Health and Wellbeing Board

AGENDA

DATE: **Thursday 5 July 2018**

TIME: **12.30 pm**

VENUE: **Committee Rooms 1 & 2, Harrow Civic Centre**

MEMBERSHIP (Quorum 5)

Chair: **Councillor Graham Henson**

Board Members:

Councillor Ghazanfar Ali	**Harrow Council**
Councillor Simon Brown	**Harrow Council**
Dr Amol Kelshiker (VC)	**Chair, Harrow Clinical Commissioning Group**
Rob Larkman	**Accountable Officer, Harrow Commissioning Group**
Councillor Janet Mote	**Harrow Council**
Marie Pate	**Healthwatch Harrow**
Councillor Christine Robson	**Harrow Council**
Dr Genevieve Small	**Harrow Clinical Commissioning Group**
Vacancy	**Harrow Clinical Commissioning Group**

Reserve Members

Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Councillor Krishna Suresh	Harrow Council
Vacancy	Healthwatch Harrow
Dr Sharanjit Takher	Harrow Clinical Commissioning Group

Non Voting Members:

Carol Foyle, Representative of the Voluntary and Community Sector
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Interim Corporate Director - People, Harrow Council
Chris Miller, Chair, Harrow Safeguarding Children Board
Jo Ohlson, NW London NHS England
Vacancy, Borough Commander, Harrow Police
Visva Sathasivam, Interim Director Adult Social Services, Harrow Council
Javina Sehgal, Chief Operating Officer, Harrow Clinical Commissioning Group

Contact: **Miriam Wearing, Senior Democratic Services Officer**
Tel: 020 8424 1542 E-mail: miriam.wearing@harrow.gov.uk

Harrow COUNCIL LONDON

Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:
http://www.harrow.gov.uk/site/scripts/location.php.

Filming / recording of meetings

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

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

When present in the meeting room, silent mode should be enabled for all mobile devices.

Meeting access / special requirements.

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Wednesday 27 June 2018

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

(i) to take the place of an ordinary Member for whom they are a reserve;
(ii) where the ordinary Member will be absent for the whole of the meeting; and
(iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
(iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

(a) all Members of the Board;
(b) all other Members present.

3. MINUTES (Pages 5 - 10)

That the minutes of the meeting held on 7 June 2018 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

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, Monday 2 July 2018. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

7. INFORMATION REPORT: 0-19 PH NURSING COMMISSIONING UPDATE (Pages 11 - 16)

Joint report of the Director of Public Health, Harrow Council and Chief Operating Officer, Harrow Clinical Commissioning Group

8. INFORMATION REPORT: HARROW INTEGRATED SEXUAL & REPRODUCTIVE HEALTH SERVICE COMMISSIONING UPDATE (Pages 17 - 24)

Report of the Director of Public Health

9. INFORMATION REPORT: DIABETES CARE (Pages 25 - 56)

Report of the Chair, Enterprise Wellness

10. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

HEALTH AND WELLBEING BOARD

MINUTES

7 JUNE 2018

Chair:	*	Councillor Graham Henson		
Board Members:	*	Councillor Ghazanfar Ali		
	*	Councillor Janet Mote		
	*	Councillor Christine Robson		
	*	Councillor Krishna Suresh (3)		
	†	Dr Amol Kelshiker	Clinical Commissioning Group	
		Rob Larkman	Accountable Officer, Harrow Clinical Commissioning Group	
	*	Marie Pate	Healthwatch Harrow	
	*	Dr Genevieve Small	Clinical Commissioning Group	
		Dr Sharanjit Takher	Clinical Commissioning Group	
Non Voting Members:		Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	*	Carole Furlong	Director of Public Health	Harrow Council
	*	Paul Hewitt	Corporate Director, People (Interim)	Harrow Council
	*	Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council

		Jo Ohlson	Director of Commissioning Operations	NW London NHS England
	†	Simon Ovens		Metropolitan Police
	*	Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group
In attendance: (Officers)	*	Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council

* Denotes Member present
(3) Denotes category of Reserve Members
† Denotes apologies received

1. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member	Reserve Member
Councillor Simon Brown	Councillor Krishna Suresh

2. Appointment of Vice-Chair

RESOLVED: To note that Amol Kelshiker be appointed Vice-Chair for the 2018/19 Municipal Year.

3. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item - Better Care Fund
Councillor Chris Mote declared a non-pecunairy interest in that his mother-in-law was in receipt of social care and was a patient at Northwick Park Hospital. He would remain in the room whilst the matter was considered and voted upon.

Councillor Janet Mote declared a non-pecuniary interest in that her mother was in receipt of social care and was a patient at Northwick Park Hospital. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 12 – Any other urgent business

Dr Genevieve Small declared a non-pecuniary interest in that the GP surgery where she worked was located in the vicinity of the Alexandra Walk-in Clinic and her practice provided services to the clinic. She would remain in the room whilst the matter was considered and voted upon.

4. Minutes

RESOLVED: That the minutes of the meeting held on 8 March 2018 be taken as read and signed as a correct record.

5. Public Questions. Petitions & Deputations

RESOLVED: To note that no public questions, petitions or deputations had been received.

RESOLVED ITEMS

6. Amendment to Board Membership

The Board received a report of the Director of Legal and Governance Services which set out amendments to its Terms of Reference, specifically, deletion of the requirement for a Senior officer of Harrow Police to be a non-voting member of the Board.

It was noted that since the tri borough merger of Police services in Harrow, Brent and Barnet, the Borough Commander had indicated that he could no longer guarantee his attendance at Board meetings. Members expressed concern at the loss of vital partnership working with the Police and the potential negative ramifications of this, for example on issues of safeguarding.

The Chair stated that if the Borough Commander or a senior officer from Harrow Police could not attend future Board meetings, then they should be encouraged to send a reserve.

The Board unanimously agreed that this item be deferred pending further discussions with the Borough Commander and the Metropolitan Police service.

It was noted that Mina Kakaiya had left Healthwatch Harrow and had been replaced on the Board by Marie Pate.

RESOLVED: To defer the item subject to further discussions with the Borough Commander and the Metropolitan Police Service.

7. Child Poverty and Life Chances Strategy and Action Plan - Annual Report

The Board received a report of the Director of Public Health which provided an update of the Child Poverty and Health Inequalities Strategy.

A Board Member stated that it was worrying that 32% of children in the borough lived in poverty. Responsibility for tackling child poverty did not lie with a single Council department but was the responsibility of the Health & Wellbeing Board as a whole. The Chair advised that the Council would be lobbying Central Government for a more equitable funding settlement for outer London boroughs.

Following questions and comments from Board members, an officer advised that:

- Council officers had engaged well with the Action Plan;
- key actions and activities included the substance misuse service, the recovery and return to work pilot programme, and the STP (sustainability and transformation plan) for North West London;
- there was an Action Plan, a Strategy and a Review mechanism in place to tackle poverty in problem wards;
- Priority 2 was aimed at tackling financial exclusion, financial literacy and the provision of debt management advice;
- there were work streams for NEETS (young people not in education, employment or training) and those leaving care;
- the Council had a Domestic Violence Strategy, but this needed to explore a perpetrator programme where perpetrators were helped to manage their behaviour;
- the Council had signed up to paying the London Living Wage, ensuring that all its providers had also done so.

The Director of Public Health added that child poverty was a complex issue that would require a multi-agency, co-ordinated approach to tackle it.

The Divisional Director undertook to provide the Board with more information regarding the Council's Domestic Violence Strategy.

A Member stated that lack of access to affordable housing was a major contributor to poverty in the borough. Homelessness and poverty gave rise to both physical and mental health problems. He added that families with children should be prioritised in terms of housing and should be helped to remain in the borough rather than being housed out of borough.

RESOLVED: That the report be noted.

8. Active Harrow Physical Activity & Sports Strategy Update 2017-18

The Board considered a report of the Director of Public Health which set out the Active Harrow Strategy 2016-20.

Following questions from Board members, an officer advised that:

- the Harrow Marathon had been publicized in the Harrow People Magazine. Officers had had met with local sports providers and were looking at the potential use of social media platforms as a means to publicise the Strategy and outreach work to connect with isolated groups;

- she would raise the issue of recurrent flooding of the outdoor football pitch at Headstone Manor with planning officers;

- more qualitative data would be included in future such reports;

- she would look into the possibility of providing a briefing regarding the Active Harrow Strategy at a forthcoming meeting of School Heads and Directors and information regarding the Strategy would be shared with Ward Councillors;

- both the Young Harrow Foundation and the Ignite Trust were members of the Active Harrow Strategy Group;

- the offer of help and support from the CCG to disseminate information through its Patient Participation Network, was noted.

RESOLVED: That the report be noted.

9. Better Care Fund

The Board received a report of the Director of Adult Social Services and the Chief Operating Officer of Harrow CCG, which set out progress on the Better Care Fund, quarter 4 of the 2017/18 plan.

The Board noted the extremely positive feedback from NHS England and congratulated officers for their hard work in implementing the plan.

RESOLVED: That the report be noted.

10. Any Other Business

Following a question from a Member regarding whether there had been any changes to provision at the Alexandra Road Walk-in Clinic and whether there were plans to introduce additional walk-in clinics or GP practices in the vicinity of the Town Centre, an officer undertook to circulate this information after the meeting.

RESOLVED: That the Member query be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.45 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	5 July 2018
Subject:	**INFORMATION REPORT – 0-19 PH nursing commissioning update**
Responsible Officer:	Carole Furlong, Director of Public Health, LB Harrow Javina Sehgal, Chief Operating Officer, Harrow CCG
Exempt:	No
Wards affected:	All
Enclosures:	None

Section 1 – Summary

This report provides the Health and Well-Being Board with an update on the procurement for the 0-19 Health Visiting and School Nursing services.

FOR INFORMATION

Section 2 – Report

2.1 Award and mobilisation

Following an extensive procurement process including wide-scale consultation, the combined contract for the new 0-19 Health Visiting and School Nursing plus Safeguarding contract was awarded to the successful bidder, Central and North West London NHS Foundation Trust (CNWL), on 6th April 2018. It is for an initial period of three years with the option to extend for two further periods of two years i.e. to 30th June 2025.

The Council is commissioning the service part of the contract and Harrow CCG is commissioning the safeguarding part of the contract (covering staff safeguarding supervision and the health visitor post in the Multi-Agency Safeguarding Hub).

The service's go live date is 1 July 2018.[1] CNWL have been working hard to mobilise the contract successfully. It is a significant piece of work to transfer the records for the children and young people, transfer about 70 staff from the two incumbent providers, recruit staff to vacant posts and lease new premises which meet the requirements of accessibility and with planning permission for clinical use – and to do this in a relatively short space of time. CNWL have successfully mobilised a number of 0-19 services in recent years including in Bi-Borough, Camden, Hillingdon and Milton Keynes, so are experienced in managing this process.

A key focus during this time – both for commissioners and the new and incumbent providers – has been on managing the risks, especially to the most vulnerable children, those on child protection plans etc. Ensuring that the safeguarding team is fully staffed and that clinical records for vulnerable children and young people transfer and are available on Day 1 has been a priority for all involved. A risk register is used to monitor all risks and ensure they are managed appropriately and mitigated where possible.

Harrow CCG commissioning staff have been engaged in this process throughout and continue to contribute to the mobilisation.

It is possible there will be a dip in performance at the beginning of the contract as some staff might not transfer; it is difficult to book appointments in advance if the venue is not clear; and staff need to become acquainted with new systems and processes. The new provider is doing its utmost to ensure that any performance dip is minimised and the requirements of the new specification are delivered as soon as possible.

2.2 Changes under the new contract

[1] At its meeting on 14th September 2017, Cabinet extended the existing Health Visiting and School Nursing contracts to 30 June 2018.

The contract will deliver a small saving (as set out below in section 4) but more importantly will absorb the planned cuts to the breastfeeding contract i.e. the breastfeeding service will continue. The 0-19 service will also start offering vision screening to all reception-aged pupils in school in Harrow in line with the local authority's responsibilities. This will also be within the contract cost.

Harrow has never had funding for the national programme for enhanced health visiting for vulnerable mothers (Family Nurse Partnership programme) but under this contract two further checkpoints will be added at age 4-5 months (primary to support weaning, promote oral health and healthy eating from the earliest age) and at 3.5-4.5 years old (to improve school readiness in those not already attending an early years setting). Initially the additional checks will just be for the most vulnerable.

In schools there will be an increased school nurse presence in every school and the introduction of questionnaires for secondary aged pupils. The questionnaires will provide direct health advice to pupils based on their responses, as well as providing schools with richer data on the health and well-being of their pupils to enable the schools to take steps and commission additional services as appropriate.

The introduction of these changes will require close working of 0-19 staff, partners, stakeholders, parents, children and young people.

Further work will need to be undertaken to improve the efficiency of processes around A&E attendance at Northwick Park.

As set out in the Cabinet report of 14 September 2018 it is intended to change the delivery model for school nursing in the two PMLD special schools to bring it in line with the statutory guidance on supporting pupils at school with medical conditions. This will represent a significant change to the current operating model. There will be consultation with the affected schools and partners before this happens.

2.3 Public Health priorities under the new contract

The service has three main public health priorities based on local needs and the consultation on the new specification:

1. Oral health – Harrow is now the worst in London for oral health with 39.6% of children under 5 with missing, decayed or filled teeth.
2. Healthy weight – in 2016/17, the prevalence of overweight (including obese) children in Reception was 18.4%. The prevalence for pupils in Year 6 was 36.8%.
3. School readiness – in 2016/17, the percentage of the percentage of children with free school meal status achieving a good level of development at the end of reception was 62.3%.

Anecdotally in the consultation primary schools reported that levels of school readiness were of increasing concern, this includes pupils still not potty-trained, with poor levels of speech and language, and not as physically active

as they should be. It also includes pupils who are unable to concentrate at school due to pain from poor oral health.

As there is no additional funding for workers to focus on tackling these key issues, the service will be managing this from within the contract price. It is intended that some of the service's planned transformation projects will release some additional resource for these three priorities.

Section 3 – Further Information

It is suggested that a further update is brought to the Board in 12 months' time.

Section 4 – Financial Implications

- The total cost of this service over the seven years of the contract is £26,370,571. This is split between the local authority funded health visiting and school nursing part of the contract which has a value over seven years of £24,704,059 and the CCG funded safeguarding part of the contract which has a value over seven years of £1,666,511.

    - The annual council public health budget for this service from April 2018 totals £3.553m and comprises the former health visiting budget of £2.898m and the school nursing service of £655k.
    - The budget over the 7 years of the contract (including extension periods) totals £24.771m which is adequate to fund the local authority element of the contract price of £24.704m, and results in a small saving of £67k over the 7 year contract term. In addition, the contract price includes the provision of breast feeding services (previously budgeted at £65k p.a. enabling the 2018-19 MTFS saving to be achieved) as well as vision and screening services which were not previously funded (at a cost of approx. £75k p.a.). This effectively increases the efficiencies delivered through this contract from £67k, by a further £140k pa, to £1.047m over the 7 year term.
    - The contract does not include any provision for inflation, and expenditure has been uplifted to reflect potential inflationary uplifts such as in relation to pay. Within the bid price submitted, efficiencies of £375k over the term of the contract have been assumed which are planned by CNWL to mitigate the impact of price and volume increases.

This expenditure on mandated (statutory) services is currently contained within the ring-fenced Public Health grant allocation. The award of this contract results in contractual obligations with the provider for services which are funded by external grant and which cannot be guaranteed in the longer term.

This grant is currently ring-fenced until March 2019, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource, however these mandated (statutory) services will need to be provided.

The cost of the Safeguarding element of the contract represents a small saving for Harrow CCG.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Yes

The EqIA did not identify any potential for unlawful conduct or disproportionate impact and found that all opportunities to advance equality of opportunity were being addressed.

Both Health Visiting and School Nursing are universal services and provide a universal offer to around 20,000 children under the age of 5 and their parents (mainly the mother) and about 44,000 5-19 year olds in Harrow. There are currently about 3,500 new live births in Harrow every year. It achieves a coverage of 99% of new birth visits.

It is proposed to make changes to the delivery model for school nursing in special schools to bring it in line with the statutory guidance on 'Supporting pupils at school with medical conditions'. There will be further consultation with affected schools about this before any changes are implemented.
It is proposed to add in more checks for under 5s so that there is a better chance of young people with undiagnosed special educational needs being identified earlier.

Seven out of ten births in Harrow were to non-UK born mothers. The very helpful Scrutiny Review raised a number of issues around language and cultural differences in respect of how health services are understood. The new provider is committed to making the service as accessible as possible and implementing the recommendations of the scrutiny review.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The 0-19 Health Visiting and School Nursing service has a key role to play in.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

The Council has clear priorities to enable children to "Start Well" so that "children from the womb to adulthood [can] be safe, happy and have every opportunity to reach their full potential"[2] and to "protect the most vulnerable

[2] Harrow's Health and Wellbeing Strategy 2016-2020: https://www.harrow.gov.uk/www2/documents/s130914/DRAFT%20Harrow%20Health%20and%20Wellbeing%20Strategy%202016-20%20FINAL%20UPDATED.pdf

and support families."[3] It recognises that 0-19 Health Visiting and School Nursing services are a key part in contributing to this.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Name: Donna Edwards	√	on behalf of the Chief Financial Officer
Date: 25.5.18		

Ward Councillors notified:	**N/A**

Section 7 - Contact Details and Background Papers

Contact:

Jonathan Hill-Brown, Public Health Commissioning Manager, LB Harrow, 020 8424 7613

Steve Buckerfield, Head of Children's Commissioning (Interim), Harrow CCG, 020 8966 1048

Background Papers:

Reports to Cabinet, 17.11.16:
https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62839&Ver=4#AI103940

Reports to Cabinet, 14.9.17:
https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#AI110550

[3] Harrow Ambition Plan 2017 Refresh:
http://www.harrow.gov.uk/info/100004/council_and_democracy/1789/harrow_s_ambition_plan

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	5 July 2018
Subject:	**INFORMATION REPORT** – Harrow Integrated Sexual & Reproductive Health Service Commissioning update
Responsible Officer:	Carole Furlong, Director of Public Health, LB Harrow
Exempt:	No
Wards affected:	All
Enclosures:	None

Section 1 – Summary

This report provides the Health and Well-Being Board with an update on the Harrow Integrated Sexual & Reproductive Health Service.

FOR INFORMATION

Section 2 – Report

Harrow's Sexual Health Strategy was approved by the Health and Wellbeing Board in 2015. The strategy provided the strategic direction for the commissioning and delivery of future local sexual health services.

Key objectives of Harrow's Sexual Health strategy are as follows:

- To prevent and reduce the transmission of sexually transmitted infections (STIs).
- To reduce the prevalence of undiagnosed HIV infection and improve early diagnosis particularly among target groups
- To expand the provision of sexual health and reproductive services in primary care and community settings
- To increase the uptake of contraception throughout the Borough by providing more choice in different healthcare settings
- To reduce the rates of unintended pregnancies particularly repeat pregnancies.
- To improve the provision of services designed for young people's sexual health needs and to promote sex and relationship education.
- To promote the welfare of children and reduce the risks of child sexual exploitation (CSE)
- Prevent and reduce late diagnosis of HIV – supporting the Council's commitment to reducing late HIV diagnosis
- To reduce the stigma associated with HIV and STIs.
- To expand sexual health promotion and reduce sexual health inequalities among vulnerable groups

2.1 Award and mobilisation

Harrow Council led the procurement of the ONWL sub-region integrated sexual and Reproductive Health Service on behalf of the London Boroughs of Ealing, Harrow and Brent for a Lead Provider with responsibility for ensuring quality assurance and clinical governance and delivery of outcomes and key performance indicators of the whole system. This model delivers one contract across the sub-region, as commissioners transfer the contractual responsibilities for primary care (Public Health had separately commissioned Primary Care to provide implants, sexual health screening and Emergency Hormonal Contraception) and voluntary sector providers to the successful bidder, to be managed under sub-contractual arrangements.

Following a Competitive Procedure with Negotiation, the contract for Integrated ISRH Services, across Ealing, Harrow and Brent (comprising of Genitourinary Medicine (GUM), contraception, health promotion and HIV prevention) was awarded to London North West Healthcare NHS Trust (also

known as LNWHT) who proposed a fully integrated and comprehensive Sexual and Reproductive Health (ISRH) system, which includes:

- A clinical hub located at Central Middlesex Hospital in Brent, providing a comprehensive ISRH service with specialist provision, accessible by practitioner referral only, for residents with complex needs from across the sub-region
- Complementary community hubs and pop-up clinics to deliver local routine ISRH services in Brent, Ealing and Harrow. The Harrow community clinic hub will be located at Caryl Thomas Clinic. Ealing's hub will be situated in Central Ealing and Southall and Brent's will be based in Wembley.
- Support the ambition to achieve 30% diversion in clinic testing through appropriate triage to self-managed care and the new pan-London e-Service for self-sampling/testing
- Non-clinical services, such as prevention and outreach, targeting high risk and vulnerable groups (such as young people, MSM and BME) to be delivered via sub-contracting arrangements with voluntary and community providers: Terence Higgins Trust (THT), Brook, Naz and Spectra
- Clinical governance oversight of primary care provision - ensuring quality and providing support and training to primary care practitioners, whilst improving access to contraceptive services closer to home
- GP provision of Long Acting Reversible Contraception (LARC)
- Pharmacy provision of Emergency Hormonal contraception to young people under 19

The contract is 5 years from 1st August 2017 to 31st July 2022 with an option to extend for a further 4 years. Lead commissioner role will be undertaken on a rotational basis by each borough. Brent will take a lead commissioning role in Y1, Ealing in Y2 and Harrow Y3 with a similar cycle throughout the contract.

On 17 November 2017, Cabinet approved the extension of the GUM and Contraception and Sexual Health (CaSH) services contracts until 30th September 2018, to ensure a smooth transition and full mobilisation of the new service, without a gap in service provision.

Pan-London Online Sexual Health Services

The transformation of sexual health services across London has focussed on service redesign and innovation, improving sexual health outcomes whilst driving efficiency to deal with increased demand for services amidst the backdrop of reduced funding. As part of the transformation, L.B. Harrow has entered into a 5 year Inter Authority Agreement (IAA) to join the new Pan London On-line Sexual Health contract.

New technologies, including access to online services, alongside ISRH services, will offer different, more efficient, options for sexual health service delivery. The service will provide high quality advice and information in respect of sexual health services and online access to order self-sampling /

self-testing kits for STIs and HIV for people who are asymptomatic. This will be accompanied by professional health advice. Access to self-sampling kits will offer the opportunity to move a proportion of attendances out of clinics to convenient online alternatives. The online service will also offer the option of remote / postal treatment for uncomplicated genital Chlamydia infection to service users aged 16 and older and will include partner notification, STI home sampling kit delivery and supply of appropriate antibiotics as necessary.

The new service will allow patients to access information, get an initial triage that will direct them to the best service for their needs and order self-sampling services for HIV and Sexually Transmitted Infections (STIs) online. This means they will not have to visit clinics unless they need to.

This new e-service and access to the London On-line Sexual Health contract is expected to enable London to achieve it's ambition to divert 30% of routine in-clinic testing to self sampling / testing.

The award of contract was approved by the Lead Authority (City of London) to Preventx and the contract commenced in May 2017 with a phased approach to integration with a soft launch of the Service in Harrow in February 2018. At present there are no plans for marketing the e-service as the initial focus is to move lower risk patients from out of exceptionally busy clinics so they can focus on patients with additional needs or vulnerabilities.

As we are currently in a soft launch phase and to manage the mobilisation period more carefully, the e-service website is not intended to be found by direct searches on google and is instead found by visiting LNWHT ISRH website or by attending a clinic in person. However, once the initial phase (expected end of Q3) is over, people will be able to go directly to the website and register without having to attend a clinic or visiting a clinic website first.

In transforming sexual health services across London it has been necessary to make a number of assumptions in relation to activity and it will take time for the newly transformed service to embed. The final savings will represent both activity and cost variations, but it is evident that the costs associated with routine testing may enable further savings to be made once activity trends can be established. Detailed monitoring will enable the position to be reported and allow further discussion around the longer term ability to reduce the budget to support wider council savings.

Harrow's contribution to the e-service (including chlamydia treatments) is: Year 1: £35k (1,049 tests), Year 2: £77k (2,556 tests), Year 3: £125k (3,914 tests), Year 4: £126k (3,995 tests), Year 5: £128k (4,078 tests).

Activity for Harrow from 1st January 2018 to 22nd June 2018 is: 528 kits ordered and 353 kits returned. This activity will continue to be reviewed alongside LNWHT activity variance.

London-wide HIV Prevention Programme

This Programme is hosted by L.B. Lambeth and is aimed at men who have sex with men and black African communities (the groups at highest risk of contracting HIV) and includes media campaigns, condom distribution and some outreach work.

A two year extension was agreed by London Leaders with the Local Authorities contributions across 2017-19 representing a 10% reduction in the overall programme budget/spend. L.B. Harrow's contribution to this Programme is £11.5k per year.

2.2 Changes under the new contract

Harrow's previous Sexual Health Services provided a range of fragmented sexual health via mainly historical arrangements that were in place prior to the transfer of Public Health into Local Government (2013) and not historically commissioned as an integrated system. Harrow did not have a GUM Service however the majority of Harrow residents accessed Northwick Park Hospital in the borough of Brent. Harrow provided 2 CaSH clinics, the main one being the Caryl Thomas Clinic (open 5 days of the week) and Alexandra Avenue Clinic (opened on Saturday mornings only). The main CaSH service is almost in the middle of the borough and is easily accessible by bus and train from various parts of the borough.

The new Service will provide multi-agency care which is seamless at the interface for our Harrow residents and integrate our local service with the new Pan London e-Service and STI Home Sampling Service:

- To reduce in clinic capacity by 30% during the life of the contract, by diverting asymptomatic and local risk service users to the Pan London e-Service and redirecting patients to primary care
- To develop an integrated and coordinated system of ISRH services across Brent, Ealing and Harrow
- To maximise effectiveness and best use of finite resources by triaging, reducing unnecessary service duplication, ensuring an effective skill mix of appropriately trained staff and implementing best practice.
- To ensure a responsive service that is reflective of emerging epidemiology, changes in patient behaviour, policy, clinical evidence and advances in technology.

Caryl Thomas Clinic which holds the existing CaSH Service has been identified as the location for the new Harrow ISRH Service and was due to start in June 2018. Due to a delay by LNWHT to sign-off the estates development at the site, the commencement of the new integrated service has been moved to September 2018. In the interim, Caryl Thomas Clinic will continue to deliver the CaSH Service and the GUM Service will continue at NPH.

2.3 Public Health priorities under the new contract

Please see Section 2: Key objectives of Harrow's Sexual Health strategy.

Section 3 – Further Information

It is suggested that a further update is brought to the Board in 12 months' time.

Section 4 – Financial Implications

The total approved 2018/19 budget for sexual health services for Harrow is £2.642m and continues at this level to the end of the term of the current Medium Term Financial Strategy in 2019/20. Of this annual budget, £2.022m is set aside for the costs of the integrated services provided within the outer north west London region, including additional testing costs provided by the successful e-service provider (Preventx). The balance of the funding is available for services accessed by Harrow residents outside of the region (both inside and outside of London). In practice there is likely to be movement between these resources as the activity can vary year on year.

The contract price is submitted on the basis of 'tariff prices' dependent on the interventions that may be required. This is a move away from the previous charging mechanism for 'first attendances' and 'follow up visits' to provide commissioners with more granular information around the type of services that are required. There are 23 prices across interventions, testing, sexual reproductive health, counselling and self sampling. In addition there are two prices – one for the primary activity plus additional costs for subsequent services that may be required.

The currencies (charges for each type of intervention) submitted by LNWHT were 2.6% lower (approx. £38k) in year 1 than the original London baseline price[1], however it is not possible to directly translate these costs and compare with the first and follow up prices currently being charged. However, the bid reduces these currency prices year on year with a total reduction of 15.01% over the 5 years of the contract.

A "geographic weighting" (overhead charge to reflect regional cost variations on the national currency prices) of 17% was previously charged by providers on top of the current cost of a first or follow up attendance. As part of the procurement process this additional overhead cost was capped at 10% and the successful bid indicates an annual charge of 9.49% over the life of the contract.

[1] Agreed through the London Sexual Health Transformation Programme working with a clinical advisory group

However this is a demand led statutory service and whilst assumptions have been made around the level of activity over the 5 years of the contract, this level of activity cannot be confirmed. Activity across the ONWL region and costed within the contract price represents 300,121 primary currencies and 243,138 secondary currencies are triggered. For Harrow residents, the level of primary triggers are estimated at 83,512 and secondary triggers of 70,993. However demand will fluctuate and the nature of the services provided (and therefore the currencies triggered) will change over the term of the contract, both of which will affect the total price paid for services in any financial year.

As a result of potential shifts in activity, a 'marginal rate' charge is levied. Currently any activity incurred over an agreed level is charged at 60% of the first attendance or follow up price. To assist in bidders tendering for a deliverable level of activity for which they would be responsible, the procurement process sought to reduce this charge and the successful bid achieved a reduced marginal rate charge of 54.49% over the term of the contract.

The contract does not include any provision for inflation and the tendered price for the currencies will be charged throughout the life of the contract, unless there is a need to make changes to pathways across London (this is supported by a London governance process to be managed by City of London). Should this be the case the expectation is that the price differentiation to the London baseline tariff (i.e.: a reduction of 2.6%) will be maintained in making any changes.

The Public Health grant is currently ring-fenced until March 2019, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource but as a statutory service, the costs of this service will need to be funded by the Council. The award of this contract results in contractual obligations with the provider for services which are funded by external grant and which cannot be guaranteed in the longer term.

Section 5 - Equalities implications

An Equalities Impact Assessment was undertaken and based on the evidence considered at the time, there is no evidence of a risk the new ISRH could potentially have a disproportionate adverse impact on any of the Protected Characteristics.

Section 6 – Council Priorities

The Council's vision:

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Name:Donna Edwards	x	on behalf of the Chief Financial Officer
Date: 22 June 2018		

Ward Councillors notified:	**N/A**

Section 7 - Contact Details and Background Papers

Contact: Bridget O'Dwyer, Senior Commissioning Manager, Harrow Public Health Tel: 020 8420 9532

Background Papers:
Report to Cabinet, 17.11.16:
https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62839&Ver=4#AI103940

Report to Cabinet, 14.9.17:
https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#AI110550

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	5 July 2018
Subject:	**INFORMATION REPORT – Heathwatch Harrow Diabetes Care Report**
Responsible Officer:	Ash Verma Chair, Enterprise Wellness
Exempt:	No
Wards affected:	All
Enclosures:	Diabetes Care Report May 2018

Section 1 – Summary

This report sets out to gain a better understanding of the local resident's experiences of diabetes care and service provision and sets out recommendations to improve the quality of services through better integrated care, structured education around diabetes condition and prevention, with specific focus on young people, parents and teachers and for patients and carers, particularly where English is not their first language.

FOR INFORMATION

Section 2 – Report

The aim of the research was to gain an understanding of patients and service users experience of GP services with in Harrow

Section 3 – Financial Implications

N/A

Section 5 - Equalities implications

Not required

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not required

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Mina Kakaiya, Manager Healthwatch Harrow
Tel: 020 3432 2889

Background Papers: Diabetes care Report

Enterprise Wellness
Business of Health

healthwatch
Harrow

Diabetes Care Report

London Borough of Harrow

May 2018

Enterprise Wellness
Business of Health

healthwatch Harrow

Contents

1. Acknowledgements

On behalf of the Enterprise Wellness Board, the accountable body for Healthwatch Harrow (HWH) we would like to thank all the organisations, volunteers and groups who participated in the diabetes care review; Diabetes UK Harrow, Type 1 Meet Up Group, Harrow CCG, Harrow Diabetes Strategy Implementation Group, Harrow African Caribbean Association, Indian Association of Harrow, Carramea Project and their service users/carers who kindly gave up their time to participate in the focus groups and surveys.

We are also most grateful to the people of Harrow diagnosed with both Diabetes Type 1 (T1) and Type 2 (T2) and their carers who participated in completing our online survey, without whom this report would not have been possible.

2. Executive Summary

In Harrow, diabetes poses a particularly major health problem due to a significantly higher than national average proportion of people with both diagnosed and estimated diabetes. In view of the estimated increase in prevalence of diabetes in the next decade (In Harrow the prevalence of diabetes is estimated to increase by 45% by 2030) the potential impact of the condition, diagnosis, treatment and ongoing care and support for diabetic patients is key.

The rationale for a review of diabetes care in Harrow emanates from the intelligence gathered from our local engagement and concerns raised through our Healthwatch Forums, intelligence gathered from our CRISPI database (Concerns, Request for Information, Signposting and Intelligence), the Harrow CCG Diabetes Strategy for Harrow, and the Harrow CCG Sustainable Transformational Plans (STP). The Health and Wellbeing Board have prioritised diabetes as a major health problem, as the prevalence of both diagnosed and estimated diabetes in Harrow is higher than in neighbouring boroughs and significantly higher than the London and England average.

In this report we will outline the approach taken, share what the people of Harrow who engaged in the survey and focus groups said and look at how this links with the work currently being progressed by the Clinical Commissioning Group/ Strategic Implementation Group in Harrow. The report goes on to highlight gaps and identify improvements required in the provision of Diabetes services in Harrow.

Enterprise Wellness as the corporate entity accountable for the Healthwatch Harrow service, are pleased to present this report which will be shared through our various social media channels and the local media with:

Local Harrow Residents

Harrow CCG Diabetes Strategy Implementation Group

NHS Harrow CCG, Equalities & Engagement Committee

Harrow Council Commissioners

Harrow Health and Wellbeing Board

Health and Social Care Scrutiny Sub-Committee

General Practices

Voluntary and Community Sector

Harrow Clinical Commissioning Group (CCG)

Care Quality Commission (CQC)

Healthwatch England.

The Harrow CCG Diabetes Strategy, highlights Harrow as having amongst one of the highest rates of Type 2 Diabetes in the country. Overweight/obesity, lack of physical activity and the ethnic profile of the borough are particularly important risk factors for Harrow. Harrow's population is non-White (42% Asian, 7% Black). Type 2 diabetes is six times more common in people of South Asian origin and up to three times more common in people of African and African-Caribbean origin. The strategy also estimates that around 14.2% of the new Type 2 diabetes cases in Harrow could be prevented if adults were 100% active, and 5.6% prevented if adults were 50% active.

Harrow residents have the third highest rate of Diabetes in the UK and one of the key aims of the report was to understand if the current diabetes care and services offered is responsive to the needs of the people living with a diabetes condition in Harrow.

The purpose of this report is to provide a summary of the views of Harrow residents on diabetes care in Harrow, those with both Type 1 and Type 2 diabetes and those caring for someone with diabetes. The recommendations from this report will inform and influence the Harrow CCG Commissioners, local Harrow Diabetes Strategy and the delivery of the National Diabetes Prevention Programme (NDPP) through the Harrow Diabetes Strategy Implementation group (HDISG).

Summary of recommendations

Whilst it is acknowledged that the Harrow CCG Diabetes Strategy has identified some of these areas and work is in progress. The full recommendations are held in

Section 8 of this report, however the key recommendations that need to be addressed are:

1. Every GP Practice to have a Diabetes Specialist Nurse attached to it.

2. Protocol / standards for communication between CCG, LNWHT & CLCH to be implemented ensuring that there is effective feedback and learning between DSNs/Consultants and GP's around the care of diabetes patients and those at risk of diabetes.

3. Development of a more holistic and integrated approach to the provision of services, ensuring sufficient trained resource and expertise and flexibility in provision e.g. evenings and weekends.

4. Raised awareness of and access to structured education programmes, understanding what is available and how to access it.

5. Improved provision of information / guidance in a greater number of languages particularly for the Black and Minority Ethnicity Groups e.g. Asians, Somali, and Middle Eastern Groups.

6. Raised awareness of the local plans of the Diabetes Transformation Programme.

Ash Verma

Chair, Enterprise Wellness

10 May 2018

3. About Healthwatch Harrow

The role of Healthwatch Harrow's service is to ensure the voice, opinions and views of the local community on health and social care matters are listened to and factored in by those responsible for commissioning services, as an integral part of their performance and quality assurance arrangements. Healthwatch Harrow's statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions – including having a representative on the Health and Wellbeing Board
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC).

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Monitoring & Scrutiny

Holding health & social care services to account.

Our Mission:
"To champion concerns about health and social care provision based on focused engagement, signposting and monitoring and scrutiny activities gathered from the diverse Harrow resident, working and business community within available resources".

4. Methodology

Survey

Healthwatch Harrow designed a specific diabetes survey in partnership with Harrow CCG and the diabetes patient representatives. This survey was targeted at adults and was completed by people who attended the focus groups and was available online from November 2017 to March 2018.

The survey asked specific questions about people's understanding of their diagnosis, where and how to access support, awareness and type of specific diabetes services they may have received and their general experiences and improvements to the services. The survey questions asked can be found in Appendix 1 and analysis of the responses in Appendix 2.

A total of 125 people completed the survey, of which 70 completed online and 55 people after participation in the focus groups. Whilst the survey asked if the respondent had Type 1 or Type 2 diabetes only 14 of the 125 people completing the survey had Type 1 diabetes. 21 people completing the survey were carers of someone with diabetes

Focus Groups

Five focus groups were carried out with:

- Harrow Diabetes UK
- Diabetes Type1 Meet Up group
- Harrow African Caribbean Association
- Indian Association of Harrow
- Carramea.

Healthwatch Forum

Healthwatch Harrow held 2 forums on 27th September and 29th November 2017 where questions / concerns were raised. Specific questions were asked around diabetes care, what was working and what wasn't working. Comments raised covered how well the Diabetes Specialist Nurses were trained, an improvement in the podiatry services. But lack of accessibility to services, education and waiting times were key themes.

CRISPI

Data was gathered from our CRISPI database (Concerns, Request for Information, Signposting and Intelligence) over the past year and analysed to identify issues and concerns raised about Diabetes care and support services.

National and Local Influences

We carried out desktop research of findings from both National and Local Strategies to identify key trends and influences and how these have influenced the provision of local services and action plans. These included the following documents:

Diabetes GP Survey

Diabetes Strategy for Harrow v 0.4

Harrow Diabetes Strategy Implementation Group Minutes 19/01/18 & 02/03/18

Local Services NW London Diabetes Transformation Programme: 2018 / 2019

North West London Diabetes Transformation Milestone Plan

STP Business Case Executive Summary

HSCIC: National Diabetes Audit

CQC: My diabetes, my care Report 2016

NICE Guidelines [NG28] – Type 2 Diabetes in Adults.

5. About Diabetes

What is diabetes?

Diabetes is a complex lifelong condition that causes a person's blood glucose level to become too high. It is a chronic metabolic disorder which increases the risk of damage to the eyes, kidneys, nerves, heart and blood vessels.

In Type 1 diabetes, the body does not produce insulin and glucose levels increase, which can seriously damage the body's organs. In Type 2 diabetes, the body does not produce enough insulin, or the body's cells do not react to insulin. Type 1 diabetes if often hereditary and diagnosed in childhood and not associated with excess body weight. It cannot be controlled without taking insulin.

Type 2 diabetes is more common in older people and is often associated with obesity. In England around 90% of adults with diabetes have Type 2. When diabetes is not well-managed, it can lead to serious complications such as heart disease, kidney disease, stroke, amputations, and blindness. Usually diagnosed in those over aged 30 and linked with excess body weight and lack of exercise. Usually treated initially without medication.

Patients with diabetes are at higher risk of mental health disorders including depression and psychotic disorders than the general population. People with diabetes are about twice as likely to develop cardiovascular disease, including heart failure, angina, stroke, and peripheral vascular disease. Cardiovascular disease is a major cause of death and disability in people with diabetes and is accountable for 44% of deaths in type 1 diabetics and 52% in type 2 diabetics.

It is estimated that by 2025 more than 4 million people in England will have a diagnosis of diabetes. The current prevalence rate is 6% in England, of which approximately 90% of adults diagnosed with diabetes have the Type 2 variety. (NICE)

People with diabetes in England and Wales are said to be 34% more likely to die earlier than their peers. For Type 1 diabetes, mortality is 131% greater than expected and for Type 2 diabetes it is 32% greater. Life expectancy is reduced, on average, in both types of diabetes. (HSCIC: National Diabetes Audit)

Care Quality Commission (CQC) found that most people experience good community diabetes care overall. However, care was not always found to be flexible and responsive enough to meet people's individual needs. (CQC: My diabetes, my care Report 2016)

At Risk of Type 2 Diabetes

Some people have blood sugar levels above the normal range, but not high enough to be diagnosed as having diabetes. If a person's blood sugar level is above the normal range, the risk of developing full-blown diabetes is increased. It's very important for diabetes to be diagnosed as early as possible because it will get progressively worse if left untreated.

NICE Guidelines [NG28]

The following is a list of the quality standards that should govern commissioning of services for the care and treatment for adults with diabetes provide by NICE. There are separate standards for pregnant women and children and young people.

- Adults at high risk of type 2 diabetes are offered a referral to an intensive lifestyle-change programme
- Adults with type 2 diabetes are offered a structured education programme at diagnosis
- Adults with type 1 diabetes are offered a structured education programme 6–12 months after diagnosis
- Adults with type 2 diabetes whose HbA1c level is 58 mmol/mol (7.5%) or above after 6 months with single-drug treatment are offered dual therapy
- Adults at moderate or high risk of developing a diabetic foot problem are referred to the foot protection service
- Adults with a limb-threatening or life-threatening diabetic foot problem are referred immediately for specialist assessment and treatment
- Adults with type 1 diabetes in hospital receive advice from a multidisciplinary team with expertise in diabetes.

The National Diabetes Audit (NDA) is managed by the Health & Social Care Information Centre in collaboration with Diabetes UK and is supported by Public Health England. NDA measure the effectiveness of diabetes healthcare against NICE Clinical Guidelines & Quality Standards in England and Wales.

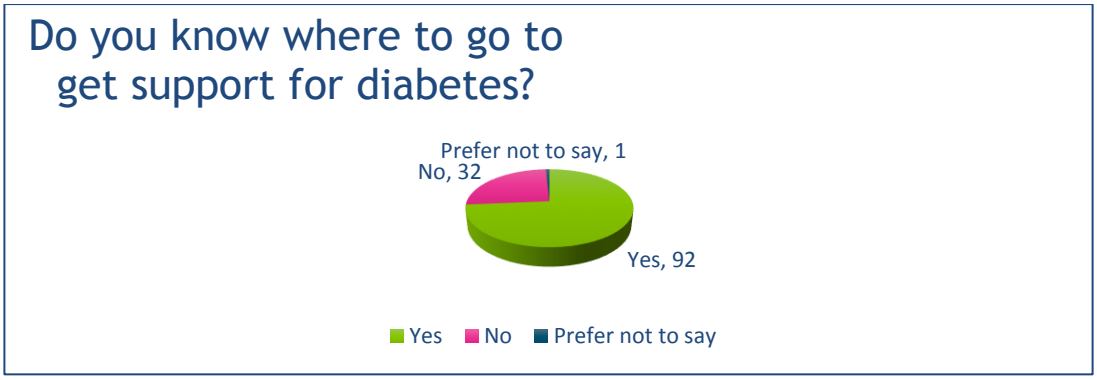
6. Key findings – Survey & What you said

Survey

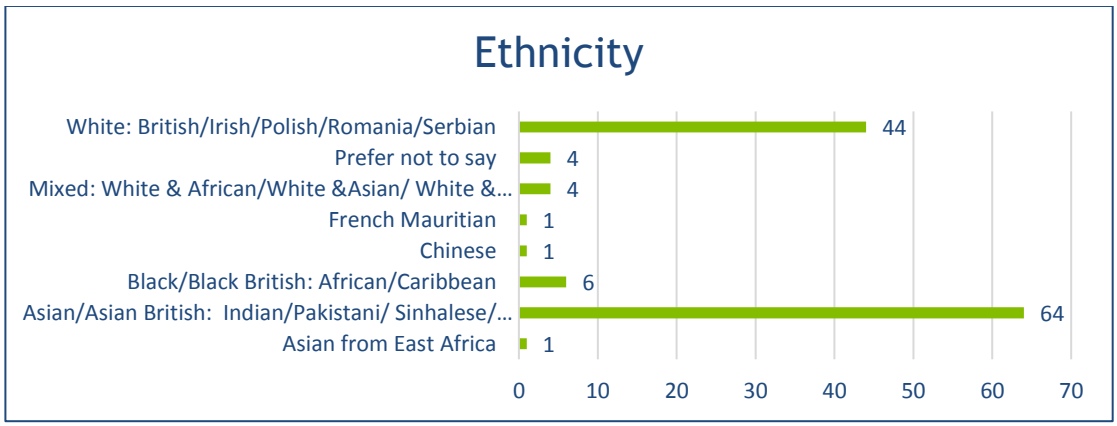
Full details of the survey are shown in Appendix 2. Key points were:

78% of those surveyed were aware of the signs and symptoms of diabetes

73% of those surveyed know where to go to get support



51% of the respondents were of Asian/ Indian, Sinhalese /Sri Lankan / Tamil/ Afghan/ Bangladeshi communities



Comments from survey and focus groups

Diabetes Nurse comes once a month, struggling to contact the nurse and have follow up appointment.

"We have to chase up the DNS all the time to make an appointment". Average waiting time to see a DSN is 3 months."

"I am quite happy with the service provided."

"I believe prevention is the best cure."

"The annual podiatry checks are superficial and don't cover all of the recommended checks. For those with Type 1 diabetes it would be far more appropriate to have an annual check with a Diabetes specialist, not a GP We already have to attend SO MANY appointments."

"Went to Podiatry once - was told not bad enough - won't see me again."

"The need for more joint up and coordinated appointments for podiatry, eye screening and annual checks, one stop shop approach where the appointments are all coordinated and offered in one place. Services are currently fragmented and need for more holistic service provision with evening and weekend appointment availability for working age group"

"More education and signposting; awareness around medication, food, exercises and mental health."

"Diabetes Education awareness raising for children to enable them to educate parents where English is not their first language around diet and healthy eating choices."

"Annual Check-ups- GPs continue to carry out blood tests to monitor Kidney function but are no longer are testing diabetic patient's urine for protein."

"There is a lack of information on how to access a diabetes management course. Most at the Harrow group have never been offered education. GPs need to attend courses, so they can 'sell' benefits convincingly. Can course graduates help sell to those who are reluctant to attend - or can taster evenings be organised before enrolling (for T1 courses, as these ARE available for XPERT)?"

"GPs do not follow the Diabetes UK 15 checks which should be done for the people with Diabetes"

"More BSL Interrupters to facilitate access to information for the deaf community, workshops created for the deaf patients to learn more about diabetes"

"Harrow Council is restricting the use of test strips to non-type 1 diabetics; whilst this saves money it is possibly counter-productive"

A directory of diabetes- related services would be useful, especially in poster or leaflet format.

Key themes from what you said:

- A shortage of Diabetic Specialist Nurses (DSN), currently there are 4 DSN in Harrow to support 32 GP surgeries and another 2 DSN to be recruited. The majority experienced great difficulty to see their DSN with wait times up to a month to see a DSN.

  "It is impossible to get an appointment to see the DSN – they only visit surgery once a month. The old one left and the new one is very inexperienced."

- Lack of access to Structured Education Programmes, many respondents requested better access and ongoing education, information, knowledge and advice around their diabetes condition for themselves and their carer's and around prevention, diet and exercise, awareness of service provision and self-management. Particularly relevant to those from the BAME community, where English is not their first language.

  "Our community Indian, Tamil needs to be educated"

"The value of peer support in being able to share and offer guidance and support to others around different treatment and manging the condition"

- Lack of coordinated appointments across podiatry, eye screening and annual health checks. Services are currently fragmented and there is a need for more holistic approach including providing evening and weekend appointments.

  "We need shorter waiting times for Podiatry. More talks, groups, discussions to learn more about diabetes and how to help myself."

- Insufficient diabetes awareness for:
  - Parents where English is not their first language around symptoms, prevention, diet and healthy eating choices
  - Teachers around identifying the signs and symptoms and understanding how to support children with Diabetes
  - GP's lack of expertise or time to understand the complexity of the condition or the time to offer a comprehensive clinical assessment or consistent and accurate advice to patients.

  "Diabetes Education awareness raising for children to enable them to educate parents where English is not their first language around diet and healthy eating choices"

  "People need more information about signs and conditions and to educate the local community in different languages"

- Lack of awareness around prevention – People at risk of developing diabetes, wasn't part of the survey but was a general observation picked up through the comments raised in the focus groups.

  "Need to educate the younger generations about awareness of diabetes."

  "Development of diabetes community health champions."

7. National & Local Picture

The findings of this report have identified some positive areas such as awareness around knowledge of diagnosis and where to get support but some key areas for improvement have also been identified. It is encouraging to see that these have been recognised at a national and local level. The following is a high-level summary of the National Picture and the work that is already in progress in Harrow, which once implemented should address a great number of the concerns identified in this report.

National

National estimates suggest 15% of the population with diabetes remain undiagnosed.

The NHS Five Year Forward View focus on improving diabetes prevention and the introduction of the NHS Diabetes Prevention Programme aims to support people who have been identified as at high risk of developing Type 2 diabetes to become healthier.

Diabetes UK held a nationwide conversation with over 9,000 people affected by diabetes. What they said was ' living with diabetes is hard'. 'There's never a day off.' Key themes were the need for:

- More support for emotional and psychological health.
- Better access to healthcare professionals who understand diabetes.
- Better access to technology and treatments.
- Widely available information and education.
- More support and understanding at work and school.

Local

At a local level, diabetes poses a particularly major health problem in Harrow, due to a significantly higher than national average proportion of people with diagnosed diabetes, and low physical activity rates. There are currently 16,927 patients (17+ year olds) in Harrow with diagnosed diabetes [QOF, 2014/15] (8.8% of the population - higher than the national average of 6.4%). In Harrow the prevalence of diabetes is expected to increase by 45% by 2030.

There are a number of reasons that could account for the higher-than-national average proportion of our population with diabetes. Some of the key reasons outlined in the Harrow CCG Diabetes Strategy for Harrow are:

- Harrow has a high proportion of BME (Black and Minority Ethnic) patients: 54% of Harrow's population is non-White (42% Asian, 7% Black). Type 2 diabetes is six times more common in people of South Asian origin and up to three times more common in people of African and African-Caribbean origin. There is limited awareness and poor uptake of relevant behaviour change or preventative services such as psychological support, healthy eating, and physical activity

- Physical inactivity: Only 76.9% of people in Harrow do any walking at least once a week which is below the England average of 80.6%. Harrow is 2nd lowest in London. Deaths can be significantly reduced through physical activity. It is estimated that around 14.2% of the new Type 2 diabetes cases in Harrow could be prevented if adults were 100% active, and 5.6% prevented if adults were 50% active

- Poor diet, which can increase the risk of Type 2 diabetes

- Deprivation: People living in the most deprived parts of the borough are 2.5 times more likely to have Type 2 diabetes than those living in the least deprived areas

- Childhood obesity is an increasing problem, representing the future patients with Type 2 diabetes. For year 6 children, Harrow ranks statistically above the England average (20.8% Harrow prevalence against the England average of 19.1%). For children in Reception year, Harrow's 9.3% prevalence is similar to the England average of 9.5%

- There is limited focus on identifying 'at-risk' populations.

The local Public Health estimates suggest that there could be over 4,000 people with undiagnosed diabetes in Harrow. The prevalence of both diagnosed and estimated diabetes in Harrow is higher than in neighbouring boroughs and significantly higher than the London and England average.

North West London

Harrow CCG are working in close partnership with the other 7 CCGs in North West London, to share best practice and pool and share resources. The North West London Diabetes Transformation Programme was formed to identify the strategic objectives and drivers for change across NW London as agreed by the 8 CCG's and NHS London.

The STP Business Case Executive Summary outlines that NW London have agreed the improvement of diabetes management aligned to the priority

areas outlined in the 2016/17 CCG Improvement and Assessment Framework, which are:

- Improve structured education uptake in order to improve self-care
- Tackle unwarranted variation in achievement of the NICE recommended treatment targets for blood pressure
- Reduce amputation rates through improvements in foot care pathways
- Improve in-patient care and reduce length of stay in acute hospitals through increased provision of diabetes specialist nurses
- Maximise National Diabetes Audit (NDA) participation
- Maximise diabetes prevention through the National Diabetes Prevention Programme (NDPP).

Key outcomes indicators are:

- Reduced prevalence gap of selected long-term conditions
- Improved secondary prevention outcomes for patients with diabetes
- Improved self-care
- Reduction in unscheduled admissions
- Reduced complications rates (includes primary and secondary diagnosis in hospital data).

Harrow

The Harrow Diabetes Strategy Implementation Group has been established to implement the Diabetes Transformation Programme at a local level and to working in collaboration with all key stakeholders across North West London.

The Harrow programme has established 4 projects to improve the service for patients with diabetes or those at risk of developing diabetes.

These projects are:

1. **Diabetes Self Care (Structured Education)**

   By increasing the uptake of self-care programmes; digital, face to face and peer to peer programmes. This will improve people's quality of life, reduce complications of diabetes, increase Type 2 diabetes remission rates and reduce medicine dependency and dependency on clinical interventions.

2. **Integrated Diabetes Care**

   By control of the 3 treatment targets (HbA1c≤ target (variable), blood pressure ≤ 140/80, cholesterol ≤ 4mmpl/L), which will make a significant difference to reduction in clinical complications, non-elective admissions, morbidity and mortally. Reduce variation by implementing digital dashboards to support clinical management and patient self-management, improve consultant led specialist diabetes services in primary and community services. Redesign of inpatient and outpatient diabetes care and integrating diabetes services in an ICO format with a single service specification.

3. **Diabetes Foot Care**

   Aims to bring amputation rates down by the provision of a 7 day a week multi-disciplinary foot service, optimising patient flow by recruiting co-ordinators who will facilitate pathway navigation and patient flow. Standardise foot pathways and establish renal and vascular foot pathways.

4. **Type 2 Diabetes Prevention**

   Aims to prevent Type 2 diabetes by maximising update of Type 2 National Diabetes Prevention Programme and piloting the NDPP digital offer. It will also focus on children and young adults and work with teams to impact food poverty and obesity.

8. Recommendations

The information presented highlights the variations in accessibility and quality of diabetes services across the primary, hospitals and community base and the need to improve awareness and education around diabetes for diabetes patients, their carer's, families and the wider diverse community groups and residents of Harrow.

It is recognised that Harrow Clinical Commissioning Group are already developing programmes and initiatives such as the Food Smart Campaign, Know Diabetes Website and promotion of the National Diabetes Prevention Programme to meet these challenges.

Specific recommendations based on the workshops and survey undertaken:

1. **Every GP Practice to have a Diabetes Specialist Nurse attached to it.** At the time of producing this report there are 4 in place with 2 more being recruited covering 32 GP Practices. Feedback from our survey and the GP survey highlights the need to reduce waiting times for appointments and to have DSN more accessible and connected to the GP practice and community.

2. **Effective shared learning and feedback on Protocol/ standards and good practice across key stakeholders**, CCG, LNWHT & CLCH, GP's DSNs and, Consultants to be implemented ensuring that there is effective feedback and learning between and GP's around the care of diabetes patients and those at risk of diabetes. The GP survey statistics show that 73% of GP surgeries do not think that the feedback and learning is effective.

3. **Development of a more holistic and integrated approach to the provision of diabetes services,** ensuring sufficient trained resource and expertise and flexibility in provision e.g. evenings and weekends. The GP Survey asked about 9 areas of training and 4 of these showed a lack of confidence in providing the service and being in need of training. Our survey showed services are currently fragmented with the need for a more joined up approach and access for evening and weekend appointments. A number of surgeries were prepared to deliver more support / services provided resources and funding were required.

4. **Raised awareness of and access to structured education programmes,** understanding what is available and how to access it. Non-attendance at booked training also needs to be monitored and followed up, to understand why people are not attending. Covering the following areas:
    - At risk of diabetes
    - Prevention
    - Recognition of symptoms

- Diagnosis
- Self-Management
- Services available.

5. **Improved provision of information / guidance in a greater number of languages particularly for the Black and Minority Ethnicity Groups** e.g. Asians, Somali, and Middle Eastern Groups. This will lead to a greater awareness of the symptoms and what you can do to help prevent getting diabetes and knowing where and how you can get support if you are diagnosed.

6. **Raised awareness of the local plans** of the Diabetes Transformation Programme.

9. Conclusion

The analysis, findings and recommendations in the report will provide and inform the wider Harrow Diabetes Strategy Implementation Group to bringing greater coherence, consistency and performance in Diabetes care in the Borough in the future.

This report will be presented at the Healthwatch Harrow Forum on 16th May 2018 and to the Harrow Diabetes Strategy Implementation group, Harrow CCG and to the Harrow CCG Commissioners and Harrow Health & Wellbeing Board.

Next Steps

Healthwatch Harrow will monitor how the key actions and recommendations from the report will be implemented by the Harrow Diabetes Strategy Implementation Group.

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Appendix 1: Online questionnaire

Diabetes Health Questionnaire

This questionnaire is about helping to improve the Diabetes health service in Harrow. Please answer honestly. There are no right or wrong answers. Please be assured we will keep your answers completely confidential. Please note Questionnaire completion date is Friday 19th January 2018

☐Male ☐Female ☐ Prefer not say (please tick)

Age group: ☐18-24 ☐ 25-35 ☐ 36-45 ☐ 46 -55 ☐ 56-64 ☐ 65 & Above

Which area of Harrow do you live in?

……

Ethnicity

☐ **White**: British/Irish/Polish/Romania/Serbian ☐ **Black/Black British**: African/Caribbean

☐ **Asian/Asian British**: Indian/Pakistani/ Sinhalese/ Sri Lankan Tamil/Afghan/Bangladeshi

☐ **Mixed**: White & African/White &Asian/ White & Caribbean ☐ Chinese

☐ **Other,** please state……

1. **Do you have diabetes?**

☐ Yes ☐ No

If yes please tick

☐ Type 1 ☐ Type 2

2. **Do you care for someone living with diabetes?**

☐ Yes ☐ No

3. **Are you aware of the signs and symptoms of diabetes?**

☐ Yes ☐ No

If yes please state .....

.....

.....

.....

.....

4. Do you know where to go to get support for diabetes?

☐ Yes ☐ No

If yes please state .....

.....

.....

5. How would you best describe your experience of using diabetes services in Harrow and please state which services you have used?

☐ Podiatry ☐ Retinal Screening ☐ GP Annual checks ☐ Diabetes Education Programmes

☐ Harrow Health walks ☐ Active 10 ☐ None

Additional comments on your experiences of using diabetes services in Harrow.

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6. What improvements or changes would you like to see in diabetes services In Harrow?

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Your Contact Details for feedback (optional)

Name:

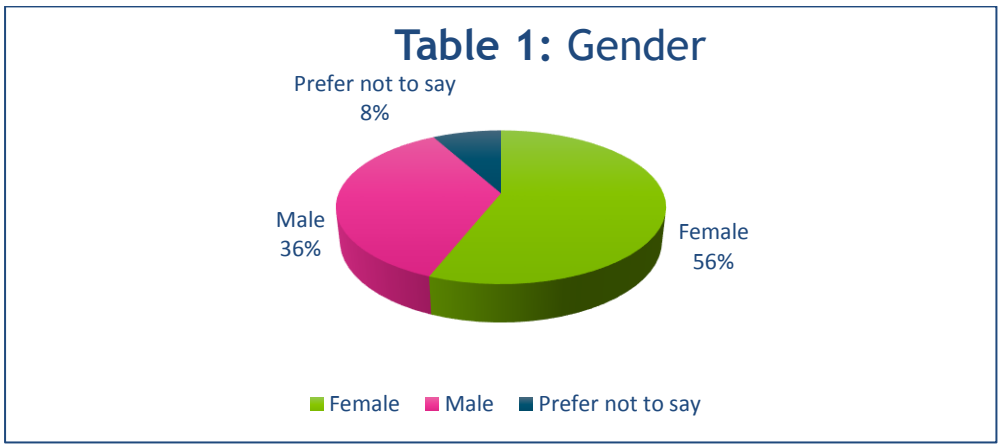
Email:

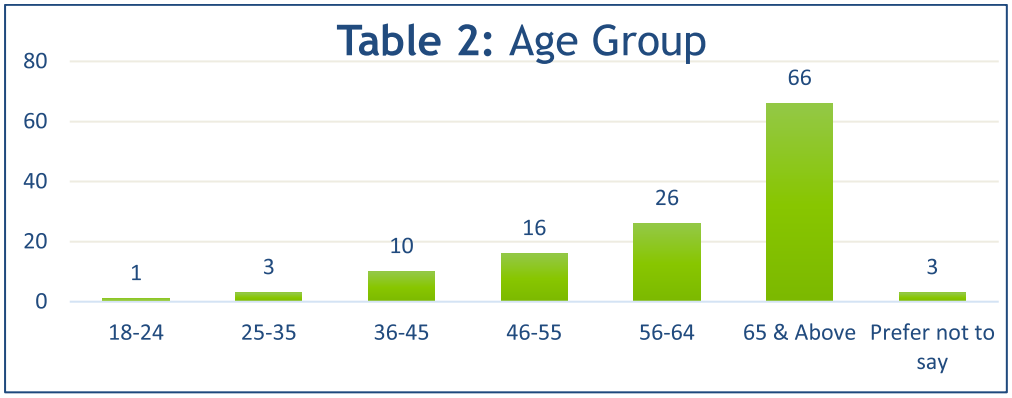
Contact number:

Appendix 2 Survey Analysis Tables

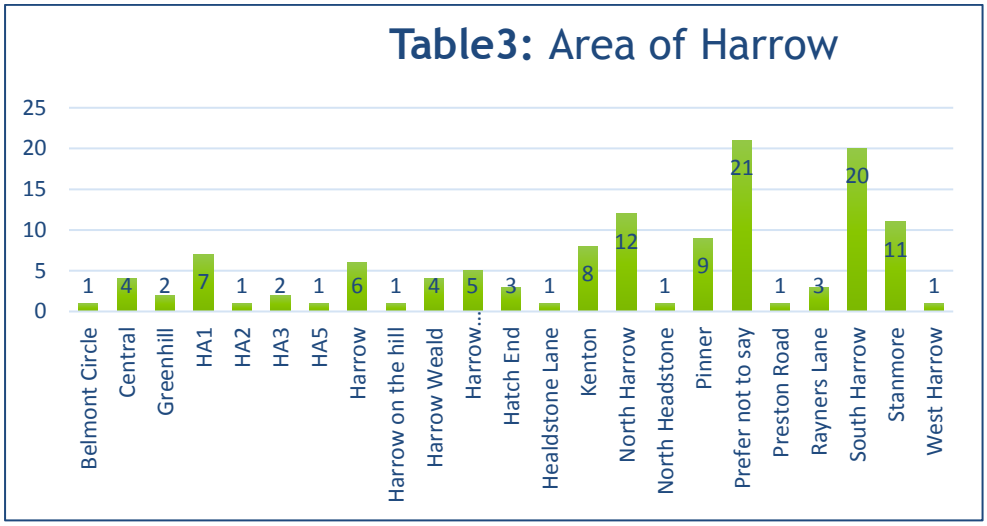
a) Questionnaire & Surveys

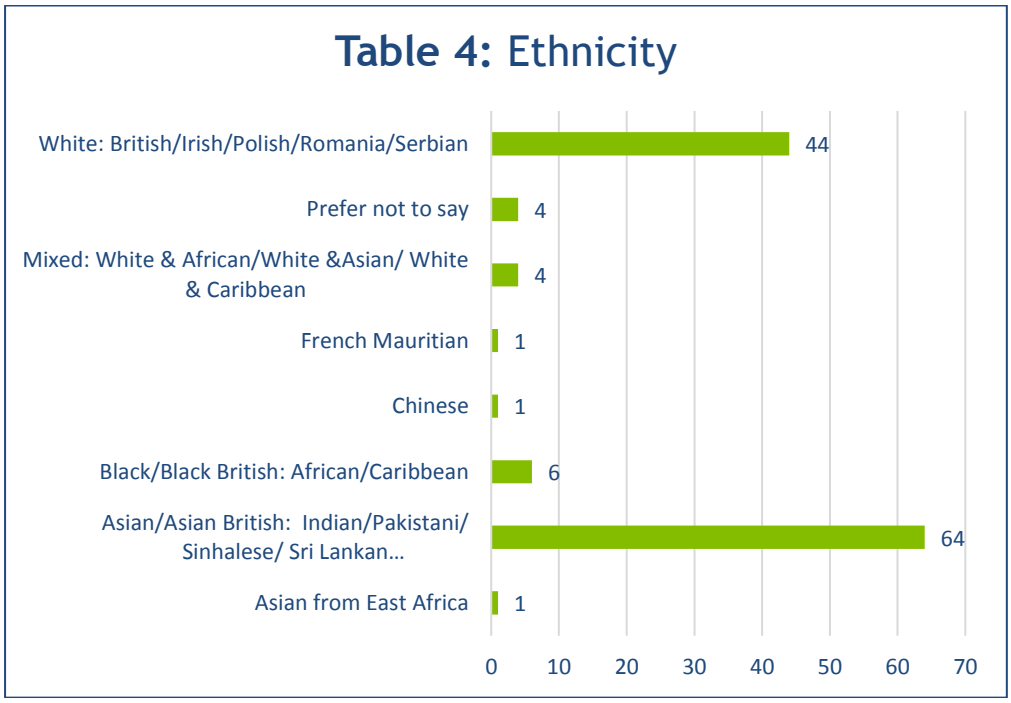
Survey Demographics



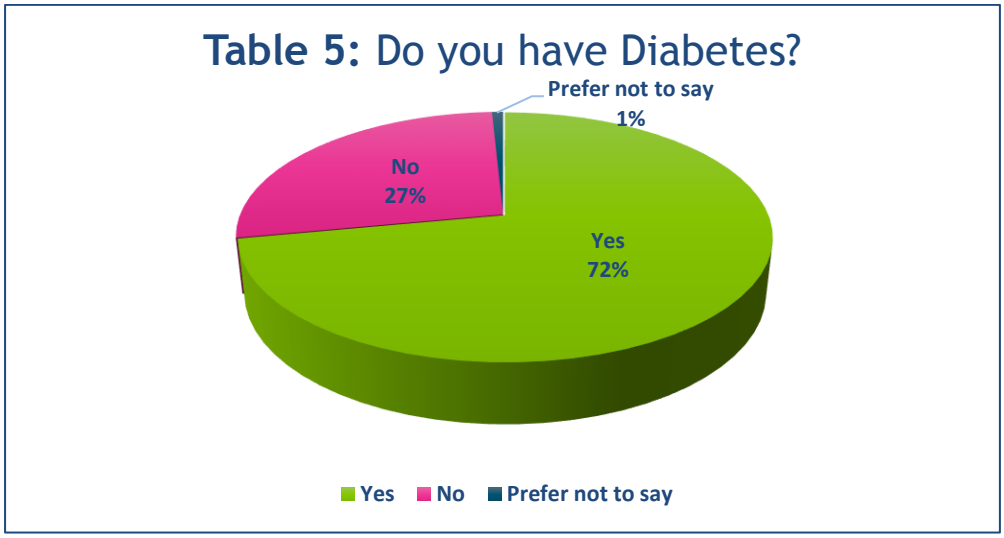


74% of the respondents were over the age 56 and above

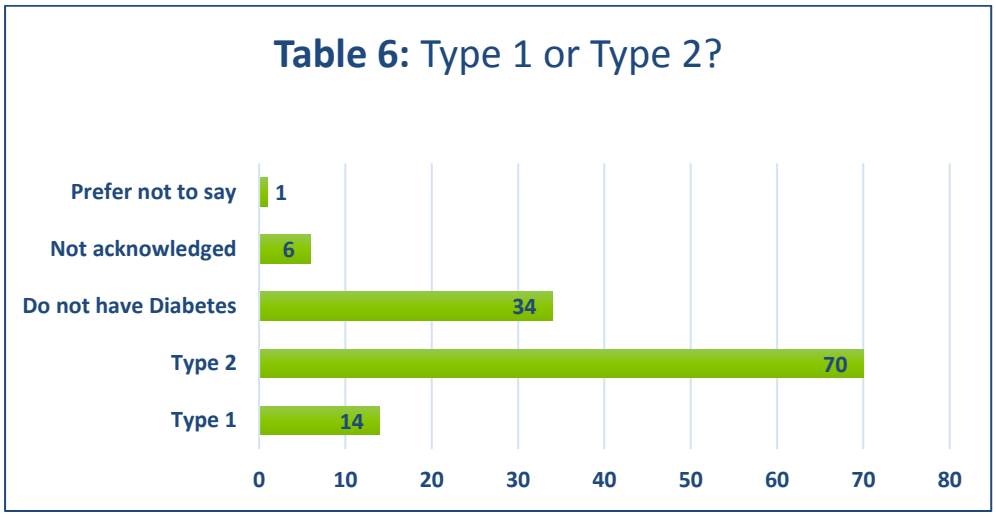




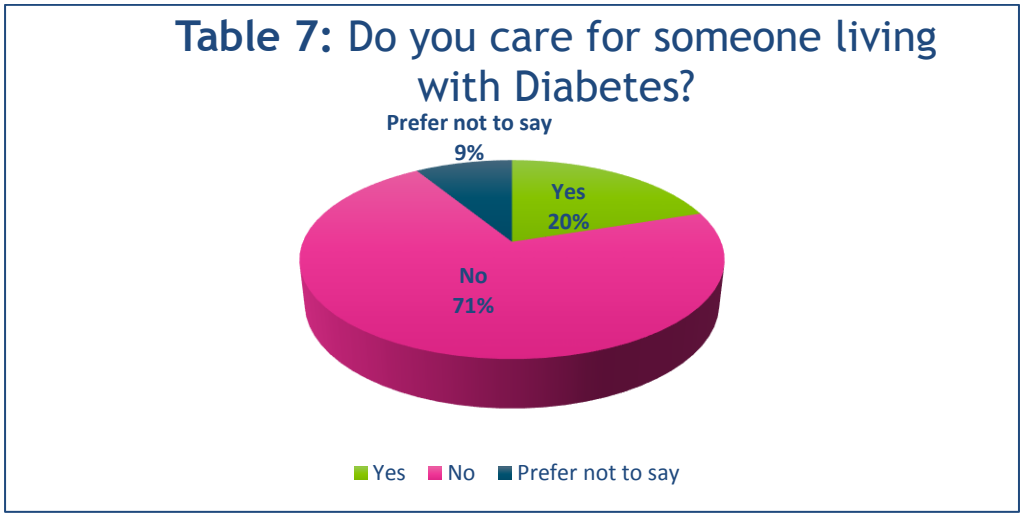
51% of the respondents were of Asian/ Indian, Sinhalese /Sri Lankan / Tamil/ Afghan/ Bangladeshi communities

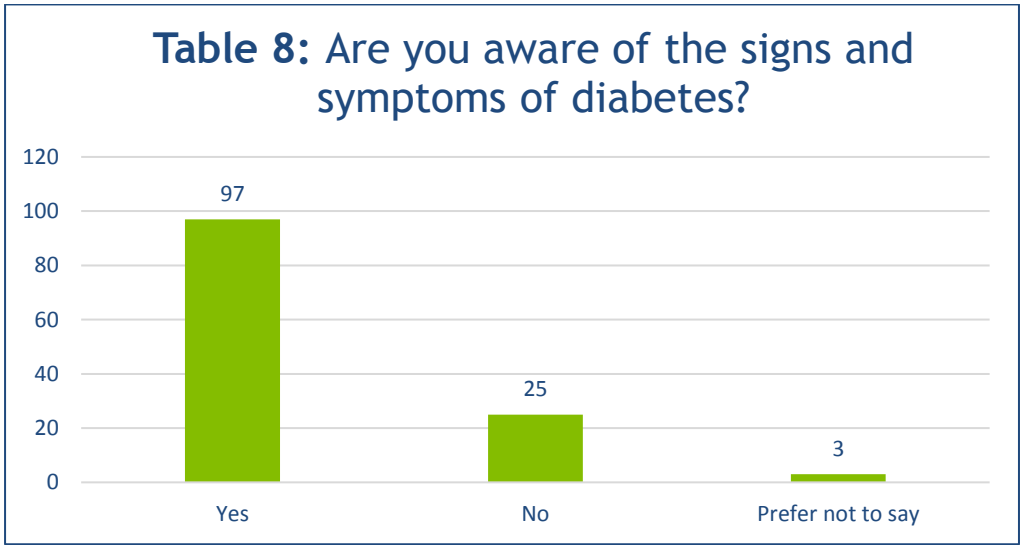


27% of the respondents who responded to not having diabetes were a carer for someone living with Diabetes

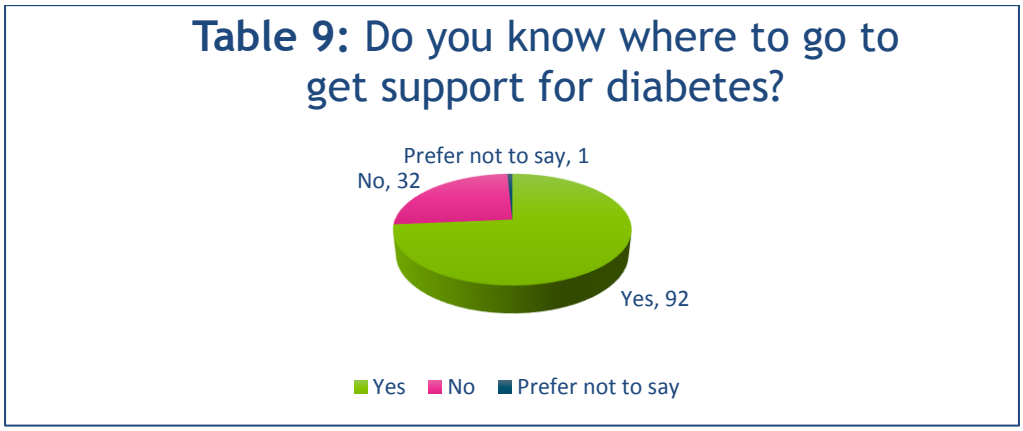


56% of the respondents had Type 2 diabetes, 11% Type 1 and 27% were carers who did not have diabetes

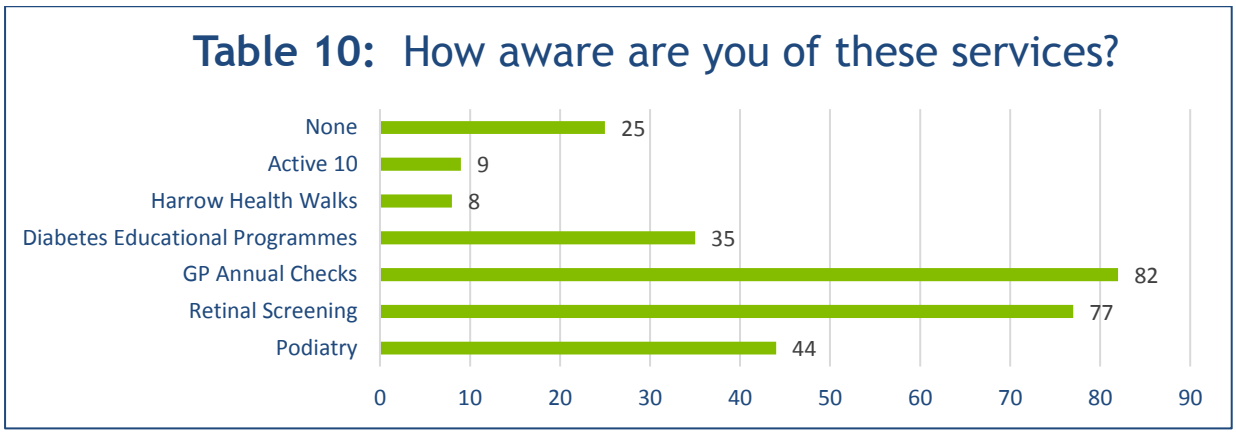




78% of those surveyed were aware of the signs and symptoms of diabetes



73% of those surveyed knew where to go to get support for diabetes



Awareness of services: retinal services 62%, GP annual checks 66%, podiatry 35%,

Diabetes education programmes 28%, Active 10 and Harrow Healthy Walks 14%, not aware of any diabetes services 20%

References:

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https://www.lnwh.nhs.uk/services/a-z-services/d/diabetes-and-endocrinology/

Contact us

Healthwatch Harrow
3 Jardine House
Harrovian Business Village
Bessborough Road
Harrow
HA1 3EX

Telephone: **020 3432 2889**
Email: info@healthwatchharrow.co.uk
Website: www.healthwatchharrow.co.uk
Twitter: @HealthwatchHarr