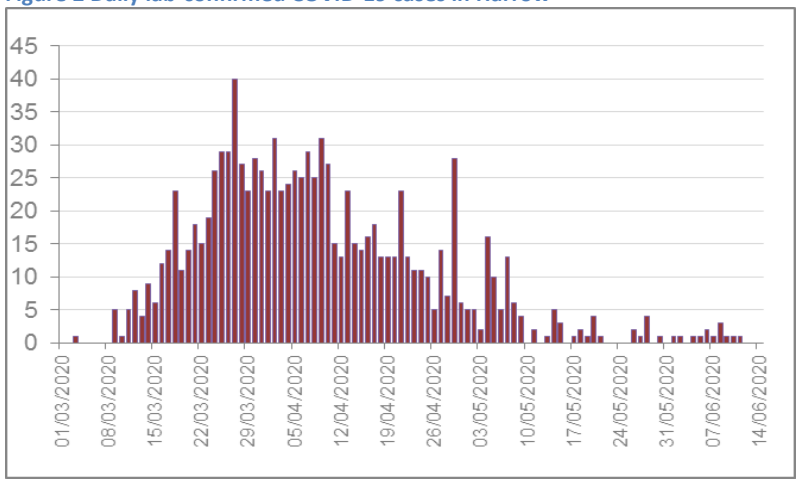
These graphs don't tell the whole story. Initially all symptomatic people were tested but in late March, testing was restricted to only those who were admitted to hospital. Thus many more cases were occurring in the community that have not been captured in the data. Early planning estimates for the pandemic suggested 10% of cases would require admission to hospital so the true numbers in late March and April could be 10 times higher than these numbers.

Figure 1 Cumulative daily lab-confirmed COVID-19 cases in Harrow



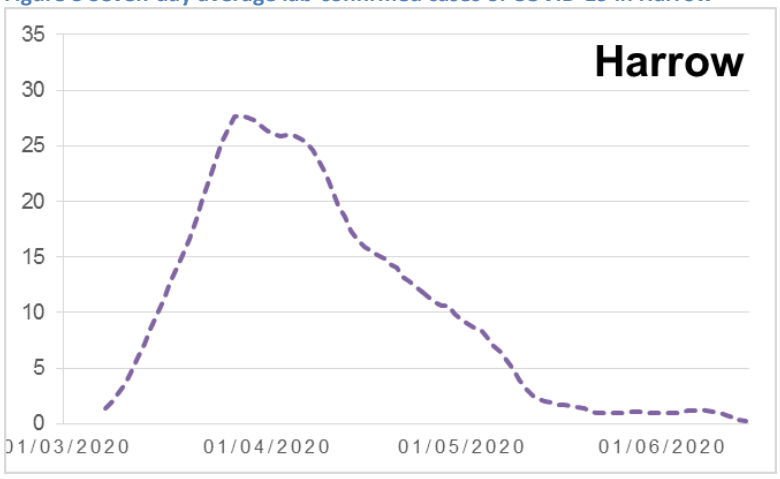

Source 1 Public Health England, accessed June 15th 2020

Figure 2 Daily lab-confirmed COVID-19 cases in Harrow



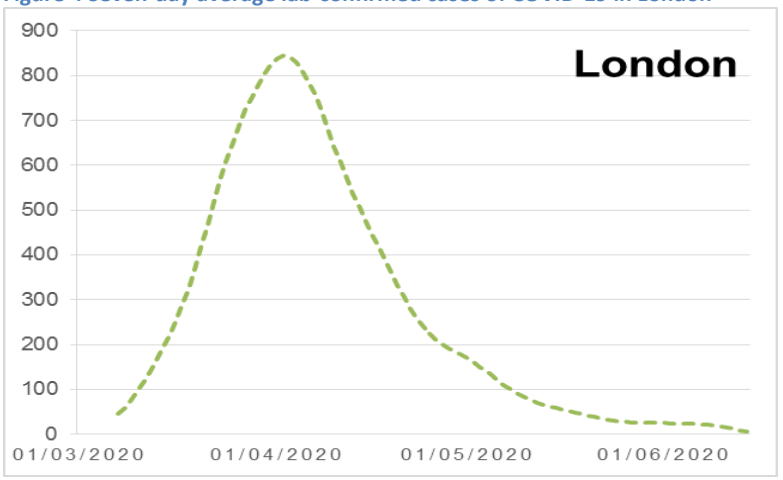

Source 1 Public Health England, accessed June 15th 2020

Figure 3 Seven-day average lab-confirmed cases of COVID-19 in Harrow




Source 1 Public Health England, accessed June 15th 2020

Figure 4 Seven-day average lab-confirmed cases of COVID-19 in London




Source 1 Public Health England, accessed June 15th 2020

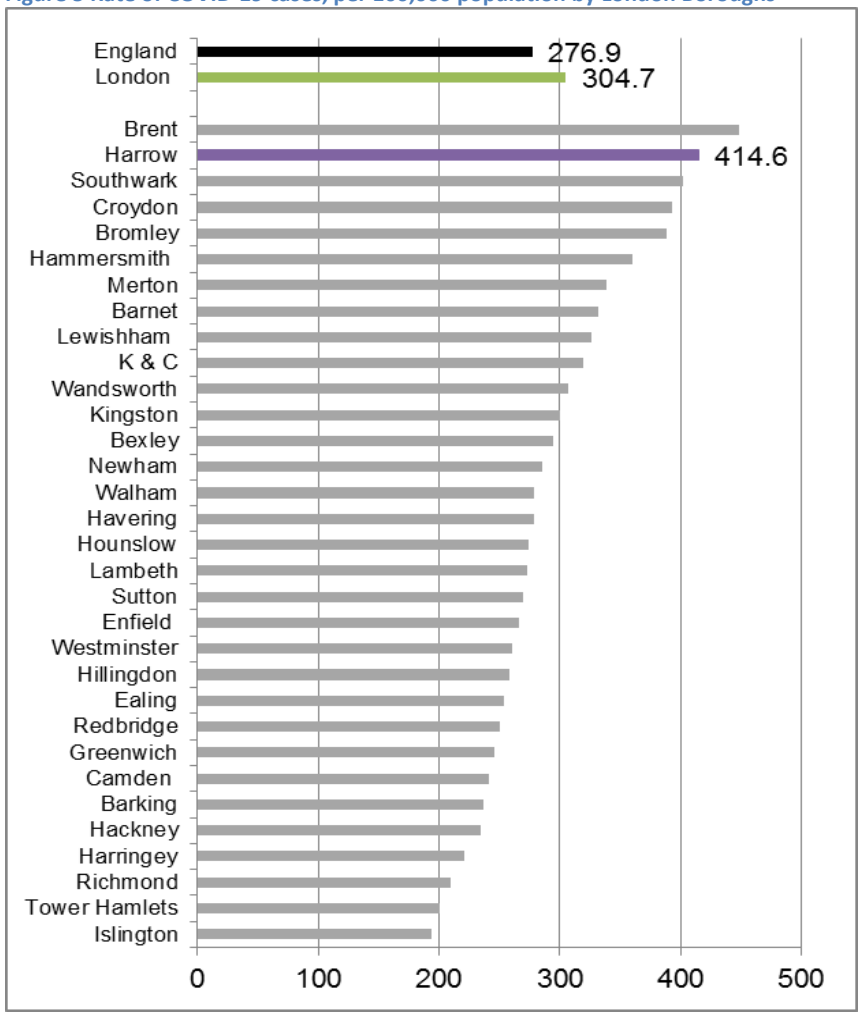
## Rates of COVID-19 Infections

London has had the highest number of lab-confirmed COVID-19 cases in England, giving a crude rate (i.e. by dividing the number of cases by the total population numbers) of 304.7 cases per 100,000 population. Using this same method, out of the 32 boroughs in London, Harrow has had the second highest reported at 414.6 per 100,000 population. The borough of Brent has the highest, at 448.0 per 100,000 population.

Overall, Harrow had 1045 confirmed cases for this period, which was 3.8% of the total cases for London. At some points during this period, the proportion of total London cases that occurred in Harrow increased to over 5% before reducing to this average. Harrow accounts for approximately 2.8% of the London population. This illustrates the disproportionate burden of the pandemic on Harrow with crude rates of cases that are 1.35 times higher than London average.

We need to understand what has led to this disproportionally high infection rate.

Figure 5 Rate of COVID-19 cases, per 100,000 population by London Boroughs




Source 1 Public Health England, accessed June 15th 2020

## Age profile of COVID-19 cases

More than half of all of the cases in Harrow occurred in people of working age (20-64 years). The cases in children and young people accounted for less than 3% of cases. This is similar to the pattern seen across the country where children are either not being infected by COVID -19 or they experience very mild disease.

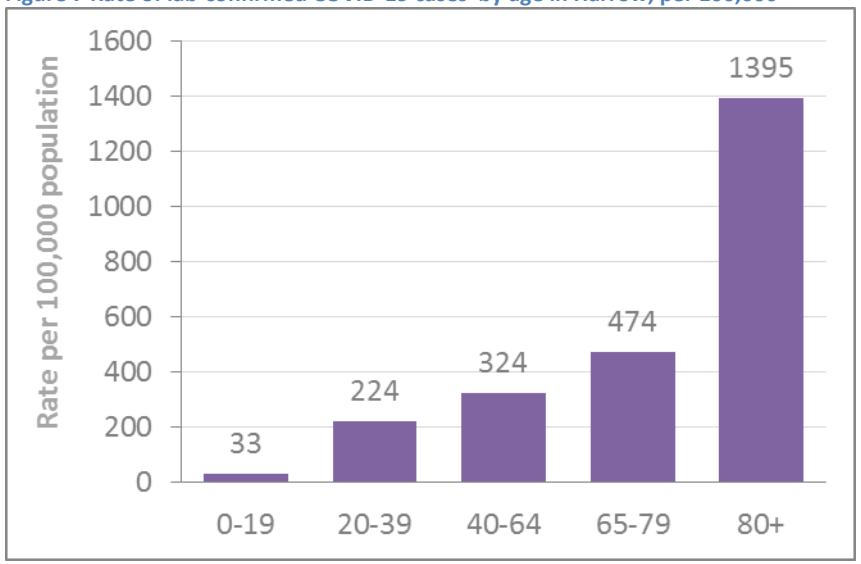
If we consider the age specific rates of laboratory diagnosed infection with COVID we see that the rate increases dramatically with increasing age. The 80 + group in Harrow have the highest rate per 100,000 population at 1,395 cases, which is 42 times higher than those under 20 in Harrow.

Figure 6 Total number and rates of lab-confirmed cases by age in Harrow

| Age | No of Cases | % of total cases | Per 100,000 Population |
|---|---|---|---|
| **0-19** | 22 | 2.9% | 33 |
| **20-39** | 162 | 21.6% | 224 |
| **40-64** | 262 | 35.0% | 324 |
| **65-79** | 137 | 18.3% | 474 |
| **80+** | 166 | 22.2% | 1395 |

Source 2 COVID-19 cases data by Postcode , Public Health England

Figure 7 Rate of lab-confirmed COVID-19 cases by age in Harrow, per 100,000




Source 2 COVID-19 cases data by Postcode , Public Health England

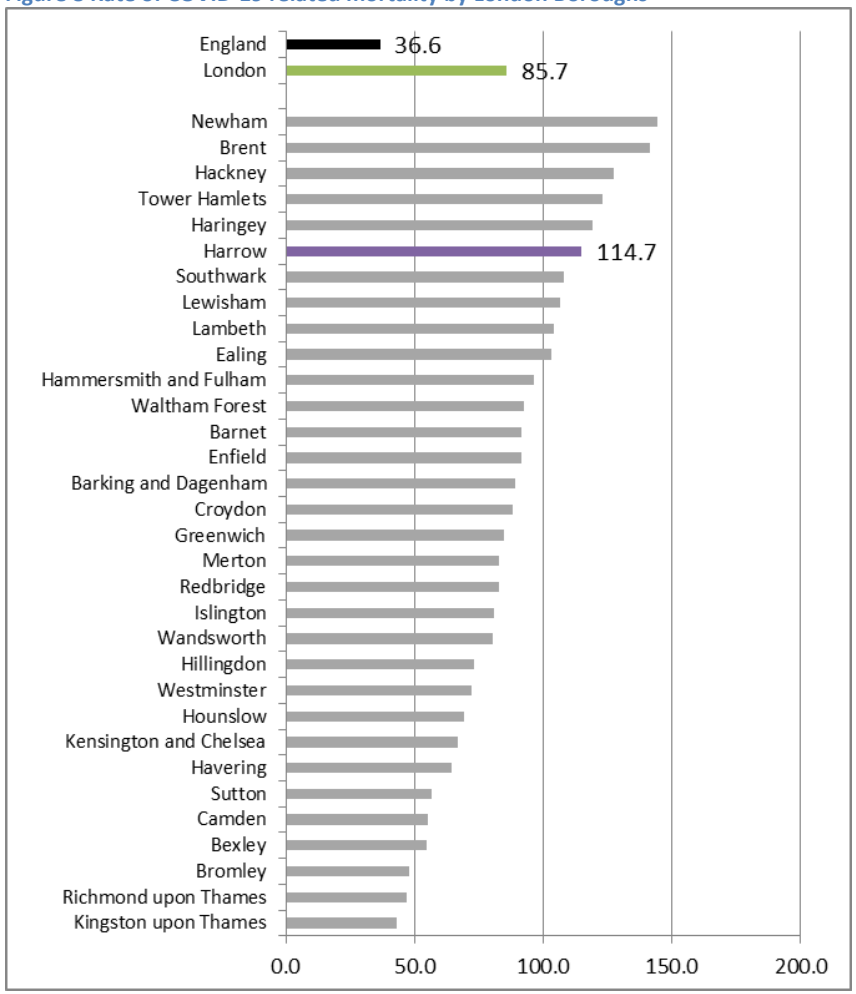
## Mortality related to COVID-19

Between January 1st and June 5th, 1164 deaths have been registered for Harrow (registered up to June 16th). Of these, 391 mentioned COVID-19 on the death certificate. Harrow had the fifth highest number of deaths from COVID-19 in London, behind Brent, Croydon, Barnet and Ealing.

COVID-19 has been shown to disproportionately affect older people. Harrow's population structure differs from the London average in that there is a greater proportion of older people. There are 57 residential and care homes in Harrow – a high number of compared to many other boroughs. Care home outbreaks have certainly contributed to the number of cases of COVID-19 in Harrow. Older people are more likely to become more ill from COVID-19 and require admission to hospital. To allow us to compare the rates of deaths in different boroughs, we need to adjust for size and age structure of the population. There were 36.2 deaths involving COVID-19 per 100,000 people in England and Wales. London had the highest age-standardised mortality rate (ASMR) with 85.7 deaths per 100,000 persons involving COVID-19 almost double the next highest rate.

The local authorities with the highest ASMR for deaths involving COVID-19 were all London Boroughs; Newham 144.3; Brent 141.5 and Hackney 127.4. Harrow's ASMR was 114.7, the 6th highest amongst all the London boroughs.

Figure 8 Rate of COVID-19 related mortality by London Boroughs

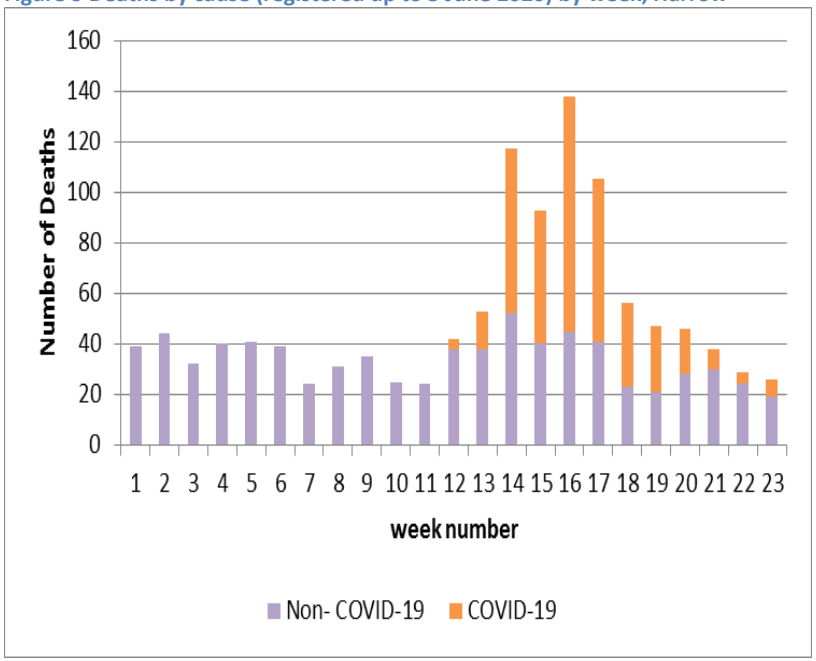



Source 3 ONS 2020, accessed June 15th 2020

## Patterns of COVID-19 and Non-COVID-19 Deaths

Each year, the number of deaths occurring in the population varies with the season. Deaths in winter are higher than at other times of the year. The number of additional deaths occurring in winter each year varies depending on coldness of the winter and by the amount of circulating influenza virus- and the levels of vaccination against Influenza in the community. There is a similar but smaller increase due to heat in summer in some years.

Figure 9 Deaths by cause (registered up to 5 June 2020) by week, Harrow




Source 4 ONS 2020, accessed June 15th 2020

Figure 9 shows the number of non-COVID-19 and COVID-19 related deaths by week from the start of the year.

The occurrence of the COVID-19 pandemic has of course affected this pattern. The first COVID-19 deaths occurred in mid March as the excess winter deaths had begun to decrease.

The majority of COVID-19 deaths in Harrow occurred in the 4 week period from 30th March to 26th April.

We can also see that in addition to the COVID-19 deaths, the number of non-COVID-19 related deaths also increased in this period to levels greater than the seasonal norm. This shows that the pandemic not only had an impact through deaths from COVID-19 but also impacted on people dying from other causes.

The number of excess deaths is a better measure of the pandemic's overall impact on mortality than simply looking at the number of COVID-19 deaths. In addition to the deaths from or related to COVID- 19, other deaths occur which may be due to delays in accessing treatment. This may be due to availability when hospitals were overloaded or to delays in routine or planned treatments or due to patient fears of COVID-19 reducing their likelihood of attending for emergency treatment when they needed it. Some of the deaths that did not mention COVID-19 may have been due to it as not all people who died were tested for the virus.

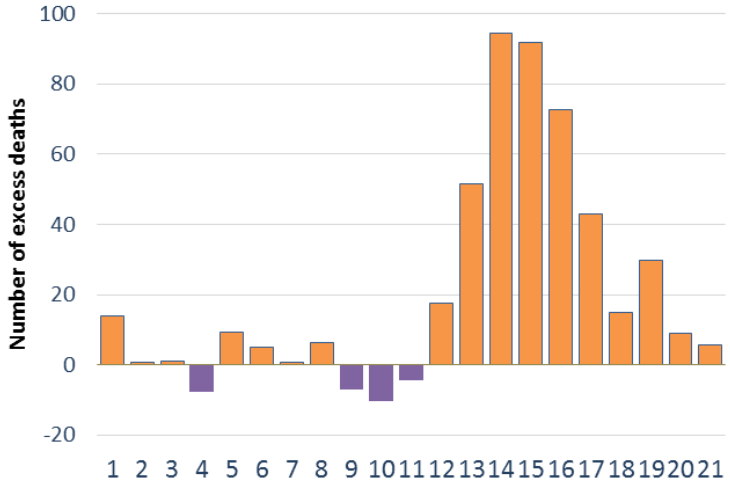
Excess mortality is the additional deaths, or mortality, than might otherwise be expected at a given time and does not depend on how COVID-19 deaths are recorded. It is used to look at outbreaks of specific disease, or exposure to harmful circumstances such as radiation or environmental release of poisonous chemicals, or as a result of a natural disaster.

In England and Wales there were 113% more deaths than usual in the week ending 17 April 2020 – the peak week. Since then the number of excess deaths has steadily decreased towards pre-outbreak levels with the latest data for the week ending 22 May 2020 showing 24% more excess deaths than expected.

Figure 10 displays the excess deaths in Harrow during 2020 compared to the average number of deaths per week for five year period 2014-2018 (methodology used to calculate excess deaths). It shows that there were excess deaths the weeks during lockdown (week 12 onwards, March 23rd 2020) and then starts to tail off. Further analysis shows that around 87% of the excess deaths were due to COVID-19.

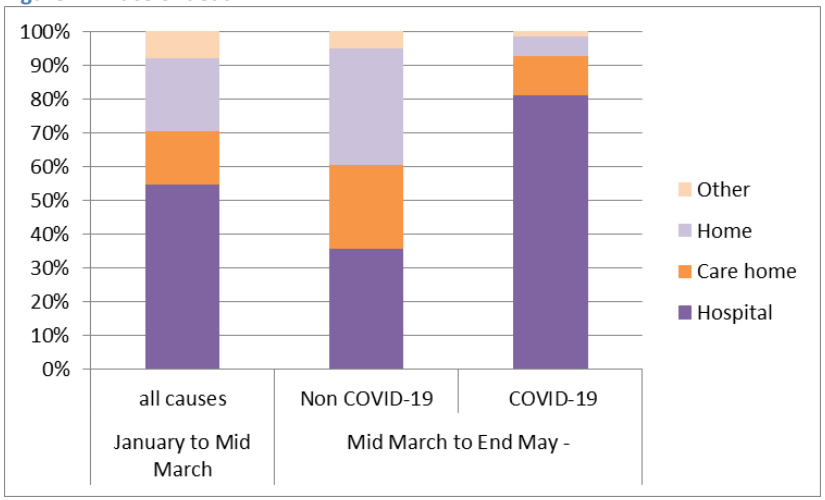
The majority (85%) of COVID-19 deaths occurred in hospital. Of the non-COVID-19 deaths there was a decrease in deaths in hospital and an increase in those in care homes and at home. The data does not allow us to see if these were due to lack of access to hospital services, or due to changes in services to support people in their homes/ other place of residence.

**Figure 10 Harrow excess deaths**




**Source 5 ONS 2020, accessed June 15th 2020**

**Figure 11 Place of death**




**Source 6 ONS 2020, accessed June 15th 2020**

## Inequalities and disparities

A recent review confirms that the impact of COVID-19 has highlighted existing health inequalities and, in some cases, exacerbated them.

The largest disparity found was by age, with people diagnosed with COVID-19 who are aged 80 or older being 70 times more likely to die than those under 40. The ASMR for deaths involving COVID-19 in the most deprived areas of England was more than double that of the least deprived areas (55.1 deaths compared to 25.3 deaths per 100,000 ).

Being male, living in more deprived areas, and being from a Black, Asian and Minority Ethnic (BAME) background were also found to be associated with worse outcomes, with the racial/ethnic disparity remaining even after accounting for the effects of age, sex, deprivation and region. Figure 12 and Figure 13 show these ethnic disparities. However, the model was unable to take into account the impact of long term conditions which we know are associated with higher rates of mortality from COVID-19 and which we also know disproportionally affect the BAME communities.

Local data is not yet available to undertake analyses on these factors. We hope to be able to do so in future reports. In Harrow, the BAME population accounts for almost 64% of the total population. We also know that these groups are more prone to the long term conditions such as diabetes, hypertension, CVD, and some complex co-morbidities. This may explain why we have seen higher than average rates for both cases and deaths from COVID-19. It does not explain why we see these health inequalities but does highlight them and makes it pressing that we address them.

Figure 12 Model estimates of the likelihood of dying from COVID-19 - Males

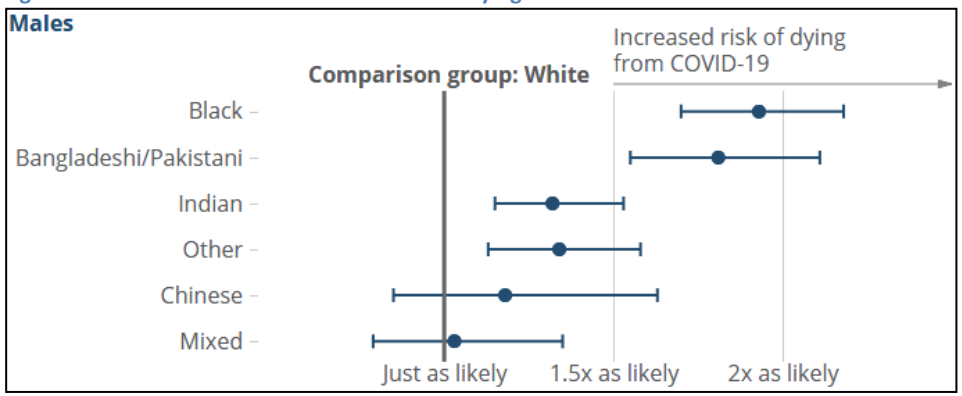
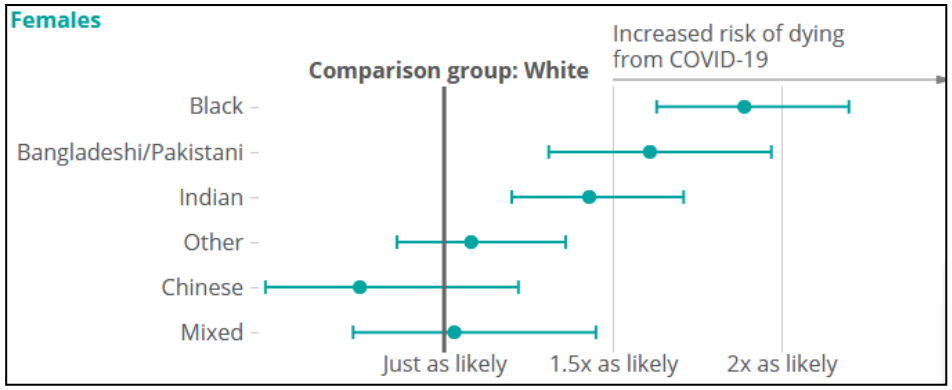



Figure 13 Model estimates of the likelihood of dying from COVID-19 - Females




Source 7 Office for National Statistics – Coronavirus-related deaths by ethnic group

## Section 2

COVID-19 is an infectious disease caused by a new virus that began as an outbreak in Wuhan, China in December 2019. It evolved into a global pandemic, with the first case of COVID-19 emerging in England in January 2020.[i] [ii]. The COVID-19 pandemic will have a direct impact on those becoming infected but it will also have impacts on our physical and mental wellbeing. National guidance has reduced our levels of physical activity and the support mechanisms we usually rely on, this has caused worry and anxiety about the health of ourselves and others.[iii]

Early studies from China suggest a significant psychological impact of the pandemic, an increase in negative emotions (anxiety, depression) and high levels of concern for loved ones.[iv] [v] Increased levels of stress, depression, anxiety have been observed following disasters, and during isolation and lockdown in previous outbreaks (e.g. SARS-CoV and MERS). Healthcare workers were particularly vulnerable, with high levels of psychiatric symptoms such as anxiety and post-traumatic stress disorder. [vi] [vii] The effects of restrictions in previous outbreaks were also exacerbated by duration, fears of infection, frustration and boredom, inadequate supplies, inadequate information, financial loss and stigma.[viii]

Recent surveys in the UK reveal widespread uncertainty and heightened anxiety caused by the pandemic. This is compounded by practical issues, such as worries about finances, employment and housing. There are concerns about isolation and loneliness, and reduced levels of exercise.[ix] The restrictions have also resulted in changes in behaviour, and subsequent negative impact on people's welfare and wellbeing. In April 2020, a third of people surveyed in the UK reported sleeping less or worse than usual (38%, 35% reported eating more food or less healthy food, and 19% reported drinking more alcohol than normal. [x]

Social distancing and lockdown has consequences for domestic abuse and risks of harm within the home. In the UK, contacts to helplines have increased, and there is evidence of more complex and violent incidents of domestic abuse. Refuges for victims are also struggling due shielding and social distancing requirements. [xi] Children are also vulnerable as the closure of schools and children's services has resulted in reduced visibility of child victims of abuse and neglect.

The pandemic has also had an indirect impact on people with conditions not related to COVID-19. There are concerns of a significant reduction in GP and A&E attendances due to worries about contracting the virus or adding to pressure on the NHS. [xii] [xiii] [xiv] [xv] Non-COVID conditions may therefore be unmanaged which could have serious consequences; as seen in other pandemics.[xvi] Essential and urgent services have continued during this time for people that are acutely unwell, people with long-term conditions and preventive health interventions such as childhood and adult immunisations. [xvii]

In this time many of us have become more vulnerable; children, young people, older adults, people with pre-existing conditions, people on low income, socially excluded groups (e.g. prisoners, homeless, refugees) and front-line workers. [xviii] [xix]

## Impact on commissioned Public Health Services

### Public Health advice

The Harrow Public Health team have provided advice on the risk and spread of the Coronavirus since the first case in was diagnosed in the UK. As the infection spread, PH have continued to interpret guidance and advise all health and care partners. Advice has included the appropriate use of Personal Protective Equipment (PPE) including the safe donning and doffing and facilitation of FFP3 Fit-Tests for care staff undertaking aerosol generating procedures.

Harrow PH have worked alongside Emergency Planning, Adults & Childrens Social Care, Education and other LBH Directorates to deliver a seamless provision of PPE and advice for front line staff in the Council, care homes, care home providers, carers and schools.

Public Health became the lead contact for the PPE orders for the West London Alliance and represents LBH at the weekly WLA teleconferences. PH also works with Emergency Planning, to monitor stock levels and as lead contact for WLA is responsible for reordering of PPE and approving invoices for payment.

The Public Health Team has continued to promote a healthy lifestyle, and suggest ways of achieving this during the pandemic.

### Sexual and Reproductive Health

During the Covid-19 pandemic, the Harrow Integrated Sexual & Reproductive Health Service (delivered by LNWHT) nursing staff were deployed to the acute unit and wthe service was remodelled. The new service delivers a telephone consultation, prescribing and referral to a clinic appointment for emergency treatment and/or vulnerable groups. There is also an increased offer via the Sexual Health London E-Service to include simple symptomatic testing and treatment. Early Hormonal contraception remains available at a number of pharmacies in Harrow. Outreach for young people is limited and the C-card remains available for those already signed up however this is limited to Pharmacies as colleges and other sites are closed.

LNWHT services are described at:
www.nwlondonsexualhealth.nhs.uk

### Substance Misuse

Substance misuse includes the use and misuse of alcohol, illicit and prescribed drugs and tobacco. The following commissioned services have remodelled their offer during the pandemic:

In Harrow the Westminster Drug Project (WDP) provides an over 18 service to residents. WDP delivers virtual support to service users and the assessment/treatment hub remains open for medical

assessment and high risk/urgent care. Increased collaboration with Pharmacies has included prescription collection at these sites instead of the WDP base. Telephone: 0300303 2868. Email: harrow@wdp.org.uk. The WDP also provide a smoking cessation service: HarrowStopSmoking@wdp.org.uk which has continued to provide a virtual service for smokers wishing to quit due to the higher risk of serious harm if they get COVID-19.

The Young People's Substance Misuse Service is delivered in Harrow by Compass. The service is operating remotely, however young people will be seen if there is an urgent need/risk and also as part of wraparound care with other agencies i.e. children's service. Telephone: 020 8861 2787 Email: adminharrow@compass-uk.org

### Weight Management in Harrow

A 12 week weight management service is being delivered in association with the Watford Football Clubs Community Sports and Education Trust. Over the past few years over 120 people have been support in Harrow to reducing their weight and taking up more regular exercise and a pilot was run which provided important insights on accessibility for our priority communities that have informed the continuation of the service this year.

The service model has shown agility in the last few months and adapted to provide an online service, with a digital app due to release later in the year as planned. The South Harrow Physical Activity Community Champion project has been paused during the pandemic but we hope this will continue later this year as part of the delivery of the Active Harrow Strategy.

### Health Visiting and School Nursing Service (0-19 Service) and the National Child Measurement Programme

There is a combined health visiting and school nursing services for 0-19 year olds in Harrow provided by CNWL. Harrow Health Visiting Service provides advice, support and intervention to families with children in the first years of life. The specialist team is led by health visitors, and is supported by community staff nurses, nursery nurses and administrative staff. This service is for children from birth to five years of age, and they can also offer support before baby arrives. [xx] A child's care is transferred to a school nurse at the age of five. School health nurses are part of the Harrow School Health Service which supports the health needs of school age children, up to 19 years of age.[xxi]

There has been prioritisation of community health services during the pandemic resulting in reduced services by the health visiting and school health teams. Approximately 30% of staff were redeployed to support other services. Understandably, Q4 19-20 saw a slight dip for some of the indicators as it was affected by services ceasing in the last week of March 2020.

The Health Visiting service has prioritised antenatal contact and new baby visits. Children are also assessed for vulnerability or clinical need and may consequently receive a virtual or a face to face visit. Telephone advice, support to the most vulnerable

families and safeguarding work also continue during the pandemic.[xxii] Furthermore, the service has had to adapt delivering most services remotely. A clinic was set up for those who needed to a face-to-face appointment where staff with PPE could see them, and the service has increased its team available by phone for support and advice. The service is now working on the recovery plan and how to deliver services safely and effectively.

One mum said:

"I was so grateful for the telephone support I received from the Health Visitor. I felt she really listened to my concerns."

The School Nursing service was also redeployed as schools closed. Health assessments for vulnerable young people continued but most other activity stopped. Child measurements for the National Child Measurement Programme (NCMP) 2019/20 school year were suspended with the school closures. The school nursing team in Harrow had up until then completed around 70% of all measurements of children attending Harrow schools, however as we are were in the early stages of measurements, this data now needs to be validated by Public Health Intelligence . In previous years, Harrow has submitted high quality data, with participation rates of 95% and above. Public Health England and the NHS Digital NCMP team have indicated that a lower level of participation would be accepted this year, and they have not yet provided guidance for the 2020/21 programme.

The school based immunisations services are provided by CLCH. Scheduled immunisations that have not taken place will need to be caught up to avoid an unmanageable demand for services. Plans are being developed to organise appropriate catch up clinics prior to the Autumn term.

### NHS Health checks

The NHS Health Check programme, which looks for undiagnosed cardiovascular and other diseases and seeks to support behaviour change to reduce the future risk, has been paused during the pandemic.

## Impact on Mental health, stress and anxiety

Mental health, stress and anxiety are all forms of poor mental health. One-in-four adults and one-in-ten children experience mental illness during their lifetime. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include better physical health, lower levels of smoking and alcohol misuse, improved employment rates, productivity and a lower risk of self-harm and suicide:[xxiii] Most mental disorders are more common in people living alone, in poor physical health and not employed. [xxivxxv]

Failure to address poor mental health and conduct disorder in childhood results in higher risk of suicide, substance misuse, self-harm, lower educational and employment achievement.[xxvi]

In England, one in eight 5-19 year olds have at least one mental disorder, with young women at particularly high risk (23.9% of 17-19 year old girls have a mental disorder). One adult in six have a common mental disorder (e.g. depression and generalised anxiety disorder) and less than one adult in a hundred (0.7%) have a psychotic disorder such as schizophrenia. Up to 15% of older people have a common mental disorder, and an estimated 60% of older people living in residential institutions are reported to have poor mental health.[xxvii]

Mental illness has a healthcare and human cost, in addition to a social and economic one. This can include the costs of health and social care for people with mental health problems and lost output in the economy (sickness absence, unemployment). The wider costs to the UK economy are estimated at £70-100 billion per year.[xxviii] There are substantial potential gains for improving mental health, including increased self-esteem, quality of life, productivity, economic benefits and a reduction in the burden on health services[xxix].

## Impact of COVID-19

Recent surveys in the UK reveal widespread uncertainty and heightened anxiety caused by the pandemic.[xxx] The restrictions have resulted in changes in behaviour, and subsequent negative impact on people's welfare and wellbeing. In April 2020, half of people (49%) surveyed in the UK reported feeling more anxious and depressed than normal, and over a third slept less or worse than usual (38%).[xxxi]

A significant number of people also report not being able to get the mental health support they need during the lockdown. Mind, the mental health charity, found that almost a quarter of people who have tried to access mental health services in the last two weeks have been unable to access services. This may be due to difficulties accessing GP, Community Mental Health Teams and crisis services, cancelled appointments or issues with using phone or video call technology.[xxxii] It is expected that the impact of the pandemic on mental health and wellbeing will be significant and long lasting.

## Getting help on mental health

Harrow has a mental health service directory hosted by Mind. The services include counselling services, statutory social work services, and healthcare services. http://directory.mindinharrow.org.uk

Since 2016, the Public Health Team have invested in the Mental Health First Aid (MHFA) provision in Harrow. MHFA training helps individuals to support and signpost people that may have a mental health problem. Over 150 people have been trained so far.

In response to the Covid pandemic the national psychological first aid (PFA) course has been launched by the UK Government. PFA is the globally recognised training for delivering psychosocial care in

the aftermath of an emergency event. The course explores the psychological impact of the COVID-19 pandemic and what you can do to help people cope.

https://www.futurelearn.com/courses/psychological-first-aid-covid-19

## Key communication messages

- Promote the Mental Health First Aid and the Psychological Frist Aid Training
- Promote the 5 ways to wellbeing

| **5 ways to wellbeing** | |
|---|---|
| **Connect** - try to do something different and make a connection with someone different. | **Learn** - Sign up for a class, or research something you've always wondered about |
| **Be active** - Go for a walk, or do some 'easy exercise', like stretching, in the morning | **Give** - Research shows that committing an act of kindness once a week over a six-week period is associated with feeling better. |
| **Take notice** - Take some time to appreciate the moment and the environment around you. | |

**Abridged - Five ways to wellbeing New Economics Foundation**

For further advice during the Covid-19 pandemic please visit:

https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19

## Impact on Loneliness

Loneliness is the feeling we get when our need for rewarding social contact and relationships is not met. It is not the same as being alone. Loneliness affects both physical and mental health; increasing risk of high blood pressure and mortality, as well as depression and anxiety. Having a mental health problem can also increase feelings of loneliness. [xxxiii] [xxxiv]

## Impact of COVID-19

The physical isolation and loss of ordinary social contacts such as work places will reduce the level of support people usually have. This is especially important for people living alone, such as the elderly and people with long term conditions. However it also affects young people, a recent survey of adults found that during the covid-19 lockdown, young people (aged 18-24) were most likely to experience loneliness. It is therefore important to keep up social networks, and explore new technologies to enable this. [xxxv] [xxxvi]

## Getting help on Loneliness

- A new **#Let'sTalkLoneliness** public campaign has been launched by the government to help tackle loneliness and social isolation during the outbreak[xxxvii]
  **Website:** www.letstalkloneliness.co.uk/

- **Elefriends –** supportive online community managed by Mind, the mental health charity
  **Website:** www.elefriends.org.uk
- Other nationally based sources of help include:
- Silverline - www.thesilverline.org.uk
- **Age UK** - www.ageuk.co.uk
- Independent Age - www.independentage.org
- **Samaritans** - https://www.samaritans.org/how-we-can-help/

## Key communication messages

Three actions for anyone feeling lonely:

- Keep in touch with friends, family and neighbours
- Ask for help if you need shopping, medicine or are feeling lonely
- Set a routine with online activities, regular tasks or by volunteering

Three actions for anyone wanting to help:

- Phone a friend or family member you think may be lonely
- Smile, wave or chat from a safe distance with a neighbour
- Help out through volunteering or picking up food, medicine or by offering regular conversation to someone living alone

For further advice please refer to:
www.harrow.gov.uk/stuckathome

## Impact on Bereavement

Bereavement describes the experience of losing someone important to us. Grieving from a loss is an individual experience and encompasses a range of feelings and emotions; such as sadness, shock, anger, guilt and relief. It may also be expressed in physical symptoms, such as sleep and appetite problems. Grief may strain day-to-day living for a period of time before an individual is able to process and adapt to life after loss, grief may also require specialist support from health professionals. [xxxviii] [xxxix]

## Impact of COVID-19

During this pandemic many Harrow residents will have experienced the loss of someone close to them, or know someone who has been bereaved. The figure below shows the excess deaths in Harrow during the height of the outbreak in April. [xl]

Feelings of grief may be intensified due to requirements to self-isolate or socially distance from friends and family; and there may be practical issues, such as arranging funerals and legal matters. [xli] Children and young people grieve as much as adults, but can react differently due to different ways of processing information and showing their feelings. Younger children may appear not to react as they do not understand that death is permanent and sometimes

children will ask the same question again and again and this can be very hard for the adult; “Mummy will be back for my birthday, won’t she?” It is important to give children the time and opportunity to ask questions and talk about their feelings. Giving clear, honest and age-appropriate information, and ensuring a regular routine also help children during the grieving process. Furthermore, it is important for adults that share the bereavement to consider their own support and well-being, in order to best support the child.[xlii] [xliii]

PH in conjunction with the Young Harrow Foundation, Bereavement Care and Support (Harrow) and other partner organisations have hosted two webinars: one on how to support adults, and one on how to support children and young people who have been bereaved.

## Getting Help on Bereavement

- **Harrow Talking Therapies (IAPT) – Free NHS Service.** Individual and group counselling by accredited counsellors. For traumatic bereavement and prolonged grief disorder, individual therapy is provided by CBT therapists. Sessions are offered by video conferencing or phone.

**Website: cnwltalkingtherapies.org.uk Tel: 020 8515 5015**

**Email: Harrow.iapt@nhs.net**

**Facebook: www.facebook.com/HarrowTT/**

- **Bereavement Care and Support (Harrow).** Trained volunteers provide ‘bereavement visiting’ to adults and children currently via telephone.

**Tel: 020 8427 5720**

**Email: admin@bereavementcareandsupport.co.uk**

- **The Wïsh Centre.** A free therapy and counselling service for young people in Harrow aged 10-25 years.

- Particular support for children is available from Childbereavementuk.org, and www.winstonswish.org.
  For schools in Harrow who would like support with pupils who have been bereaved the Educational Psychology service can help:

https://www.harrowlocaloffer.co.uk/services/education/educational-psychology-service

- Other services are also listed on the Council website: https://www.harrow.gov.uk/bereavement

**Key communication messages**

| |
|---|
| Allow yourself time to grieve. |
| It may be helpful not to rush into decisions about your loved one’s possessions and personal effects |

| |
|---|
| It can be useful to delay big decisions, such as moving house, so that you do not commit to making a change that you may not have had enough time or space to consider. |
| Try to stick to a healthy diet and engage in some form of exercise. avoid unhealthy practices and dependencies such as: fast food, alcohol, medicine, drugs etc. |
| As time passes, you will be reassured that any worries you had about forgetting your loved one are unfounded and that they will always be an important part of your life and memories. |
| If the intensity of your feelings adversely affects your daily life, do not hesitate to contact your GP. |

**Source: British Psychological Society: Coping with death and bereavement during the Covid-19 pandemic. 2020.**

## Impact on Domestic Abuse

Domestic abuse includes abuse in relationships, as well as abuse between family members, such as adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background. Domestic abuse includes physical, sexual, psychological, emotional, financial and online abuse; as well as coercive control, harassment and stalking. [xliv] [xlv] [xlvi] Domestic abuse can be fatal. Risk factors for serious harm or homicide in domestic abuse include separation (attempt to end a violent relationship), pregnancy/new birth, isolation, use of drugs and alcohol, and use of weapons.[xlvii] In the year ending March 2019, 5.7% of adults in England and Wales (2.4 million) experienced domestic abuse in the last year; 1.6 million women and 786,000 men. The majority of domestic abuse was between partners or ex-partners (4.2% of adults).[xlviii]

## Impact of COVID-19

Calls and contacts to helplines have increased during the crisis. The National Domestic Abuse Helpline run by refuge reported a 49% increase in calls and contacts in the week prior to 15 April compared to the average prior to the pandemic. There are reports of more complex, serious and violent incidents of domestic abuse occurring. Refuges for victims are also struggling due to shielding and social distancing requirements. [xlix] Childline reports abuse as one of the main concerns of children expressed during the pandemic, as well as mental health, reduced support, family relationships, schoolwork at home, and bullying. xlix [l]

## Getting Help for Domestic Abuse

Hestia has launched a safe space campaign with some outlets of Boots and Superdrug pharmacies and Morrisons. Victims will be able to pick up leaflets containing details of the NationalDomestic Abuse Helpline and Hestia services and use the consultation room to contact services.[li] [lii] [liii]

*Tel:* 02089078148, (Monday-Friday – 9-5pm)
Email: idva.harrow@hestia.org

Websites: https://www.hestia.org/domestic-abuse

Other local services are listed on the Council website: https://www.harrow.gov.uk/adult-social-care/staying-safe

**Key communication messages**

There is never an excuse for domestic abuse, no matter what the circumstances are. The 'Stay at Home' instruction does not apply to escape domestic abuse.

For ways to recognise domestic abuse and ways to find help go to www.gov.uk/domestic-abuse

https://www.harrow.gov.uk/adult-social-care/staying-safe

**or use #youarenotalone**

## Impact on Weight Management

Weight management is the control we have over our weight. It is influenced by our lifestyle and any clinical interventions. Body mass index (BMI) is calculated from your weight and height, with the result used to check if you're a healthy weight for your age and gender. A BMI over 30 is considered obese and will increase the risk of developing conditions such as diabetes, stroke, some cancers and poor mental health.[liv]

In 2018/19 the Active Lives Survey by Sport England estimated that over half (54.8%) adults in Harrow were overweight or obese. Data from the National Childhood Measurement Programme estimates that 17.9% of Reception children (4-5 years) and 36.7% of Year 6 children (10-11 years) in Harrow were overweight or obese. [lv]

| | Harrow | London | England |
|---|---|---|---|
| Reception: Prevalence of overweight (including obesity) 2018/19 | 17.9% | 21.8% | 22.6% |
| Year 6: Prevalence of overweight (including obesity) 2018/19 | 36.7% | 37.9% | 34.3% |
| Adults (aged 18+) classified as overweight or obese 2018/19 | 54.8% | 55.9% | 62.3% |

**Source: PHE fingertips accessed May 2020**

The environment in which our residents live affects both how active they are and what they eat. In ordinary times Fast-food, which is generally high in energy content and low in nutritional value, is both affordable and readily available all across Harrow. Both affordability and convenience we know impacts on people's choice of food. In 2019 there were 12 Harrow schools found to have more than 4 fast-food outlets within 400m of the school.[lvi] In a recent Residents survey in Harrow (2019) people in Harrow said they would like healthier convenience food options available.

## Impact of Covid-19

The impact of the lock down is not yet fully understood on levels of obesity. There is some evidence that children gain more weight during summer vacations than during the structured school year, and the impact of Covid-19 could have a similar effect. However the direct impact of adults is less understood.

## Help on Managing your weight

The Shape Up weight management service is provided by Watford FCs Community and Sports Education Trust for anyone with a BMI over 30 between the age of 18 and 65. It is commissioned by the Harrow Public Health Team. In 2019/20 the service helped over 130 people to manage their weight. However the service has been affected by social distancing measures, and the course has changed to an online service in April. There are 70 participants across Harrow and Herts with positive feedback. Further courses with digital options for those that find attending courses tricky with caring responsibilities will be available later in the summer and will take a form that is appropriate to the latest social distancing guidelines.

## Key communication messages

If you are worried about your weight or think you might be overweight there is lots of help available.

The national One You website has ways to watch your weight, stay active and cook healthier meals even on a budget.

Please go to https://www.shapeupherts.com/do-i-qualify to make an enquiry about the local free weight management services.

## Impact on Keeping Active

Physical inactivity is a leading risk factor for mortality. People who keep a physically active lifestyle are at reduced risk of many conditions such as cardiovascular disease, stroke, diabetes and obesity. Regular physical activity also improves mental health.[lvii] The Chief Medical Officer recommends 150 minutes of moderate intensity activity (e.g. brisk walking, cycling), or 75 minutes of vigorous activity (e.g. running) per week for adults. Children and young people over 5 are recommended to engage in 60 minutes of moderate to vigorous physical activity per day.[lviii]

Data from the Active Lives Survey show that 64.5% of adults in Harrow met the recommended physical activity guidelines in 2018/19. This is lower than rates in London (66.6%) and England (67.2%).[lix]

## Impact of COVID-19

Social distancing and lockdown have had a positive impact on the attitude of people towards physical activity. Nearly two-thirds of adults in England (62%) think that being active is more important during the COVID-19 crisis, and 65% believe that exercise is helping with their mental health. One positive impact of COVID-19 is that exercise during lockdown became framed as an opportunity rather

a chore. However some people are finding it harder to stay active during the crisis, such as older people, those in low income and those in urban areas.[lx]

### Getting Help to get active and stay active

Staying active is recommended to keep healthy. There are lots of free opportunities for everyone to stay active in Harrowsparks, such as going for a walk or a run. Many tennis courts and golf courses are now open again in Harrow.

The Walking for Health scheme is not operating at the moment in Harrow.

### Key communication messages

| |
|---|
| 'Being active- Make it a daily habit' or after lockdown 'Keep the daily exercise habit'.<br><br>Staying active everyday will make you feel good and boost your immune system. |
| Children should be active for at least an hour a day and adults are recommended to do 20-30 minutes of exercise every day. Walking counts, go for a short walk if you are not in self isolation.<br><br>To support the health and wellbeing of children while they are at home, Daily Mile have launched the #DailyMileAtHome. The aim is to encourage children to participate safely with their parents/carers in 15 minutes of jogging or running. |
| For older adults twice a week exercises such as yoga, weights (even lifting your shopping) or Tai Chi, will improve strength and balance. Try the online Tai Chi class provided by Zhijun Wang who is well known for Tai Chi he provides around Harrow.<br><br>https://www.harrow.gov.uk/events/event/10630/distancing-tai-chi-sessions-live-stream-via-fb-group |

## Alcohol

Alcohol misuse involves harmful (high-risk) drinking and alcohol dependence. Short-term risks from alcohol misuse include accidents and injuries, reckless or violent behaviour and alcohol poisoning. Long-term health risks include high blood pressure, liver disease, stroke, depression, dementia and some cancers. It is also associated with social problems, such as increased criminal activity, domestic abuse, unemployment and homelessness.[lxi] [lxii] Alcohol misuse is the biggest risk factor for early death, ill health and disability among 15-49 years olds in England, and the fifth most important risk factor across all ages. People in lower socioeconomic groups are at greater risk of alcohol related harm, and almost half of all alcohol-related hospital admissions occur in the lowest three socioeconomic groups. [lxiii]

Harrow has higher rates for admission episodes for alcohol-related conditions compared to local and national average; however rates of alcohol-related deaths are lower than average.[lxiv]

| | Harrow | London | England |
|---|---|---|---|
| Admission episodes for alcohol-related conditions (Broad)* per 100,000 (2018/19) | 2,729 | 2,500 | 2,367 |
| Alcohol-related mortality per 100,000 (2018) | 26.9 | 39.4 | 46.5 |

***Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code**

## Impact of COVID-19

Lockdown has had positive and negative impacts on peoples drinking habits. A survey of the UK public by King's College London in April 2020 reported that 19% of people were drinking more alcohol than normal.[lxv] This is similar to the findings from the charity Alcohol Change UK in April, which found that 21% of adults in the UK who drink alcohol are drinking more often since lockdown began. However, more than one in three of those who drink (35%) reported reducing or stopped drinking, and 6% have stopped drinking entirely.[lxvi]

## Getting Help on harmful drinking

The adult substance misuse service in Harrow is delivery by WDP. Compass Harrow provides substance misuse services for children and young people. Both services are adapting the usual face-to-face support to telephone/remote where possible.

## Key communication messages

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|---|
| To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. |
| If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries. |
| The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis. |
| If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week. |

**Source: The Chief Medical Officers' alcohol consumption guidelines[lxvii]**

## Impact on Child Accident prevention

Accidents to children in and around the home are a significant health issue and they are a major cause of preventable death, ill health and serious disability. Children under five years are particularly vulnerable, with many potential risks at home.

Most accidents to children occur in the living/dining room, but the most serious are heat related and falls from a height, which happen in the kitchen and on the stairs. Older children are more likely to sustain fractures and younger children have a higher percentage of

burns and scalds as well as poisoning and ingestion accidents.[lxviii] Most home accidents are therefore preventable through increased awareness, improvements in the home environment and greater product safety.

During 2018/19, there were 13,280 A&E attendances for 0-4 year olds, and 280 hospital admissions caused by injuries for 0-14 year olds in Harrow CCG.[lxix]

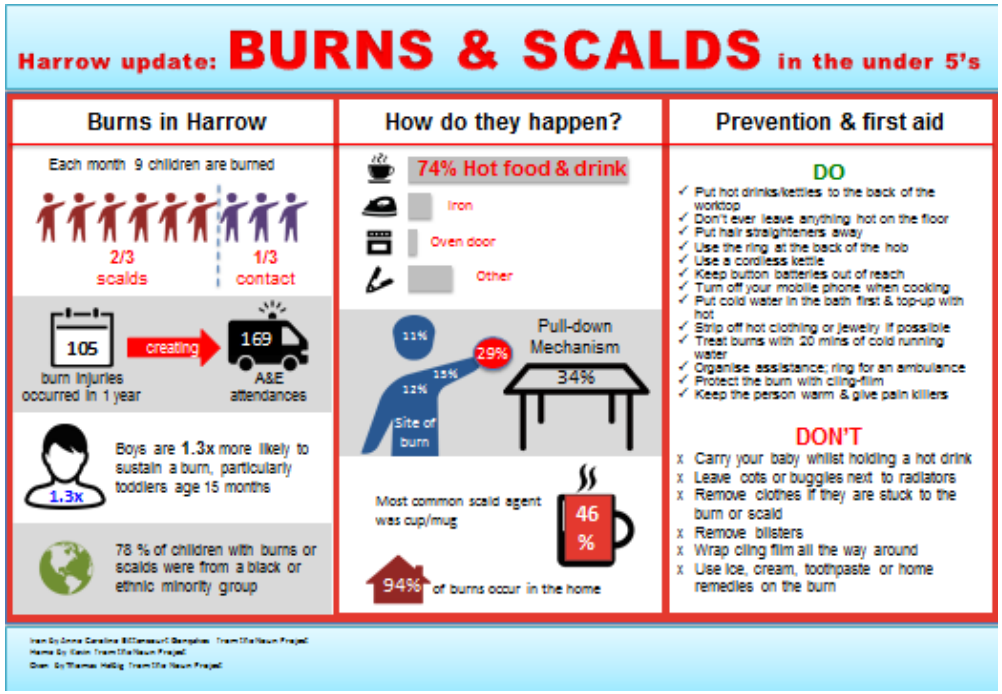
## Impact of COVID-19

Families are likely to be more worried about the risk of serious accidents as children will be spending more time at home. This is especially relevant as 90% of accidents to children under five happen at home.[lxx] A&E departments are still continuing to see serious injuries, such as injuries from burns, baking, cycling, falls and poisoning/ingesting.[lxxi] There is also anecdotal evidence that some older siblings may be left to look after their younger brothers or sisters while the parents work from home.

## Getting help on accident prevention

The Child Accident Prevention Trust have produced a series of lockdown safety tips for parents.
https://www.capt.org.uk/Listing/Category/safety-in-lockdown

In 2017 Public Health worked closely with Northwick Park Hospital to produce the infographic that outlines the do's and dont's of prevention and first Aid.




## Key communication messages

| |
|---|
| Children should be supervised at all times |
| Keep floors free of toys and obstructions that can be tripped over |
| Always use a securely fitted safety harness in a pram, pushchair or highchair |
| Never leave babies unattended on raised surfaces |
| Do not place baby bouncers on raised surfaces - they could fall off |

| |
|---|
| with the movement of the baby |
| The use of baby-walkers and table-mounted high chairs is not recommended. |

Source: RoSPA. Preventing accidents to children.

## Impact on Childhood immunisations

Vaccines are one of the greatest impact public health interventions; and have helped eradicate and reduce cases of serious and fatal diseases.[lxxii] The childhood immunisation schedule provides early protection against conditions that are most dangerous for the very young; this includes diphtheria, whooping cough, polio, rotavirus, meningitis and measles.[lxxiii] [lxxiv]

Immunisations are an essential health service, and the childhood immunisation schedule is continuing through the pandemic[lxxv]. Provided children and parents are well, it is advised that childhood immunisations should proceed.

Vaccination rates for 2 year olds in Harrow before COVID-19 show that Harrow was behind the national average and lower than the 95% recommended vaccination rate. For example the percentage of children receiving one dose of MMR before the age of 2 was 85.7% in 2018/19 compared to 89.9% in England.[lxxvi]


## Impact of Covid-19

Childhood immunisation provisional data shows a drop by a quarter for the primary immunisations and by 15% for MMR in London. When London was already worse than the rest of the country. Public Health are working with our CCG partners and PHE London to promote greater uptake and reassure parents that it is safe to

take their child to the GP practices. There is anecdotal evidence that some parents believe that if they are socially distancing there is no risk to their child of picking up diseases which is not the case for e.g. meningitis or tetanus

## Key communication messages

If you have a child aged 0-5 years and they have not finished their Routine Childhood Immunisation Schedule, please make an appointment with your general practice. Your GP can vaccinate your child safely despite coronavirus.

Don't delay, vaccinations reduce the chance of serious illness by up to 90%. Call your GP today.

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