

# Health and Wellbeing Board Agenda

**Date:** Tuesday 18 January 2022

**Time:** 10.00 am

**Venue:** Online

## Membership (Quorum 5)

---

**Chair:** Councillor Graham Henson

### Board Members:

Sheik Auladin	Clinical Commissioning Group
Councillor Simon Brown	Harrow Council
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Councillor Christine Robson	Harrow Council
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
Dr Genevieve Small (VC)	Harrow GP Governing Body Member for NWL CCG
Councillor Krishna Suresh	Harrow Council
1 Vacancy	Harrow Clinical Commissioning Group

### Reserve Members

Councillor Sue Anderson	Harrow Council
Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	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  
Tel: 07761 405966 E-mail: [mwimanji.chellah@harrow.gov.uk](mailto:mwimanji.chellah@harrow.gov.uk)

Scan this code for the electronic agenda:



# **Useful Information**

## **Meeting details**

This meeting is open to the press and public and can be viewed on [www.harrow.gov.uk/virtualmeeting](http://www.harrow.gov.uk/virtualmeeting)

## **Filming / recording of meetings**

Please note that proceedings at this meeting may be recorded or filmed. If you choose to attend, you will be deemed to have consented to being recorded and/or filmed.

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

**Agenda publication date: Monday 10 January 2022**

5. **Public Questions \*** (Pages 1 - 3)

To receive any public questions received in accordance with Board Procedure Rule 14.

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

**[The deadline for receipt of public questions is 3.00 pm, 13 January 2022. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

**No person may submit more than one question].**

7. **System Response to Covid-19 (Including Vaccination Programme)** (Pages 4 - 46)

8. **Hospital Response to Covid-19 and Plans for Recovery** (Pages 47 - 53)

9. **Demand Pressures on Primary and Community Services** (Pages 54 - 60)

10. **Public Health Ward Profiles** (Pages 61 - 65)

## Health and Well-Being board 18<sup>th</sup> January 2022

### Public Questions

**Q1 "Can you please advise what we need to do for Harrow Council's support to sponsor or promote the work of Mind Angels Charity for the Health and Wellbeing of Harrow residents?"**

*Mental Health and wellbeing are important areas of work for the council and especially so since the pandemic began. Our role, as a council, is to identify and address the local health and wellbeing needs of our population. As part of these needs assessments we review the evidence of effectiveness and cost effectiveness of the various options and how they might meet our needs.*

*Local Authority procurement is a carefully balanced process given the requirements, the resources and the capacity we have. We work as a strong partnership with schools, the voluntary sector and all of our NHS partners to co-produce these evidences based and carefully evaluated programmes. We involve young people in designing or reviewing the programmes themselves.*

*Over the past few years, we have funded many programmes – probably too many to mention here - but working in such a close partnership has allowed us to gain additional funding to address the health needs. One of the innovative programmes which I'm sure you are aware of is the How are You (or HAY) Harrow programme. The evidence from this programme has allowed us to bid for funding from a variety of sources including private investors.*

*What we do not get involved in is the initial evaluation of the products of private companies. That is for them to do. Our role is to review the evidence of effectiveness of such products and how they might fit into the programme we are commissioning.*

**Q2 “The Bridge has provided valuable support to mental health service users over the years. Since the pandemic services have been online, however I understood there were plans to bring face to face services back. I would like to know what is happening about this, and how Rethink will ensure that all service users are made aware of the current position.**

**I would like the chair of the health and wellbeing board to ask this question for me”.**

Rethink have continued to support service users throughout the pandemic virtually. In person, or face-to-face services commenced from 1st December 2021. However the government restrictions put in place on 28th December 2021 due to the increased number of infections of the Omicron variant meant that Rethink temporarily moved the face-to-face groups to online to keep clients and staff safe due to the increased rate of infection. This will continue until there is a change to the Government’s restrictions.

Rethink’s intention is to deliver the Peer led group with Covid Safe numbers and guidelines when they are able to return to face-to-face groups.

All service users who are receiving an intervention with a support worker have been informed of updates and what provision is available to support them by their support workers.

Rethink are working to establish the following service offer soon:

- A variety of groups hosted from the Bridge and other venues throughout Harrow.
- drop in sessions
- coffee morning groups to enable people to access support and develop support planning.
- The introducing a care navigator to support service users with Physical wellbeing. This will include hosting low impact exercise classes with a fully qualified gym instructor at the Bridge and supporting access to the wider exercise offer across Harrow. This is in response to the feedback from the transitions groups that Rethink hosted during 2021 to inform the post pandemic offer.
- Working in partnership with other providers to enhance the offer across Harrow to reduce any cliff edges and support warm handovers and ease access to alternative services.

In addition, Rethink’s further developments are as follows:

- Co-production workshops to ensure that the service offer develops alongside the need of Harrows Citizens.
- Exploring a co-production lead to ensure accountability when implementing changes.
- Developing their marketing strategy including leaflets and posters to promote the service.
- Developing a Harrow Community Newsletter published quarterly with services updates including information on how to self-refer. As part of this Rethink are aiming at creating unique volunteering opportunities that will support the editing and writing of the newsletter and to to this in collaboration with other providers in Harrow.,
- Developing a ‘Meet and Greet’ role to ensure that new clients feel welcome

**Q3 “How is Harrow’s implementation of the new autism strategy going have particular areas of challenge been identified and how are adults with autism but without learning disabilities, and their families and carers, being kept informed of progress”.**

*In terms of how the implementation of the strategy is going, we can inform that we have had several focus meetings with service users, carers partners and VCS over the last four months.*

*This has helped us identify key focus themes such as, late diagnosis for individuals, improving pathways for diagnosis and post diagnostic support, building the right support in the community, improving access to education and employment and supporting positive transitions in to adulthood*

*We are now at the drafting stage of the joint ( CCG/Harrow Council) all age strategy and are seeking ratification first half of this year.*

*Simultaneously we are drafting an implementation plan to deliver the strategy.*

*Currently we use the members of the health social care focus groups to enable communication with their members, we also use the LD/Autism Newsletter and the VCS to disseminate updates.*

*However we recognise that there is a cohort of people with autism alone that are not accessing or party to these modes of communication and therefore we need to consider how best we address this.*

*The difficulty being there are people with autism alone who manage their lives without contact with statutory services or newsletters*

*We accept that there is always room for improvement and as such will table this as an agenda item at the next ASD Health and Social Care Focus Group*

#### **Q4**

**The Adult Safeguarding Report presented to the previous Health and Wellbeing Board included a number of priorities for 2021/2022. This included " Harrow Council to sign up to an Appropriate Adult scheme (which ensures that vulnerable adults in police custody receive appropriate health and support)." This has been an issue for many years, what progress is being made in ensuring there is an appropriate and effective scheme in place?**

*Harrow Council commissioned The Appropriate Adult (AA) Service to deliver a pilot Appropriate Adult service in line with neighbouring Boroughs within the Met Police BCU (Brent and Barnet) and as part of the MOPAC Pan-London Appropriate Adult Scheme. This service is now in place and is working well and was formally commended by the Independent Chair of the Safeguarding Adult Board at their recent meeting in December. This Service will continue to be carefully monitored to ensure its effectiveness. Regular updates on the delivery of the service will be presented to the Safeguarding Board and to the Director of Adult Social Services and Director of Children Services. A decision on the continuation of the service is expected by April 2022, to coincide with the new financial year.*



# Covid-19 update for Harrow Health and Wellbeing Board 8/1/2022

CAROLE FURLONG  
DIRECTOR OF PUBLIC HEALTH

ISHA COOMBES  
BOROUGH DIRECTOR

# Key Messages

- ▶ Rates are continuing at a high rate in Harrow and other London Boroughs. Harrow currently has the fourth highest rate in London.
- ▶ Although a lower rate of people proportionately are seriously ill in this latest phase, the numbers being admitted to hospital are increasing. The current wave of Covid is now affecting care homes in Harrow. A number have outbreaks and are closed to admissions which causes pressure on discharges from hospital.
- ▶ Temporary changes in testing began this week. Anyone that tests positive asymptotically using an LFD no longer needs to take a confirmatory PCR test. The LFD is a good test for infectious disease. The person should then begin their isolation for up to 10 days. This change will mean we see a n apparent decrease in the rates and numbers as these data are based on PCR tests. It is vital that people record their positive LFT on the website. [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/report-a-covid-19-rapid-lateral-flow-test-result). Please note that reporting a positive test to a school or employer will not be recorded onto the national system.
- ▶ There are many other respiratory viruses circulating and, particularly in children and those that are vaccinated, may have relatively minor symptoms. If you have **ANY** respiratory symptoms, you need to take a PCR test.
- ▶ Changes have also been announced for **early release from self isolation**. Two consecutive negative LFT taken 24 hours apart after **day five** will allow early release – i.e. negative tests on day five and day 6 allows early release from isolation on day 7. If either of the tests are positive, isolation must continue until there are two consecutive negatives or day ten is reached.
- ▶ With high rates in the community, its important that we follow guidance on wearing masks in enclosed public spaces and on public transport; wash your hands and use sanitiser regularly; keep your distance from people that you don't normally mix with.
- ▶ **Its never too late to get vaccinated and protect yourself from Covid-19.**
- ▶ **There are lots of opportunities to get vaccinated this week:** Civic Centre Building 5, Byron Hall and 7 Harrow pharmacies across the borough. 12-15 year olds can now go to the Civic Centre or Byron Hall sites for their first or second vaccination. School based vaccination sessions will start soon.

# Harrow COVID 19 Dashboard

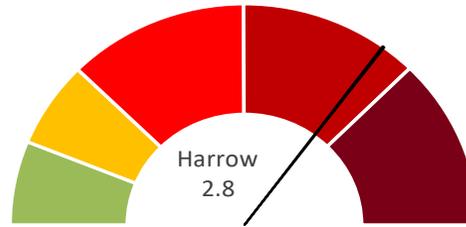
**Report date:** 17/01/2022  
**Data from:** January 6 2022 to January 12 2022

Confirmed Positive Cases (all ages) in 7 days to 12/01/2022 **3067**

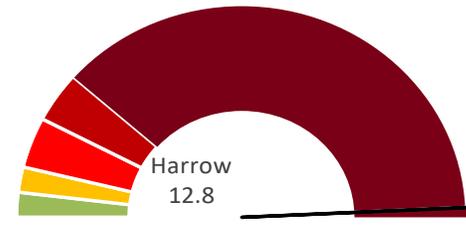
% Change in past 7 days **-34%**

Interim positive cases (all ages) in 7 days to 16/01/2022 **2643**

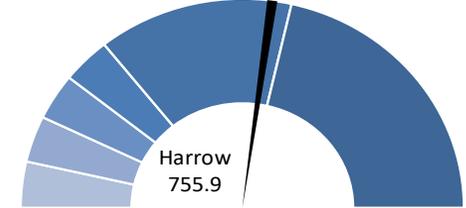
Mortality Rate in past 7 days - All ages



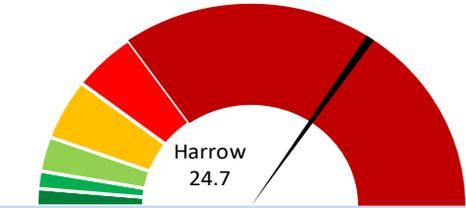
Mortality Rate in past 7 days - age 60+



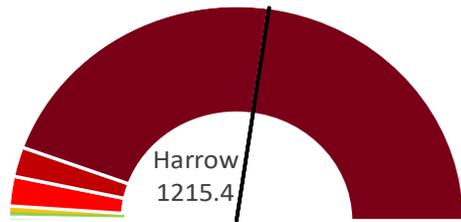
PCR Testing rate per 100,000



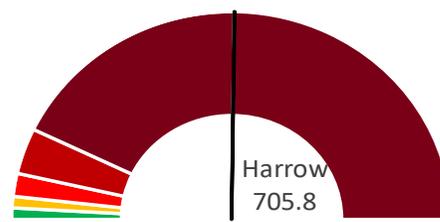
PCR Test Positivity rate



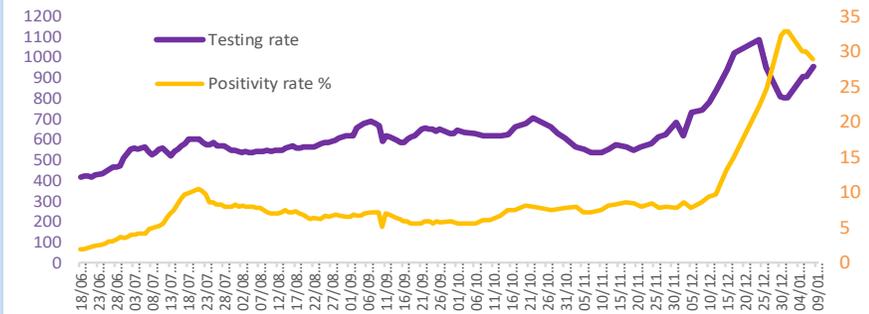
Incidence rate (all ages) in past 7 days per 100,000



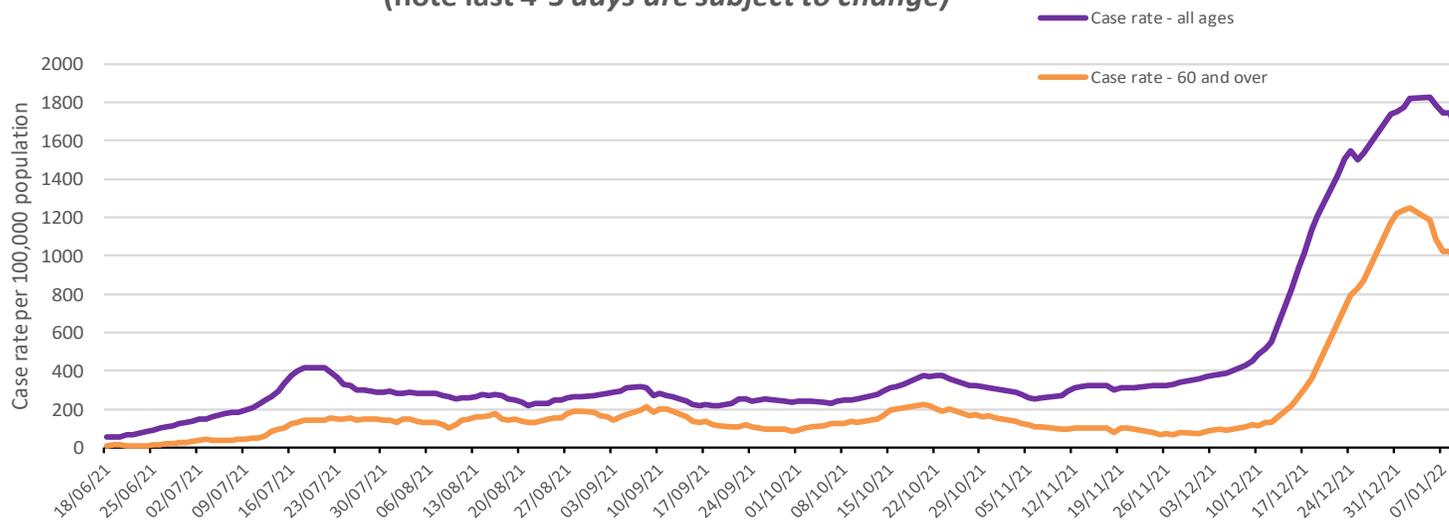
Incidence - 7 days in 60 and over per 100,000



Trends in PCR testing rates and test positivity



Rate of COVID-19 Cases per 100,000 in Harrow by notification date (note last 4-5 days are subject to change)



Harrow is currently in 4th position out of the 33 London boroughs, Numbers appear to be decreasing but this is probably because these numbers are based on PCR tests and a confirmatory PCR is no longer needed for someone with a positive lateral flow test. This will underestimate the numbers of infections.

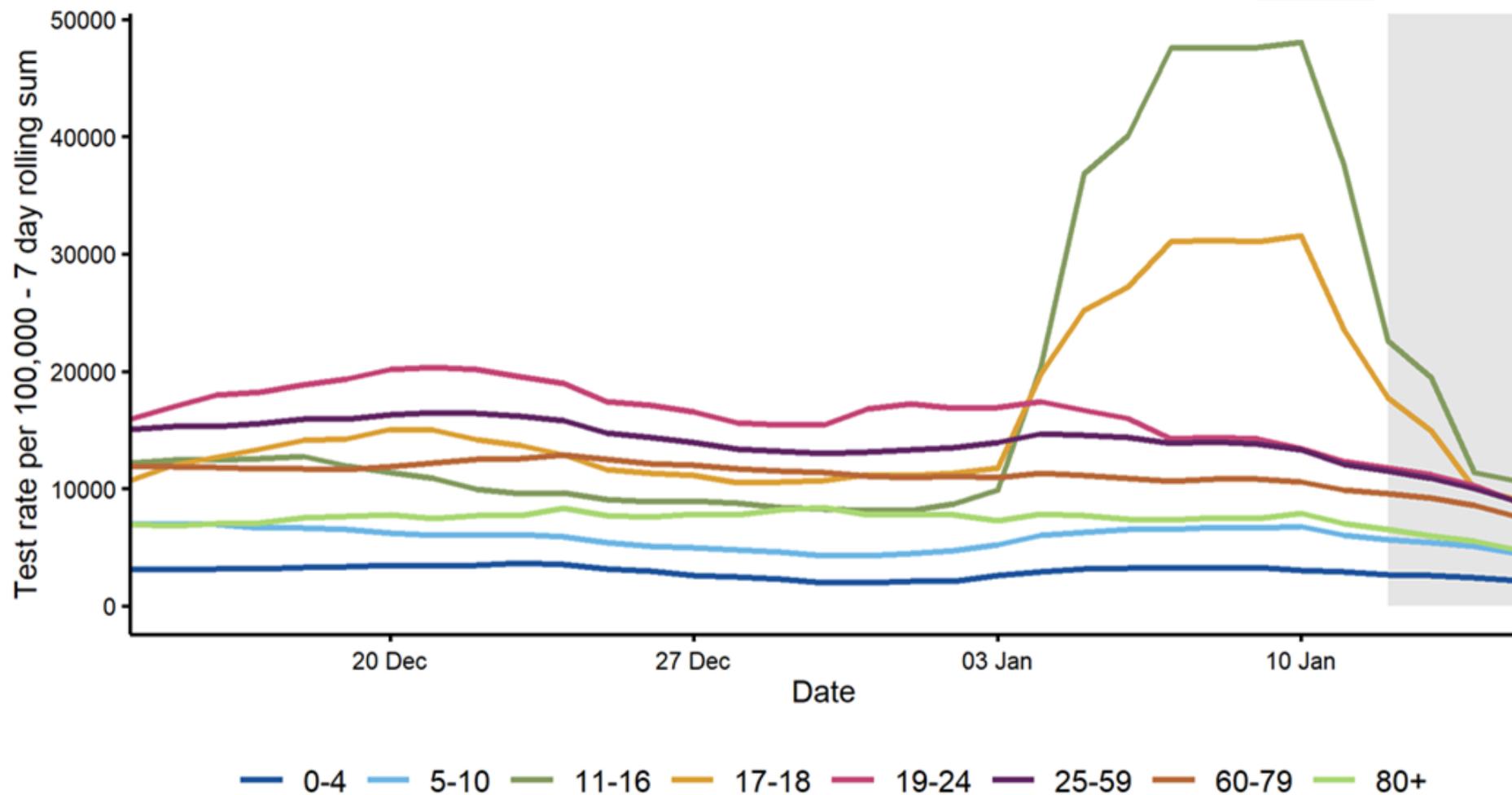
### Hospitalisations:

**17** people with coronavirus went into hospital on 9 January 2022. Between 3 January 2022 and 9 January 2022, **167** went into hospital with coronavirus - a decrease of **-15.2%** compared to the previous 7 days. There were **182** patients in hospital with coronavirus on 11 January 2022. There were **11** coronavirus patients in hospital beds with a mechanical ventilator on 11 January 2022.

**Deaths:** Between 10 January 2022 and 16 January 2022, there have been 9 deaths within 28 days of a positive coronavirus test. This shows an **increase of 200.0%** compared to the previous 7 days.

# PCR Testing rates

The return to school saw an increase in the number of PCRs that were undertaken. However in all other age groups the number of PCRs has fallen in line with national policy which no longer requires a confirmatory PCR if asymptomatic LFD test is positive.

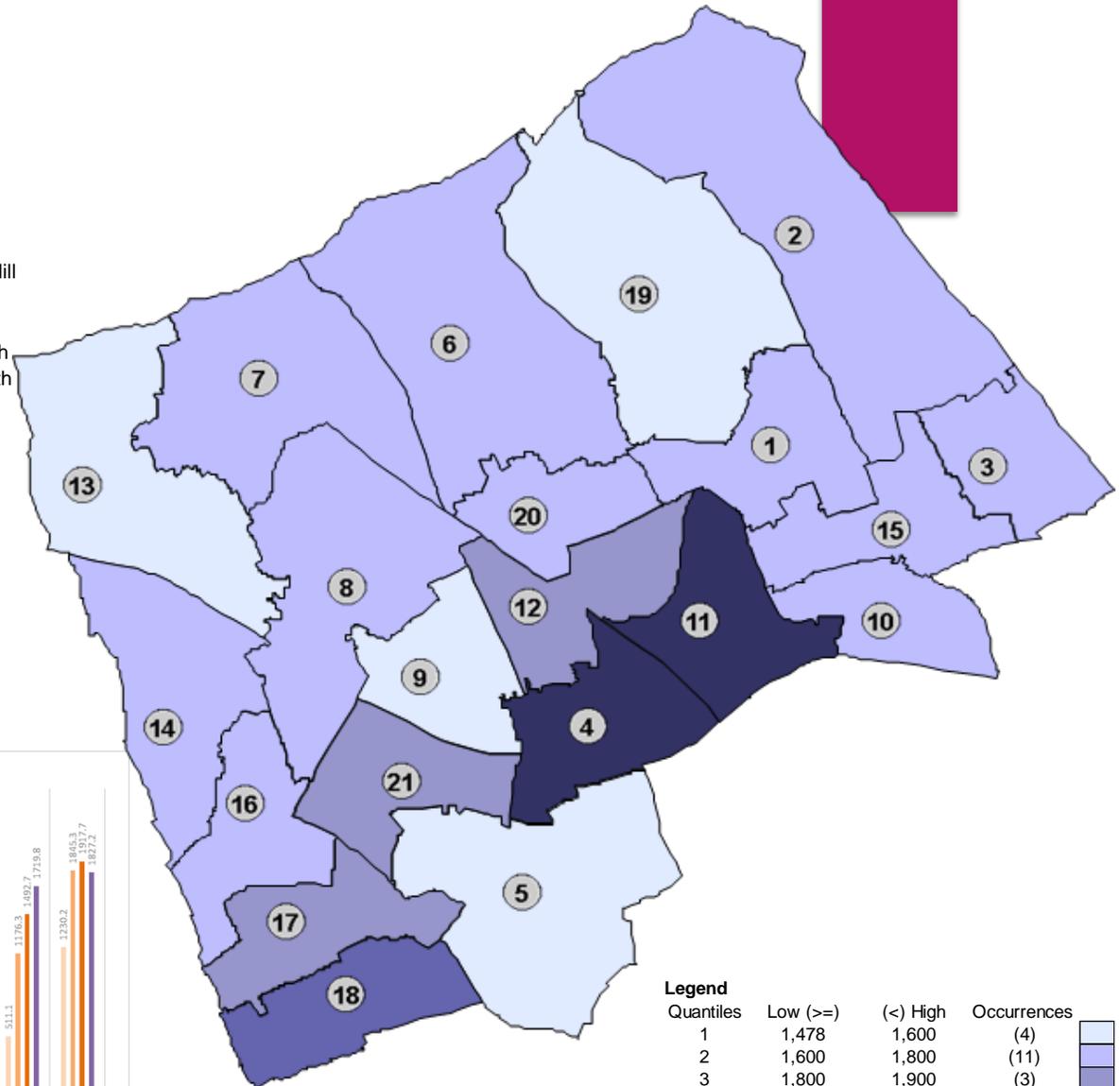


Excluding 295 tests with missing age data.

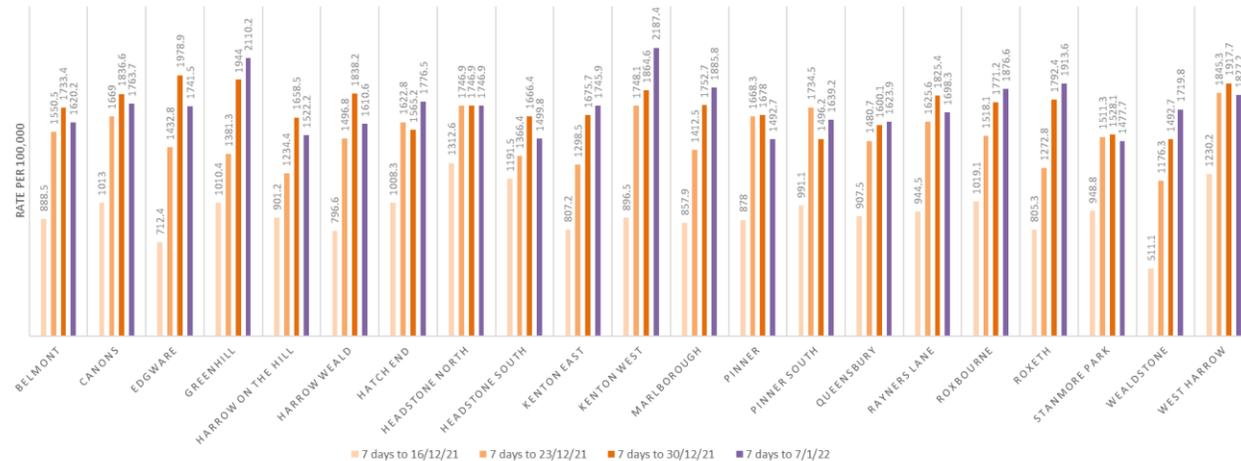
# Rates by Ward

- Rates remain high in all wards.
- The highest rates in the week to 23/12/21 were in Kenton West and Greenhill .
- The lowest rates were seen in Stanmore Park, Pinner and Headstone South.

- 1Belmont
- 2Canons
- 3Edgware
- 4Greenhill
- 5Harrow on the Hill
- 6Harrow Weald
- 7Hatch End
- 8Headstone North
- 9Headstone South
- 10Kenton East
- 11Kenton West
- 12Marlborough
- 13Pinner
- 14Pinner South
- 15Queensbury
- 16Rayners Lane
- 17Roxbourne
- 18Roxeth
- 19Stanmore Park
- 20Wealdstone
- 21West Harrow



COVID-19 INFECTION RATES BY ELECTORAL WARD



**Legend**

Quantiles	Low (>=)	(<) High	Occurrences
1	1,478	1,600	(4)
2	1,600	1,800	(11)
3	1,800	1,900	(3)
4	1,900	2,000	(1)
5	2,000	2,188	(2)



# Covid Deaths

A common question is how many of the deaths within 28 days are deaths *WITH* Covid rather than deaths *FROM* covid.

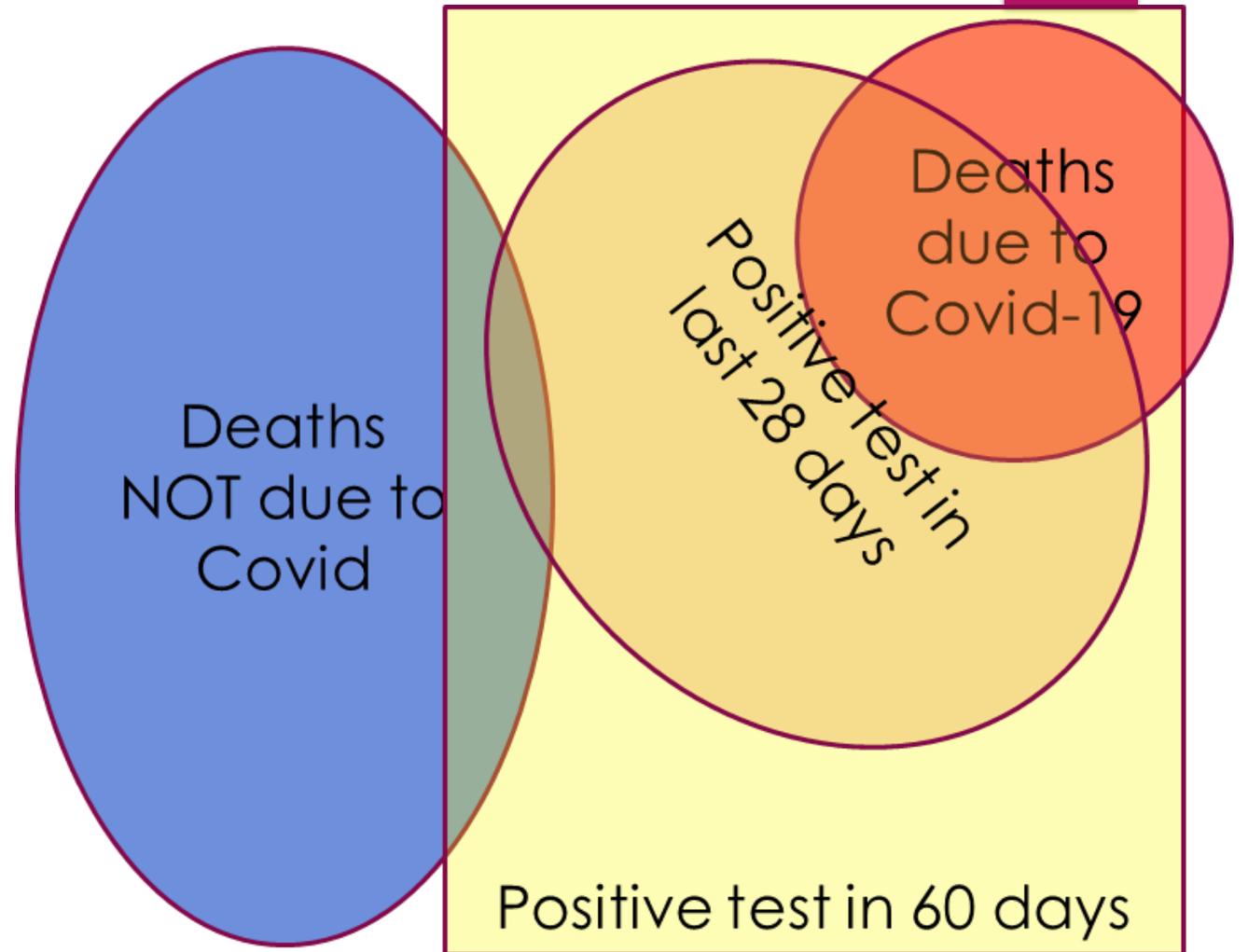
The data we have on deaths and covid comes in two forms. These are not the same and both sets of data have limitations.

1. Deaths within 28(or 60) days of a positive covid test
2. Death recorded as due directly to covid or with covid as a underlying or contributing factor in the death.

The diagram aims to illustrate where deaths and covid testing overlap – it is **not** representative of actual numbers or proportions..

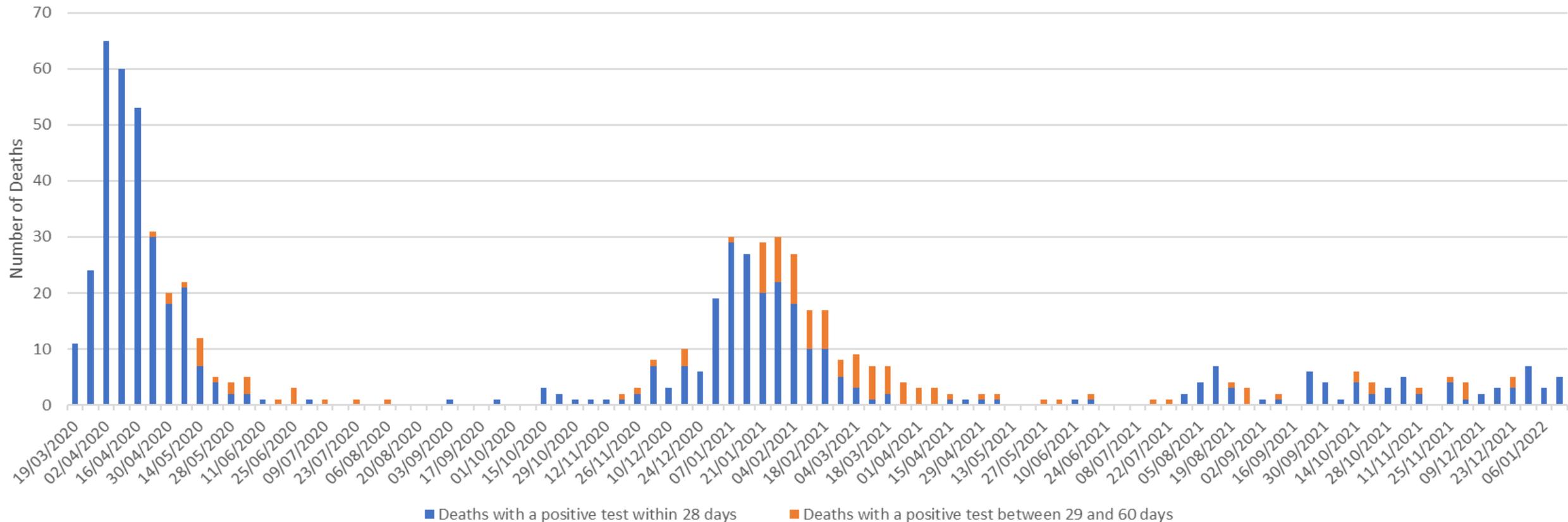
Some deaths due to covid will occur within 28 days of a positive tests, others will occur within 60 days of a positive test, some may occur without ever having a test (although post mortem testing may identify covid ).

Deaths that are not due to covid may also occur within 28 or 60 days of a positive test. These can be describes as deaths with covid rather than deaths due to covid



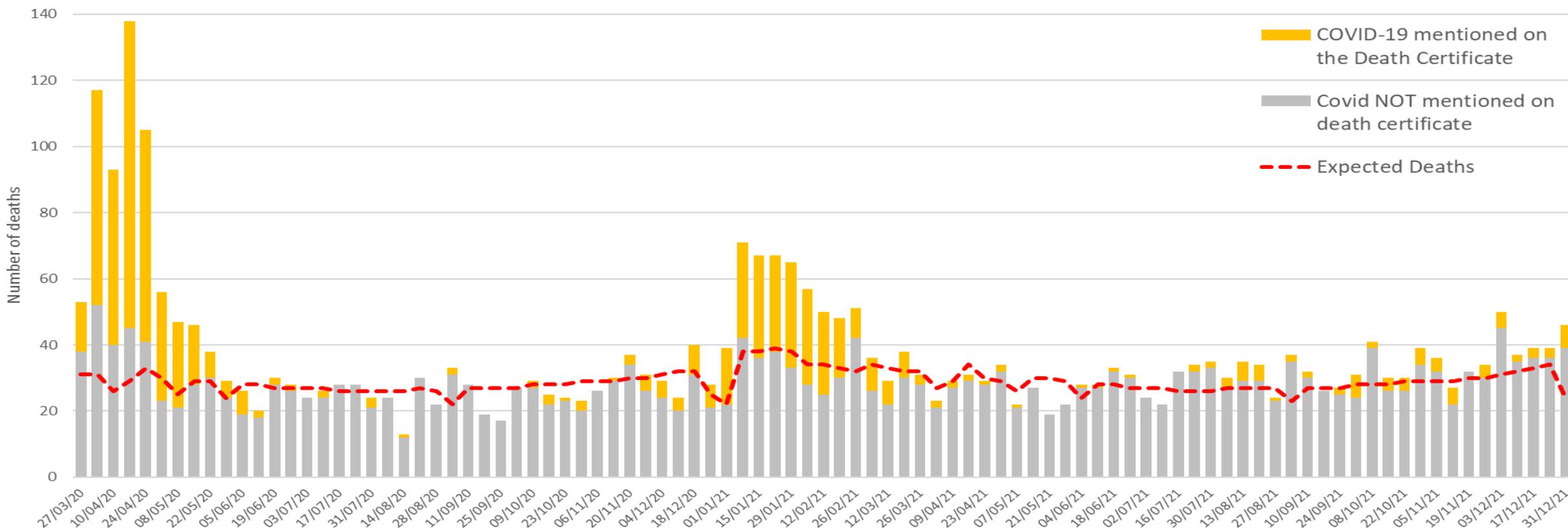
# PHE/UKHSA measure: deaths within 28/60 days of a positive covid test

Deaths occurring within 28 or 60 days of a positive covid test



# ONS Measure: Excess Deaths – Covid-19 deaths and non-Covid-19 deaths

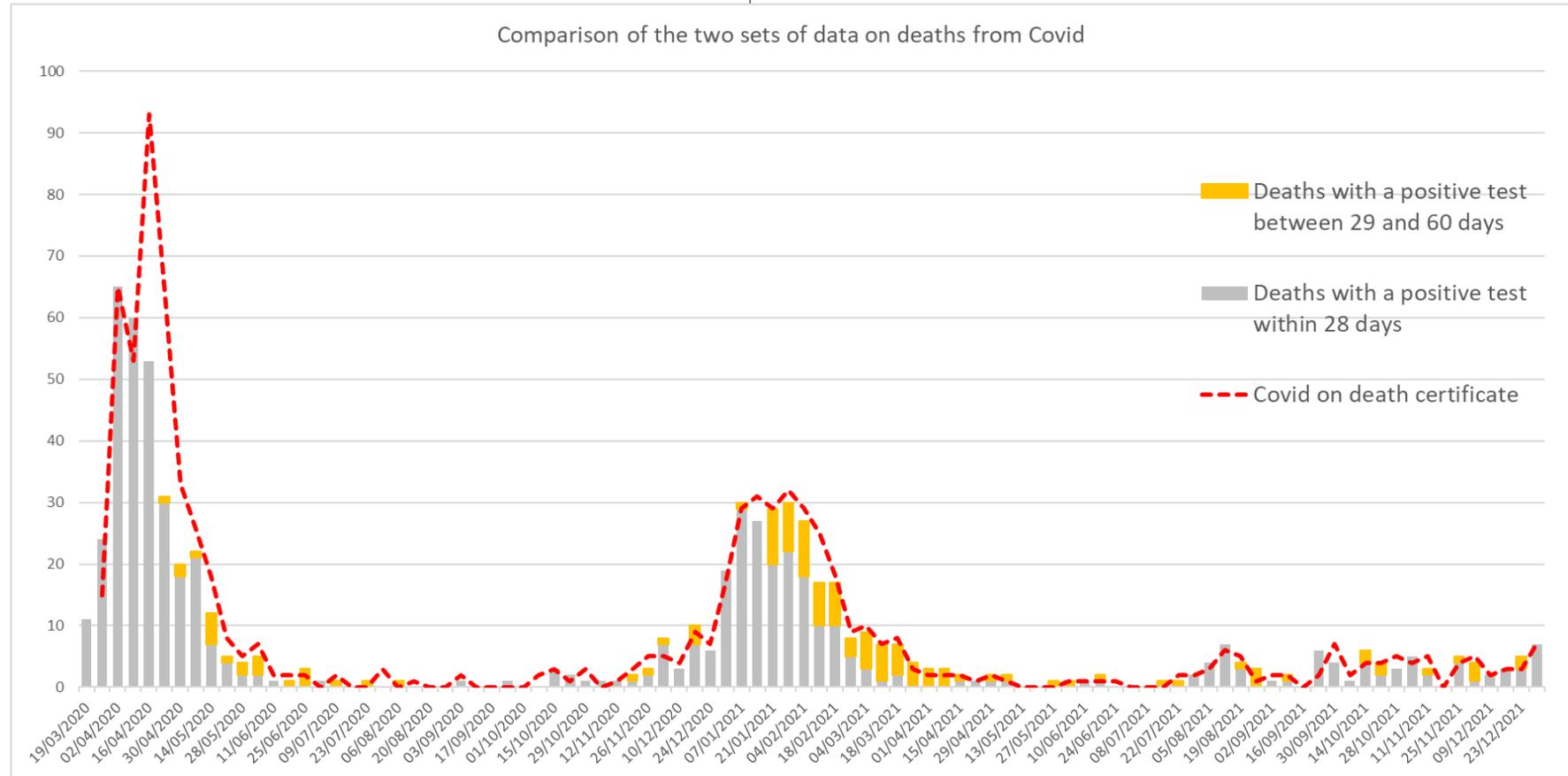
Excess Deaths in Harrow (27/3/2020 - to 31/12/21)



# Comparison

By putting the two sets of data on the same graph, we can see that they are surprisingly similar. In the early phase of the pandemic, testing was not widely available and hospitals were unable to take in all patients. Deaths occurred in care homes and in private residences without testing and certification of covid on death certificates was done on a clinical symptom basis.

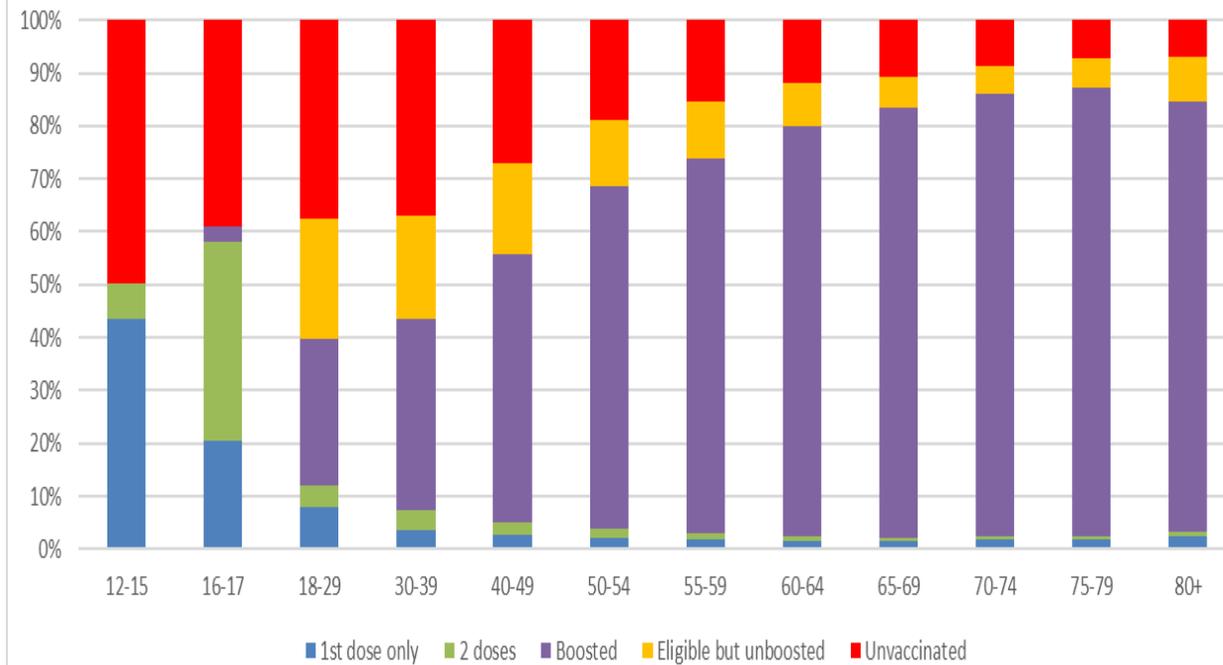
This suggests that the PHE measure is good as a early indicator of the impact of covid on death rates.



# Top line figures on vaccination

- ▶ 73% of Harrow's population (12+) have had their first doses (change from last week is 397 doses)
- ▶ 92% of those who have had a first dose have had a second dose (change from last week is 1,152 doses)
- ▶ 73% (circa 120k and up from 72% last week) of those who have had a second dose have had their booster (change from last week of 2,611 doses)

Vaccination status by age group - 8/1/2022



# Harrow Vaccination Update

Isha Coombes – Borough Director

13<sup>th</sup> January 2022

# Key Messages

- Harrow has delivered over 461,000 vaccinations to date - 177,000 first doses, 163,000 second doses and 120,000 booster doses
- All pillars continue to report more capacity than demand but picture is improving with signs that more people are coming forward for 1<sup>st</sup>, 2<sup>nd</sup> and booster doses.
- The schools-based work has now re-commenced (10th January) and will focus on those children aged 12-15 years' old who are due a 2nd dose but equally continue to promote and offer 1<sup>st</sup> doses.
- The wider community provision is now available for children aged 12-15 years old & other family members as part of the family offer.
- A number of Universities will be visited by roving team over the coming weeks to ensure access is made as easy as possible for students.
- Continue to offer vaccination particularly in areas of low uptake and most vulnerable linked to development of hyper local borough plans with equal focus on first, second, third primary and booster doses.

# 1<sup>st</sup> dose as % of population

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	95.6%	92.0%	94.3%	96.2%	94.6%	97.8%	96.2%	96.4%	95.2%	95.8%
Healthcare Workers NHS Trust (ESR)	87.7%	93.1%	91.4%	91.8%	94.2%	94.2%	94.0%	88.3%	95.6%	92.0%
80+	85.4%	84.4%	87.3%	81.6%	92.8%	92.4%	90.8%	81.4%	83.0%	87.8%
75-79	85.6%	83.2%	89.1%	83.2%	92.6%	93.5%	90.6%	81.2%	83.6%	88.0%
Clinically Extremely Vulnerable	83.7%	85.7%	88.8%	83.9%	91.5%	93.4%	91.2%	84.9%	90.0%	88.3%
70-74	83.5%	77.2%	86.5%	81.2%	90.7%	91.4%	87.8%	78.0%	74.9%	85.2%
65-69	81.8%	74.7%	84.1%	78.6%	88.7%	89.6%	86.3%	73.7%	74.8%	82.9%
Learning Disability Register	77.9%	75.7%	82.5%	76.5%	86.2%	86.9%	85.1%	77.6%	86.4%	81.7%
QCovid	82.5%	80.1%	86.1%	77.2%	87.1%	88.0%	86.3%	79.7%	84.0%	84.0%
DWP Carers	69.5%	71.1%	75.4%	64.6%	78.5%	78.1%	78.0%	66.9%	76.7%	73.4%
LA Carers	76.7%	81.1%	82.2%	66.4%	89.0%	85.1%	88.8%	72.8%	86.0%	81.9%
At Risk	75.9%	72.7%	80.3%	76.3%	84.0%	84.9%	83.6%	71.6%	82.2%	79.0%
60-64	73.5%	67.4%	78.1%	72.5%	84.1%	85.3%	81.0%	65.4%	66.8%	76.1%
55-59	71.7%	65.2%	75.0%	73.8%	80.0%	81.7%	78.8%	64.5%	70.0%	73.8%
50-54	68.8%	62.5%	73.1%	71.2%	76.8%	79.4%	76.6%	62.0%	62.4%	71.2%
40-49	62.2%	54.9%	65.3%	60.7%	69.2%	73.3%	67.0%	55.0%	63.7%	63.5%
30-39	55.1%	52.2%	59.0%	61.8%	59.7%	66.4%	59.1%	54.0%	66.8%	58.5%
18-29	57.8%	57.0%	62.4%	66.8%	60.5%	65.4%	65.8%	56.8%	64.0%	61.7%
12-17 Household contacts of immunosuppressed	42.8%	45.6%	51.2%	35.6%	60.3%	56.7%	53.8%	35.4%	29.0%	49.9%
16-17	47.9%	46.4%	53.4%	42.4%	59.2%	59.7%	58.3%	42.5%	57.1%	52.4%
12-15	39.0%	36.7%	44.7%	36.0%	49.6%	47.0%	46.3%	33.6%	43.7%	42.7%

# Borough Level – 2<sup>nd</sup> Dose as % of 1st dose

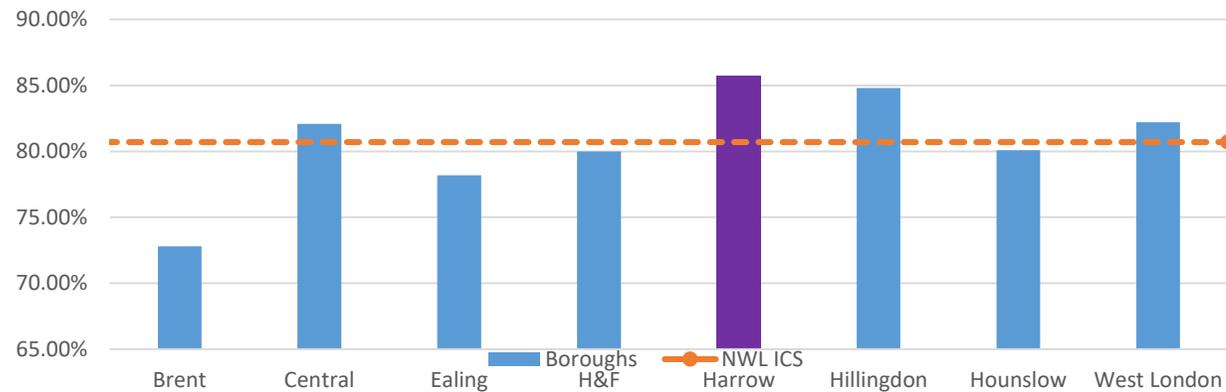
% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	90.6%	90.9%	95.3%	91.4%	91.7%	90.5%	91.1%	92.5%	90.5%	91.3%
Healthcare Workers NHS Trust (ESR)	94.9%	95.0%	95.8%	96.3%	96.9%	97.2%	96.4%	96.0%	95.6%	96.1%
80+	95.1%	95.9%	96.7%	96.7%	97.5%	97.6%	97.0%	95.1%	95.2%	96.5%
75-79	97.0%	95.6%	97.6%	96.2%	98.2%	98.4%	97.8%	95.7%	98.2%	97.3%
Clinically Extremely Vulnerable	96.2%	96.3%	97.5%	96.4%	98.0%	97.8%	97.6%	96.4%	96.9%	97.1%
70-74	96.9%	94.9%	97.5%	96.7%	98.0%	98.0%	97.6%	96.0%	95.0%	97.1%
65-69	97.0%	95.3%	97.2%	96.2%	98.3%	98.1%	97.1%	95.9%	96.0%	97.1%
Learning Disability Register	91.5%	91.5%	93.6%	91.4%	94.9%	96.5%	93.5%	93.2%	94.7%	93.5%
QCovid	95.6%	95.9%	95.8%	94.9%	97.3%	96.0%	96.0%	95.4%	97.5%	95.9%
DWP Carers	92.1%	93.3%	93.6%	90.7%	94.5%	94.4%	92.9%	93.7%	94.9%	93.3%
LA Carers	93.9%	95.3%	95.6%	93.3%	95.9%	96.7%	97.6%	94.3%	90.7%	95.9%
At Risk	94.5%	93.6%	95.2%	94.7%	96.6%	96.0%	95.7%	94.3%	94.3%	95.1%
60-64	96.0%	94.6%	97.1%	95.8%	98.2%	97.8%	97.1%	94.9%	92.9%	96.6%
55-59	95.6%	94.6%	96.9%	96.3%	97.7%	97.8%	97.0%	95.1%	95.1%	96.5%
50-54	95.5%	95.2%	96.4%	95.6%	97.2%	97.2%	96.7%	94.9%	95.0%	96.1%
40-49	94.8%	94.2%	95.2%	95.4%	96.1%	96.2%	95.1%	93.9%	93.3%	95.1%
30-39	92.5%	92.6%	92.6%	94.3%	93.7%	93.6%	92.8%	92.4%	89.5%	93.1%
18-29	88.1%	87.2%	87.7%	92.4%	90.3%	89.2%	88.6%	88.5%	88.3%	89.2%
12-17 Household contacts of immunosuppressed	31.9%	36.9%	29.4%	28.0%	38.4%	35.1%	26.9%	31.9%	33.3%	32.8%
16-17	61.9%	63.7%	58.8%	63.3%	64.9%	64.4%	63.3%	63.1%	57.1%	62.5%
12-15	8.3%	20.0%	9.8%	9.2%	14.3%	12.2%	6.9%	15.4%	12.0%	11.0%

# Booster Dose as % of 2<sup>nd</sup> Doses

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	73.8%	77.6%	78.2%	74.4%	80.5%	81.6%	75.5%	77.2%	71.9%	77.1%
Healthcare Workers NHS Trust (ESR)	73.5%	79.8%	77.4%	79.8%	81.0%	81.8%	80.2%	77.9%	78.7%	79.0%
80+	81.6%	86.9%	87.0%	84.3%	90.6%	90.9%	88.2%	85.0%	83.5%	87.2%
75-79	86.2%	88.3%	89.9%	88.6%	93.5%	93.6%	91.4%	88.0%	94.4%	90.3%
Clinically Extremely Vulnerable	77.4%	79.6%	81.9%	79.9%	88.6%	86.4%	84.0%	79.8%	79.1%	82.4%
70-74	86.4%	88.4%	89.9%	89.6%	93.4%	94.0%	92.2%	86.8%	87.1%	90.4%
65-69	84.7%	85.4%	86.5%	84.9%	92.4%	91.5%	89.7%	83.9%	84.3%	87.8%
Learning Disability Register	65.0%	66.9%	63.1%	66.7%	82.3%	74.9%	71.6%	60.6%	55.6%	69.4%
QCovid	65.1%	70.4%	65.8%	66.0%	77.4%	72.8%	70.9%	66.5%	68.0%	68.9%
DWP Carers	51.6%	50.1%	57.2%	55.8%	68.3%	65.2%	63.0%	51.5%	64.0%	58.5%
LA Carers	71.0%	59.2%	60.8%	64.1%	87.1%	78.9%	75.6%	59.1%	64.1%	73.0%
At Risk	67.8%	71.4%	70.1%	70.7%	80.4%	77.0%	74.7%	70.8%	70.7%	72.8%
60-64	77.3%	82.4%	81.9%	81.5%	88.3%	88.8%	84.3%	80.5%	81.8%	83.2%
55-59	71.6%	78.9%	77.0%	79.0%	84.7%	84.9%	79.9%	77.9%	76.9%	79.0%
50-54	66.6%	74.8%	69.7%	74.0%	81.1%	79.0%	74.6%	73.1%	70.7%	73.6%
40-49	57.2%	66.0%	58.2%	65.6%	69.8%	66.2%	61.4%	64.6%	58.0%	62.8%
30-39	46.5%	56.0%	48.4%	57.9%	58.7%	53.4%	49.4%	53.2%	46.4%	52.6%
18-29	35.3%	47.2%	37.6%	48.8%	46.7%	41.0%	39.2%	42.7%	36.9%	42.4%
12-17 Household contacts of immunosuppressed	8.9%	4.8%	3.8%	4.9%	4.7%	4.9%	4.8%	6.8%	0.0%	5.4%
16-17	6.2%	6.9%	5.6%	6.3%	4.4%	4.7%	6.5%	6.8%	1.7%	5.7%
12-15	1.1%	0.4%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	5.0%	0.3%

# Borough Level – 3rd Dose for immunosuppressed as % of 2nd dose

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Total
Immunosuppression (16-64)	72.8%	82.1%	78.2%	80.0%	85.7%	84.8%	80.1%	82.2%	80.7%



- Harrow has the highest uptake (85.7%) of 3<sup>rd</sup> doses for the immunosuppressed 16-64 cohort.
- A further 500 3<sup>rd</sup> doses have been delivered for immunosuppressed patients included within other cohort

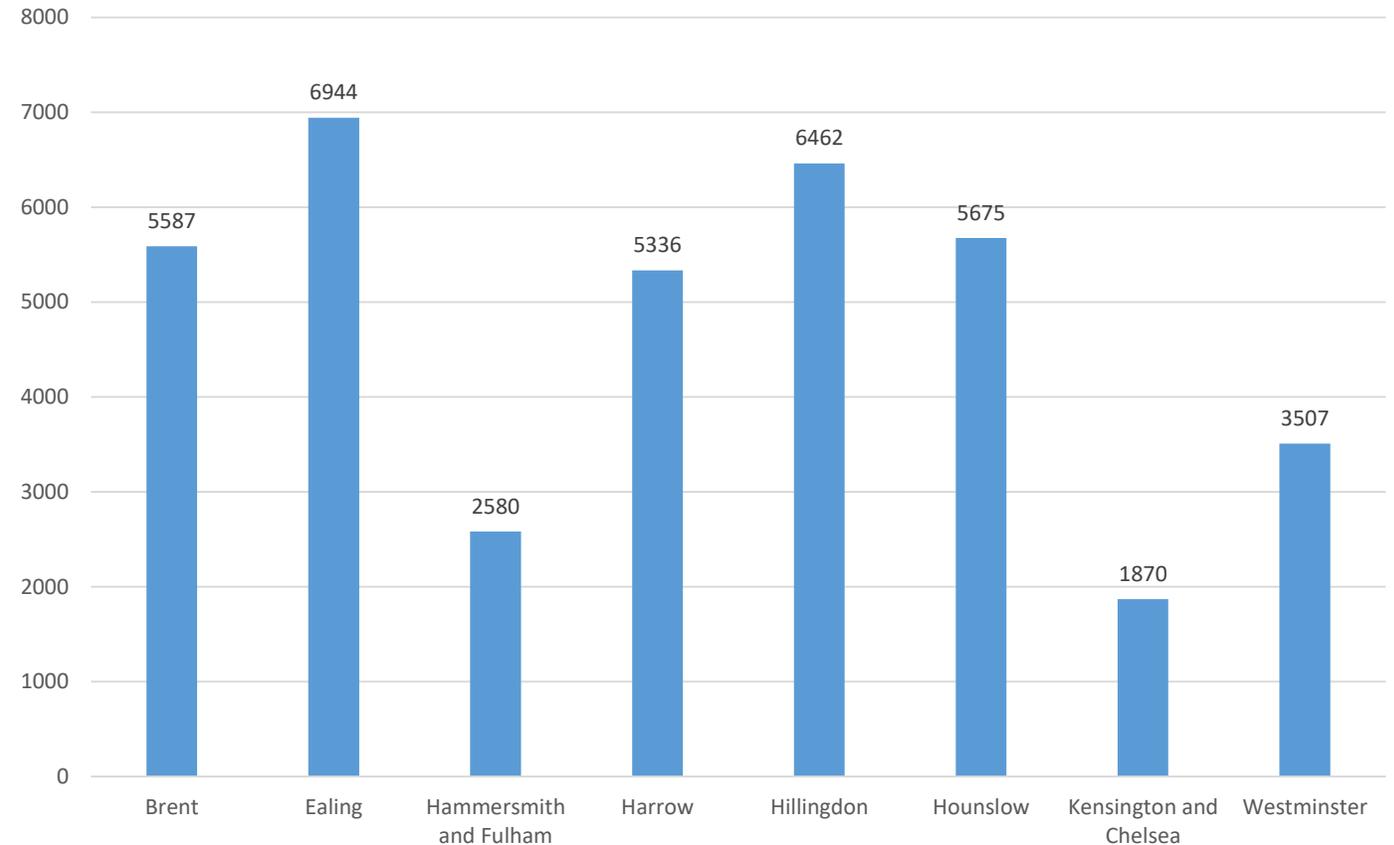
# CYP Doses by Borough

- This chart shows the cumulative number of CYP vaccination doses per borough
- This chart reflects vaccine doses delivered by each borough
- Vaccination delivered on eligible population within schools

## Next Steps:

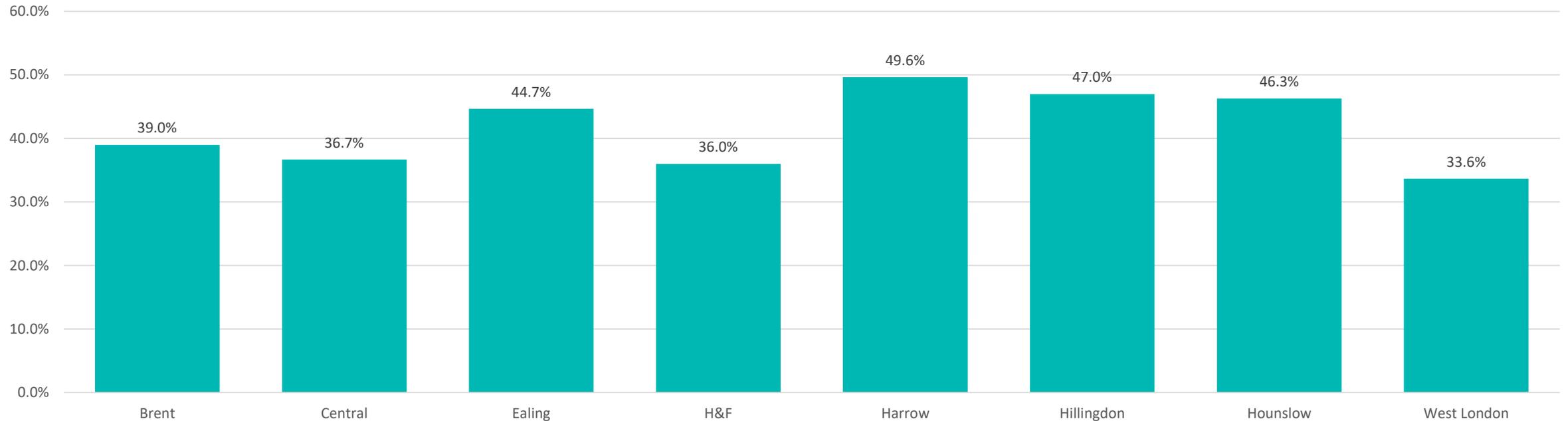
- 12-15 years & 16-17 years – In school offer 2nd dose delivery
- Go live was Monday 10th Jan 22
- First 3 days so far CYP already delivered 557 doses
- Up to 5 teams visiting schools per day

Cumulative Total number of COVID Vaccine Doses Administered per Borough from 21/09/2021



# 12-15 year olds uptake by Health Boroughs

Uptake % 12-15 year olds by Health Borough to 09/01/2022



We would like to increase this uptake further and continue to encourage children to come forward for vaccination. Vaccination for this age group is now available through many pharmacies and GP sites as well as through CP House. Last week we started revisiting schools with the lowest uptake. In addition to vaccinating, health teams are working with public health colleagues, education leads and head teachers to run assemblies, parents Q&A sessions etc. Uptake is reduced due to the prevalence of Covid in this age group, as it is not possible to vaccinate a child within 3 months of being positive.

# University students

- Targeting university students at Brunel, Imperial and Westminster (Harrow Campus)
- Using university estate and/or directing students to pop-up buses/trailers near campus or redirect to Hospital Hubs & Satellite centres
- If extra military teams are redeployed to assist university offer this will increase the capacity of team to deliver vaccinations
- Once approved – go live can be Wednesday 19th Jan

# 3<sup>rd</sup> Primary Dose guidance

- JCVI advice is for a third primary dose to be offered to individuals aged 12 years and over with severe immunosuppression.
- Severely immunosuppressed individuals who have completed their primary course (three doses) should be offered a booster dose with a minimum of three months between the third primary and booster dose.

## Current Data:

National average % uptake: **85.6%**; Top 10 ICS % uptake: **90.8%**

North West London Health and Care Partnership uptake: **74%**

# Severe Mental Illness (SMI) COVID Vaccination Status

System	GP_Region_Name	Population	Dose 1	Dose 1 % Uptake (Population)	Dose 2	Dose 2 % Uptake (Population)	Dose 3 (Booster)	Dose 3 \ Booster % uptake (Population)	Dose 3 \ Booster % Uptake (Dose 2)
EAST LONDON HEALTH & CARE PARTNERSHIP (STP)	London	22,760	16,606	72.96%	15,293	67.19%	9,841	43.24%	64.35%
NORTH WEST LONDON HEALTH & CARE PARTNERSHIP (STP)	London	26,878	19,939	74.18%	18,494	68.81%	12,970	48.26%	70.13%
OUR HEALTHIER SOUTH EAST LONDON STP	London	20,565	14,913	72.52%	13,716	66.70%	9,764	47.48%	71.19%
NORTH LONDON PARTNERS IN HEALTH & CARE (STP)	London	18,952	13,948	73.60%	12,950	68.33%	9,258	48.85%	71.49%
SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP (STP)	London	14,739	11,363	77.09%	10,649	72.25%	7,846	53.23%	73.68%
Grand Total		103,894	76,769	73.89%	71,102	68.44%	49,679	47.82%	69.87%

GP_PCN_Name	GP_Region_Name	Population	Dose 1	Dose 1 % Uptake (Population)	Dose 2	Dose 2 % Uptake (Population)	Dose 3 (Booster)	Dose 3 \ Booster % uptake (Population)	Dose 3 \ Booster % Uptake (Dose 2)
PCN 1	London	489	383	78.32%	366	74.85%	298	60.94%	81.42%
PCN 2	London	234	179	76.50%	173	73.93%	138	58.97%	79.77%
PCN 3	London	483	362	74.95%	339	70.19%	266	55.07%	78.47%
PCN 4	London	779	626	80.36%	590	75.74%	460	59.05%	77.97%
PCN 5	London	633	492	77.73%	469	74.09%	363	57.35%	77.40%

# Care Home Booster Vaccinations by Borough

Borough	Total Residents	No. of Boosters	% Resident Booster uptake	% Change from 15.12.21	Total Staff(in agency)	No. of boosters	% Staff Booster Uptake(inc agency)	% Change from 15.12.21
Brent	940	817	87	8	1395	547	39	9
Ealing	1278	1116	87	5	1703	581	34	13
H&F	368	339	92	5	516	187	36	5
Harrow	1029	908	88	6	1543	692	45	13
Hillingdon	1211	1089	90	5	1701	779	46	8
Hounslow	689	556	81	-4	1115	532	48	15
RBKC	287	241	84	8	509	251	49	18
Westminster	271	244	90	9	413	186	45	23

# Areas of focus over the coming weeks

- Hyper local approaches to engagement which includes close working between LA, health colleagues and local community organisations to provide opportunities for vaccination uptake, initiatives may include:
  - calling high risk patients, undertake outreach calls to the JCVI 1-9 groups with >21 weeks since 2nd dose through a PCN approach
  - continue to prioritise other community outreach initiatives and a “boots on the ground” approach
- Letters to all patients who have not received 1st dose or who are overdue 2nd doses are complete and will be sent to GP Practice clinical systems shortly & boroughs have also outlined options for running outreach call hubs
- Vaccination as a Condition of Deployment (VCOD) will continue to be a national focus over the coming weeks leading up to the deadline of 1st April
- Specific areas of focus over coming weeks include SMI vaccination rates, CEV/ immunosuppressed third primary / booster (4th dose)

# LNWH COVID & DEMAND UPDATE

Simon Crawford, Deputy CEO  
January 2022

# COVID-19 CARE UPDATE AT LNWH HOSPITALS

- Around 22% of the Trusts general beds are occupied with patients receiving care related to COVID-19 (around 200 patients). 80% of our genotyped COVID patients are Omicron patients
- Critical Care has expanded to 36 beds across two sites. Around 35% of these beds are occupied by patients receiving care related to COVID-19
- The majority of patients in hospital with COVID-19 are un-vaccinated
- Absence rates in our workforce have increased to 7%, they would usually be 4%. Safety huddles help move staff between wards and service areas to maintain safety and support our staff
- In addition to parts of our Critical Care and other higher dependency areas, we have now converted 8 ward areas to 'Red' areas, meaning they specifically cater for cases of COVID-19 in our hospitals. This also reduces the risk of hospital acquired infections.
- A review of NPH incidental findings of COVID-19 showed that around 45% of COVID patients attended hospital for other care needs – they attended hospital with COVID rather than for COVID care specifically. This is reflective of high community infection rates
- Support for our staff is paramount at this time. We have good supplies of PPE, Lateral Flow Tests, Booster and flu jabs
- Whilst Nursing Home outbreaks remain a concern, we are well supported by partners in our Integrated Care System; to facilitate discharge and on-going care.

# NON-ELECTIVE CARE DEMAND

- Our hospital's, A&E's and Urgent Treatment Centre's remain very busy, experiencing normal winter demand in tandem with Covid-19
- This places pressure on the requirement to conduct ambulance handovers within 15 minutes and provide care within 4 hours
- Urgent Treatment Centre re-direction reduces pressure on our NPH service. This has proved successful working with Harrow Health in tandem with additional GP appointments at Belmont Health Centre
- We continue to focus on our expanded Same Day Emergency Care facilities, with certain ambulance arrivals now being able to be treated directly within our SDEC facility

# ELECTIVE CARE CONTINUING THROUGH WINTER

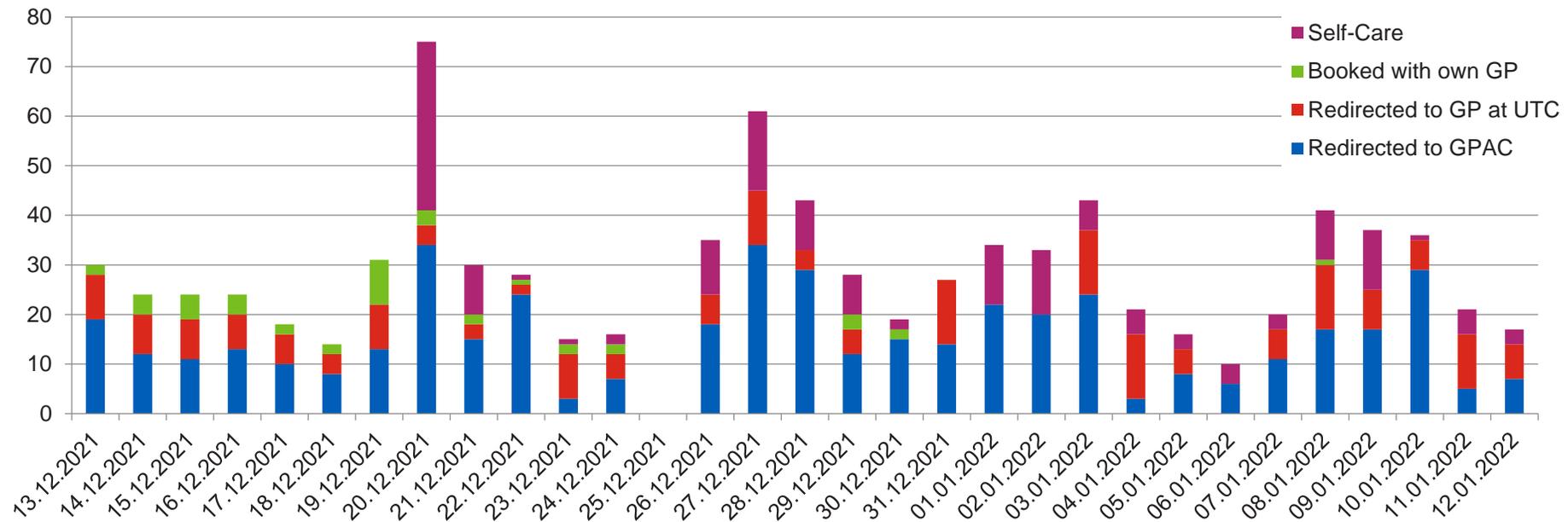
The elective recovery programme continued to progress despite the current wave of the pandemic

The Trust is working in partnership with the North West London system to align recovery across all in-sector providers

This process is supporting:

- Increasing virtual / digital solutions to clinic appointments to maintain the national requirement for >25% of outpatient activity delivered virtually
- Prioritisation of admitted waiting lists to support waiting list management
- Tracking activity against pre covid baselines
- Mutual aid for admitted and non-admitted pathways to transfer waiting lists across the sector where clinical suitable and agreed by the patient
- Reducing long waiting patients monitoring patients waiting over 52 and 104 weeks
- Operating Central Middlesex Hospital as a non-covid site to maintain elective flow
- Maximising capacity using independent sector partnerships for outpatient, diagnostics, and theatre capacity
- Aligning the Trust's internal recovery plan to national benchmarking published via the Model Hospital (NHS Improvement).
- Each year we try to protect around 100 beds for elective and non-elective surgical care

# EFFECTIVE PARTNERSHIP WORKING TO REDIRECT PATIENTS AT THE A&E FRONT DOOR



- LNWH has worked in partnership with Harrow Health and the Urgent Treatment Centre Provider (Totally) to reduce pressure on urgent care services by redirecting suitable patients back to additional primary care capacity in Harrow
- Supporting c200 patients a week with a directly-booked same-day primary care appointment (nearly 900 since starting)
- A highly effective front door model that alleviates urgent care and A&E pressures at Northwick Park Hospital
- Further improvements to the patient experience including the “hut” at NPH and new signage is imminent

# POSITIVE NEWS ON HARROW PATIENT DISCHARGES

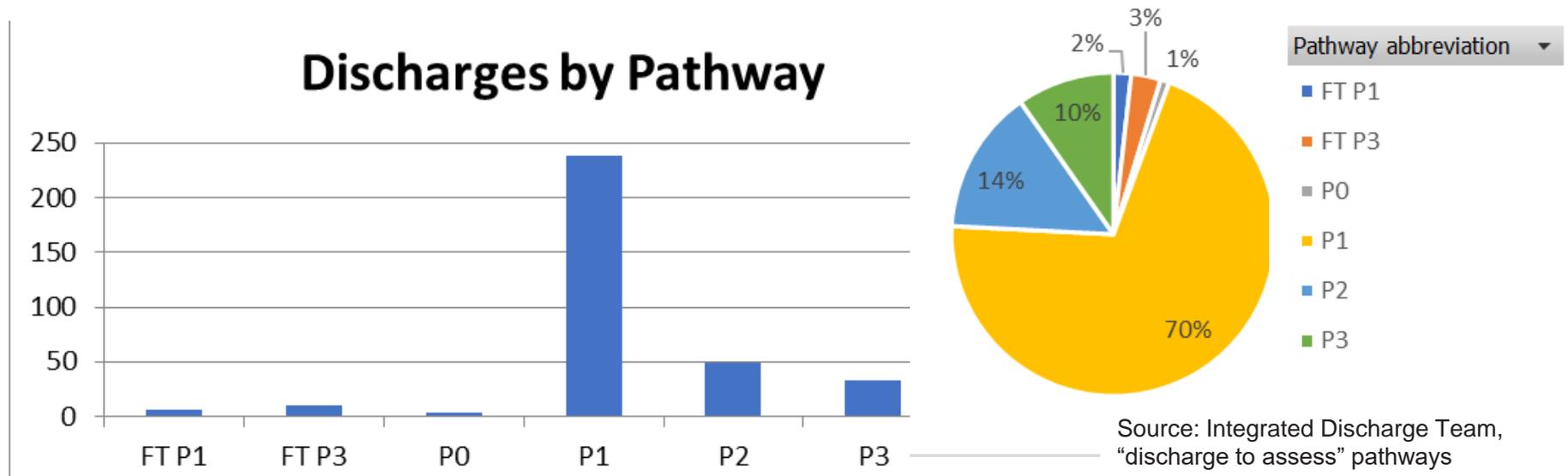
## December headlines

- Harrow provided additional support and senior oversight during the Christmas period
- Discharge expectations were exceeded
- Good engagement and communication between the teams, supported by enhanced services
- Harrow Age UK settle & home service
  - Focus on P0 & P1 pathways for those who are “Assistance of 1”
  - Supported patient travel home in a taxi service, with workers to settle in and ensure comfort
  - Limited number meet criteria via CDT and increased promotion needed within the wards to embed (plan developed)

## Next steps

- Continue integration – Harrow ASC worker to sit within the IDT
- Earlier notification for complex patients for joint discharge planning
- Continue check and challenge to ensure patients are discharged under home first principle
- Use strength based approach to discharge to ensure sufficient amount of care is provided to support but maintain patients independence.

# HARROW PATIENT DISCHARGES, DECEMBER 2021



- P0 Simple discharge, no health or social care input
- P1 Home with care and support needs, including fast track (FT) patients
- P2 Short term bed likely for rehabilitation, assessment or further discharge planning
- P3 Requiring 24hour care within a care home on an going basis, including FT patients

- Collectively we discharged 339 Harrow patients.
- 70% discharged under the P1 pathway, i.e. home with care and support needs

# Demand on primary care and community services

Dr Radhika Balu, Medical Director and Lisa Henschen, Managing  
Director

# Demand on primary care and community services

All parts of the health and care system in Harrow have been responding to the level 4 NHS emergency status as a result of the Omicron variant. The system has had to respond to increased demand for urgent care services, the need to support effective discharge from hospital, COVID outbreaks in bedded units and offices as well as much higher than normal staff sickness levels.

Business continuity plans were in place across all organisations in advance of moving into this current level 4 status.

Specifically for Primary Care, 7 December, NHS England and NHS Improvement wrote to all GP Practices regarding temporary changes to the GP contract to support the vaccination programme and defined two key priorities:

- Delivering the accelerated vaccination programme until 31st December 2021
- Ensuring that we act to reduce the risk of admission to hospital with general practice looking to maximise on day care and essential proactive care.

# Primary Care Priority Areas (1/2)

## Key requirements for General Practice:

- **Infection Protection and Control** - review adherence to procedures to ensure you keep yourselves and your teams safe whilst maintaining an open front door;
- **Covid-19 positive patients** - identify High risk patients who may benefit from increased monitoring (remote monitoring) or who may be appropriate for the newer community treatment options including nMABS (neutralising monoclonal antibodies) or could be part of the PANORAMIC study;
- **Covid-19 vaccination programme** – ensure immunosuppressed patients requiring 3rd or 4th doses are supported as well as maximising booking of booster jabs. Ensure all staff are trained to deliver the Covid-19 vaccine and work with your PCNs to ensure you are supporting the accelerated ask;
- **Flu jabs** - ensure these are provided to as many as possible in the target groups;
- **Medication** - consider providing patients with 2 month's medication if they are stable to reduce General Practice workload during December to February;

# Primary Care Priority Areas (2/2)

- **Vulnerable patients** – support for particularly vulnerable people including providing crisis numbers and crisis plans for those with severe mental illness and continuing health checks for patients with a learning disability. Also ensuring support for care homes and their residents throughout the winter period.
- **Review of patients who are at risk of admission** - targeted review of patients - for example, those at risk of respiratory exacerbations including asthma reviews for those not in control and rescue packs for those with COPD, and diabetic patients at risk of admission this winter.
- **Capacity** - make best use of the whole systems resources to free up capacity within NW London (i.e. when appropriate refer patients to the Rapid Response team who have 2-hour response time and in some instances is faster than calling out the London Ambulance Service).
- **Delivery of practice and primary care winter plans** including supporting 111 - absorb as much on the day demand as possible to support 111. This includes a requirement to participate in the GP Worklist approach/Please also ensure that staff are up to date with the latest urgent care pathways.

# Harrow Primary Care Response

- It is a daily challenge balancing our resources between the urgent needs of our patients, the management of long term conditions, and the vital task of vaccination and public health this winter
- Despite the challenges, primary care remains open and is continuing to serve the needs of the population. We have been ensuring that patients are able to contact primary care through telephone, online or by walking in to GP surgeries. Face to face consultations have continued throughout this period.
- In response to accelerating the vaccination programme we have had to pause some routine work for example routine health checks , whilst we focus on urgent/ emergency care and expanding the vaccination programme
- As the level of COVID plateau in London, we are planning to move towards recovery in the next few weeks. Our focus across the system would be to bring back to 2019 achievement against targets

# Community based services

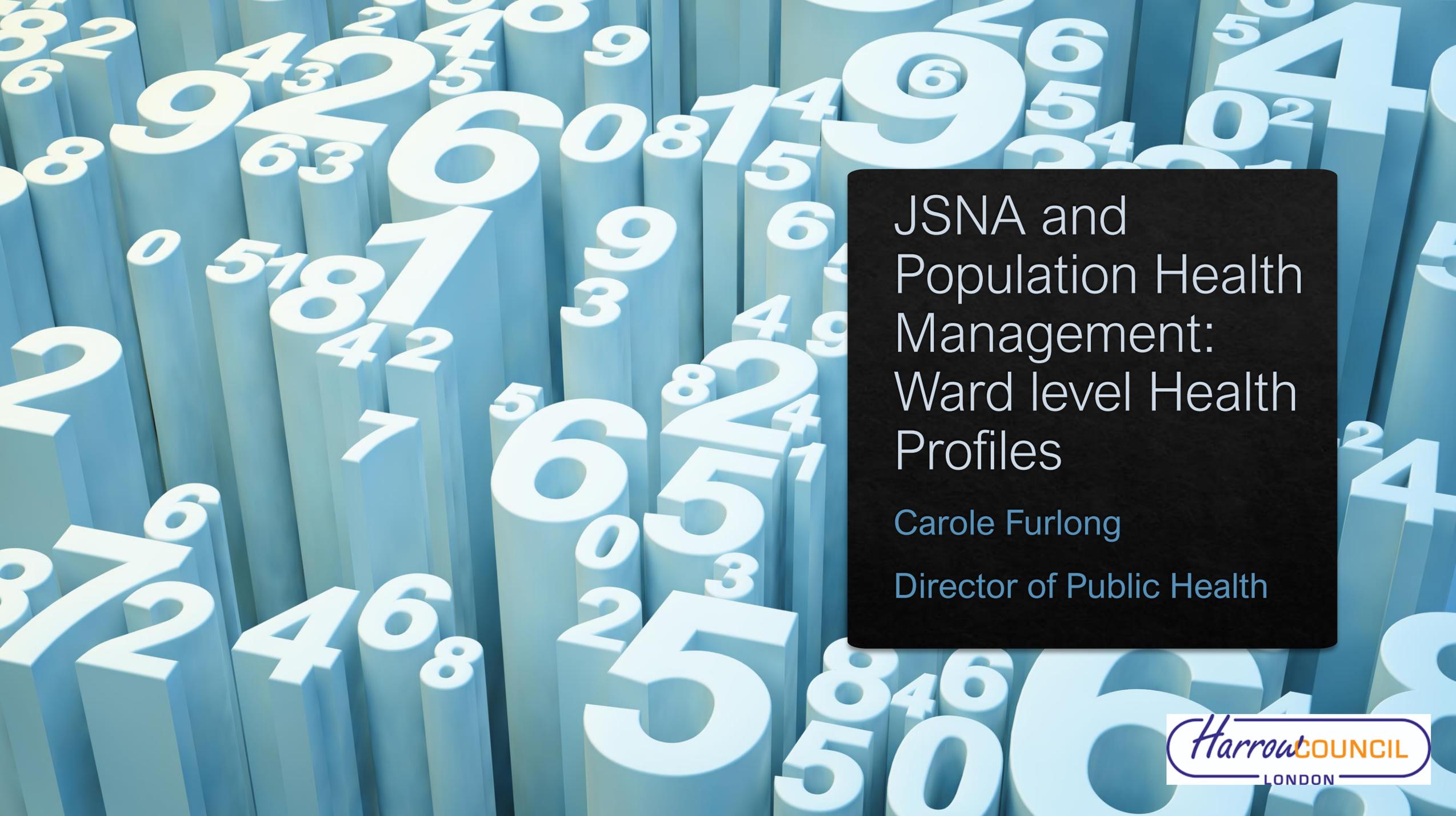
Our community based services have also been balancing the system asks of supporting booster vaccinations, managing urgent care, facility hospital discharge and managing core services with high staff sickness levels.

CNWL mental health and children's services are operating as normal, although with significant pressures.

CLCH adult community services have enacted their Business Continuity Plan, the impact on services on which is shown on the subsequent slide. This is under regular review and CLCH is likely to move quickly to service restoration so long as the Trust and wider health and care system is coping. It is noted in particular that workforce sickness is showing some sign of improvement in the last week, and the Outer North West London division is now operating at the 6% mark, with 2% being COVID related.

# Impact on adult community health services (at 13<sup>th</sup> January 2022)

Adult's Services	Status	Adult's Services	Status
Diabetes clinics and DESMOND education	●	Respiratory	●
District Nursing	●	Cardiology	●
Falls	●	Podiatry	●
Therapy	●	Tissue Viability	●
Speech and Language Therapy	●	Dietetics and Nutrition	●
Epilepsy	●	Palliative Care	●
Multiple sclerosis	●	Care Home Team	●
Rapid Response	●	Immunisation Team	●



# JSNA and Population Health Management: Ward level Health Profiles

Carole Furlong

Director of Public Health

# Ward Health Profiles



## Population Health Management and JSNA

Understanding our population is the key to making decisions about what we need to do.



## Why now for ward health profiles

Ward level data using the current wards is available but when new wards are established the data will not be available at this level until all of the current analyses are re-done.

Census data is not yet available from 2021 census



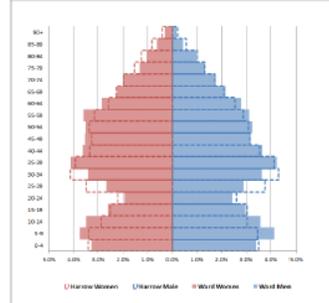
## What's in the Ward Health profiles

Demography; start, live, work and age well indicators



## Front Page

- ◆ Facilities in the Ward
- ◆ Population profile
  - ◆ Age: sex
  - ◆ Total number of residents
  - ◆ Proportion of the population who are from Black Asian and other Minority ethnic groups.
- ◆ Life expectancy
- ◆ Live well indicators
  - ◆ Open space
  - ◆ Crime rates



Compared to Harrow, Belmont has a lower proportion of 20 to 34 year olds and greater proportions of 5-14 year olds

Life expectancy at birth



**11,480** residents in 2019

Ethnic background



**3 in 5** residents are of BAME background (2011)



The male life expectancy at birth is 84.7 years, which is slightly higher than the Harrow average of 82.9 (2015-2019).

The female life expectancy at birth is 88.1 years, which is slightly higher than the Harrow average of 86.0 years (2015-2019)



Crime Rate

**55.5** Crime rate per 1,000 2020/21

Harrow 59.6 per 1,000

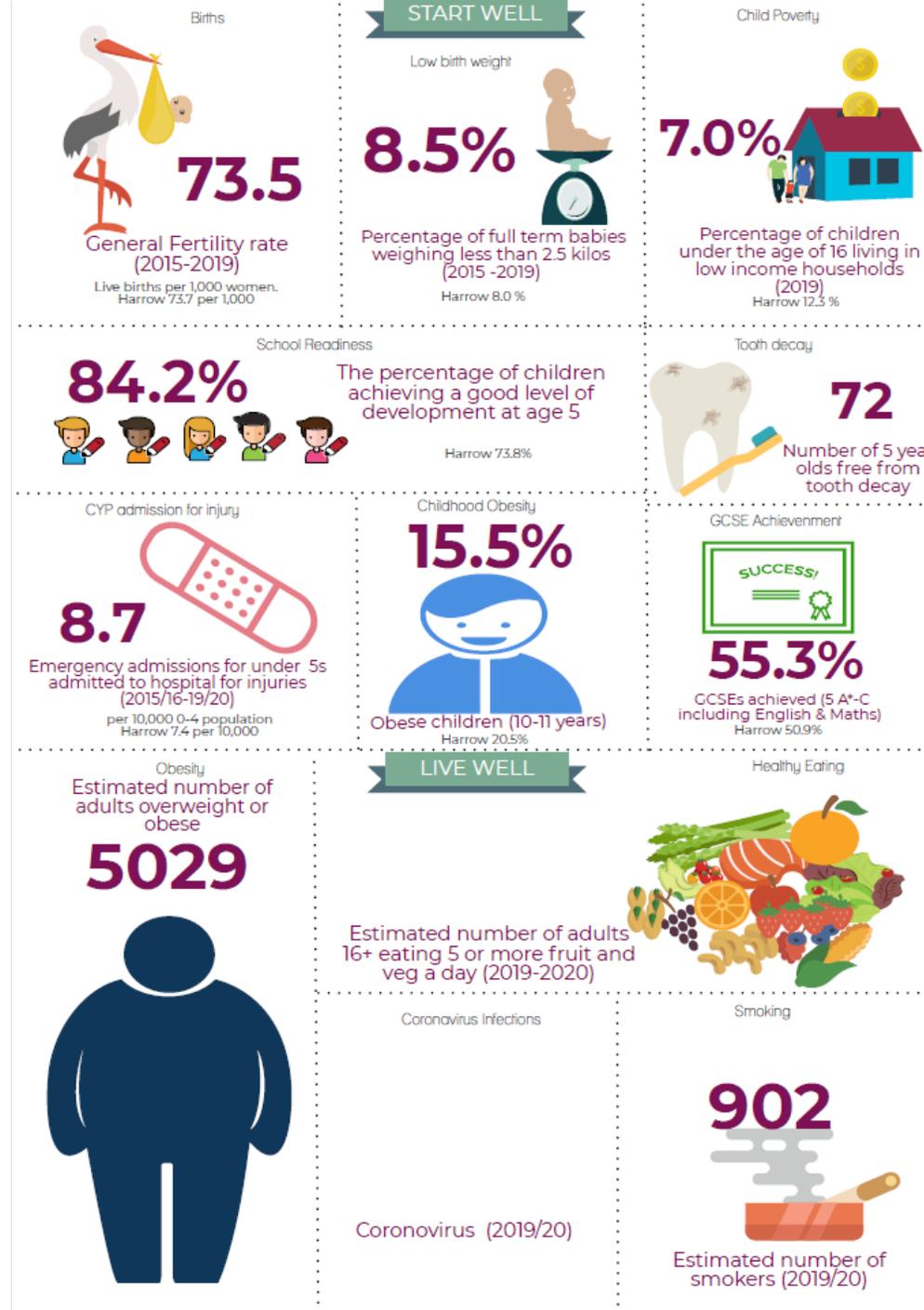


## Start Well

- Births (fertility rate which can be compared between wards)
- Low birthweight babies
- Children living in poverty
- Children achieving a good level of development at age 5
- Tooth decay
- Emergency admissions for accidents in children under 5
- Child obesity
- GCSE attainment

## Live Well

- Adult obesity
- Healthy living (problem with 5-a-day measure)
- Number of smokers in the ward

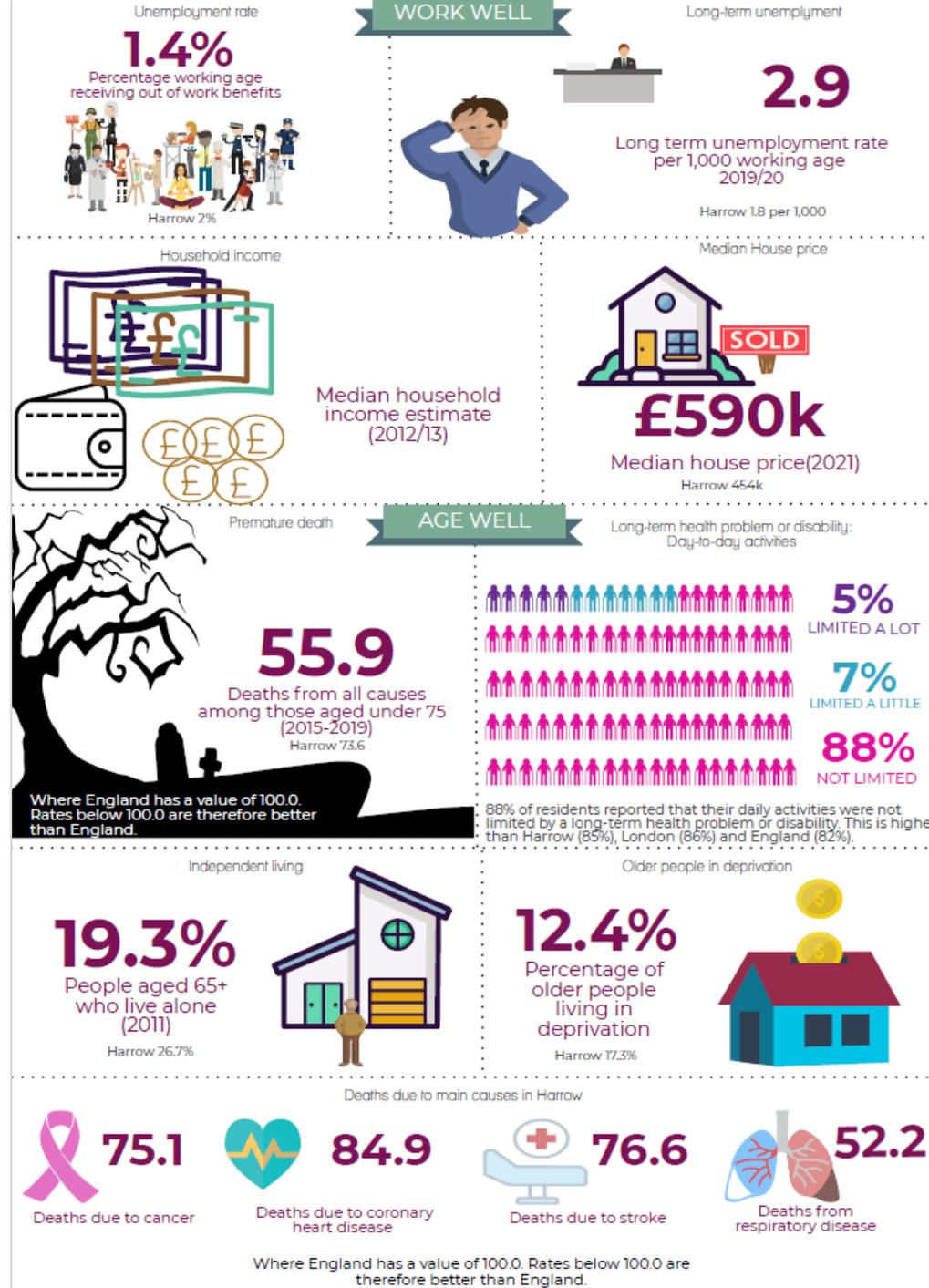


## Work Well

- Unemployment rates
- Household Income
- House Prices

## Age Well

- Older people living alone
- Older people living in deprivation
- Long term illness/disability affecting activities of daily living
- Deaths : all causes and specific causes



# LNWH COVID & DEMAND UPDATE

Simon Crawford, Deputy CEO

January 2022



Putting **patients**  
at the **HEART**  
of everything we do



# COVID-19 CARE UPDATE AT LNWH HOSPITALS

- Around 22% of the Trusts general beds are occupied with patients receiving care related to COVID-19 (around 200 patients). 80% of our genotyped COVID patients are Omicron patients
- Critical Care has expanded to 36 beds across two sites. Around 35% of these beds are occupied by patients receiving care related to COVID-19
- The majority of patients in hospital with COVID-19 are un-vaccinated
- Absence rates in our workforce have increased to 7%, they would usually be 4%. Safety huddles help move staff between wards and service areas to maintain safety and support our staff
- In addition to parts of our Critical Care and other higher dependency areas, we have now converted 8 ward areas to 'Red' areas, meaning they specifically cater for cases of COVID-19 in our hospitals. This also reduces the risk of hospital acquired infections.
- A review of NPH incidental findings of COVID-19 showed that around 45% of COVID patients attended hospital for other care needs – they attended hospital with COVID rather than for COVID care specifically. This is reflective of high community infection rates
- Support for our staff is paramount at this time. We have good supplies of PPE, Lateral Flow Tests, Booster and flu jabs
- Whilst Nursing Home outbreaks remain a concern, we are well supported by partners in our Integrated Care System; to facilitate discharge and on-going care.

# NON-ELECTIVE CARE DEMAND

- Our hospital's, A&E's and Urgent Treatment Centre's remain very busy, experiencing normal winter demand in tandem with Covid-19
- This places pressure on the requirement to conduct ambulance handovers within 15 minutes and provide care within 4 hours
- Urgent Treatment Centre re-direction reduces pressure on our NPH service. This has proved successful working with Harrow Health in tandem with additional GP appointments at Belmont Health Centre
- We continue to focus on our expanded Same Day Emergency Care facilities, with certain ambulance arrivals now being able to be treated directly within our SDEC facility

# ELECTIVE CARE CONTINUING THROUGH WINTER

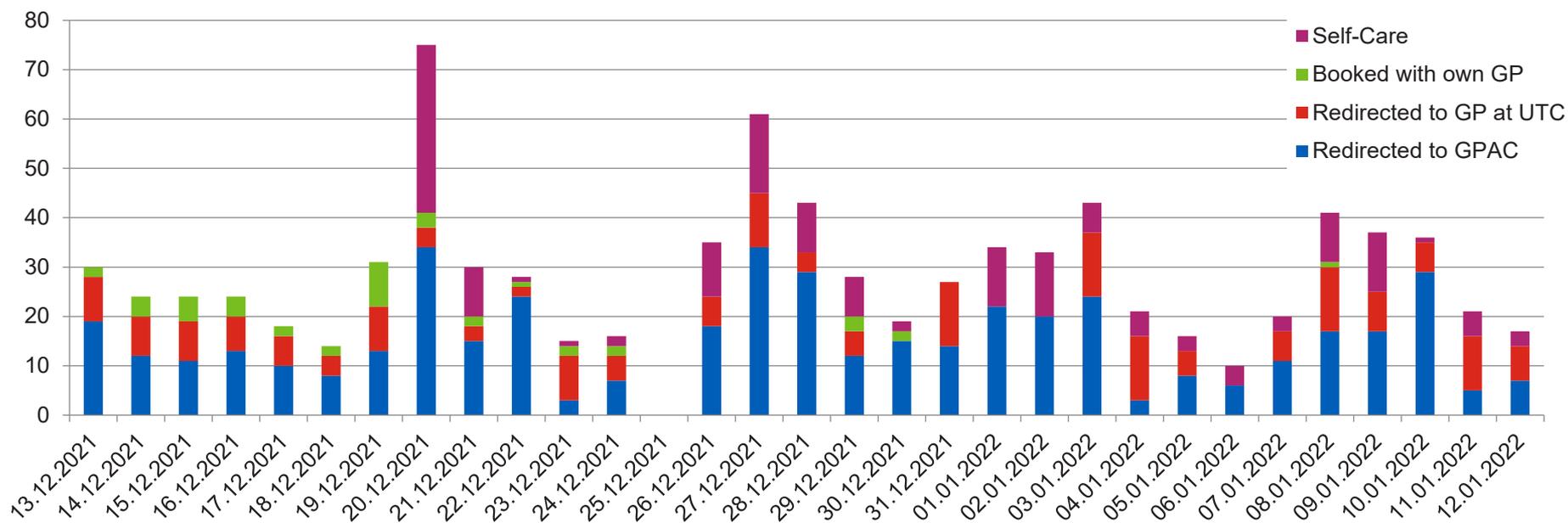
The elective recovery programme continued to progress despite the current wave of the pandemic

The Trust is working in partnership with the North West London system to align recovery across all in-sector providers

This process is supporting:

- Increasing virtual / digital solutions to clinic appointments to maintain the national requirement for >25% of outpatient activity delivered virtually
- Prioritisation of admitted waiting lists to support waiting list management
- Tracking activity against pre covid baselines
- Mutual aid for admitted and non-admitted pathways to transfer waiting lists across the sector where clinical suitable and agreed by the patient
- Reducing long waiting patients monitoring patients waiting over 52 and 104 weeks
- Operating Central Middlesex Hospital as a non-covid site to maintain elective flow
- Maximising capacity using independent sector partnerships for outpatient, diagnostics, and theatre capacity
- Aligning the Trust's internal recovery plan to national benchmarking published via the Model Hospital (NHS Improvement).
- Each year we try to protect around 100 beds for elective and non-elective surgical care

# EFFECTIVE PARTNERSHIP WORKING TO REDIRECT PATIENTS AT THE A&E FRONT DOOR



- LNWH has worked in partnership with Harrow Health and the Urgent Treatment Centre Provider (Totally) to reduce pressure on urgent care services by redirecting suitable patients back to additional primary care capacity in Harrow
- Supporting c200 patients a week with a directly-booked same-day primary care appointment (nearly 900 since starting)
- A highly effective front door model that alleviates urgent care and A&E pressures at Northwick Park Hospital
- Further improvements to the patient experience including the “hut” at NPH and new signage is imminent

# POSITIVE NEWS ON HARROW PATIENT DISCHARGES

## December headlines

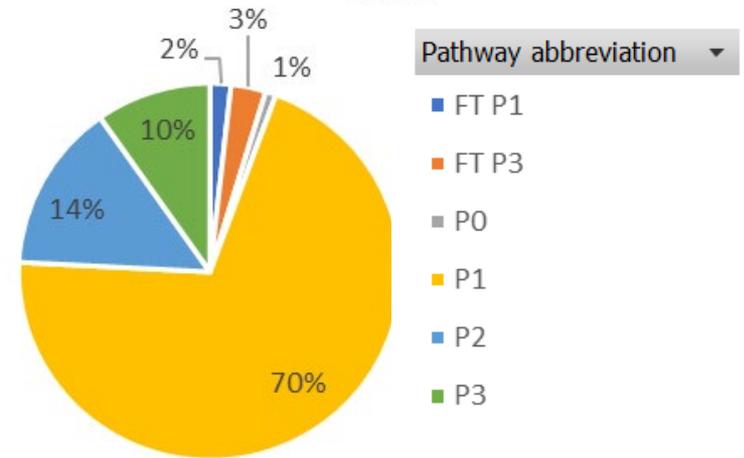
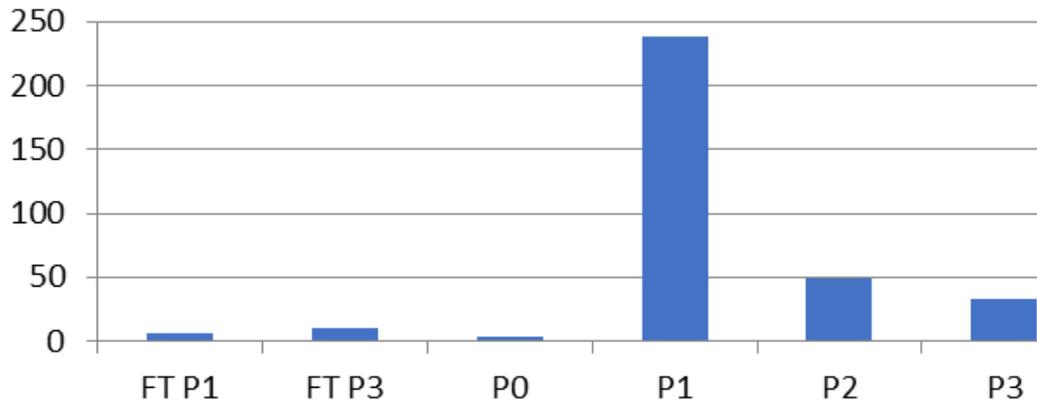
- Harrow provided additional support and senior oversight during the Christmas period
- Discharge expectations were exceeded
- Good engagement and communication between the teams, supported by enhanced services
- Harrow Age UK settle & home service
  - Focus on P0 & P1 pathways for those who are “Assistance of 1”
  - Supported patient travel home in a taxi service, with workers to settle in and ensure comfort
  - Limited number meet criteria via CDT and increased promotion needed within the wards to embed (plan developed)

## Next steps

- Continue integration – Harrow ASC worker to sit within the IDT
- Earlier notification for complex patients for joint discharge planning
- Continue check and challenge to ensure patients are discharged under home first principle
- Use strength based approach to discharge to ensure sufficient amount of care is provided to support but maintain patients independence.

# HARROW PATIENT DISCHARGES, DECEMBER 2021

## Discharges by Pathway



Source: Integrated Discharge Team, "discharge to assess" pathways

- P0 Simple discharge, no health or social care input
- P1 Home with care and support needs, including fast track (FT) patients
- P2 Short term bed likely for rehabilitation, assessment or further discharge planning
- P3 Requiring 24hour care within a care home on an going basis, including FT patients

- Collectively we discharged 339 Harrow patients.
- 70% discharged under the P1 pathway, i.e. home with care and support needs

# Demand on primary care and community services

Dr Radhika Balu, Medical Director and Lisa Henschen, Managing  
Director

# Demand on primary care and community services

All parts of the health and care system in Harrow have been responding to the level 4 NHS emergency status as a result of the Omicron variant. The system has had to respond to increased demand for urgent care services, the need to support effective discharge from hospital, COVID outbreaks in bedded units and offices as well as much higher than normal staff sickness levels.

Business continuity plans were in place across all organisations in advance of moving into this current level 4 status.

Specifically for Primary Care, 7 December, NHS England and NHS Improvement wrote to all GP Practices regarding temporary changes to the GP contract to support the vaccination programme and defined two key priorities:

- Delivering the accelerated vaccination programme until 31st December 2021
- Ensuring that we act to reduce the risk of admission to hospital with general practice looking to maximise on day care and essential proactive care.

# Primary Care Priority Areas (1/2)

## Key requirements for General Practice:

- **Infection Protection and Control** - review adherence to procedures to ensure you keep yourselves and your teams safe whilst maintaining an open front door;
- **Covid-19 positive patients** - identify High risk patients who may benefit from increased monitoring (remote monitoring) or who may be appropriate for the newer community treatment options including nMABS (neutralising monoclonal antibodies) or could be part of the PANORAMIC study;
- **Covid-19 vaccination programme** – ensure immunosuppressed patients requiring 3rd or 4th doses are supported as well as maximising booking of booster jabs. Ensure all staff are trained to deliver the Covid-19 vaccine and work with your PCNs to ensure you are supporting the accelerated ask;
- **Flu jabs** - ensure these are provided to as many as possible in the target groups;
- **Medication** - consider providing patients with 2 month's medication if they are stable to reduce General Practice workload during December to February;

# Primary Care Priority Areas (2/2)

- **Vulnerable patients** – support for particularly vulnerable people including providing crisis numbers and crisis plans for those with severe mental illness and continuing health checks for patients with a learning disability. Also ensuring support for care homes and their residents throughout the winter period.
- **Review of patients who are at risk of admission** - targeted review of patients - for example, those at risk of respiratory exacerbations including asthma reviews for those not in control and rescue packs for those with COPD, and diabetic patients at risk of admission this winter.
- **Capacity** - make best use of the whole systems resources to free up capacity within NW London (i.e. when appropriate refer patients to the Rapid Response team who have 2-hour response time and in some instances is faster than calling out the London Ambulance Service).
- **Delivery of practice and primary care winter plans** including supporting 111 - absorb as much on the day demand as possible to support 111. This includes a requirement to participate in the GP Worklist approach/Please also ensure that staff are up to date with the latest urgent care pathways.

# Harrow Primary Care Response

- It is a daily challenge balancing our resources between the urgent needs of our patients, the management of long term conditions, and the vital task of vaccination and public health this winter
- Despite the challenges, primary care remains open and is continuing to serve the needs of the population. We have been ensuring that patients are able to contact primary care through telephone, online or by walking in to GP surgeries. Face to face consultations have continued throughout this period.
- In response to accelerating the vaccination programme we have had to pause some routine work for example routine health checks , whilst we focus on urgent/ emergency care and expanding the vaccination programme
- As the level of COVID plateau in London, we are planning to move towards recovery in the next few weeks. Our focus across the system would be to bring back to 2019 achievement against targets

# Community based services

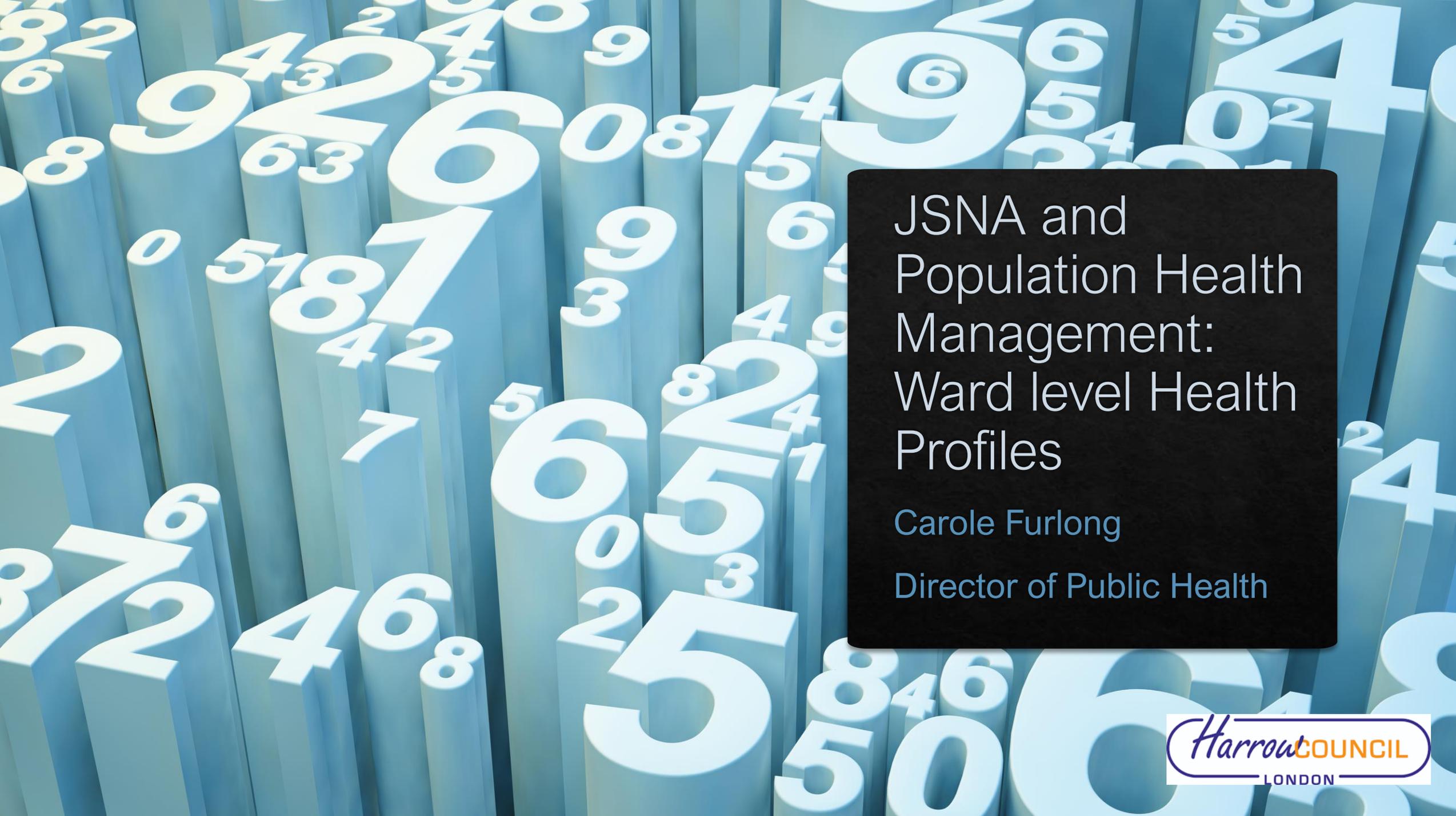
Our community based services have also been balancing the system asks of supporting booster vaccinations, managing urgent care, facility hospital discharge and managing core services with high staff sickness levels.

CNWL mental health and children's services are operating as normal, although with significant pressures.

CLCH adult community services have enacted their Business Continuity Plan, the impact on services on which is shown on the subsequent slide. This is under regular review and CLCH is likely to move quickly to service restoration so long as the Trust and wider health and care system is coping. It is noted in particular that workforce sickness is showing some sign of improvement in the last week, and the Outer North West London division is now operating at the 6% mark, with 2% being COVID related.

# Impact on adult community health services (at 13<sup>th</sup> January 2022)

Adult's Services	Status	Adult's Services	Status
Diabetes clinics and DESMOND education	●	Respiratory	●
District Nursing	●	Cardiology	●
Falls	●	Podiatry	●
Therapy	●	Tissue Viability	●
Speech and Language Therapy	●	Dietetics and Nutrition	●
Epilepsy	●	Palliative Care	●
Multiple sclerosis	●	Care Home Team	●
Rapid Response	●	Immunisation Team	●



JSNA and  
Population Health  
Management:  
Ward level Health  
Profiles

Carole Furlong

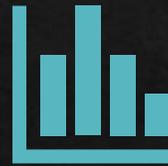
Director of Public Health

# Ward Health Profiles



## Population Health Management and JSNA

Understanding our population is the key to making decisions about what we need to do.



## Why now for ward health profiles

Ward level data using the current wards is available but when new wards are established the data will not be available at this level until all of the current analyses are re-done.

Census data is not yet available from 2021 census



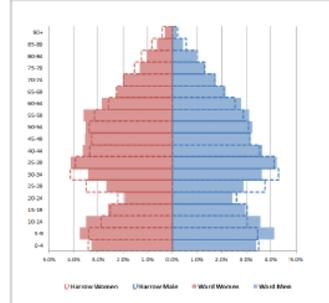
## What's in the Ward Health profiles

Demography; start, live, work and age well indicators



## Front Page

- ◆ Facilities in the Ward
- ◆ Population profile
  - ◆ Age: sex
  - ◆ Total number of residents
  - ◆ Proportion of the population who are from Black Asian and other Minority ethnic groups.
- ◆ Life expectancy
- ◆ Live well indicators
  - ◆ Open space
  - ◆ Crime rates



Compared to Harrow, Belmont has a lower proportion of 20 to 34 year olds and greater proportions of 5-14 year olds

Life expectancy at birth



The male life expectancy at birth is 84.7 years, which is slightly higher than the Harrow average of 82.9 (2015-2019).

The female life expectancy at birth is 88.1 years, which is slightly higher than the Harrow average of 86.0 years (2015-2019)



Crime Rate



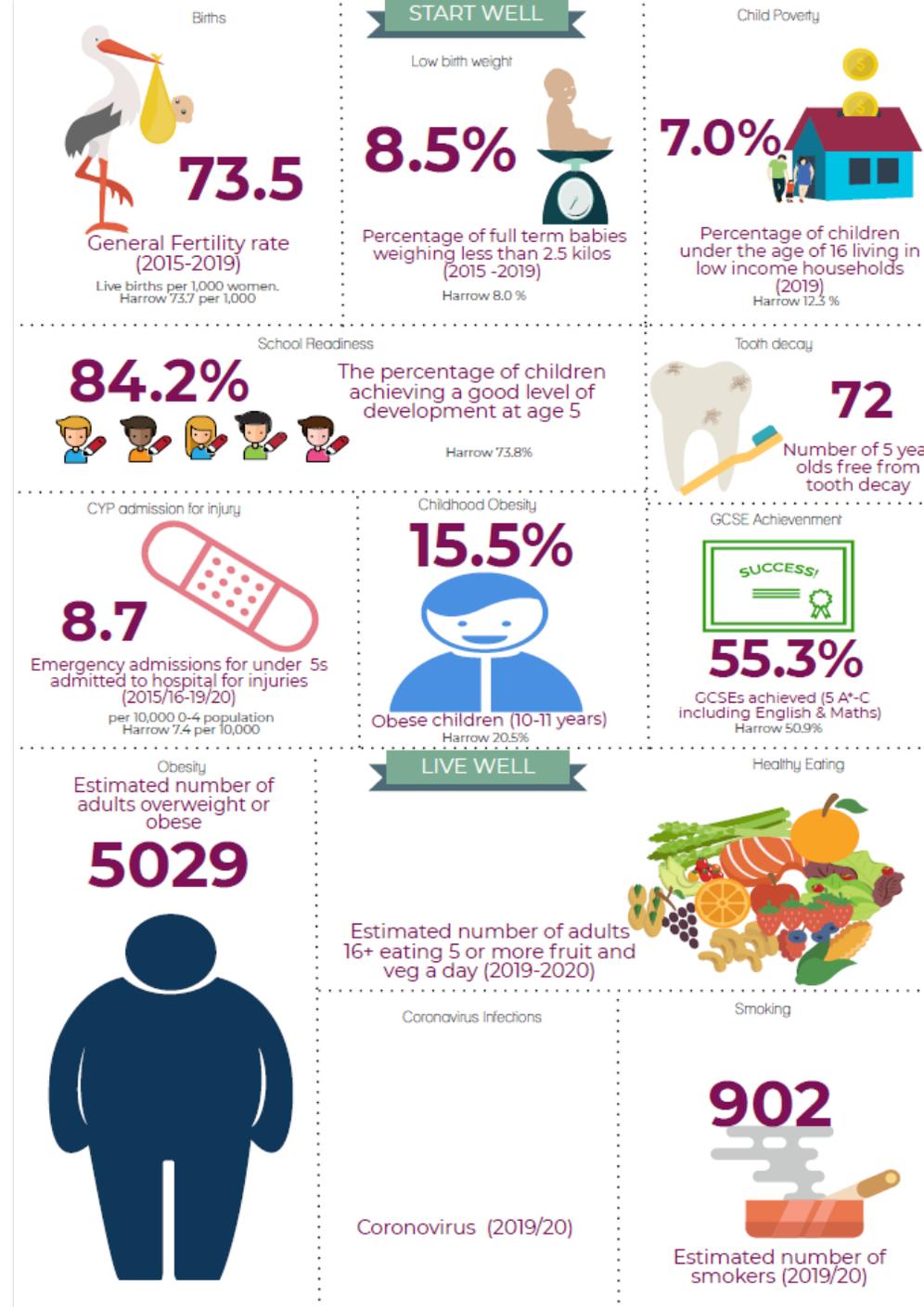
Harrow 59.6 per 1,000

## Start Well

- Births (fertility rate which can be compared between wards)
- Low birthweight babies
- Children living in poverty
- Children achieving a good level of development at age 5
- Tooth decay
- Emergency admissions for accidents in children under 5
- Child obesity
- GCSE attainment

## Live Well

- Adult obesity
- Healthy living (problem with 5-a-day measure)
- Number of smokers in the ward



## Work Well

- Unemployment rates
- Household Income
- House Prices

## Age Well

- Older people living alone
- Older people living in deprivation
- Long term illness/disability affecting activities of daily living
- Deaths : all causes and specific causes

