

Health and Wellbeing Board Agenda

Date: Tuesday 22 March 2022

Time: 10.00 am

Venue: Virtual Meeting - Online

Membership (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Jackie Allain	NHS
Sheik Auladin	Clinical Commissioning Group
Dr Radhika Balu	Harrow GP Governing Body Member for NWL CCG
Councillor Simon Brown	Harrow Council
Isha Coombes	Harrow CCG
Simon Crawford	London North West University Healthcare NHS Trust
Lisa Henschen	NHS
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Tanya Paxton	NHS
Councillor Christine Robson	Harrow Council
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
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
Laurence Gibson, Consultant in 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
Johanna Morgan, Divisional Director, People Services, Commercial & Regeneration, Harrow Council
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

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

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 14 March 2022

7. **Living with Covid-19 - The Way Forward** (Pages 5 - 14)
8. **Population Health Management and Updating the Joint Strategic Needs Analysis** (Pages 15 - 30)
9. **Recovery - Progress Across the Health and Care System in Harrow** (Pages 31 - 48)
10. **Developing a Unified Borough Plan** (Pages 49 - 54)

Harrow Health and Well-being Board Covid Update

22 March 2022

Carole Furlong
Director of Public Health

Harrow COVID 19 Dashboard

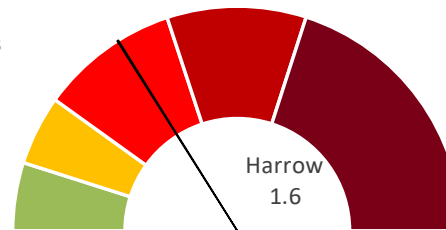
Report date: 22/03/2022
 Data from: March 10 2022 to March 16 2022

Confirmed Positive Cases (all ages) in
 7 days to 16/03/2022 **1571**

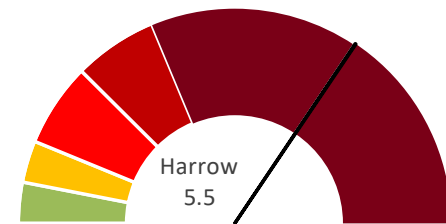
% Change in past 7 days **42%**

Interim positive cases (all ages) in 7
 days to 17/03/2022 **1734**

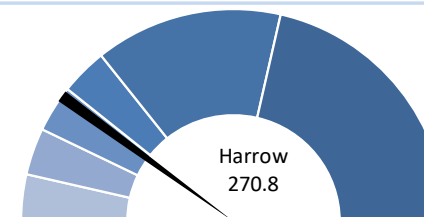
Mortality Rate in past 7 days
 - per 100,000 All ages



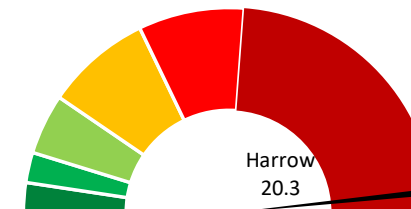
Mortality Rate in past 7 days
 -per 100,000 age 60+



PCR Testing
 rate
 per 100,000

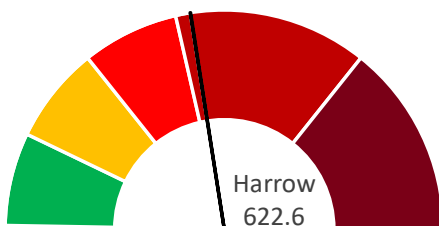


PCR Test
 Positivity
 rate %

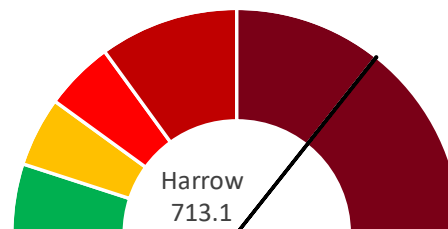


Incidence rate
 (all ages)
 in past 7 days
 per 100,000

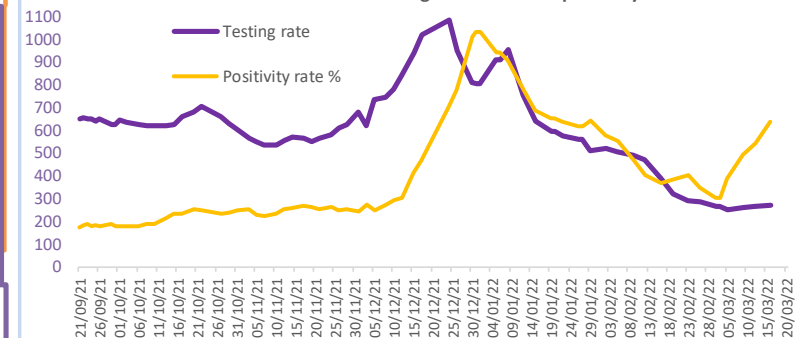
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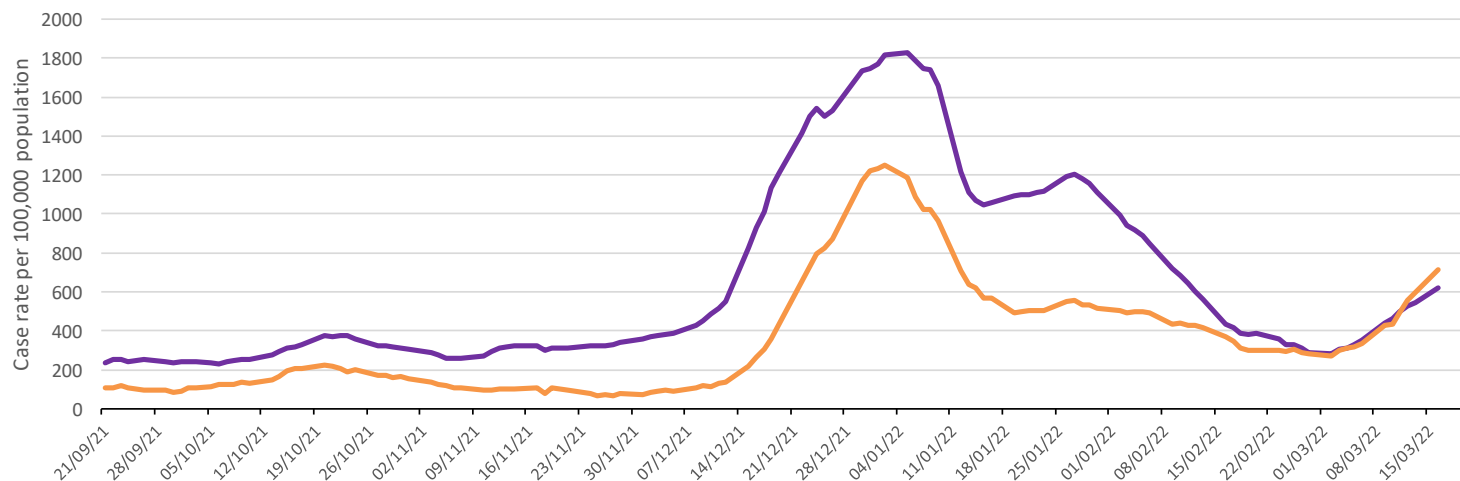
Incidence - 7 days
 in 60 and over
 per 100,000



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 18th position out of the 33 London boroughs for rate of covid (all ages) and 7th for over 60 age group. Interim case numbers are continuing to increase and today is 250 cases higher than the confirmed cases for 13th March. Rates in over 60s are now higher than the all age rate.

Hospitalisations:

Between 7 March 2022 and 13 March 2022, **73** went into hospital with coronavirus. This shows an increase of **14.1%** compared to the previous 7 days. There were **73** patients in hospital with coronavirus on 15 March 2022. There were **2** coronavirus patients in hospital beds with a mechanical ventilator on 15 March 2022.

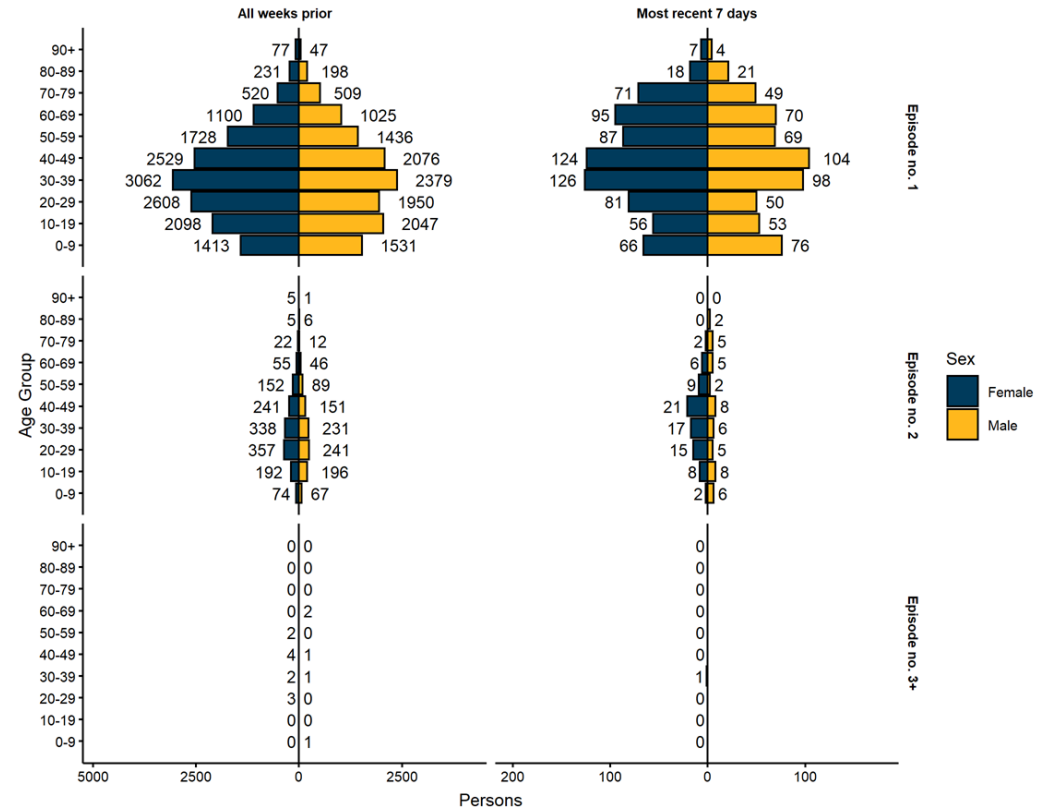
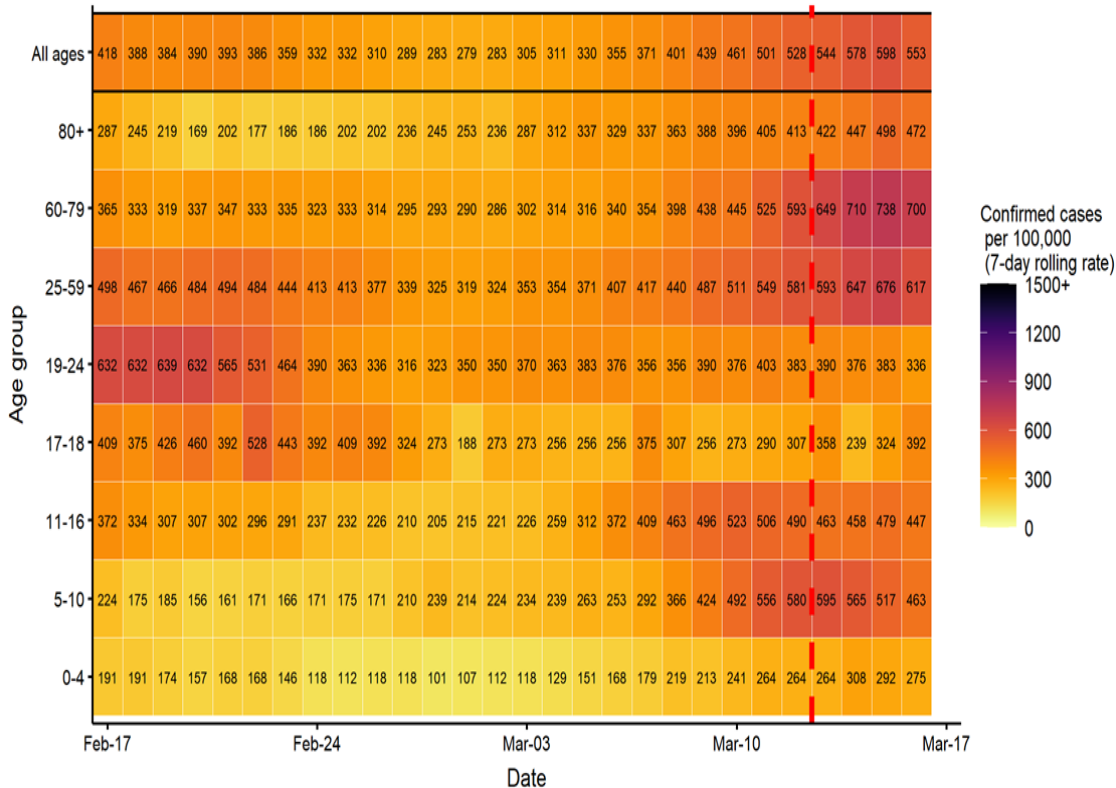
Deaths: Between 15 March 2022 and 21 March 2022, there have been **2** deaths within 28 days of a positive coronavirus test.

Case Characteristics

Rates are showing an increase in the past few days school age pupils, and adults aged 20-79.

The highest number of cases in past 7 days were again in 20-40 age group.

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Episode no. 1

Episode no. 2

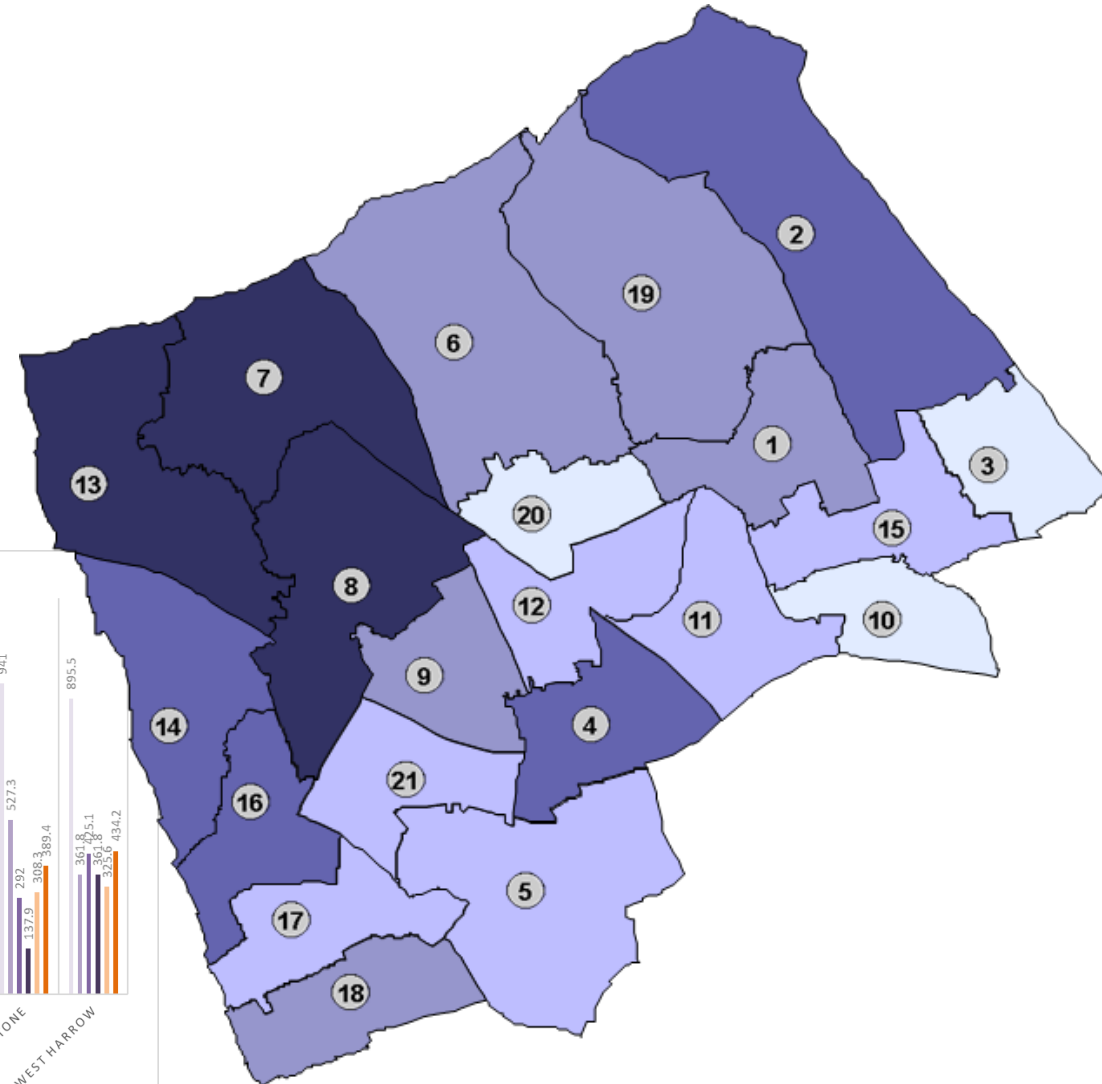
Episode no. 3+

Sex
Female
Male

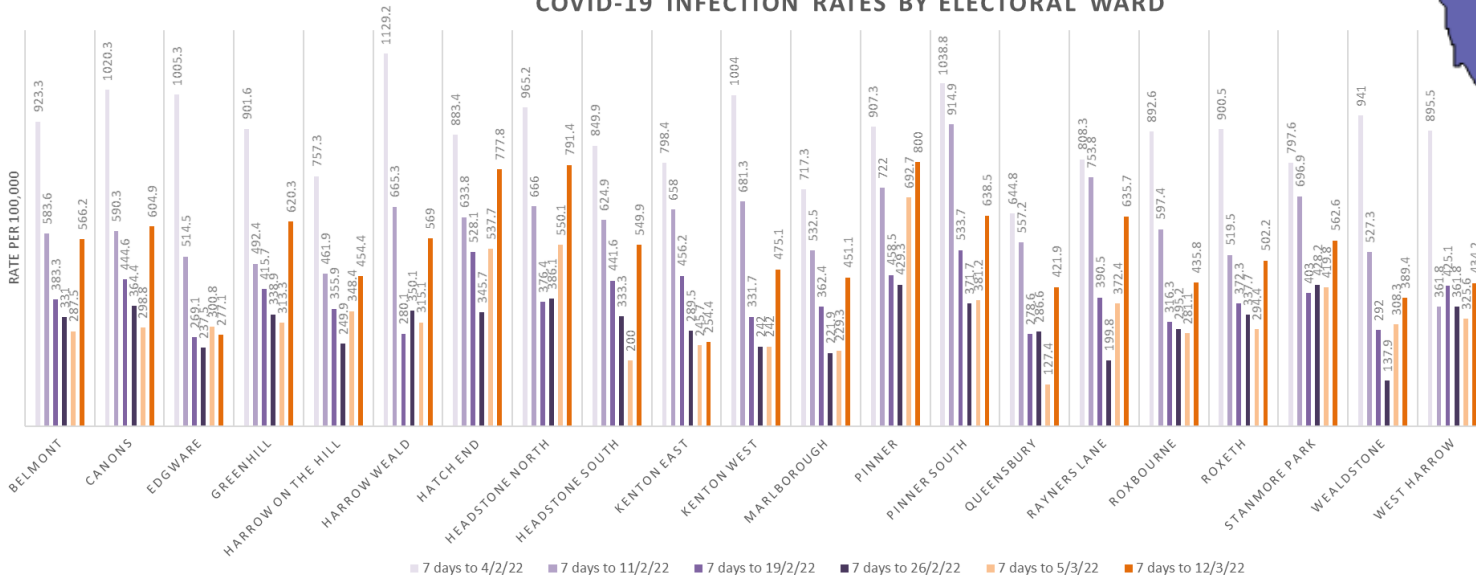
Persons

Rates by ward

- Reported rates have increased in three wards in the week to 6/02/22.
- The highest reported rate were in Pinner, Headstone North and Hatch End
- The lowest reported rates were in Kenton East, Edgware and Wealdstone.
- There is a more than three times difference between the highest and lowest wards
- Remember these rates are minimum infection rates based on reported case numbers which depend on how often people test and whether they report the test result as well as what those results are.



COVID-19 INFECTION RATES BY ELECTORAL WARD

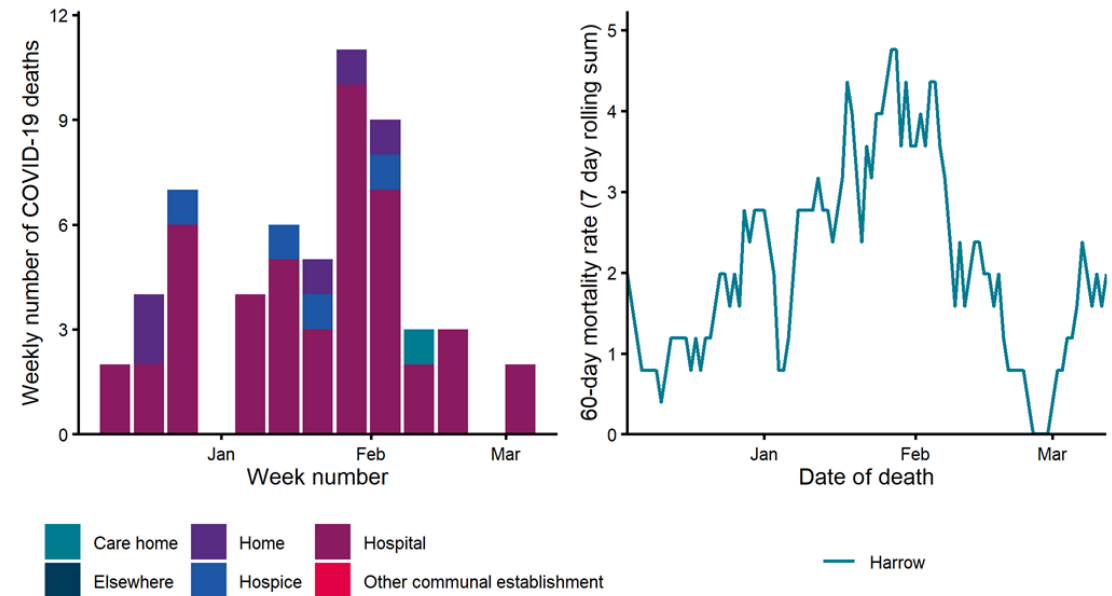
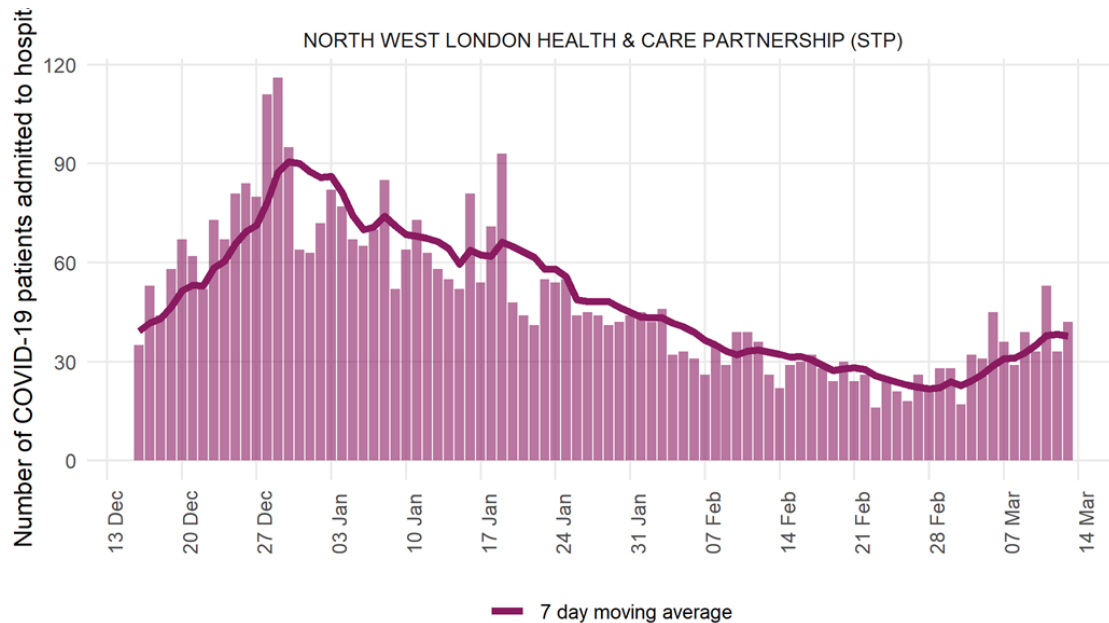


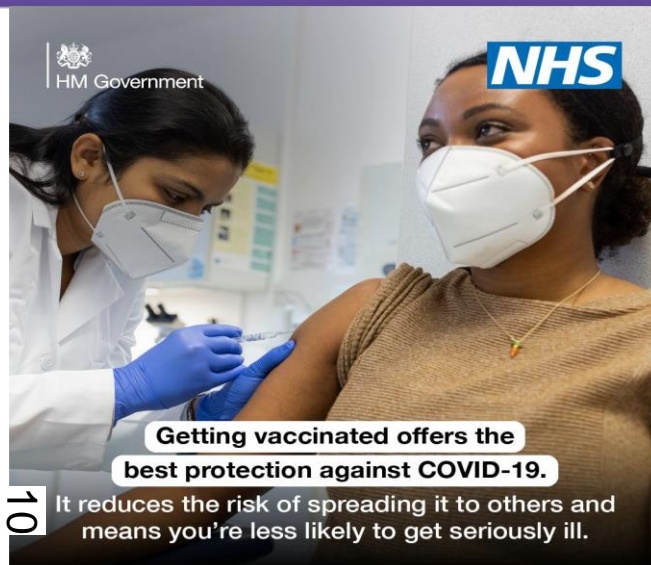
Hospitalisations and Mortality from Covid

The daily number of COVID-19 patients admitted to hospital in North West London has seen an increase in the past week. **(13 March 2022)**. Evidence from across the country shows that half of these admissions are due to Covid and the other half are admissions where a positive Covid test is incidental.

Mortality from covid remains low. The graphs show the weekly number of registered deaths in different settings recorded in ONS data from November 27, 2021 to March 4, 2022; and 7-day rolling sum of deaths per 100,000 population within 60 days of a positive COVID-19 test, by date of death, from November 27, 2021 to March 5, 2022.

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Getting vaccinated offers the best protection against COVID-19.

It reduces the risk of spreading it to others and means you're less likely to get seriously ill.

- **190,748** people had been given a first dose by the end of 16 March 2022 – only 67 up on last week.
- **178,384** people had been given a second dose by the end of 16 March 2022 – an increase of 415 on last week.
- **133,506** people had been given a booster or third dose by the end of 16 March 2022 -363 more than last week.
- Even now, people are still coming forward for their first vaccine – it's never too late to get vaccinated or boosted.
- Anyone can book a vaccination for free through the [NHS booking service](#)
- Overseas visitors to England, including anyone living in the UK without permission, can be tested, treated or vaccinated for COVID-19 for free (until 1 April 2022).
- Vaccinations for 5-11 all year olds approved by JCVI – roll out is planned for April. Very Clinically vulnerable 5-11 year olds can already get a vaccination through their GP surgery.
- A fourth dose of the vaccine will be given to people over 75, those living in care homes and people who are severely immunocompromised

“

It is really clear now that vaccination in pregnancy is a very good thing to do for you, a very good thing to do for your unborn baby, and new data demonstrating that it's utterly also a very good thing to do for your newborn baby.”

Prof. Chris Whitty,
Chief Medical Officer 21.2.2022

MYTH:
The vaccines were rushed through without proper safety checks.

REALITY:
Like any other vaccine, the COVID-19 vaccines underwent extensive safety checks. No stages in the vaccine development process were bypassed however some parts were speeded up, such as the rapid recruitment of volunteers.

GET BOOSTED NOW [NHS.UK/COVIDVACCINATION](https://www.nhs.uk/covidvaccination)

YOU CAN GET YOUR COVID-19 VACCINES AT ANY STAGE OF YOUR PREGNANCY.

So if you haven't already, the right time is now.

GET BOOSTED NOW [nhs.uk/covidvaccination](https://www.nhs.uk/covidvaccination)

Reasonable Best-Case

Short term: small resurgence in Autumn/winter 2022-3 but low levels of severe disease.

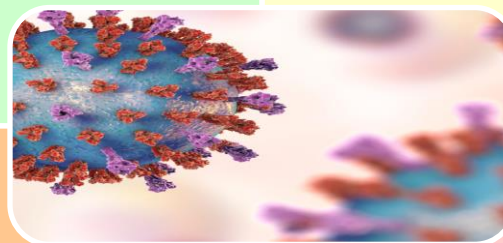
Longer term: New variants occur but no major change in transmissibility or severity and little/no vaccine escape with annual boosters of current vaccine for vulnerable people. Covid years suppress flu infections

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Central Optimistic

Short term: Seasonal wave of infections similar to Omicron wave

Longer term: Increasing global prevalence. Increases in waves due to waning immunity- annual seasonal infections with good and bad years. Annual updated vaccines for vulnerable and for others in bad years. Voluntary protective behaviours with mandated NPIs in bad years



Central Pessimistic

Short term: New Variant emerges with high wave of infection. Severe disease in smaller unvaccinated, and vulnerable groups -

Longer term: High global incidence leads to unpredictable emergence of variants for many years and sometimes more than once per year. Widespread annual updated vaccines provide some level of protection. Widespread antiviral resistance. No reduction in flu- widespread disruption and healthcare burden.

Reasonable Worse-Case

Short term: Large waves of infections with severe disease in broad range of population groups

Long term: High global incidence, variable vaccination, animal reservoirs leading to repeated emergence of variants some with significant immune escape. Unpredictable impacts. Widespread annual vaccination with updated vaccines, anti-viral resistance widespread, voluntary protective behaviours largely absent and cause societal conflict.

- Test, Trace, Isolate
 - All contact tracing stopped
 - All free community PCR testing stops on 30 March
 - All free community LFT test distribution stops on 31 March
 - No requirement to isolate (or inform employer) and test prior to release but advised to isolate
- Guidance
 - Consolidate guidance to the public and businesses, in line with public health advice.
 - Remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.
 - Replace the existing set of 'Working Safely' guidance with new public health guidance.
- From 1 April, there will be some limited on going free testing:
 - Limited symptomatic testing available for a small number of at-risk groups – (not yet published)
 - Free symptomatic testing will remain available to social care staff (details not yet published – expected on 1 April)
- PPE
 - Available for health and social care for a limited time – new guidance expected on 1 April
- Statutory Sick Pay
 - SSP will no longer be payable from day 1 if people are unable to work because they are sick or self-isolating due to COVID-19.
 - COVID-19 Employment and Support Allowance stops on 24 March

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- Concerns
 - Impact on disease transmission – and lack of monitoring information
 - Risk of development of new variant and ability to detect new variant
 - Impact on vulnerable people
 - Impact on “clinically vulnerable” people who are worried about mixing with other people
 - Lack of funding for local authorities for further actions
 - Impact on inequalities – ability to isolate in disadvantaged communities who can't get SSP

Living with and reducing your risk of catching and passing on COVID-19

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- Self isolation is no longer a legal requirement. However, you are strongly advised to stay at home if you test positive for COVID-19.
- If you have symptoms, you should isolate and can still get a test up until 30 March.
- All adults and children who test positive are advised to stay at home and avoid contact with other people for at least 5 full days and then continue to follow the guidance until they have received 2 negative LFD test results on consecutive days.
- Staying at home if you test positive with COVID will protect your loved ones and those who are vulnerable to COVID-19.
- Continue to catch it, bin it, kill it and Hands Face Space, Ventilate and Vaccinate

 <p>HM Government</p> <p>HOW YOU CAN CONTINUE TO KEEP YOURSELF AND YOUR LOVED ONES SAFE</p>	 <p>VACCINES</p> <p>Get vaccinated to reduce your risk of catching Covid-19 and becoming seriously ill, and to reduce the risk of spreading the virus to others.</p>	 <p>FRESH AIR</p> <p>Letting fresh air in if meeting indoors, or meeting outside to disperse Covid-19 particles and reduce the risk of spreading the virus.</p>
 <p>FACE COVERING</p> <p>Consider wearing a face covering in crowded, enclosed spaces.</p>	 <p>STAY AT HOME IF UNWELL</p> <p>Try to stay at home if you are unwell.</p>	 <p>HAND WASHING</p> <p>Wash your hands regularly to limit the spread of Covid-19.</p>

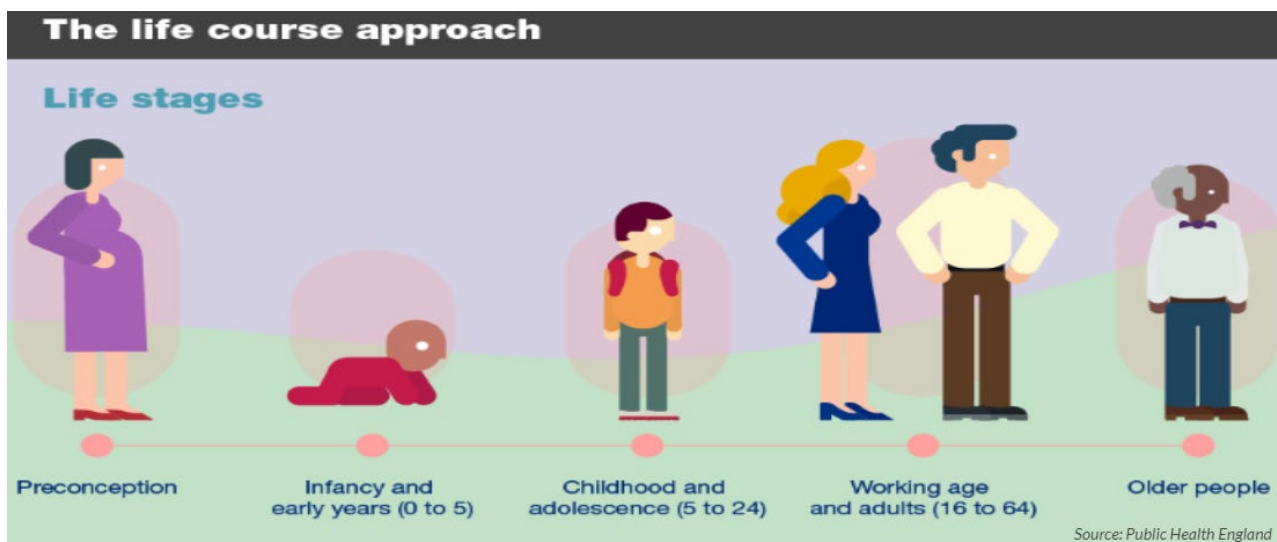
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Population Health Management and Updating the Joint Strategic Needs Assessment (JSNA)

- Joint Strategic Needs Assessment
- Health and Wellbeing strategy & plan
- Integrated Care & Population Health Management Context
- What is Population Health Management?

- Statutory obligation on Local Authorities and CCGs
- Understand the health and wellbeing of the Harrow population
- Prioritise health and wellbeing needs of the borough
- Address them through a planned approach
- Opportunity around the alignment of the findings from the JSNA for partnership
- Life course approach taken to understand the impacts on the population at different stages of life

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- Life course approach with key themes focussed on risk factors as well as disease pathways
- Frameworks to include within the HWB plan including:
 - Primary, secondary, tertiary prevention
 - Ambitions
 - Addressing inequalities
 - Develop principles to consider when addressing issues across Borough

The role of the Health and Wellbeing Strategy in our wider planning context

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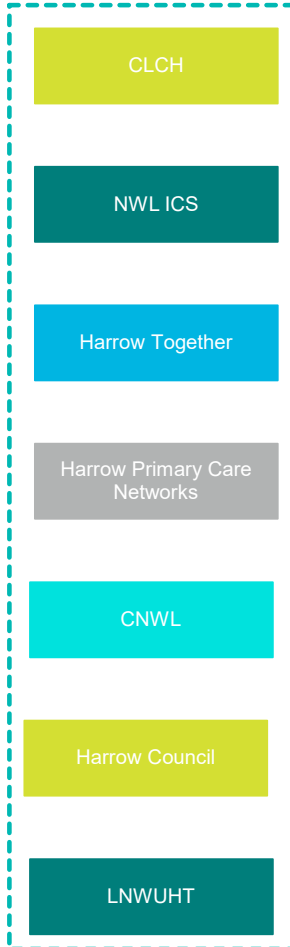
Harrow Borough Plan

Setting out our ambitions for health, wellbeing, care and addressing the wider determinants of health

which shapes ...

The Harrow Health and Wellbeing Strategy and delivery plan for the Borough Based Partnership

The Strategies set out what we are collectively seeking to achieve for Harrow citizens, how we will do this. They also look across priorities within the individual organisations for health and care, to see where coming together as a partnership can be stronger.

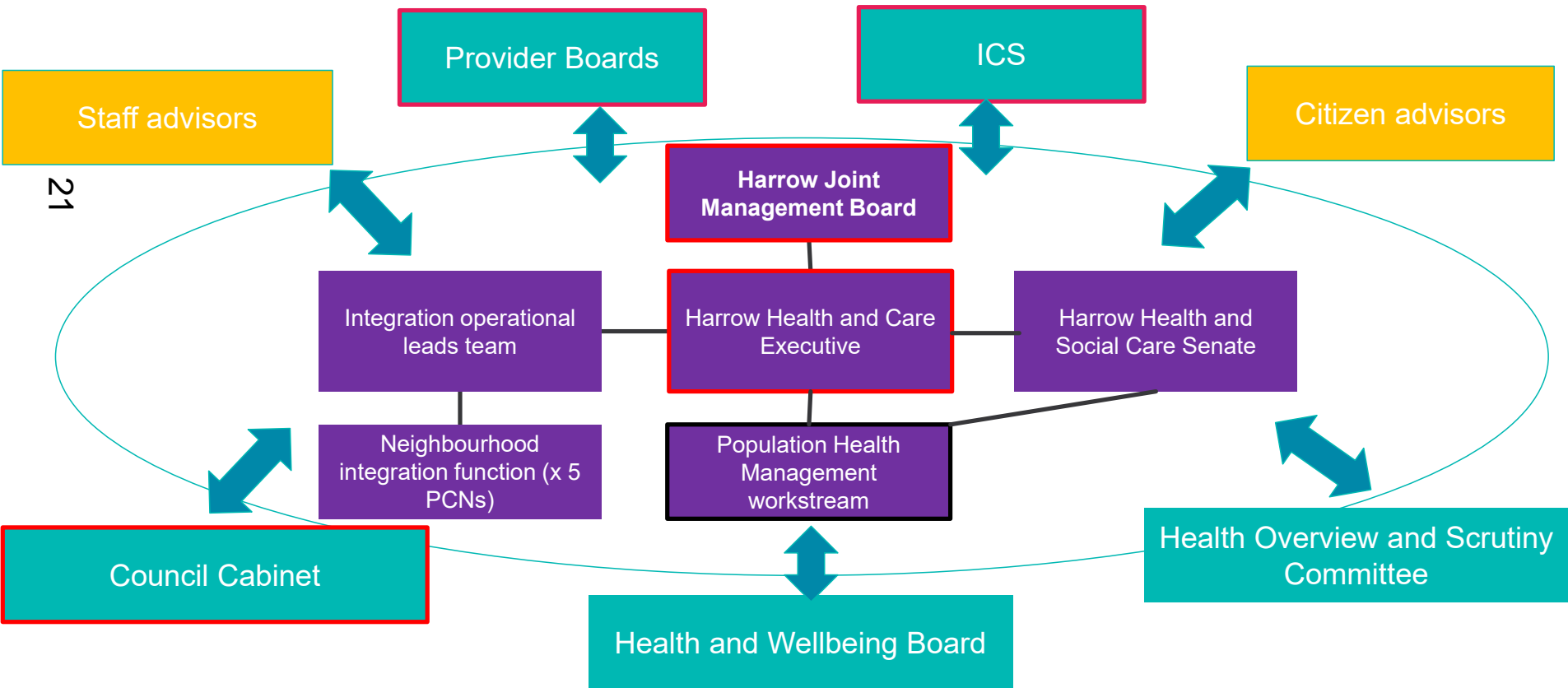


- Health and social care integration: joining up care for people, places and populations – White paper Feb 2022
 - Acknowledges the journey and challenges to date
 - Sets out proposals and next steps for:
 - Shared outcomes
 - Leadership
 - Accountability
 - Financial frameworks and incentives
 - Digital & Data
- NWL and Harrow context

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Governance of Population Health Management

Decision making (red box) Statutory Body (teal box)



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What is Population Health?

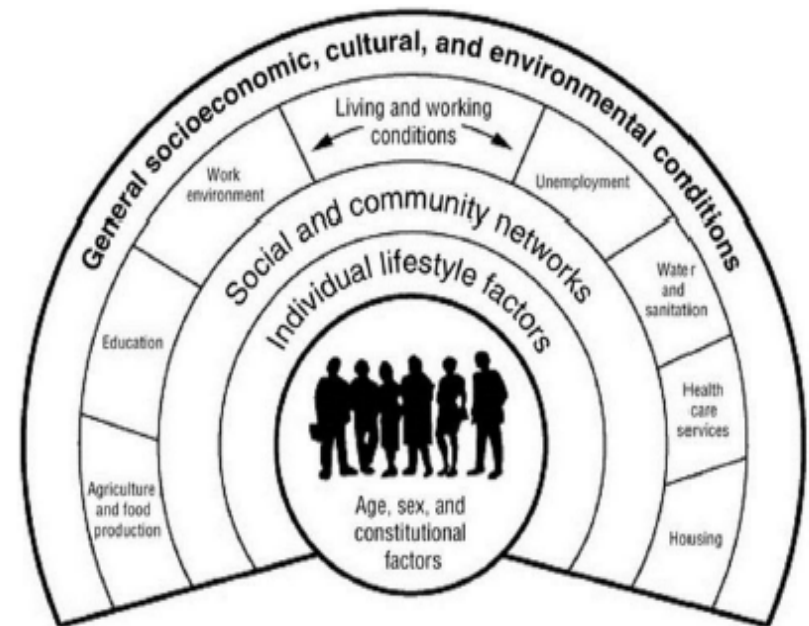
22

- Population health is an whole-systems approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across a defined population
 - seek to find where there are the greatest inequalities, using
 - data,
 - evidence, and
 - insight from local communities.
 - identify and groups of people at risk of ill health
 - design interventions that can enable them to better health, considering the wider aspects which might influence health and evaluate them to understand the impact.
- Does this sound familiar?
- Remember JSNA and HWB strategy...
 - Understand the health and wellbeing of the Harrow population
 - Prioritise health and wellbeing needs of the borough
 - Address them through a planned approach
 - Opportunity around the alignment of the findings from the JSNA for partnership
 - Life course approach
 - Start well
 - Live well
 - Work well
 - Age well

PHM should have a system wide, **outcome focus**, driven by need and not by existing services.

PHM should consider the whole **life course** from addressing the wider determinants of health to early intervention, **primary, secondary and tertiary disease prevention**.

Factors much wider than health and care services alone impact on health outcomes. These **wider determinants** must be taken into account in population health management.



Source: Dahlgren and Whitehead (1991)

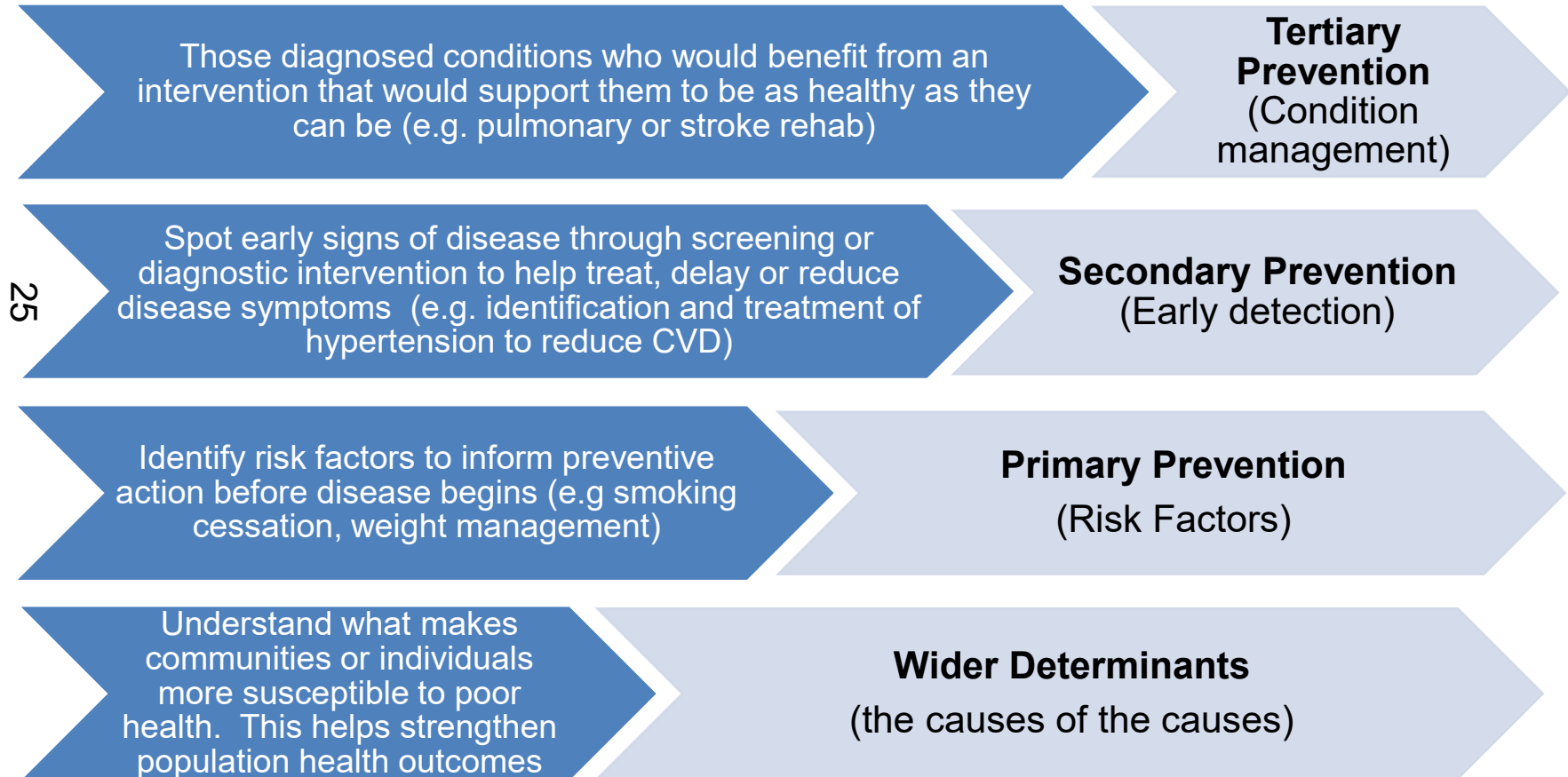
Population Health Management is about

- Reducing health inequalities by taking action
- Using data-driven insights and evidence of best practice to inform targeted interventions to improve the health & wellbeing of specific populations & cohorts
- The wider determinants of health, not just health & care
- Making informed judgements, not just relying on the analytics
- Prioritising the use of collective resources to have the best impact
- Acting together to create a partnership of equals – the NHS, local authorities, public services, the VCS, communities, activists & local people.
- Achieving practical tangible improvements for people & communities

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Population Health Management can be used as part of a whole system approach to support the spectrum of prevention



How do we chose our priorities?

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Increase life expectancy / Reduce inequalities in life expectancy

Focus on the causes of death in people under 75 that impact on over all life expectancy and/or those that drive the inequalities gap

e.g. Cardiovascular disease, lung cancer, infant mortality

Address the causes of the causes

Focus on behavioural factors and wider determinants

e.g. smoking, weight, poverty, air pollution, housing education and skills

Reduce the burden of disease (Morbidity)

Focus on the conditions affecting the most people

e.g. Mental health, Musculoskeletal issues, Diabetes

Improve the quality of life

Focus on things in QoL index (satisfaction, worthwhile, happiness, anxiety)

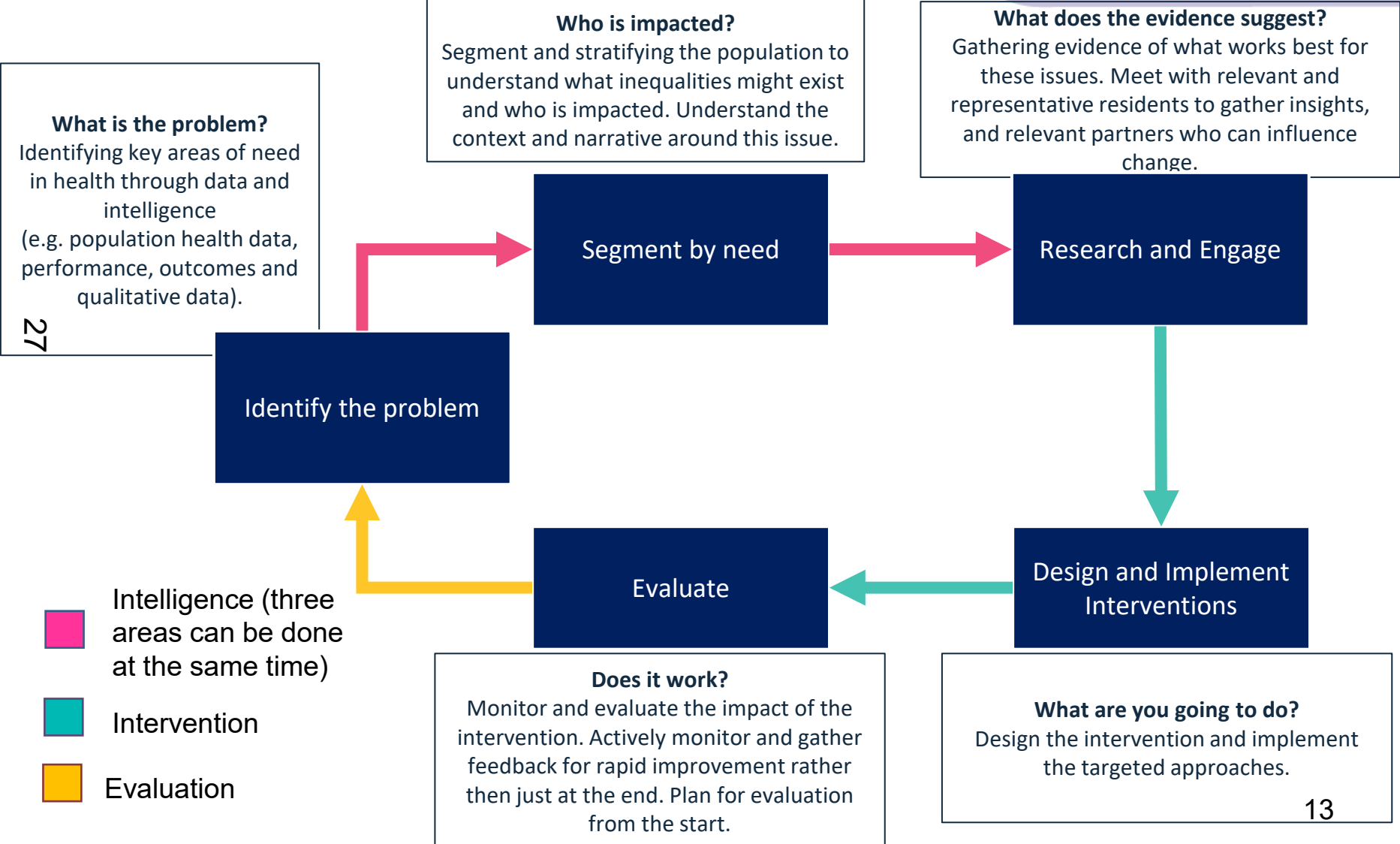
Social isolation, mental health

Reduce the costs of health and social care

Focus on the highest cost groups -

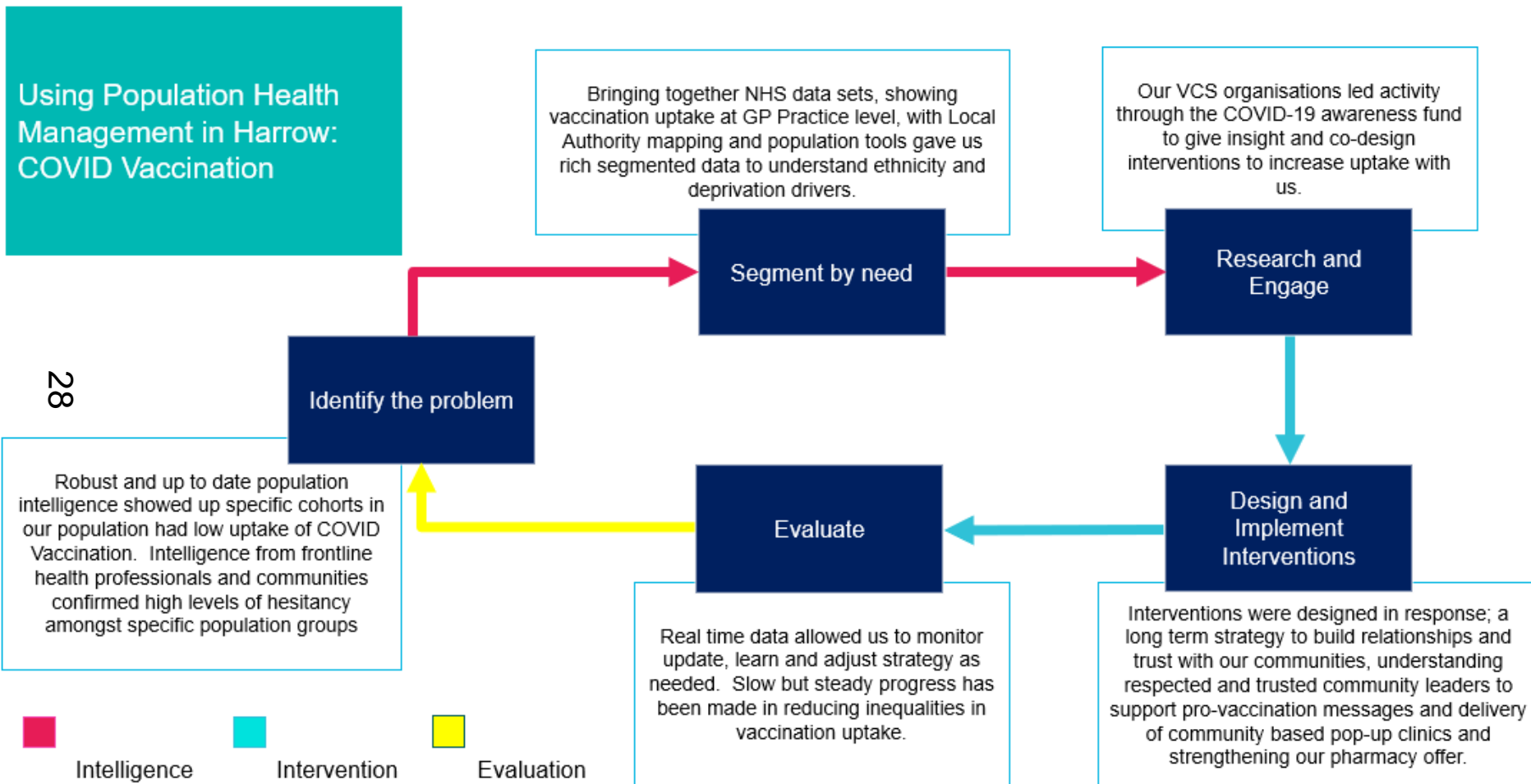
Frail older people

Harrow's Population Health Management Framework



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Applying the framework



- Refreshing and strengthening our community engagement approaches so rich intelligence from our communities is at the centre of our understanding of needs and response to them.
- Whole Systems Integrated Care (infrastructure / intelligence)
- 29 ● PHM Development programme (ICS, Borough, PCN & Analytics)
 - Including action learning sets
- Frailty PHM Model
- PHM & tackling inequalities workstream and three subgroups

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- Joint Strategic Needs Assessment update supporting to inform borough priorities
- Integration agenda driving a Population Health Management approach
- PHM is about data-driven insights and evidence of best practice to inform targeted interventions
- PHM can be used as part of a whole system approach to support the spectrum of prevention
- Range of activities taking place in Harrow to develop PHM approach

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Recovery and management of system pressures

Lisa Henschen, Dr Radhika Balu, Simon Crawford, Shaun Riley

Agenda Item 9
Pages 31 to 48

Overview

- The purpose of this presentation is to provide the Harrow Health and Wellbeing Board with an overview of the COVID recovery programme and management of system pressures in Harrow.
- The recovery and management of system pressures response for the partnership is presented as:
 - Primary Care
 - Hospital based care
 - Social care
- 3. The Harrow Health and Care Executive meet weekly and come together to both collaboratively plan recovery efforts and work to manage system pressures, with the health, wellbeing and experience of Harrow residents at the fore.

Primary Care

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Dr Radhika Balu, Medical Director, Harrow

Primary Care: recovery focus areas

Priority	Area	Description
GP appointments	GP appointments	<ul style="list-style-type: none"> • Agree standards for Access to primary care, including core and out of hours provision. • Support a blended offer of improving GP access (virtual and face to face) • Accurate data on appointments provided and their type. • Standardising data collection and reporting • GP appointments be broken down by face to face and non-face to face
Extended Access Hubs	Extended Access Hubs	<ul style="list-style-type: none"> • Increase utilisation of Access Hub appointments • Impact of the new specification (to support the transfer of provisions to PCN)
111 referrals	111 referrals	<ul style="list-style-type: none"> • Increase referrals from 111 into general practice for primary care conditions. Both in hours and out of hours.
34 eConsultations	eConsultations	<ul style="list-style-type: none"> • The majority of e-consultation are for General Advice (228,953) and Administrative help (193,023) with the next highest being skin problems (55,898). Developing on line offer in line with patient needs especially for general advice and administrative help? • Confirm that all practices in PCN offer option to online consultations • Alternative solutions to eConsult – what are the benefits.
Care Homes	Utilisation of Emergency & Acute Services	<ul style="list-style-type: none"> • Standardising care home support – consistent delivery model across sector • Addressing high levels of LAS calls and A&E attendances from Care homes/ residential homes
	MDTs with Community Partners	<ul style="list-style-type: none"> • Working with Community Care providers and other Integrated Care Partners in developing Multi disciplinary teams (MDTs) that support the Standardisation of Care to Care Home residents
Workforce – ARRS	Planned Recruitment	<ul style="list-style-type: none"> • Improving utilisation of ARR roles across Borough, assisting PCNs in recruitment, retention and development of roles • Ensure ARR roles meet needs of future workforce, plans to develop ARR roles inline with priorities.

Primary Care: recovery focus areas

Priority	Area	Description
Diabetes	Diabetes	<ul style="list-style-type: none"> • Delivery of nine care process and 3 outcome targets as an outcome target to supporting patients to live healthier lives, supporting education and training and patient empowerment. • Supporting PCN and practices in developing diabetes care in the community with community providers, sharing of best practice across Boroughs • Mapping delivery across PCNs/practices through local dashboards, providing intervention as required • Developing Virtual Group Consultations (VGC) and addressing reported high DNA rates and poor engagement. • How are borough teams ensuring the swift dissemination of funding to PCNs or GP federations to deliver the ES? • Working towards stretch target achievements for 22/23
SMI health checks	SMI health checks	<ul style="list-style-type: none"> • SMI Health check achieve trajectory of 65% • Supporting PCN/practices to achieve target
Additional priorities	CQC Ratings	<ul style="list-style-type: none"> • Improvement of CQC ratings, supporting practices to embed CQC standards in daily delivery. • Development of PCNs to develop practices within PCN grouping to meet CQC standards
	Cancer screening	<ul style="list-style-type: none"> • Improve cervical and breast cancer screening performance (currently below national standard). • Access Hubs and weekend clinic to support improved uptake
	Child Imms	<ul style="list-style-type: none"> • Improvement on Child immunisation uptake • At scale delivery and weekend working to support uptake
	Flu	<ul style="list-style-type: none"> • Improve uptake of flu immunisation programme, reduce variation in deliver, • Out reach and community groups support • Development of PCN to delivery at scale, housebound programme.

Access

Changes to the GP contract for 2022/23 will introduce:

A change to the existing contractual requirement that 25% of appointments can be booked online, to a more targeted requirement that all appointments which do not require triage are able to be booked online, as well as in person or via the telephone – further guidance is awaited

From October, PCNs will be expected to provide bookable appointments between 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays

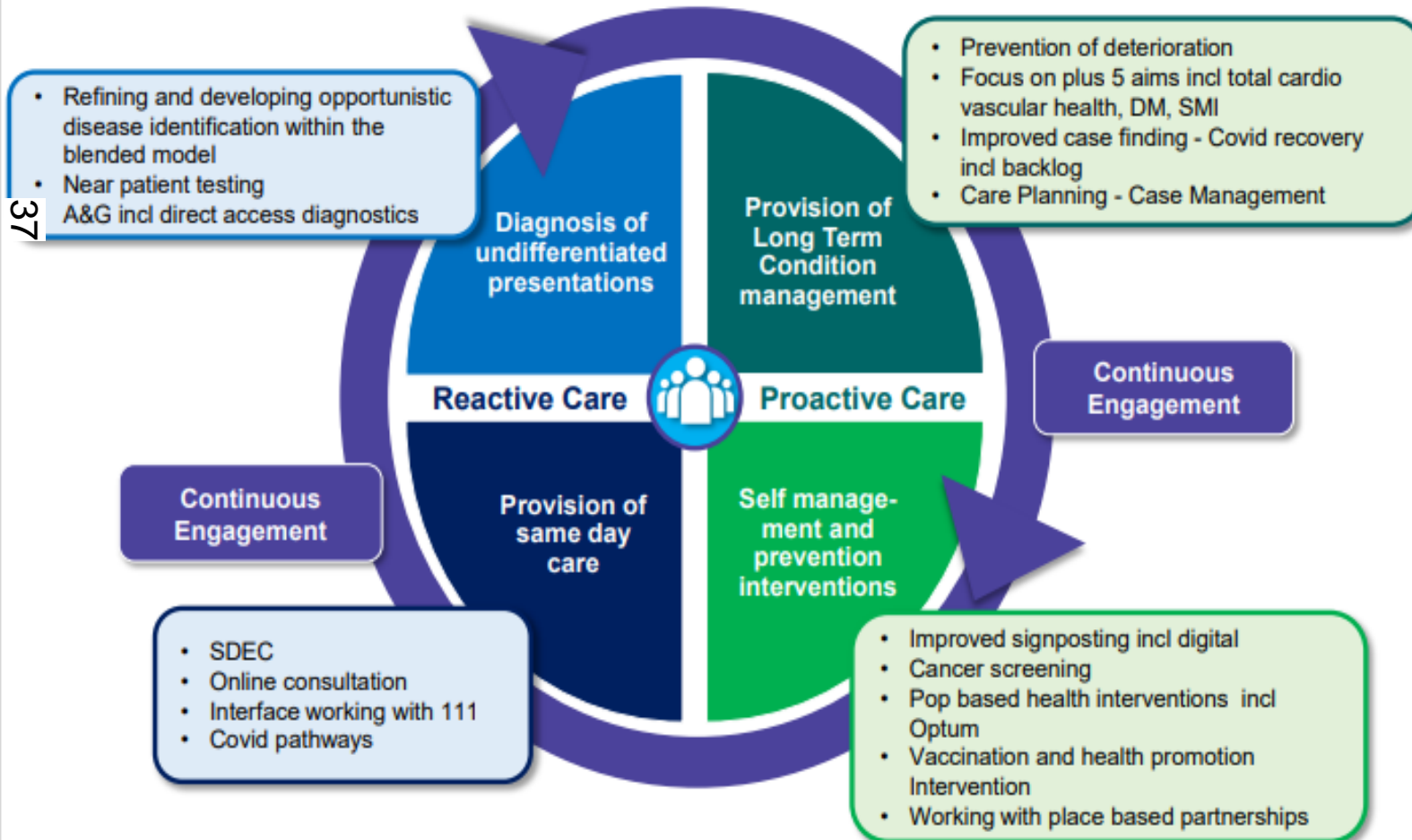
36

Appointments at these times must use the full multidisciplinary team and offer a range of general practice services, including routine services such as screening, vaccinations and health checks, in line with patient preference and need

PCNs will, over the next 6 months, be expected to agree a plan for delivering this through engagement with patients to understand the necessary mix of appointments and services to be provided, along with staffing to meet those needs, and the details of site locations

Primary Care

North West London ICS are now looking ahead for primary care strategy in the next three years – focused around the following “quadruple” aim:



- Overarching themes**
- Workforce utilisation, best practice use of skill mix
 - Education and training incl hubs
 - Research and innovation
 - Embedding population health management Approach
 - Quality medicine management
 - RM monitoring

Hospital Care

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Simon Crawford, Deputy Chief Executive,
London North West Hospital Trust

Hospital Care

London North West University Healthcare: March 2022 Update

Key focus areas

- Leadership changes
- Covid
- Recovery plans
 - Progress to date
 - Plans for 2022/23
- Investments and improvements
- Strategy refresh programme

Leadership changes



Pippa Nightingale MBE

- Joined the Trust as CEO on 14th February 2022
- Previously Chief Nurse at Chelsea & Westminster FT and NWL ICS lead nurse



James Walters

- COO since 14th March 2022
- 10+ years with Trust as Divisional General Manager and Deputy COO

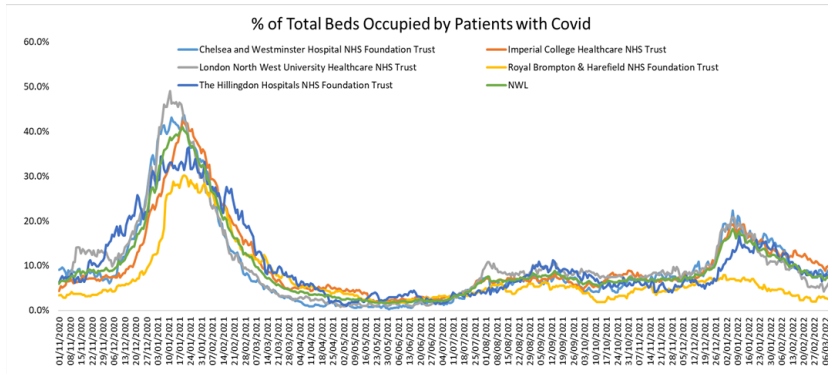


Matthew Swindells

- Joint Chair of NWL acute providers from 1st April 2022
- Covering London Northwest University Hospitals, Chelsea and Westminster Hospitals, The Hillingdon Hospitals and Imperial College Healthcare
- Previously NHS England's National Director of Operations and Information

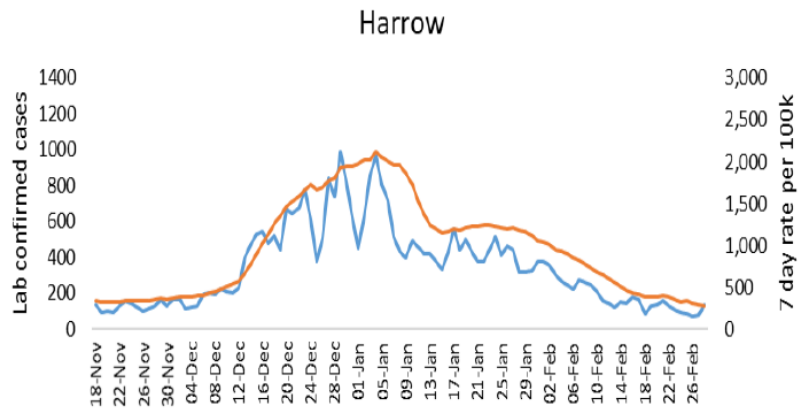
Transition to living with COVID

COVID bed occupancy



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COVID cases



- Admissions because of COVID are falling, with very few patients needing critical care
- Successful deployment of new antiviral treatments, with a hub at Northwick Park
- About 6% of admitted patients have incidental COVID
- Possible signs of community rates rising
- Ongoing vaccination effort, with 47% the eligible Harrow population boosted
- Infection control guidance changes in April to concentrate on patients needing respiratory care and patients most at risk of severe COVID
- Visiting guidance changes, but still need masks

Recovery headlines

Activity – (relative to before the pandemic)

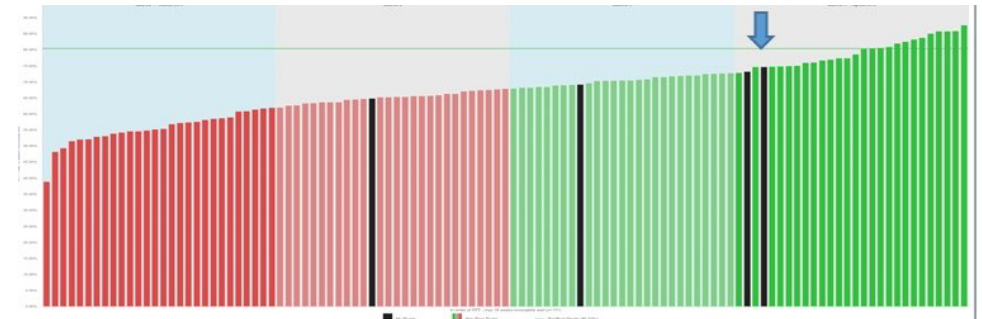
- Electives: latest 4 week rolling average 77%
- Outpatients – latest 4 week rolling average 96%
- Diagnostics
 - MRI 93%
 - CT 109%
 - Ultrasound 60%*
 - Endoscopy 73%
 - Echo 124%

42

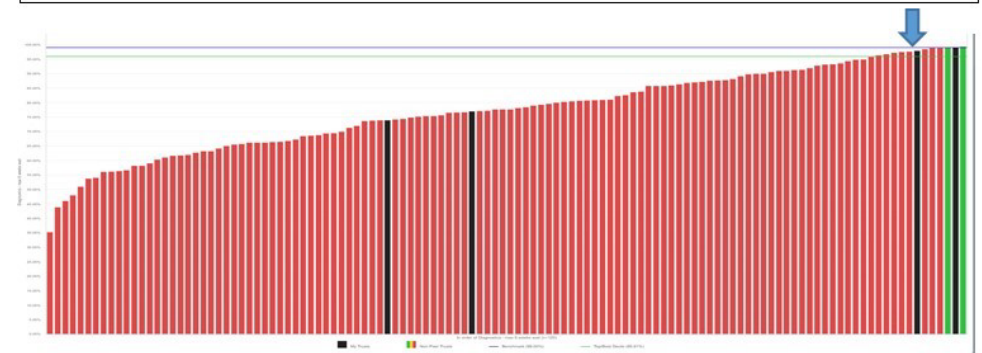
Week on week improvements against all access targets

- Cancer 62 day backlog c200 and reducing at c20 a week
- 52 weeks – 444 by the end of February and on target to 285 by end of March
- 104 weeks – on target to <10 by the end of March

*c90% against adjusted baseline for appointment standard moving from 10 to 15 minutes



RTT 18 Week Standard: the chart above shows the relative rankings against RTT 18 Weeks Incomplete Standard. LNWHT is currently ranked 27th out of 122 ranked Trusts. Previous month the Trust was ranked 23rd. The chart also demonstrates the position across the ICS.



6 Weeks Diagnostic Standard: the chart above shows the relative rankings against the 6 Week Diagnostic Standard. LNWHT is currently ranked 7th out of 122 ranked Trusts. Previous month the Trust was ranked 4th. The chart also demonstrates the position across the ICS.

Top 10% of providers for 6 week diagnostic waits

Service developments across LNWH

- Expansion of permanent critical care capacity to 36 beds
- Consolidation of the protected elective surgery hub at Central Middlesex Hospital (CMH), with plans to further develop Orthopaedic and other high volume activity
- Relocation of colorectal services to CMH and consolidation of elderly care at Northwick Park
- Out of hours emergency surgery reinstated at Ealing Hospital reinstated on 13th December and trauma service restarts in March
- Unannounced CQC inspections in Feb 2022 noted improvements
- 43 • Planned strategic investment of c£14m in endoscopy facilities over the course of 2022/23
- MRI replacement due June 2022
- c£2m upgrade of breast and urology departments at Northwick Park
- Procuring a new cardiac catheter laboratory for Ealing Hospital, opening in September 2022
- Preparing for the deployment of a new information system (Cerner electronic patient record) as part of a whole-sector acute hospitals procurement, with go live across The Hillingdon Hospitals and LNWH in late 2023
- Integration of specialist vascular surgery across LNWH and Imperial College

2022/ 23 Operating Plan

Ten national priorities

1. & 2. Tackling the elective backlog and moving back to and beyond pre-pandemic levels of productivity :-
3. Investing in the workforce and strengthening a compassionate and inclusive culture
4. Delivering the NHS COVID-19 vaccination programme – service staff and patients
5. Improving the responsiveness of urgent and emergency care (SDEC)
6. Improving timely access to primary care
7. Improving mental health services and services for people with a learning disability and/or autistic people
8. Developing approach to population health management, prevent ill-health, and address health inequalities – working with partners in regard to this
9. Exploiting the potential of digital technologies
10. Establishing ICBs and enabling collaborative system working

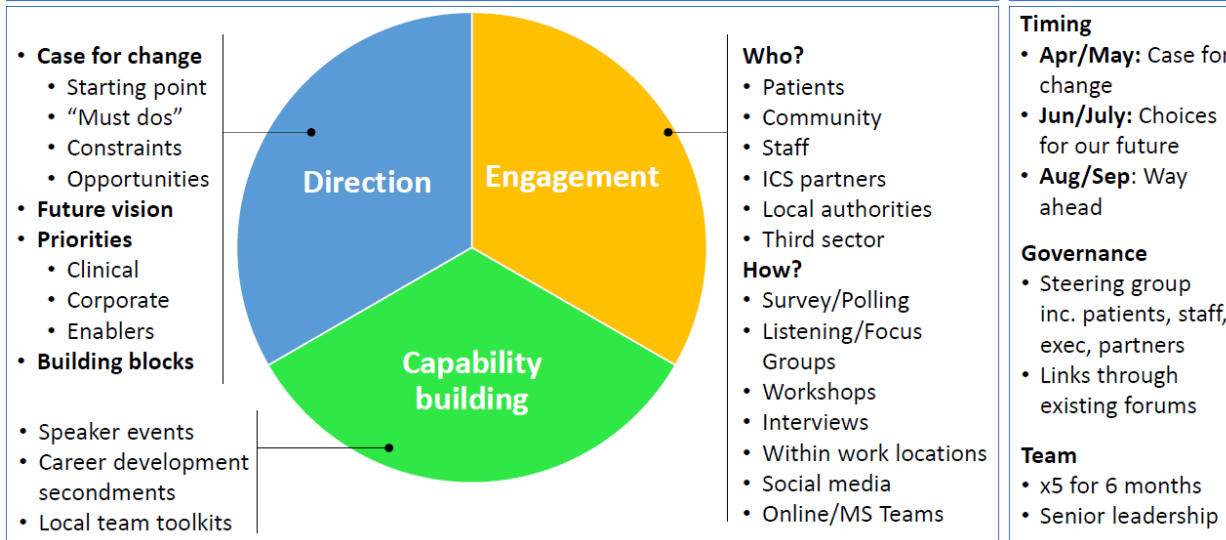
- Latest submission on 9th March
- Divisions currently finalising detailed plans for final sector submission in April

	National Ambition	Current Trust Plan
Elective	110% (ICS target of 104%)	104%
First outpatients	110%	107%
Follow-up outpatients	75%	New guidance on patient-initiated follow-ups
Diagnostics	120%	MRI 108% CT 107% U/S 113% Flexi 103% Gastroscopy 103% Cardio 111%
Waits	52 week waits – halve by Mar 23 72 week waits – 0 by Mar 23 104 week waits – 0 by end Jun	
Cancer	62+ days – reduce month on month 28 day FASTER diagnosis – 75% from Q2	

Engaging local partners in our strategy refresh

Developing our strategy – the plan on a page

Three aims of refreshing our strategy



45

- Will include a site strategy for Ealing Hospital
- Significant site development potential, e.g. Community Diagnostic Centre, redevelopment / regeneration with commercial partners and national funding
- Expansion of acute service base, including additional services and partnership opportunities

Social Care

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Shaun Riley, Adult Social Care

Adult Social Care:

Key pressures (Quarter 3 21/22)

- ‘Demand’ remains high; For first conversations, Care Act assessments OT assessments and reviews.
- 60 new requests per week - up 24% on pre-pandemic levels
 - Teams unable to complete work quickly enough to avoid growing queues and backlog
 - 200+ people in the community waiting to start a conversation with us
 - More than 3 months of work queued up with people
- 47 • Before the pandemic an average 9.5 new clients a week received Care Act eligible support out of hospital
 - The equivalent figure today is 13.1
 - It takes on average more than 2 weeks before our community team have capacity to begin working with citizens who have been discharged from hospital
 - Due to very high case loads staff are unable to complete annual reviews on every citizen.
- Safeguarding enquiries (investigations) remain high compared to the previous two years.
- Complexity of needs for people with learning disabilities through pandemic is leading to significant increases in the cost of supporting them
 - Average increase required in LD adds £337/week to care costs, c.f. £200/week before pandemic

Summary and close

48 The Health and Care System has now moved into recovery. This presentation has demonstrated that the need for health and care services as a result of the pandemic is significant. Progress in addressing these needs is already being made and will remain a central focus of the Harrow partnership.

Health and Wellbeing Board

Borough Plan

Tuesday 22nd March 2022

- The Borough Plan has been developed with partners through the Harrow Strategic Partnership, and approved by the Council in February 2022
- The Borough Plan sets out the strategic direction for the borough for the next 10 years
- All other plans and strategies should be anchored in the Borough Plan and set out their contribution to some or all of the 8 priorities and the 2 cross cutting priorities



Cross cutting themes:

- Tackling disadvantage
- Tackling racial disproportionality

Borough Plan – Direct Links to Health and Wellbeing Strategy

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Cross-cutting themes:

- Tackling disadvantage
- Tackling racial disproportionality

Key priorities for the Health and Wellbeing Strategy to deliver against

- Are there any other direct links to the priorities in the Borough Plan that the Health and Wellbeing Strategy should deliver against?
- How should the Health and Wellbeing Strategy influence the other priorities, e.g. ensuring that we build the right quality 'Homes and Infrastructure' that support the improvement of health outcomes?
- 53 ● Anything else to consider?

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