Health and Wellbeing Board

AGENDA

DATE: **Thursday 1 November 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**
Councillor Janet Mote	**Harrow Council**
Marie Pate	**Healthwatch Harrow**
Councillor Christine Robson	**Harrow Council**
Javina Sehgal	**Managing Director, Harrow Clinical Commissioning Group**
Dr Muhammad Shahzad	**Harrow Clinical Commissioning Group**
Dr Genevieve Small	**Chair, Harrow Clinical Commissioning Group**
1 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
Darren Morgan	Healthwatch Harrow
Dr Sharanjit Takher	Harrow Clinical Commissioning Group

Non Voting Members:

Varsha Dodhia, 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
Vacancy, NW London NHS England
Simon Rose, Borough Commander, Harrow & Brent Police
Vacancy, Harrow Clinical Commissioning Group
Visva Sathasivam, Interim Director Adult Social Services, Harrow Council

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

Agenda publication date: Tuesday 23 October 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. CHANGE OF MEMBERSHIP

To note the following changes to membership of the Board:

- The appointment of Dr Genevieve Small as Chair of the Harrow Clinical Commissioning Group. By virtue of this office Dr Small will become the Vice-Chair of the Board;

- The appointment of Dr Muhammad Shahzad as a CCG Clinical representative on the Board;

- The appointment of Simon Rose, Borough Commander for Harrow and Brent, as the police representative in place of Simon Ovens;

- The appointment of Darren Morgan as the Reserve representative for Healthwatch Harrow;

- The resignation of Jo Olson as the NHS England representative.

3. 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.

4. MINUTES (Pages 7 - 14)

That the minutes of the meeting held on 5 July 2018 be taken as read and signed as a correct record.

5. 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, 29 October 2018. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

6. 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).

7. DEPUTATIONS

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

8. HARROW CCG 2019/21) COMMISSIONING INTENTIONS (Pages 15 - 94)

Report of the Managing Director, Harrow Clinical Commissioning Group

9. DEVELOPMENT OF THE GP ACCESS CENTRE AT ALEXANDRA AVENUE MEDICAL CENTRE (Pages 95 - 102)

Report of the Assistant Managing Director Planned and Unscheduled Care, Harrow Clinical Commissioning Group

10. JOINT COMMISSIONING STRATEGY AND ACTION PLAN FOR CARERS 2018-2021 (Pages 103 - 146)

Joint report of the Interim Corporate Director Peoples Services, Harrow Council, and Managing Director, Harrow Clinical Commissioning Group..

11. INFORMATION REPORT - HARROW SAFEGUARDING ADULTS BOARD (HSAB) ANNUAL REPORT 2017/2018 (Pages 147 - 200)

Report of the Interim Director Adult Social Services

12. UP-DATE JOINT COMMISSIONING STRATEGY FOR PEOPLE WITH LEARNING DISABILITIES AND PEOPLE WITH AUTISTIC SPECTRUM CONDITION (Pages 201 - 228)

Report of the Divisional Director Peoples Services

13. INFORMATION REPORT - CANCER SCREENING UPDATE (Pages 229 - 248)

Report of Head of Screening, NHS England (London)

14. HARROW INTEGRATED CARE PROGRAMME (ICP) (Pages 249 - 260)

Report of the Managing Director, Harrow Clinical Commissioning Group

15. 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.]

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HEALTH AND WELLBEING BOARD

MINUTES

5 JULY 2018

Chair:	†	Councillor Graham Henson	
Board Members:	*	Councillor Ghazanfar Ali	Harrow Council
	*	Councillor Simon Brown	(in the Chair)
	*	Councillor Janet Mote	Harrow Council
	*	Councillor Christine Robson	Harrow Council
	*	Councillor Krishna Suresh (3)	Harrow Council
	*	Dr Sharanjit Takher	Harrow Clinical Commissioning Group
	*	Marie Pate	Healthwatch Harrow
	*	Javina Sehgal	Harrow Clinical Commissioning Group
	†	Dr Genevieve Small	Clinical Commissioning Group

Non Voting Members:	*	Varsha Dodhia	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
		Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council

	Vacancy	Borough Commander	Metropolitan Police
	Vacancy	Officer Representative	Harrow Clinical Commissioning Group
Officers:	Bridget O'Dwyer	Senior Public Health Commissioner	Harrow Council

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

11. Appointment of Chair for the Meeting

RESOLVED: That, in the absence of the Chair and Vice-Chair, Councillor Simon Brown be appointed as Chair for the meeting.

12. Changes to Membership

RESOLVED: That the following membership changes be noted:

(1) the appointment of Javina Sehgal as Accountable Officer or Nominee, Harrow Clinical Commissioning Group in place of Rob Larkman;

(2) the appointment of Varsha Dodhia as representative of the Voluntary and Community Sector in place of Carol Foyle and the appointment of Shona Duncan as Deputy.

13. Attendance by Reserve Members

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

Ordinary Member	Reserve Member
Councillor Graham Henson	Councillor Krishna Suresh
Dr Amol Kelshiker	Dr Sharanjit Takher

14. Declarations of Interest

RESOLVED: To note that the following interests were declared:

All Agenda Items
Councillor Krishna Suresh declared a non-pecuniary interest in that his mother was in receipt of benefits. He would remain in the room whilst the matters were considered and voted upon.

Item 7 – Information Report: 9-12 PH Nursing Commissioning Update
Varsha Dodhia declared a non-pecuniary interest in that she was an employee of CNWL. She would remain in the room whilst the matters were considered and voted upon.

15. Minutes

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

16. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions, petitions or deputations were received at this meeting.

RESOLVED ITEMS

17. Information Report: 0-19 PH Nursing Commissioning Update

The Board received a joint update report from the Director of Public Health and Chief Operating Officer on the award of the contract for the 0-19 Health Visiting and School Nursing services to CNWL with effect from 1 July 2018. It was noted that the three main public health priorities were oral health, healthy weight and school readiness.

The Director of Public Health advised the Board that the new service had been in operation in new premises from 2 July 2018. The first two days had been taken up with induction training. The Director drew particular attention to the following:

- the key focus during the transition had been on the use of a risk register to mange and monitor risks;
- the new service enabled the breastfeeding service to continue and also absorb the planned £65k budget saving. It would also enable the introduction of vision screening for all reception-aged pupils which, if funded as a stand alone service, would have cost in excess of £75k per annum;
- oral health was now the responsibility of all health visitors, school nurses and other staff instead of a specialist oral health promoter;
- additional checks, initially for the most vulnerable, would take place at age 4-5 months and at 3.5-4.5 years old. The latter aimed to improve school readiness in those not already attending an early years setting;
- the new service would provide an increased school nurse presence in every school and the introduction of questionnaires for secondary aged pupils in order to identify and address areas of concern to young people and to build on the recent Young People's Needs Assessment;

- the delivery model for school nursing in the two PMLD special schools would be brought in line with the statutory guidance on supporting pupils with medical conditions at school.

The CCG representative emphasised the commitment to working closely with Public Health and CNWL which had made a positive impact during the tendering process and early mobilisation. The CCG welcomed the inclusion of additional health checks to aid early identification and intervention and hoped the increase in school nurse provision would improve multi agency collaboration. It was however important to monitor whether nurses withdrew as a result of the change in the delivery model for school nursing in the two PMLD schools. She also stressed that health advice should include signposting alternatives to A&E.

The Board was informed that discussions were taking place between the CCG, Harrow Council and NWL regarding a joint specification for speech and language development, an area which had absorbed a £50k reduction in Council spending. Although no clinical risks had been identified it was hoped that in the longer term provision to meet the rising demand, linked to the increasing numbers of Education Health and Care Plans, would be commissioned.

The CCG representative expressed the hope that the suggested change to the school nursing delivery models for PMLD special schools would not result in unreasonable cost pressures for the CCG.

A CCG clinical representative stated that it was important for health visitors to liaise with primary care and GPs. Feedback on the new arrangements would be welcomed. The additional health checks would be useful in supporting improvement in low immunisation rates.

A Member referred to the discussion at the Corporate Parenting Panel earlier that week on CNWL Looked After Children (LAC) health team and stated that this confirmed the successful partnership working.

In response to questions, the Board was informed that:

- links with other services ensured signposting to other referral pathways. Specific mental health needs were given as an example. Mothers with mental health needs were identified as soon as possible and were given additional support known as universal+ and universal partnership+. Prenatal visits focused on vulnerable people and first time mothers. GP checks at 6 and 8 weeks would include assessments of maternal mental health and the new 4-5 months check by the health visitors would give an additional opportunity for identification of maternal mental health issues;

- the officer undertook to provide information on the number of staff employed in the 0-19 Public Health Nursing service at Milmans. There were approximately 70 staff in the service as a whole;

- there was no provision for inflation in the contract. It was a set price contract and efficiency savings were expected throughout the life of the contract to counter the impact of inflation.

A Member stated that the Young Harrow Foundation sought the raising of the profile of emotional and mental wellbeing, particularly in view of suicide and self harming. The Director of Public Health stated that meetings had taken place with Thrive London and the CCG regarding mental health needs and funding. The public health team were also delivering more Mental Health First Aid training for schools and other groups that worked with young people. This was in addition to the national MHFA in secondary schools programme that was now being rolled out in Harrow.

A Member who had served on the Scrutiny Review stated that she was delighted that all the recommendations had been taken into account.

The Director of Public Health stated that regular performance meetings would be held with the Trust and key performance indicators would be monitored. An update would be submitted to the Board.

RESOLVED: That the report be noted.

18. INFORMATION REPORT: Harrow Integrated Sexual & Reproductive Health Service Commissioning update

The Board received an update report on the Harrow Integrated Sexual and Reproductive Health Service. It was noted that Harrow's Sexual Health Strategy had been approved by the Board in 2015.

An officer introduced the report outlining the key objectives of the strategy and the services included in the fully integrated and comprehensive system. The Board was informed that following a procurement exercise, the Lead provider for ISRH Services across Ealing, Harrow and Brent was London North West Healthcare NHS Trust (LNWHT).

The officer reported the replacement of the previous fragmented provision by an integrated multi-agency local service. This integrated seamlessly with the new Pan London e-service and STI Home Sampling Service. The initial focus was to move lower risk patients from exceptionally busy clinics to enable focus on patients with additional needs or vulnerabilities.

In response to questions the Board was informed that:

- branding for the new service and an official launch, including the e-service, would take place shortly. Initial signposting would be from GP services, LNWHT ISRH or clinics;

- safeguarding was at the heart of the new e-service and the officer had facilitated a presentation in respect of safeguarding arrangements to Harrow LSCB Violence, Vulnerability and Exploitation sub group. Questions from the group were submitted to the lead commissioner at the City of London and responses had been received;

- Harrow's contribution to the e-service and the Pan-London Sexual Health Programme was based on the cost per appointment/test and was robustly tested. The previous system for calculating recharges for Harrow residents who chose to be treated elsewhere had been cumbersome. A Member commented that the e-service could reduce the number of residents attending out of borough due to confidentiality;

- it would be the responsibility of the LNWHT to consider any extension of the hours of the Alexandra Avenue Clinic. Other sites across Harrow were under consideration and the Board would be informed of any developments;

- the distribution of condoms and dispensing machines seven days a week was being investigated and the officer undertook to inform Board members of the current availability. A Member suggested that the information be made available on leaflets in GP surgeries. Pharmacies were keen to become distribution points for emergency contraception and this would increase access without incurring additional costs.

The Board endorsed the one stop approach as the way forward. A further report including monitoring satisfaction and hours of delivery would be submitted to a future meeting.

RESOLVED: That the report be noted.

19. Information Report: Diabetes Care

The Board received and considered the Diabetes Care Report produced by Healthwatch Harrow. The Healthwatch Harrow representative advised that the report was based on a survey, focus groups, Healthwatch Forum and the CRISPI database (concerns, request for information, signposting and intelligence) and national and local influences.

The Healthwatch Harrow representative stated that the report set out to gain a better understanding of the experiences of local people with regard to diabetes care and service provision and set out recommendations to improve the quality of service. She outlined the key issues and the six specific recommendations based on the workshops and survey.

Members expressed concern that Harrow had the third highest incidence of diabetes and commented that it was essential that primary care worked with GPs to promote a programme of prevention, such a programme to include encouraging people to attend for blood tests. A Member suggested that a diabetes prevention programme be introduced in schools from an early age in the same manner as sex education.

The Director of Public Health welcomed the participation of Healthwatch Harrow in raising awareness. She advised that the Schools National Childhood Measurement Programme indicated that Harrow was lower than the national level when started school but higher than the national level at 11. Programmes for physical activity and healthy eating were promoted. Harrow was in the third wave of the new National Diabetes Prevention Programme.

The CCG representative informed the Board that diabetes prevention was a priority for the North West London STP and a lot of work had been undertaken with primary health and social care on a model using an outcomes based approach. The Harrow Health app was also being actively used for raising awareness and signposting messages.

The Board discussed the initiatives being undertaken including school children walking a mile, adult walking groups in parks, patient participation groups to encourage both staff and patients to walk. It was reported that the Harrow Parks User Group was looking at nature and ecology walks.

Discussion ensued on the need to encourage those not already walking particularly those in the 30-50 year group. The representative of the voluntary and community sector suggested focussing on areas where high footfall and tapping into communities, for example having a representative for diabetes in each ward. The Board recognised the parental influence on the amount of physical activity their children undertook.

The Director of Public Health undertook to make arrangements to reinstate the walk in the local area for Members of the Board and officers prior to Board meetings.

The Chair thanked Healthwatch Harrow for an excellent report.

RESOLVED: That the report be noted.

20. Any Other Business

CQC Inspection of Drug and Alcohol Provider

The Director of Public Health advised the Board of the excellent report by the CQC on the Council's drug and alcohol provider WDP which outlined the four areas where it was leading the way.

Award of Gold Standard to Schools

The Chair reported that 9 Harrow schools had been awarded the gold standard at the recent London Health Schools Award ceremony at London City Hall. Norbury School had given a presentation at the ceremony which had been well received. The Board expressed its congratulations to all the schools involved.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.40 pm).

(Signed) COUNCILLOR SIMON BROWN
In the Chair

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	1 November 2018
Subject:	Harrow CCG 2019/21 Commissioning Intentions
Responsible Officer:	Javina Sehgal, Managing Director, Harrow CCG
Public:	Yes
Wards affected:	All Wards
Enclosures:	2019/21 Commissioning Intentions

Section 1 – Summary and Recommendations

Content

This report sets out the Harrow CCG 2019/21 Commissioning Intentions that set out to:

- Improve the health and wellbeing of people in Harrow by commissioning high quality and safe services.
- Involve and empower the people of Harrow in shaping of local services.
- Manage resources effectively ensuring best value and deliver financial balance.
- Implement our Local Services Strategy – primary care driving development and delivery of integrated care.
- Develop robust and collaborative commissioning arrangements.
- Improving performance in line with the NHS Constitution.
- Empowering people of Harrow to keep well and have a positive experience of care when they require it.

Based on the discussions with the Programme Teams the schemes initiated below will rollover into 2019/20 QIPP programme (further details can be found in the body of the document):

- Placement Efficiency Project
- HEROS C2C
- New Urology Service (NWL)
- Respiratory (NWL)
- Enhanced Gynaecology Service
- Enhanced General Surgery Service
- Enhanced Colorectal Surgery Service
- New ENT Service

Harrow CCG Programme Teams have also identified the following nine areas that are being scoped:

- Pain Management
- Medicines Management
- Long-term Conditions Management
- Dentistry
- Care Homes & Frailty
- Paediatrics
- End of Life Care
- Access
- AEC Pathway–Community

2019-21 Commissioning Approach

- NWL collated Contracting Intentions document – with local appendices distributed to providers (Acute, Community and Mental Health) 30th September 2018.
- Clinical Director Workshops to scope 2019/21 areas of focus.
- Harrow Patient Stakeholder Event – 20th September
- 2019/21 Commissioning Intentions document outlining specific pathway developments and the strategic approach to Integrated Care Partnerships – to be released by 31st October.

Recommendations:

The Board is requested to:

Note the current draft version of the CCG Commissioning Intentions 2019/21. This is being shared for information and discussion. A final version will be presented to the Board In December 2018.

Section 2 – Report

Background

See main report.

Financial Implications/Comments

To be determined.

Legal Implications/Comments

To be determined.

Risk Management Implications

To be determined through EIA and EQIA process associated with any proposed service changes.

Equalities implications

Was an Equality Impact Assessment carried out? Not for all changes at this stage

Any significant changes to the service will require a supporting EIA and EQIA as part of the approval process.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

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

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

Not required

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Javina Sehgal, Managing Director, Harrow CCG
Email: javinasehgal@nhs.net

Background Papers: None

NHS
Harrow
Clinical Commissioning Group

Commissioning Intentions 2019-21

Health and Well Being Board Update

1 November 2018

Content

- Harrow CCG Strategic Objectives
- Commissioning Intention – Key Objectives
- 2019-21 Commissioning Approach
- Commissioning Intentions – Timelines
- Potential 2019/20 QIPP Projects
- Commissioning Intentions – Risks / Issues

20

Harrow CCG Strategic Objectives

- Improve the health and wellbeing of people in Harrow by commissioning high quality and safe services
- Involve and empower the people of Harrow in shaping of local services
- Manage resources effectively ensuring best value and deliver financial balance
- Implement our Local Services Strategy – primary care driving development and delivery of integrated care
- Develop robust and collaborative commissioning arrangements
- Improving performance in line with the NHS Constitution
- Empowering people of Harrow to keep well and have a positive experience of care when they require it

Commissioning Intentions

Key Objective

- To review current status of the Commissioning Intentions for 2017/19
- To Develop the Commissioning Intentions for 2019/21
- To ensure Harrow's Commissioning Intentions align with NW London Collaboration of CCGs Commissioning Intentions
- To engage with our member practices and local partners (e.g LB Harrow; Providers; 3rd Sector) in commissioning a model of high quality health care for the residents of Harrow.
- To develop a robust communications and engagement schedule with partners, patient and the wider public.

2019-21 Commissioning Approach

- NW London collated document – one document with local appendices

- NW London sector level covering – growth, performance trajectories, NWL strategic programmes, sector level ICP development, STP CQUIN requirements and quality requirements.

- Harrow local level covering – Local patient voice, local ICP development, commissioning, decommissioning and service changes for Harrow

Communications and Engagement Approach

- We have involve the Public / External stakeholder through consultation and reflect feedback in our strategy
- We have sort specific feedback from our key partners such as Harrow local authority
- We will develop our strategy with input from internal stakeholders

Commissioning Intention – Key timeline

Joint Committee - discuss and agree plan for Commissioning Intentions
5th July 2018

Develop the local CCG content
1st July – 31st July 2018

Draft sector wide narrative
23rd July – 31 August 2018

Planned internal engagement workshops
1st Aug – 30th August 2018

Public / External stakeholder Consultation
3rd Week in September 2018

Health and Wellbeing Executive Committee
19th September 2018

Commissioning Intentions Letter issued to providers
30th September 2018

2018/19 Local schemes rolling into 19/20 QIPP

Based on the discussions with Programme Teams & Finance Team and 18/19 modelling, at this stage the schemes listed below will rollover into 2019/20 QIPP programme

- Placement Efficiency Project
- HEROS C2C
- New Urology Service (NWL)
- Respiratory (NWL)
- Enhanced Gynaecology Service
- Enhanced General Surgery Service
- Enhanced Colorectal Surgery Service
- New ENT Service

Potential 2019/20 QIPP Projects – Top 10

1. Pain Management
2. Medicines Management
3. Long-term Conditions Management
4. Dentistry
5. Care Homes & Frailty
6. Paediatrics
7. End of Life Care
8. Access
9. AEC Pathway–Community

Potential 2019/20 QIPP Projects – Enablers

- Contract Efficiencies
- Best Practice Tariff compliance
- Workforce
- Overseas visitors
- Estates Strategy
- Patient Transport Service
- Primary Care at scale
- IT
- Cross-border activity

Commissioning Intentions – Risks / Issues

- Continuity of resources to drive and progress the local content of the commissioning intentions **– open risk**
- Availability of colleagues over the summers months to participate in the series of planned workshops **–closed risk**
- Need to align local plans with NWL Commissioning Intentions and those of local CCGs (eg Ealing and Brent, commissioners of LNWHT) **– open**
- Ability to ensuring Commissioning Intentions are baked into contracts to delivery change and release of resource **- open**

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NHS
Harrow
Clinical Commissioning Group

Draft

Harrow CCG's Commissioning Intentions 2019/21

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NHS
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Content

DRAFT

Annexes To be Updated

DRAFT

Executive Summary

In line with the Five Year Forward View, our overarching purpose is to improve the health and wellbeing of the local residents of Harrow by commissioning a sustainable model of high quality health care within the resources we have available. We want patients to receive health care which is right the first time, in hospital when this is appropriate, but closer to their home when possible.

Patients are at the heart of everything we do and we make decisions about health services based on the feedback we get. This is to ensure that the services we purchase and redesign are services that residents need and can access.

In line with aspirations from NHS England and NW London Collaboration of CCGs, Harrow's strategic aim is to deliver population-based care for the whole Harrow population from April 2021. The NHS Five Year Forward View (2014) called for new care models to achieve better integration of care across GP, community health, mental health and hospital services, as well as more joined up working with home care, care homes and the voluntary sector.

These new models are being delivered through the development of Integrated Care – where NHS and care partners work together to develop models of care that meet the needs of their population. This can include tackling wider determinants of health and illness – housing, environment, education etc. Integrated care operates through working collectively to a single contract, a shared and single set of outcomes to be delivered and single funding stream for the services delivered.

"Integrated accountable care should be seen as a different way of thinking about planning and delivering care based on people – not buildings or organisations; based on outcomes – not procedures or activity". *(NWL CCG's)*

Early results from parts of the country that have started doing this – 'vanguard' areas – are seeing slower growth in emergency hospitalisations and less time spent in hospital compared to the rest of the country. The difference has been particularly noticeable for people over 75, who often face a revolving door of emergency admission, delayed discharge and then hospital re-admission.

Since 2016 Health and Care partners in Harrow have been exploring new ways of organising the care system as identified in the Five Year Forward View with the intention of developing integrated care initially through the work of the Whole Systems Integrated Care Programme.

Integrated care models are an extension of this and allow providers to take collective responsibility for providing for the health and care needs for a given population for a defined period of time (typically 5-10 years). Providers are held accountable for achieving a set of pre-agreed outcomes within a given budget or expenditure target.

Since August 2017, Harrow Clinical Commissioning Group, the Local Authority and key Providers in Harrow have been working in partnership to develop and

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deliver integrated care initially for a sub set of Older Adults, namely:

- 65+ with moderate severe Frailty
- 65+ in Care Homes
- 65+ with Dementia
- 18+ Last Phase of Life
- 65+ mostly Healthy Older Adults.

The aim is to enable truly person-centred care that supports adults with significant needs to achieve the best possible quality of life with an increased focus on prevention, proactive care and self-reliance. This is aligned with the strategic theme of prevention and early intervention as set out in the Five Year Forward View. The programme aims to ensure that people have a personalised and co-ordinated approach for the care they need, making it easier and simpler to access support.

It is intended that from 1st April 2019, Harrow CCG will commission a new model of care and services for this group of over 65's from a provider partnership working under the umbrella of an Alliance Contract for a population of circa 28,500 and spend £42m.

From April 2020 this will be extended to include all adults over 18 years of age and will be extended to support those adults with long term conditions, severe and enduring mental illness and learning disability.

Finally the programme will be extended from April 2021 to include families – women and children's services.
The development of Integrated Care to deliver population based health across Harrow starts with General Practice – the building blocks for a population based approach based on registered population.

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NHS Harrow Clinical Commissioning Group

Harrow CCG Roadmap to Deliver Integrated Care Programme

2018/19

Localities – 30 – 50 K population across Harrow and use of development funds

Review the WSIC operating and align to Harrow ICP 65+ Models of Care as part of the PCN/Hub based model

Development of outcomes-based KPIs for 65 + and develop in alignment with NWL whole population outcomes framework to support across separate contracts

Sign off business case for 65+ models of care (5 cohorts £42m) and align operating model mobilised and managed through ICP contracting vehicle

Each PCN defines requirements of their operating model to meet their defined population needs

Consideration of what is in scope for 2019/20 including social care and

2019/ 20

Transformation of our commissioning of primary and community based care, moving away from single providers to commissioning at population based levels (primary care networks), with an increased focus on commissioning for outcomes.

To have a single federation representing primary care in a system leadership role.

Implementation of 65 + ICP for Harrow and development of lessons learned and plan for commissioning framework for Harrow ICS via chosen contracting option

Implementation of NWL LTC population pathways and align and merge within platform of PCN and development of 65+ ICP in Harrow

Consideration of what is in scope for 2020/21

2020/21

Further care functions and services built in, with clear plans to integrate primary care, mental health, social care and hospital services using population health approaches to redesign care around people at risk of becoming acutely unwell.

The system will sign up to a collective commitment from CCGs and providers to system planning and shared financial risk management,

Fully capitated budget covering the whole population

Section 1: About Harrow CCG (HCCG) and the Purpose of the Commissioning Intentions

The Purpose of Harrow CCG

Harrow Clinical Commissioning Group (CCG) is the public agency responsible for purchasing most of the health services for the people of Harrow*. We operate within a financial budget and aim to ensure that we use the money given to us to purchase health services that are appropriate, effective and safe and that offer value for money.

Harrow CCG's role is to ensure that the health services in Harrow are designed in a manner that meets the highest possible standards of quality as well as the needs and reasonable expectations of our population now and prepares the way for changing health needs over the coming years, while meeting our statutory financial requirements. This document aims to set out how we will achieve these requirements in 2019/20 – 20/21 and beyond.

Harrow CCG has a clear organisational vision; it is to **'Constantly improve Patient Care and outcomes from where we are now'.**

The CCG's overarching strategy is described in the Harrow Sustainability and Transformation Plan (STP).

The triple aim of the STP is to:

- **Improve Health and well Being**
- **Improve Care and Quality**
- **Improve Productivity and close the Financial gap**

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**The population of Harrow includes all patients registered with a Harrow based GP and unregistered people resident in Harrow. Some elements of health care are commissioned by the London Borough of Harrow (LBH) and, particularly for Primary Care, others such as NHS England (NHSE). In 2015/16 the CCG entered into an agreement around Co-Commissioning for Primary Care with NHS England (where the parties will for the first time share responsibility for commissioning GP Based Services in Harrow) and this relationship continues to evolve.*

The Purpose of the Commissioning Intentions

The aim of these commissioning intentions is to set out clearly how the CCG will utilise its resource allocation in 2019/20 – 20/21 to deliver its vision and to highlight any significant changes it is planning to the services that it commissions during that time.

In particular the purpose of Harrow CCG's local Commissioning Intentions is to:

- Notify our providers as to what services the CCG intends to commission for 2019/21.
- Provide an overview of our plans to commission high quality health care to improve health outcomes for

  Harrow registered patients for 2019/21.
- To engage with our member practices in commissioning a model of high quality health care for the residents of Harrow.
- To engage partners, patients and the wider public in shaping the way in which we respond to the health needs of Harrow residents and the way we commission the appropriate services to meet local needs.

During 18/19 the CCG has involved a wide range of local people including patients, carers and the wider public along with our providers of healthcare services and our members in General Practice in the development of plans for the local health economy. We have also drawn on a wide range of sources of information and feedback.

The Commissioning Intentions for 2019/20 – 20/21 will evolve throughout its 2 year lifespan as a result of ongoing discussions with the public, our health and social care partners and providers of services. This document should be read in conjunction with the Commissioning Intentions stated for NHS England (NHSE) and for the North West London Collaborative of CCGs.

Any services that are currently commissioned or are procured in future, the outcomes required of those service and associated budgets, might, in future form part of an the Integrated Care Partnership. The CCG will require current and future providers of services to work closely with any Integrated Care Partnership in the delivery of services that provide clinical and financial outcomes that meet the requirements of Integrated Care Partnership agreements.

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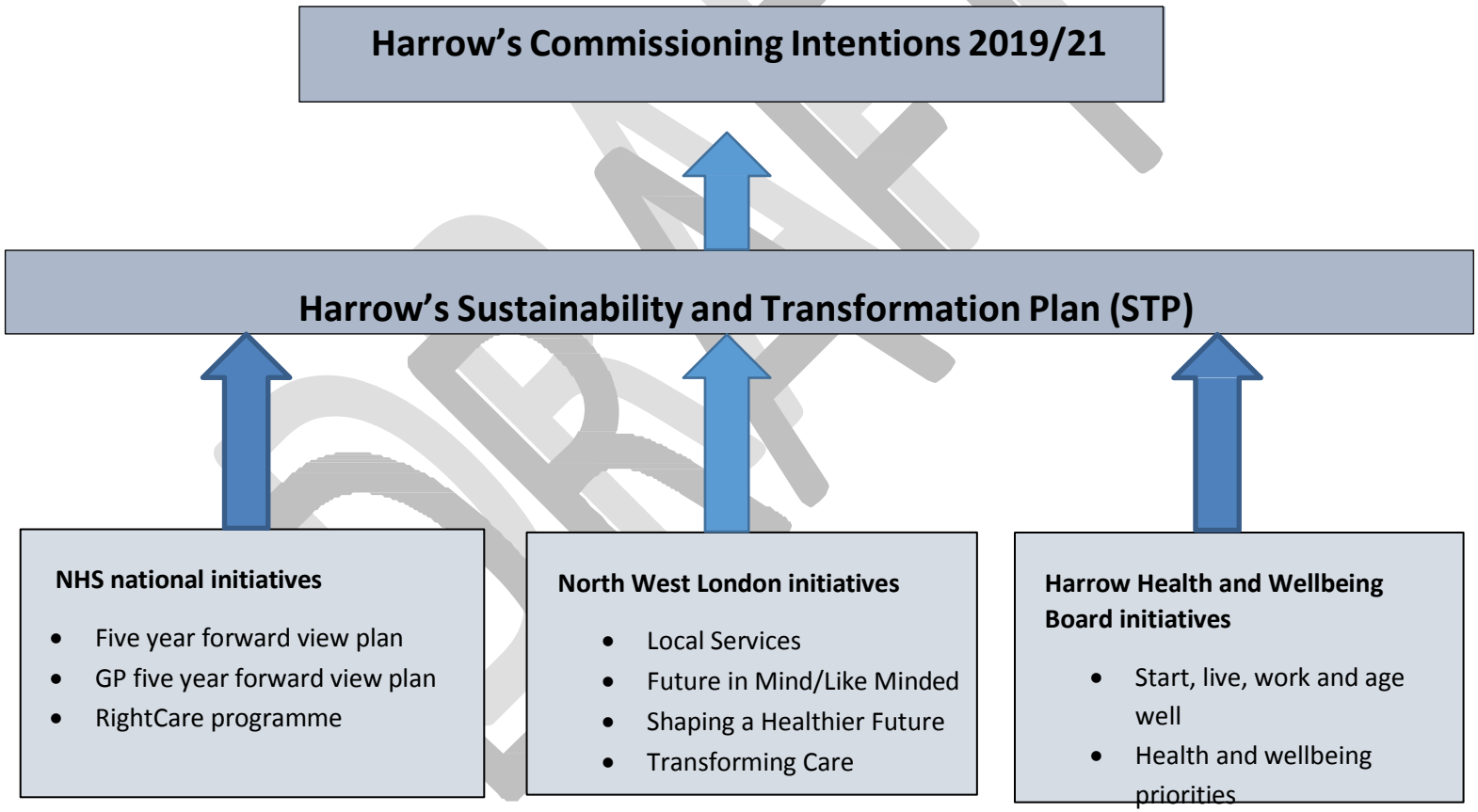
The Development of Harrow CCG's Commissioning Intentions

Harrow Commissioning Intentions 2019/21 aim to implement Harrow's Sustainability and Transformation Plan (STP).

Harrow's STP includes a number of initiatives as outlined in the diagram below. These all support the improvement of health outcomes, patient care and NHS efficiency.



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Section 2: Understanding Our Population – the Health and Wellbeing of Harrow

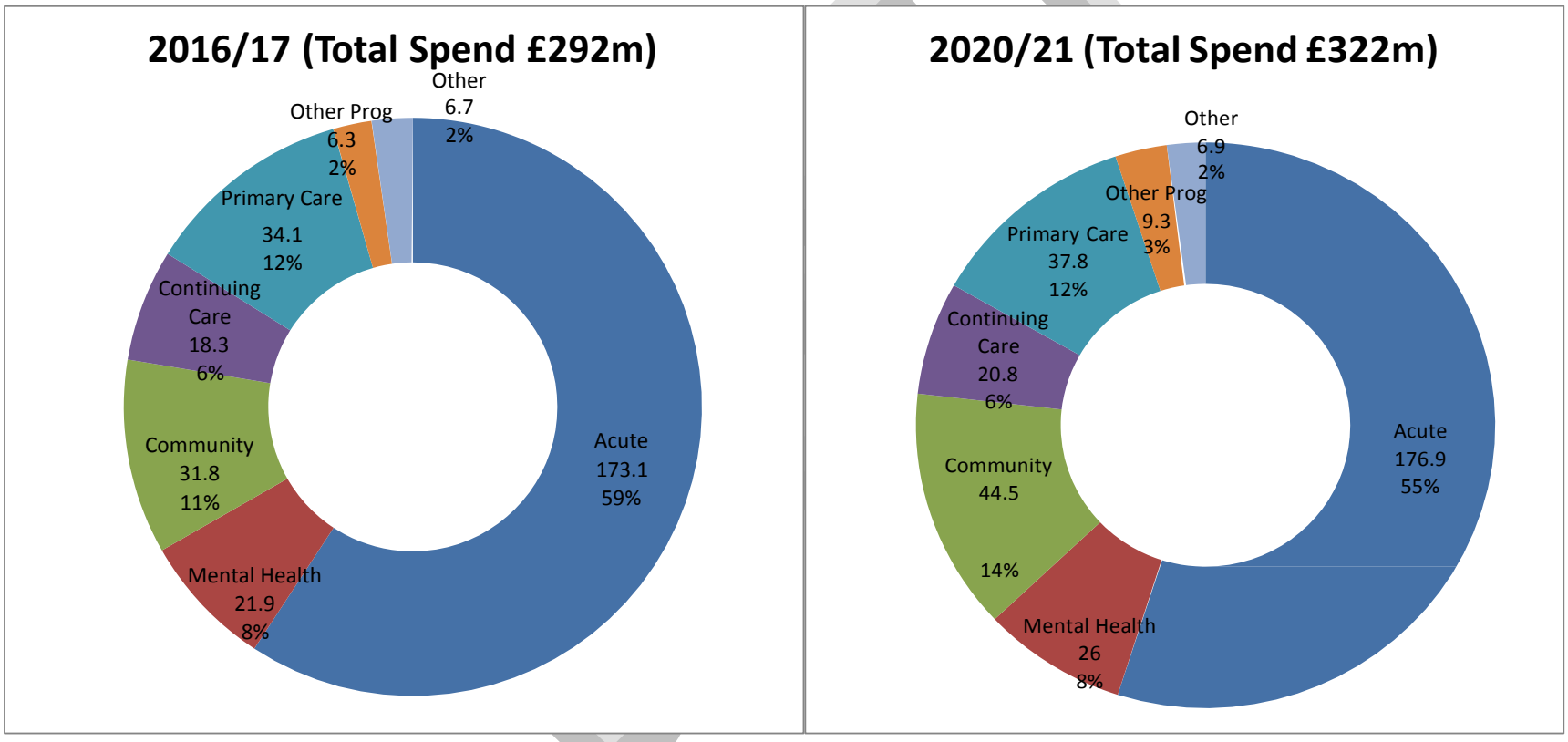
In Harrow our Health and Wellbeing Strategy and our Joint Strategic Needs Assessment, developed between the Local Authority and the CCG, are the basis for our understanding of the changing needs and issues facing our population which include:

Understanding our population – the health and wellbeing of Harrow

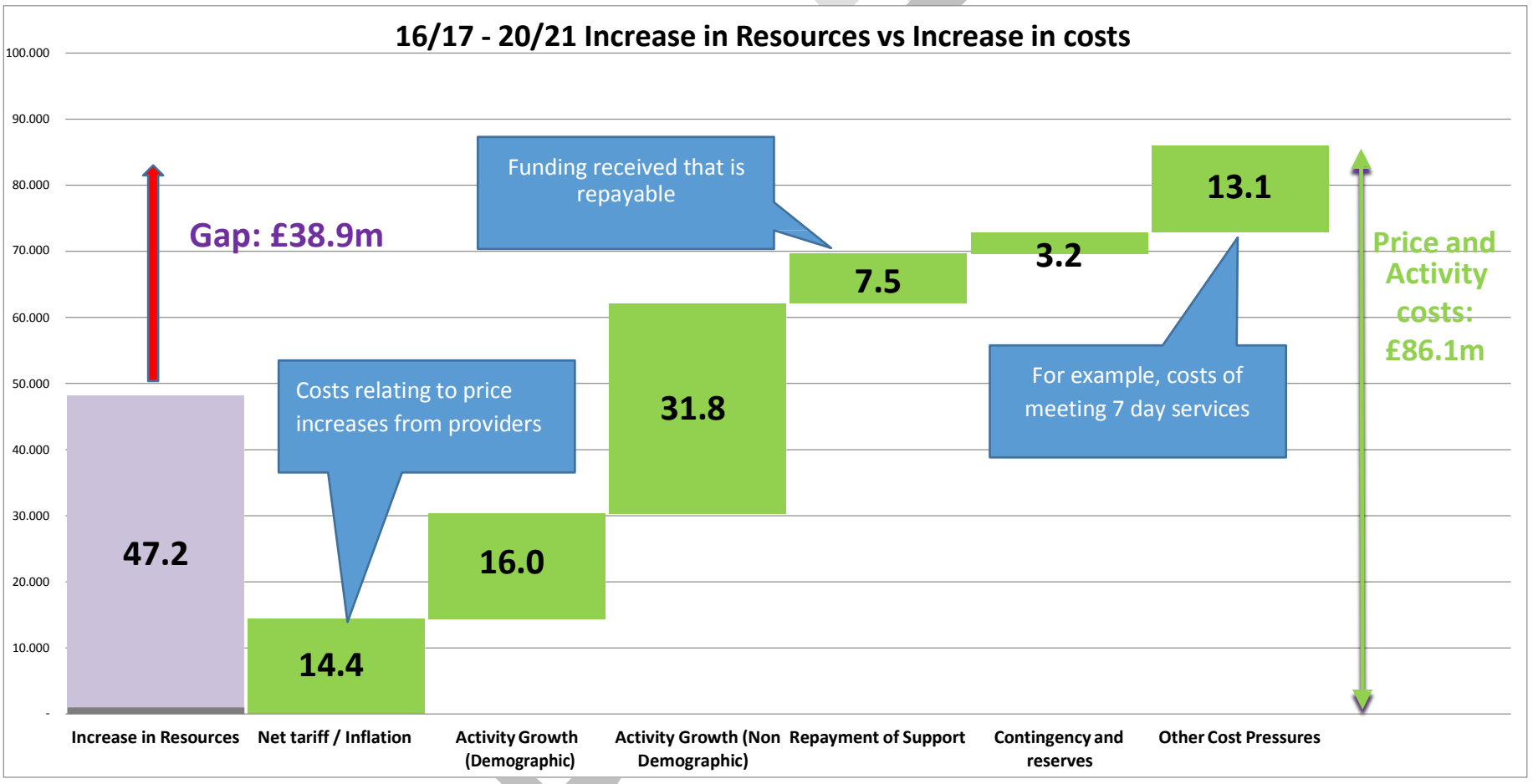
Children	• Nearly 1 in 5 of Harrow children live in poverty, which can lead to poor health outcomes as an adult. • Children in Harrow have similar levels of obesity as the England average (21% of 10 and 11 year olds), which increases the risk of cardiovascular disease and diabetes in later life. • About 3,100 children (5.5% of children) were in need of a service from Social Care in 13/14. These children are vulnerable and many have poor mental and physical health. • In Harrow there are many babies born with low birth weights, who are more vulnerable to infection, developmental problems and even death in infancy.	**Cancer**	• Incidence for all cancers is lower in Harrow than the England average. • Early diagnosis is important for improving survival rates, however rates of bowel and breast cancer screening are lower in Harrow than the national minimum standard. • Cervical screening rates are also low, and are declining in young women. In addition, vaccination against Human Papilloma Virus (HPV) – which causes almost all cervical cancer – is lower than the England average. • There is increased risk of certain cancers in Asian and Black ethnic groups, which is particularly relevant in Harrow. Women from these groups have a lower under-65 survival rate for breast cancer and higher risk of cervical cancer in those over 65 years.
Serious and long term mental health needs	• One in 7 adults in Harrow have a mental health problem. • Over 97% of people referred to Talking therapies, are seen within 6 weeks. • Hospital admissions due to drug-related mental health and behavioural disorder are amongst highest in London, with higher prevalence of schizophrenia, bipolar affective disorder and other psychoses. • About one fifth of people accessing substance misuse services are having concurrent contact with mental health services. • Rates of unemployment are higher in those with mental health conditions. Unemployment is directly associated with poor mental and physical health including cardiovascular disease, depression and suicide plus those out of work are more likely to smoke, drink alcohol and be physically inactive.	**Older People**	• Harrow has a higher proportion of those aged over 65 compared to other NWL boroughs, and a third of those aged over 65 have at least one long term health problem or disability. • People in Harrow are living longer with ill health (approx. 20 year gap in healthy life expectancy and life expectancy). • These is a shortage of appropriately trained health care professionals to meet the care needs of our growing elderly population. • Older people are at greater risk of falls and associated injury, such as hip fractures, which is associated with a greater need for institutional care. • There will be increased NHS & social care costs due to the ageing population and increasing dementia prevalence.
Mostly healthy	• There are high rates of obesity in Harrow, and many residents don't take enough exercise (31% of adults are physically inactive). A physically inactive person is likely to spend more time in hospital and visit the doctor more often than an active person. • Those living in the most deprived areas of the borough are less likely to live near green space, and these areas have the lowest rates of physical activity and higher rates of obesity and cardiovascular disease. • There are low amounts of fruit and vegetables eaten, which impacts on health and obesity levels.	**One or more long-term conditions**	• Cancer, heart disease and stroke are the biggest causes of death in Harrow. • One in ten people in Harrow have Type 2 Diabetes, which one of the highest rates in England. We also have the highest rate of 'pre-diabetes'. • Many people (15%) with a long-term condition or disability feel that their day-to-day activities are limited in some way.
Other	• More deprived areas in Harrow have poorer health outcomes; we need to urgently address this inequality and ensure that everyone in Harrow has an opportunity to start, work, live and age well. • Harrow is an ethnically diverse borough; over half of our residents are black or an ethnic minority. This means that rates of some conditions such as diabetes and heart disease is greater; there is a 3-fold increased risk of diabetes among people of South Asian origin compared with white people and risk increases at a younger age and lower weight.	**Other**	• A quarter of adult social care users do not have as much social contact as they would like, leading to social isolation. Feeling lonely and socially isolated in older age has been suggested to be as harmful to health as smoking 15 cigarettes a day. • There are high rates of fuel poverty (over 10%), implying that many Harrow residents are living in cold homes, which may be having a knock-on impact on their health (e.g. cardiovascular and respiratory diseases). • There are high rates of TB (the fifth highest rate in London) and high rates of statutory homeless.

Section 3: The Financial Challenge

The impact of growth in population (demographic growth) and the growth in the prevalence of disease and ill-health through such things as increase in the rate of diabetes (non-demographic growth) plus a number of other factors will change both the value of spend and proportion of spend within different areas as shown in the diagrams below.



The gap between the expected growth in demand and the expected growth in the financial allocations (the amount of money available to Harrow CCG) requires the CCG to identify approximately £39m of savings between 2016/17 and 2020/21 as shown in the diagram below.



If the CCG delivers the financial plan in 2016/17, the remaining savings required will be £25m. The table below gives an indication of where the savings could come from and in what year the saving would be expected to be delivered. This is based on benchmarking and other modeling undertaken by the CCG and across North West London. The breakdown also includes re-provision or investment costs necessary to deliver the savings.

Area of Spend	2017/18	2018/19	2019/20	2020/21	Total
Non-Elective Attendances	£(3.2)m	£(3.2)m	£(3.2)m	£(3.2)m	**£(12.7)m**
Elective Attendances	£(3.2)m	£(0.8)m	£(0.7)m	£(0.7)m	**£(5.4)m**
Out-Patient Attendances	£(2.9)m	£(1.0)m	£(0.7)m	£(0.7)m	**£(5.5)m**
Continuing Health Care	£(2.0)m				
Prescribing	£(1.9)m	£(0.8)m	£(0.8)m	£(0.8)m	**£(4.3)m**
Other Services		£(1.6)m			
Re-provision / Investment Costs	£1.6m	£1.6m	£1.6m	£1.6m	**£6.6m**
Total	**£(11.6)m**	**£(5.8)m**	**£(3.8)m**	**£(3.8)m**	**£(24.9)m**

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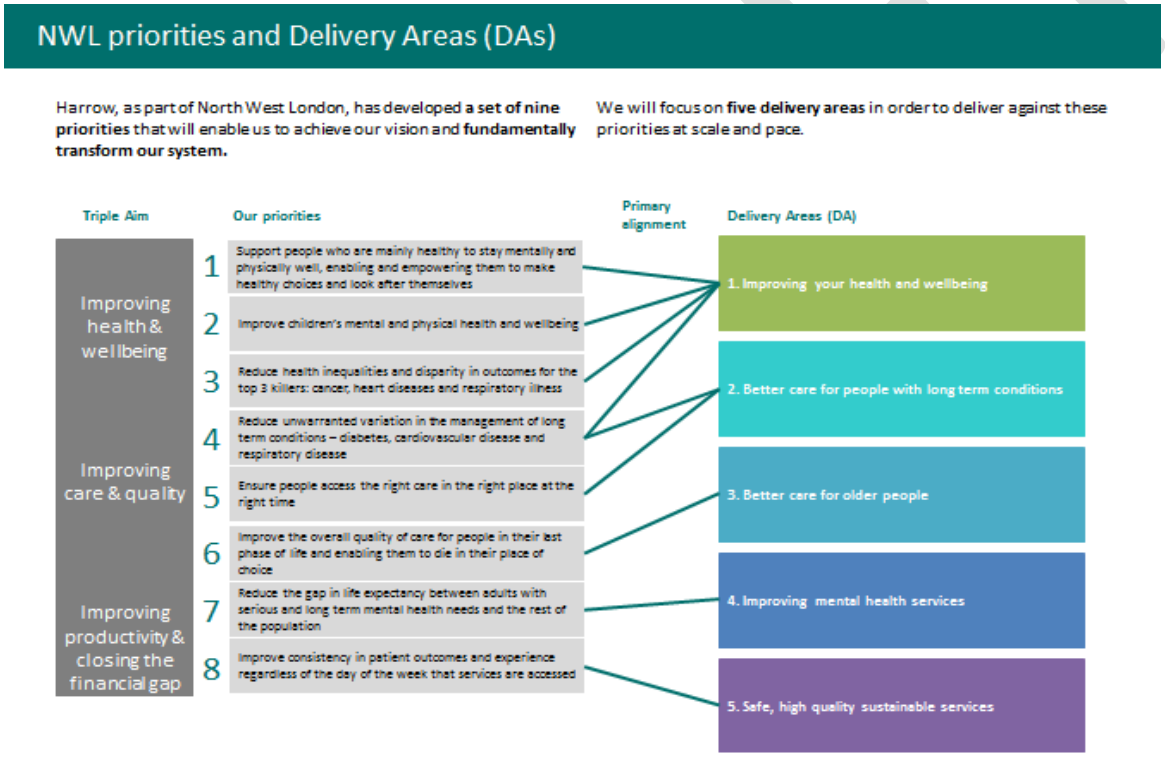
Section 4: The Harrow Sustainability and Transformation Plan

The North West London Sustainability & Transformation Plan (STP)

NHS England has asked for CCGs to work across borders and with the public and providers to develop their response to the Five Year Forward View via Sustainability & Transformation Plans (STPs). For Harrow CCG we are collaborating with the other seven CCGs in North West London (NWL) to produce our STP and are also working locally across our network of partners and providers locally to ensure the STP reflects our local needs as well as NWL priorities.

Harrow, as part of North West London, has developed a set of eight priorities that will enable us to achieve our vision and fundamentally transform our system. We will focus on five delivery areas in order to deliver against these priorities at scale and pace.



Harrow's Sustainability & Transformation Plan (STP) Priorities 2017/18 – 2020/21

The following outline proposals for the development of services (19/20 – 20/21) to deliver the NWL STP priorities were developed for the Harrow chapter of the Sustainability and Transformation Plan. These proposals will continue to be discussed and developed through the STP implementation process.

Delivery Areas	NWL STP Priorities	Harrow Plans 2017/18 – 2020/21
1	Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	- We are developing new, and promoting existing ways of signposting residents to facilities, information, advice and services which promote health and wellbeing. - We are promoting the NWL People's Health and Wellbeing Charter which aims to manage and reduce demand in health and care services through encouraging behavioral change in residents and staff. - We will begin a pilot at Northwick Park hospital to reduce emergency activity caused by alcohol.
2	Improve children's mental and physical health and wellbeing	- We are improving urgent/crisis care in the community so that patients can be treated at, or close to, home. We are doing this through providing a 24/7 single point of access, timely assessment, more crisis management, supporting recovery at home in the community and extending out-of-hours Children and Adolescent Mental Health Service (CAMHS) provision. - We are also exploring alternatives to inpatient admissions, such as crisis houses/recovery houses.
3	Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness	- We are working closely with General Practice on a comprehensive disease Prevention Programme, supporting GPs in identifying and monitoring patients at increased risk of developing Cancer, Heart Disease and Respiratory illnesses. The Preventions Initiative, based on sound clinical evidence, is aimed at promoting better health awareness as well as early detection and diagnosis
4	Reduce unwarranted variation in the management of long term conditions – diabetes, cardiovascular disease and respiratory disease	- We continue to work with GPs of Harrow on the safe and consistent management of patients with Long Term Conditions such as Diabetes, Heart disease and respiratory illness. The Care Pathways developed for patients involve both the GP and Community Care providers to facilitate

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		joined up healthcare of r each individual patient. Prevention of disease progression and reducing admissions to hospital are the two key aims of the work.
5	Ensure people access the right care in the right place at the right time	- We are supporting the wider use of the NHS 111 service to support patients in getting access to the Right Care in the Right Place at the Right Time. We are opening a GP Access Centre in November, offering bookable appointments for patients 7 days a week. The centre is an extension to General Practice and will support the long term management of patient care
6	Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice	- NHS Harrow CCG continues to work closely with our commissioned providers of End of Life care to ensure patients receive the optimum quality of care. Our primary provider, St Lukes Hospice, has an exceptional record for care delivery including supporting patients to die in their place of choice.
7	Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population	
8	Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed	We are supporting the wider use of the NHS 111 service to support patients in getting access to the Right Care in the Right Place at the Right Time. We are opening a GP Access Centre in November, offering bookable appointments for patients 7 days a week. The centre is an extension to General Practice and will support the long term management of patient care

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The Harrow Self-care and Prevention Agenda

In addition to the STP priorities the Harrow care system is committed to the following measures to promote self-care and ill-health prevention.

- Mapping and integrating services/facilities which support self-care with widespread use of Patient Activation Measure to segment the population according to ability to self-care, to tailor approaches and evaluate behavior change.
- Wide scale provision of information and brief advice on alcohol, physical activity, diet, smoking and mental health and signposting to appropriate services.
- Exploring collaborative commissioning of services to support weight loss/maintain a healthy weight and collaborative action to support broader place based approaches to food and physical activity environment.
- Action to improve prevention, detection and management of diabetes.
- Investigating integrated approaches to health and social issues including 'social prescribing' acknowledging the significant impact that debt, housing, employment, income issues have in health and wellbeing.
- Using RightCare methodology to explore how preventative measures could be enhanced to reduce the impact of these diseases.

NHS Harrow CCG has developed and implemented the Harrow Health Help Now App for use with Smart Phones and Tablets. The app has been designed to provide patients with easy access to health information and local services, empowering them to manage their health and promote self-care. The app offer users the following options:

- Find Local Services
- Check Symptoms
- Get Advice
- Access GP services online
- Access E-referrals service
- Access Mental Health Advice
- Access Information and Advice on Diabetes
- Access information and Advice on Respiratory illnesses
- Access the Care Information Exchange
- Access information on Harrow Council services

The app information is based on the RightCare principles, particularly for Respiratory and Diabetes elements.

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Section 5: Listening to the Voice of Local People

The Commissioning Intentions provide a basis for robust engagement between the CCG, partners and providers, and are intended to drive improved outcomes for patients and to transform the design and delivery of care, within the resources available.

In developing (2017/19) Commissioning Intentions, an extensive programme of stakeholder engagement was undertaken following the original publication of the draft document. In particular engagement sessions with representatives from Mind, Harrow Association of Disabled People, Age UK, Harrow Patient Participation Network, Health Watch Harrow, each Harrow GP Peer Group and the Harrow GP Forum took place in Nov 2017.

Children, Maternity and Children and Adolescent Mental Health Services

Children, Maternity and CAHMS		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	More opportunity to use schools, libraries, parks and other public places to communicate with young people	The new integrated emotional health and wellbeing service will make use of Harrow community places
2	All services should be integrated and they should be inclusive despite disability where possible	Delivering a new integrated emotional health and wellbeing service, this is open access for CYP. Redesigning paediatric services for a more integrated model
3	CCG should have a spokesperson that goes to schools and works with students and parents	CCG employed a FT engagement and participation lead for CYP
4	Consideration to be given to providing continuity of care for university students. Current arrangements mean difficult to access care during holidays	All GP practices registers are open to students requiring temporary registration

End of Life care

End of Life Care		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	CNS team should move to a 7 day working schedule to better align with other services and address the delayed transfer of care	Part of wider work on 7 day working yet to be fully agreed and implemented End of Life Single Point of Access and Face to Face services operating 7 days a week to better manage patient care

2	Need to align the acute palliative care team	Will be part of Integrated Care organisation going forward Integrated Care organization (now Integrated Care System) well advanced in development. Includes all aspects of End of Life Care
3	Planned discharge should not be left until late on Friday	Performance being monitored more closely for 16/17 to try and avoid this happening Better co-ordination between hospital and community teams has led to improved discharge planning.
4	Should be a timely evaluation of the End of Life single point of access (SPA) incorporating a wide range of stakeholders	Performance being monitored more closely for 16/17 to try and avoid this happening Single Point of Access (SPA) evaluation demonstrated effectiveness of the service. SPA has been extended for a further two years
5	Potential for greater education and training between palliative care teams and district nurses	Being delivered across Harrow with funding secured Training continues to be delivered across Harrow

Equality and Engagement

Equality and Engagement		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	How will patients have more say?	In Harrow, Patients can have more say through our local Engagement events, through the Equalities and Engagement Committee, via our social media platform (Facebook, twitter and Instagram) and in our get involved section on the Harrow CCG website (https://www.harrowccg.nhs.uk/get-involved)
2	How will the CCG keep patients informed?	In Harrow, we continue to engage with local PPG leads through the HPPN Network and local patient representation groups such as HealthWatch, Harrow Carers and Harrow CVS. Patients are kept updated about the projects we do through Engagement Events, local outreach events and our stakeholder newsletter. The CCG Governing Body and Primary Care Committee meetings which are held in public and include patient engagement representatives will include updates and be available via the CCG website.
3	How will Harrow CCG represent the interest of a diverse group?	In Harrow, through our Equality Impact Assessment we consider our diverse population when develop and review services. We recruit patient representatives from our local population in our decision making. We hold Equalities workshop and Harrow keeps the patient at the center of commissioned services

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Health and Wellbeing Priorities

Health and Wellbeing Priorities		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	Insufficient focus in existing commissioning intentions on cancer	Cancer pathways a have been reviewed and been updated with adjustments made according to best practice. This is a continuous process as developments in Cancer pathways come to the fore
2	Insufficient focus on healthy eating and prevention, particularly within schools	Work with schools being undertaken by Public Health to achieve Healthy Schools London awards with healthy eating a key theme
3	Greater focus on support for carers (particularly working carers) required	Harrow CCG and Harrow Council have developed a Carers Strategy as part of the Better Care Fund Programme. This is reviewed annually

Mental Health

Mental Health		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	More effort is required to follow the protocols for Shifting Settings of Care.	Monitoring is currently monthly reviewing activity and performance. Also Harrow CCG has been addressing issues raised by services users and carers with CNWL and Harrow Mind
2	More training for GPs and staff caring for people with mental health conditions required	Included in Education Forum's
3	Greater promotion and information around translators/interpreters services, Advocacy and PALS required	Harrow CCG has reviewed it Advocacy service and is currently developing a user led model for advocacy.
4	Stigma and lack of respect remains evident	The CCG along with other statutory and voluntary sector partners have been promoting health and wellbeing. Educating the general public, friends, family and those in the workplace has been the best way to reduce stigma, ignorance and isolation, whilst promoting knowledge, understanding and respect.
5	Limited information in practices concerning mental health	Updates and information on enhancements have been circulated to Practices, with a drive on promoting The Talking Therapies service widely, including to Public Health and the Local Authority. There has also been a major drive for children and young people.
6	Culturally for Harrow a significant number of people in the community rely only or firstly on their	Harrow CCG commissions the Harrow Association of Somali Voluntary Organisations as one of the ways to extend reach and enhance care and services for communities that

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	community or spiritual leaders	may not readily use statutory services. Whilst engagement events have been directed to community services, more work is being done to raise awareness in communities especially to community and spiritual leaders.
7	Services users and carers require more time with their GP when describing their symptoms	Additional Primary Care Mental Health Nurses were recruited, to a total of 6, thus enabling one nurse per peer group ensuring each of the practices have increased support and a more visible presence.
8	GP practices and providers are not always aware of the cultural backgrounds and behaviors of their carers and users	In progress, for this year.
9	Significant support for Single Point of Access to Mental Health services for GPs and other health and social care professionals	Completed. The SPA went live for CNWL in November 2015.

The following outlines how we have further engaged with our stakeholders to obtain their views on our Commissioning Intentions for 2019/20.

Stakeholder / Audience	Request
Harrow Local Performance and Quality Group Members Include: Voluntary Sector partnerships and networks	• Advocacy support in the community
Harrow Patient Participation Network	• Request to HPPN to support programme for Dementia awareness in Harrow
Harrow Mencap	• Request for additional specialist staff in the Community LD team • Request for Transformation funding to train cares and users in what to do for Challenging Behavioural
Mind in Harrow (User Group)	• Advocacy Support in the community
Harrow Rethink Support Group (Carers)	•
Milmans (Dementia Support)	• Request for Admiral Nurses

Planned Care

Planned Care		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	Should incorporate within planned care contracts KPI	Reviewed by speciality when implementing outpatient improvements e.g.: quality of

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	to measure DNAs	referrals Both Acute and Community Outpatient services providing monthly data on numbers of patients who "Do Not Attend"
2	Clinical and business case for investment in Obesity Clinic	Still under consideration but currently working with LB Harrow on developing Physical activity and Sports strategy 2016-2020.
3	Clinical and business case for investment in Spinal Pain Service	Pilot assessment service live from June 16 to be fully procured after one year Spinal Physiotherapy service in place as part of improved Spinal Pain Service. GPs can refer patients directly to the new service.
4	Insufficient capacity within the community for COPD and Respiratory Services	Also progressing under RightCare pathways and community services procurement Respiratory service being launched late 2018
5	Additional capacity required to provide Pulmonary Rehab services	Addressed as part of Community Services re- procurement A community Pulmonary Rehabilitation service is available to Harrow residents and is delivered through the community services contract with CLCH.
6	Insufficient speech and language services available in the community	Addressed as part of the community paediatric redesign Community Paediatric Services reviewed and updated, including Speech and Language Therapy for 2018/19 CCG will review what therapies we currently offer and if all of these could be reprocured at Community Paediatrics Service
7	Significant opportunity to improve MSK care pathway	On-going work on pathways during 16/17 with some completed Improved MSK Physiotherapy pathway launched in 2017. Further updates to Outpatient and Inpatient services launched in 2018 For success of current MSK service, CCG is looking to set up a common community pain management service, with a focus on managing physical pain alongside taking care of psychological/Mental Health needs – all around service for musculo-skeletal pain, non-muscular (other) pain and psychological needs
8	Better data sharing between GPs and other clinical services should be a number one priority for the CCG	EMIS is the mandated system required by all new service providers going forward to enable a safe data sharing / interoperability. A summary of the patient's records will be available for a clinician to access to make an informative decision on patient needs. Patients have the choice to opt out of this from their GPs
9	Greater opportunity for integrated services – currently a disconnect between diagnostic tests, GP and acute referrals; not helped by poor record sharing	On-going work Both Acute and Primary Care Services making use of the ICE Computer system for requesting diagnostic tests and sharing results

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10	Currently long waits for secondary care appointments at LNWHT	Work underway with LNWHT and Imperial to meet 18 week treatment target NHS Harrow CCG has increased the number and capacity of its Community Outpatient services to reduce waiting times for patients and improve accessibility
11	There is a clear need for more self-help groups and clarity about access and referral arrangements to these services (e.g. Diabetes prevention Programme	Part of RightCare programs of work including Diabetes, Dementia and Respiratory

Primary Care

Primary Care			
No	**"You Said"**	**What Harrow CCG did and will do 2017/18**	**What Harrow CCG did and will do 2018/19/20**
1	Positive patient experiences with on- line prescriptions and appointment booking	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	All GP Practice websites are being refreshed and every Practice will have the facility to book online appointments and repeat prescriptions. GP appointments can also be booked via the Harrow Health Help Now app.
2	Positive patient experience with telephone triage arrangements – should incorporate a guaranteed ring back standard	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	All Reception staff have been trained in 'Active Signposting' enabling them to signpost patients to other clinicians as well as GPs.
3	Significant patient frustration that care records not routinely shared when referred to community or acute service	EMIS is the mandated system required by all new service providers going forward to enable a safe data sharing / interoperability	All Practices in Harrow are using EMIS. As well as this, it is mandatory for all new service providers to use EMIS or compatible systems to ensure that records can be shared.
4	Significant patient frustration about continuity of care and use of locum GPs	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	Across NW London, Locum banks are being set up in every Borough to encourage locums to stay within the local area. Harrow CCG will be participating in this scheme.
5	Patient perception that average wait for routine GP appointment in Harrow is 2 weeks	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	Walk-in centres are evolving to GP access centres – they will be able to offer bookable appointments for routine care
6	Patient perception that standard appointment length insufficient to	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one	CCG has commissioned additional capacity at walk in centres for Harrow patients via pre-

	deal effectively with complex or multiple conditions	opening November. Duty Doctor service in place	bookable appointments. Patients are now able to pre-book an appointment via their own surgery to be seen by a GP at our Walk-in Centres on Mon-Fri (6.30-8.00pm) or Sat-Sun (8.00am -8.00pm). The CCG has also commissioned a Primary Care 'Long Term Conditions management and prevention' service to enable GPs to spend more time with patients who suffer with various/multiple long term conditions.
7	Benefits of consultant telephone advice service for GPs to be considered	This was considered and incorporated into the Duty Doctor service put into place this year.	Telephone consultations are taking place within some Practices, and the new Practice websites will enable all Practices to provide Online Consultations with patients.
8	Positive patient perception of use of text messaging to confirm appointments	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	31/33 of our Practices are now using text message reminders.
9	Sit and wait service should be available in all GP practices	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	Walk-in centres are evolving to GP access centres – they will be able to offer bookable appointments for routine care, so that patients do not have to sit and wait for their care
10	Increased promotion required to raise awareness of early and late appointments available	This was considered and will form part of the CCG's increased primary care access	Walk-in centres are evolving to GP access centres – they will be able to offer bookable appointments for routine care
11	Better to have access to own GP for extended hours rather than be referred to a walk in centre in order to provide continuity of care	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	Patients can access primary care services through their registered Practice via the extended hours scheme, where Practices open until 8pm or later to see their patients. Currently, 28 Practices in Harrow are signed up to this service.
12	Better communication and marketing of community service	Community services have been re-procured which included a communications campaign for the launch of	The new GP websites will provide information not only on GP service. But also signpost to

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	required	services to GPs and service users	other local community services.
13	CCG needs to prioritise re-procurement and reconfiguration of walk in centre services	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	Walk-in centres are evolving to GP access centres – they will be able to offer bookable appointments for routine care CCG will review contracts and service spec for all GP hubs/Estates with a view to redesign all the services provided by hubs afresh
14	Walk in centre or Walk in tariff to be established at Northwick Park Hospital	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place	Urgent care centre provision at Northwick Park is complemented by community based GP services
15	Greater coordination is required between GPs and community nurses	This is on-going, delivered through the District and Community Nursing Action Plan	Integrated care developments will ensure closer working across these services
16	Considerable frustration at lack of walk in service in East Harrow	A new walk in centre in East Harrow will be opening in November 2017	Now available in East Harrow
17	Better training for reception staff required and receptions to be made more welcoming	A training programme for receptionists, incorporating customer care, delivered, with over 114 participants.	Reception staffs from Practices have all completed the 'Receptionist Development Programme' which covers all competencies including customer care.
18	Consider collaborative model incorporating GP Peer Groups for future delivery of walk in services rather than a single provider	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November.	Primary care is evolving to network based models. We will be working with them to consider access models for their local populations to enhance the local model.

Unscheduled Care

Unscheduled Care		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	Better signposting required to set out difference between urgent care centres and walk in centres	Both services are GP led. The UCC have access to more equipment to deal with a slightly higher acuity of patients. The drive to direct patients away from UCC is so that they can care for urgent needs quickly out of the hospital setting. An app and website is being developed to support this redirection and provide self-care and shall be available by November 2016 Significant work undertaken to integrate the Urgent Care Centre and Walk In Centres,

		giving patients a wider choice of service options, with improved accessibility.
2	Access to specialist care through local GPs difficult	To be addressed through community services re-procurement NHS Harrow CCG has increased the number and capacity of its Community Outpatient services to reduce waiting times for patients and improve accessibility
3	Physical pathway to A&E is difficult, traffic and access to other parts of hospital	Referred to London North West Hospital Trust
4	Greater opportunity to work with and educate frequent attenders at A&E	A lot of the frequent attenders are flagged at GP level and are managed through the care navigator service which puts together a care package to manage all the patients' needs preventing them to go to urgent care services. This work has continued during 2017/18
5	Patients should have their health data available wherever they go – but should not be provided to external agencies	EMIS is the mandated system required by all new service providers going forward to enable a safe data sharing / interoperability. A summary of the patients' records will be available for a clinician to access to make an informative decision on patient needs. Patients have the choice to opt out of this from their GPs. This work has continued during 2017/18

Whole System Integrated Care			
No	**"You Said"**	**What Harrow CCG did and will do 2017/18**	**What Harrow CCG did and will do 2018/19/20**
1	Need to focus much more heavily on prevention and self-care	PAM model being developed and led by 'self -care forum' which will help to more clearly define the KPI's.	PAM model established. Self-care programmes in development, with the model being established first for patients with diabetes. A prevention enhanced care service in place in General Practice
2	Quality of existing falls service needs to be improved	Business case for additional capacity to strengthen the falls service produced - August 2016.	An extension to the community falls services on a consultant led service and integration with an extended acute frailty model.
3	Much greater promotion of existing whole system programme required	Business case developed and approved – March 2016.	Whole system process established and fully utilised across General Practice services
4	Care planning process should be simplified and made more accessible	Care Planning approach agreed and being implemented.	Care planning approach agreed and made consistent through an enhanced services in primary care
5	Widespread patient expectation	This is in development as part of the 'interoperability'	Sharing of records, where patient permission is

	that patient records should be shared to support effective integrated care	plans.	given, is in place
6	Considerable GP frustration with limited progress with patient record sharing	As above.	Sharing of records, where patient permission is given, is in place
7	Greater opportunities for system-wide approach to support 5000 most vulnerable Harrow Patients	Proposal for Harrow INTEGRATED CARE PARTNERSHIP in development.	Whole systems integrated care making progress toward this, which will be enhanced through our Integrated Care Partnership
8	Greater opportunity for aligning incentives amongst providers and commissioners to improve the hospital discharge pathway	As above.	Business case for Harrow Integrated Care Partnership in development
9	There is little mention of how different specialties will work together to treat the person as a whole within the commissioning intentions document	To be included in 2017/18 document.	

Engagement in 2019/21

We carried out further engagement for 17/19 Commissioning Intentions:

- We organised a small scale public event to update the Commissioning Intentions to key stakeholders and members of the public.
- We published the Commissioning Intentions document on the Harrow CCG website
- Regularly posted information about the priorities on the CCG's Twitter account
- We added it as a news item for Harrow CCGs "Putting Patients First Newsletter"
- We produced an Easy Read version of Commissioning Intentions 17/19
- Information to be shared on local community websites including Healthwatch Harrow etc.
- Email summary version to stakeholders (including the Governing Body, GPs and the Health and Wellbeing Board

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Section 6: Harrow CCG's Commissioning Intentions for 2019/21

Responding to Local Challenges

Taking into account the North West London (NWL) Sustainability & Transformation Plan (STP) and what we wish to do locally Harrow CCG has built the 19/21 Commissioning Intentions around 12 Transformation Themes and 5 Enabling Themes. The full list of the Transformation and Enabling Themes are detailed below and are expanded upon in Section 6 and 7:

These Themes (Transformation & Enabling) are aligned to the 22 Improvement Areas stated within the NWL STP as shown in the table below:

Transformation Themes	
1. New Model of Planned Care and Urgent Care	**7. Transforming Support for people with Mental Health Needs and those with Learning Disabilities**
2. Transforming Primary Care Service	**8. Integrated Care for Children & Young People**
3. Intermediate and Community Care	**9. Transforming services for people with diabetes**
4. End of their Life	**10. Medicines Optimization**
5. Integrated Support for People with Long Term Condition (Whole Systems Integrated Care)	**11. Continuing Care**
6. Transforming Care for People with Cancer	**12. Integration across the Urgent & Emergency Care System**
Enabler Themes	
13. Developing the Digital Environment	**16. Delivering Our Statutory Targets Reliably**
14. Creating the Workforce for the Future	**17. Redefining the Provider Market**
15. Delivering Our Strategic Estates Priorities	

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1. New Models of Planned Care and Unscheduled Care					
Lead:	Tom Elrick	SRO:	Tom Elrick	CRO:	Dr Muhammad Shahzad
2020/21 Outcomes		Commissioning Intentions 19/21		Indicative Commissioning intentions beyond 19/21	
By 2020/21 we will be delivering the following outcomes		We will		Further development of:	
• Coordinated Care for Planned & Unplanned Care Needs across Care Settings • Improved Health Outcomes and reducing Unplanned Care needs through focusing on LTCs • Set up clinical hubs exclusively for patients with long-term conditions • Integrated Health & Social Care support for those patients who need it • Empowering people to plan for their own care • A diverse market of quality care providers maximising choice for local people who have complex needs • Reduced rate of growth in hospital attendances and admissions for people with planned care needs • Increasing scope and amount of activity delivered Out of Hospital and closer to home for patients • Reduction in Length of Stay following a planned admission • Increased use of alternative services to deliver planned care support • Reduce the number of falls and ensure		• Review, and redesign gastroenterology community service Undertake Procurement of the service with launch date for new service in Q2 2019 • Review and redesign of community dermatology and Ophthalmology service. Undertake Procurement of the service with launch date for new service will be Q1 2019 • Review and redesign RightCare Pathways for respiratory (including COPD, Asthma and Pneumonia) and MSK services. • Review pathways and current services in place for managing long-term conditions like cardiology, respiratory, diabetes, AF & hypertension. • Merge pathways for various long-term conditions, if possible • MSK Services Procurement in progress with new service launch planned for Q3 2019 • Spinal Services and Pain Services to be incorporated into new MSK pathway being procured with launch of new service in Q3 2019 • Set up a common community pain management service, with a focus on managing physical pain alongside taking care of psychological/Mental Health needs – all around service for musculo-		• Community General Surgery Outpatient Service • Community Urology Outpatient Service • NWL-wide Community Cardiology Outpatient Service • Development of the Urgent Treatment Centre model • Development of the GP Access Centres for Harrow patients	

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effective treatment & rehabilitation in the community	skeletal pain, non-muscular (other) pain and psychological needs • Review all therapies in relation of pain management with a view to bring them under one umbrella • Evaluate community cardiology service pilot and procure a full service. • Active discharge planning will be done – discharge summary/care plans will be provided by hospitals to both the patient and the GP • Implementation of newly procured Community Outpatient service for gynecology will be completed during Q1 2019 • Use the results of the 2018 Ambulatory Care Services Audit to develop new enhanced community pathways to support out of hospital care for a range of ambulatory care sensitive conditions. Service launch expected in Q2 2019 • Community Direct Access Physiotherapy will be one element of the new Integrated MSK service being procured with launch in Q3 2019 • Embed the Chronic Kidney disease (CKD) pathway across Harrow • Review, and redesign the Community Ophthalmology service. Undertake Procurement of the service with launch date for new service in Q2 2019 • Review, and redesign the current Harrow Electronic referral Optimisation Service (HEROS) pilot. Undertake Procurement of the service with	

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	launch date for new service in Q1 2019	
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
Delivery of this Transformation Theme will realise: • Reduction in Non-Elective Admissions • Reduction in short stay Admissions • Reduction in overall costs • Reduction in growth rate for attendances and admissions • Increase in care provided in non-hospital based settings • Ensure the Ambulance Handover targets are delivered consistently	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • Review and procurement of community pathways. • Integration of care pathways across LTCs and cancer. • Implementation of RightCare and the STP through cross- organisation/ sector working.	**The work for this Transformation Theme is underpinned by the following strategies:** • Shaping a Healthier Future: Out of Hospital Strategy • 5 year forward plan • Commissioning for Value • RightCare initiative

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2. Transforming primary care services			
CCG Team	Lead	SRO	CRO
	Rahul Bhagvat & Lisa Henschen	Lisa Henschen	Dr Genevieve Small

2020/21 Outcomes	Commissioning intentions 19/21	Indicative Commissioning intentions beyond 19/21
By 2020/21 we will be delivering the following outcomes: Excellent patient experience, equitable access and high quality outcomes for everyone using primary care services in Harrow. A happy and motivated primary care workforce equipped with the skills they need to deliver high quality primary care services. A financially balanced health care system, where increased investment made in primary care results in a demonstrable reduction in hospital activity and spend**.**	**We will:** Have established primary care networks ready to deliver at scale services to support patients to be cared for in the community Have evolved our primary care network models to primary care homes, serving populations of 30,000 – 50,000, who will in the future provide a fully integrated, population based, health and social care service Have moved away from commissioning preventative and enhanced care services at an individual practice level and be commissioning these at scale through our federation and networks. Examples include: - Anti-coagulation services - Minor surgery - Phlebotomy services - Preventative case finding - DMARDs - Prescribing - extended access - complex care planning for frail patients over 65 years Work in partnership with our primary care networks to complete detailed workforce mapping and	Further development of population health based models and population budgets for health care.

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	support them to have robust plans in place for addressing any workforce challenges Work with our federation to have a robust system in place for support practice resilience, securing the ongoing sustainability of General Practice services Commission out of hospital contracts through our at scale structures in Harrow, ensuring access to these services closer to home for patients and securing better value for the healthcare economy Completed the review of PMS contracts with a redistribution of PMS funding across all Practices in Harrow, delivering an enhanced service offer in primary care Continue to support access to General Practice services in the broadest sense, through GP access hubs providing bookable routine and urgent appointments for patients, supporting extended hours arrangements at an individual practice level and using technology to support patients to access GP services in new ways, including on-line consulting and telephone appointments Extensive Self-Management Plans and personalized records to be used for patients with long-term conditions Utilize social prescribing and various other local non-clinical services in the borough to better manage patients with long-term conditions	

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Measuring success	Supporting the Integration agenda	Supporting strategies and assurance
Delivery of this Transformation Theme will realise: • Increase in activity managed outside of a hospital setting. • Reduction in costs across the system per capita to meet the financial gap • Co-ordinated care for people with long-term • conditions including primary prevention for sections of the population developing risk profiles; and secondary prevention for people with multi- morbidities to reduce hospital admissions • Develop prevention care measures for patients with Long term conditions • Enhanced care management and co-ordination in Primary Care supporting integrated support for people with long term conditions (WSIC/Virtual wards) • Sustainability planning	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • The development of at scale working and the evolution of this to a primary care home model is a key element in the delivery of integrated services across Community and Acute Services and is key to the delivery of Out of Hospital (Local Services programme) • The CCG has implemented a programme of work to review, re-design and improve services delivered within the community setting. This work will focus on preventing patients needing to attend hospital when their clinical need can be met in a non-hospital environment. Key areas are rapid response assessments for timely intervention, realigning all rehabilitation services so that seamless pathways deliver coordinated care and an improvement of cardiac and respiratory services that actively respond to early supported discharge from hospital and, where possible avoiding the need to attend or be admitted to hospital in the first place.	**The work for this Transformation Theme is underpinned by the following strategies:** • Our Strategy for Primary Care in Harrow • GP Five Year Forward View • Strategic Commissioning Framework (SCF) • Out of Hospital Strategy • Strategic Commissioning Framework for Primary Care in London

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3. **Intermediate and Community Care**			
CCG Team	Lead	SRO	CRO
	Tom Elrick	Tom Elrick	Dr Radhika Balu

2020/21 Outcomes	Commissioning intentions 19/21	Indicative Commissioning intentions beyond 19/21
By 2020/21 we will be delivering the following outcomes: • Increasing scope and amount of activity delivered Out of Hospital and closer to home for patients • Reduction in Length of Stay following a planned admission • Increased use of alternative services to deliver patient care. • Delivering increased capacity within community services as an alternative to hospital based care. • Ensure the delivery of an Acute Frailty Service	**We will:** • Implement prioritised outcomes of Local Services Intermediate Care Pathway reviews. • Work collaboratively and continue to develop and implement the new models of care across primary and community services. • Support the new community service provider to embed its operating model and to identify opportunities for innovation and redesign. • Integrate the provision of Intermediate care step bed provision to reduce avoidable hospital admission and optimise patient recover • Improve rehabilitation pathways that follow patients care from a bedded intermediate care environment back to the patients place of residence, improving confidence and consistency in getting patients home quicker and with the most effective support • Increase in care provided in non-acute based settings • Increased access to and capacity within community services • Implement an integrated Cardiology service from secondary care through to Community and Primary Care • Implement a redesigned Respiratory Service to prevent the incidents of long term treatment • Implement an efficient transportation service to accommodate Primary Care and Community Care requirements in the most cost effective way	**We will:** • Commission Intermediate care services to meet the current and future needs of the population and that are integrated fully with other provider organisations. • Align the community service contract to support delivery of the Harrow STP and the Integrated Care Organisation delivery model.

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Measuring success	Supporting the Integration agenda	Supporting strategies and assurance
Delivery of this Transformation Theme will realise: • Reduction in Non-Elective Admissions • Reduction in Zero-Length of Stay Admissions • Reduction in overall costs associated with planned care • Reduction in growth rate for A & E attendances and admissions organisation/ sector working. • Align community healthcare services to the Harrow INTEGRATED CARE PARTNERSHIP model	**The work for this Transformation Theme is underpinned by the following strategies:** • Shaping a Healthier Future: Out of Hospital Strategy • 5 year forward plan • Commissioning for Value • RightCare initiative • STP / Local Services Intermediate Care & Rapid Response Programme • Harrow WSIC model.	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • Review and procurement of Intermediate Care pathways. • Integration of Intermediate care pathways with Primary Care and Virtual Wards. . • Implementation of RightCare and the STP through cross-Organisation / Sector Working

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4. **End of Life Care**			
CCG Team	Lead	SRO	CRO
	Tom Elrick	Tom Elrick	Dr Radhika Balu and Dr Alihusein Dhankot

2020/21 Outcomes	Commissioning intentions 19/21	Indicative Commissioning intentions beyond 19/21
By 2020/21 we will be delivering the following outcomes: Increasing number of people able to die in their preferred place of death ○ Reducing number of admissions for people in the last year of their life ○ Improve access by clinicians and professionals supporting people at End of Life to care plans ○ Coordination of support to people at End of Life and their families/carers on a 24/7 basis and across all care settings	**We will:** • Roll-out Harrow's specialist palliative care community team • Continue to further develop the successful End of Life Single Point of Access Service. • Implement Harrow end of life strategy and pathway based on national guidance.	**We will:** • Continue to deliver requirements of 'Ambitions for End of Life Palliative Care'
easuring success	**Supporting the Integration agenda**	**Supporting strategies and assurance**
Delivery of this Transformation Theme will realise: • Increase in people dying in their preferred place of death • Increase in people with anticipatory care plans • Reduction in the costs associated with managing people at End of Life	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • Ensure end of life care is integrated into other pathways e.g. respiratory • Increase use of CMC / common care planning to ensure co- ordination of multi-disciplinary support to people at the end of life.	**The work for this Transformation Theme is underpinned by the following strategies:** 'Ambitions for End of Life Palliative

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5. Integrated Support for people with Long Term Conditions (Whole Systems Integrated Care)			
CCG Team	Lead	SRO	CRO
	Lisa Henschen	Lisa Henschen	Dr Genevieve Small

2020/21 Outcomes	Commissioning intentions 19/21	Indicative Commissioning intentions beyond 19/21
By 2020/21 we will be delivering the following outcomes: • A population based approach to deliver integrated care • Improved outcomes and support for people with multiple LTCs and complex needs • Reducing unplanned care needs arising associated with LTCs • Set up clinical hubs exclusively for patients with long-term conditions • Reduced variation in care received by people with LTCs with a particular focus on variation in Primary Care • Increasing focus on improved outcomes through preventative measures (primary, secondary and tertiary prevention) • Empowered individuals with the confidence and information to look after themselves when they can, and visit the GP when they need to provide greater control of their own health and encourage healthy behaviors that help prevent ill health in the long-term • Reducing inappropriate hospital admissions by developing out of hospital capacity	**We will:** • Oversee the development of the Primary Care Home model through our networks in Harrow, which will be the delivery model of integrated, community based care, with General Practice at the heart. • Have reviewed our model for Whole Systems Integrated Care and put in place a new commissioning approach for delivery of this service, which is: - Centred around local populations - Delivered through true, integrated partnerships of providers - Grounded in an evidence based and data driven approach to ensure that we are providing the right services to the right group of patients in the community • Review pathways and current services in place for managing long-term conditions like cardiology, respiratory, diabetes, AF & hypertension. • Merge pathways for various long-term conditions, if possible	• Further development of population health based models and population budgets for health care.

Measuring success	Supporting the Integration agenda	Supporting strategies and assurance
Delivery of this Transformation Theme will realise: • Increase in activity managed outside of a hospital setting. • Reduction in costs across the system per capita to meet the financial gap • Co-ordinated care for people with long-term	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • This theme will be central and an early adopted of a new integrated approach for delivering care • Patient Activation Measure: an evidenced based tool to measure individual skills, confidence and	**The work for this Transformation Theme is underpinned by the following strategies:** • Whole Systems Integrated Care • ICP Models of Care • Local services

• conditions including primary prevention for sections of the population developing risk profiles; and secondary prevention for people with multi- morbidities to reduce hospital admissions • Develop prevention care measures for patients with Long term conditions • Sustainability planning	knowledge to manage their own health • Reduction in variation in general practice for long term condition management	• Our strategy for primary care in Harrow • Strategic commissioning framework • NHS 5 Year Forward View

6. Transforming Care for People with Cancer

Lead	SRO	CRO
	Tom Elrick	Dr Radhika Balu and Dr Alihusein Dhankot

2020/21 Outcomes	Commissioning Intentions 19/21	Indicative Commissioning Intentions Beyond 19/21
By 2020/21 we will be delivering the following outcomes: • Increasing rates of cancer prevented and increasing survival rates • Reduction in the rates of reoccurrence • Reduction in variation rates in the quality of care • Patients and their families better informed, empowered and involved in decisions around their care • Improved health, wellbeing and quality of life for patients after treatment and at the end of life • Reducing number of patients identified as having Cancer following a non-elective presentation	We will: • Ensure that all services for cancer are commissioned in line with NICE guidance through the agreed best practice pathway for London with follow up in line with the NCSI. • Reduce variation in care from primary and acute services so as to meet national quality and performance standards with focus on the 62 day wait and improve patient outcomes. • IAPT services will be reviewed to enhance pathways for the management of psychological support for cancer patients. • Broaden the scope of services to manage the side effects of anti-cancer treatment and stratify follow up pathways. • Establish a CCG Cancer Transformation forum in collaboration with local clinicians, GPs and Third Sector providers. • Work to widen the range of direct access tests for primary care services to improve early detection and screening for patients. • To Work with Harrow Local Authority to exploit opportunities to incorporate healthy living messages within existing communications and project i.e. smoking cessation.	We will: • Complete roll out of Transformational projects across prioritised cancers. • Continue the rolling primary care education programme in partnership with Cancer Research UK and other third sector organisations. • Develop enhanced supportive care for people living with and beyond cancer. • Significantly improve the performance of providers in relation to national cancer care standards. • Develop productive, collaborative relationships with all providers, Third Sector and Patient groups to deliver optimum outcomes and experience for cancer patients

Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
Delivery of this Transformation Theme will realise: • Reduction in the prevalence gap around Patients identified with Cancer in Primary Care • Reduction in the number of patients identified with Cancer following a non-elective presentation • Increase in life expectancy at 5 years following successful treatment of patients	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • The CCG will continue to jointly work with GPs and acute service clinicians to improve, systems, processes and clinical skills in support of early detection and screening for patients. Most Harrow CCG patients receive all cancer treatment from Northwest London based providers. The CCG will work with the London Transforming Cancer Services team to develop and implement improved and sustainable cancer pathways of care.	**The work for this Transformation Theme is underpinned by the following strategies:** • NHS 5 YR Cancer Commissioning Strategy for London: 2014/15 – 2019/2020 • Achieving World-Class Cancer Outcomes: Taking the strategy forward. • Achieving World-Class Cancer Outcomes: Taking the strategy forward: Equality and Health Inequalities Analysis • Improving outcomes; a strategy for cancer; third annual report • Pan London Cancer Strategy • National Cancer Survivorship Initiative (NCSI 2015) • NCSI Living with and beyond cancer; taking action to improve outcomes; March 2013 • Harrow Joint Strategic Needs Assessment 2015-20 Improving Outcomes: A Strategy for Cancer; Department of Health

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7 Transforming Support for people with Mental Health Needs and those with Learning Disabilities			
CCG Team	Lead	SRO	CRO
	Lennie Dick	Angela Neblett	Dr Himagauri Kelshiker and Dr Hannah Bundock

2020/21 Outcomes	Commissioning intentions 19/21	Indicative Commissioning intentions beyond 19/21
By 2020/21 we will be delivering the following outcomes: • Implement and evaluate the reviewed structure for quicker autism diagnostics • Maintain the lowest level of admission for LD whilst developing community support for this group • Evaluate the Transforming Care Partnership • Implement the next phase of the S&LTMHN Business Case • Develop a shared plan with CNWL and the voluntary sector to increase IAPT access (NHSE recommendations) • Evaluate the progress with CNWL (pathway and KUF training) in meeting the needs of people with borderline personality disorder • Evaluate the Urgent Care Pathway and its integration with 111 • Implement 18/19 (Phase) plans for meeting the Five Year Forward plan for Mental Health • Further develop the planned Carers initiatives for MH and LD both in the commissioning structure and operating plan • Implement the 2017/18 training programme for Primary Care including MH, LD, CAMHS and Autism • Build on the transformational plan to develop more service provision within the community through voluntary and community sector partners	**We will:** • Develop the case for at least one Admiral nurse to provide post diagnostic support for carers and support • Develop the case to fund Community Advocacy aimed at addressing the growing need in Harrow • Develop the case to increase the Community Learning Disabilities Team to provide Behavioural Therapy and Occupational Therapy • Work in partnership with Harrow Mencap and CNWL to develop training and support for users and carers to manage challenging behavior • Implement the Joint Health and Social Care Dementia Strategy for Harrow whilst incorporating the Integrated Care Programme for Dementia aimed at meeting the needs for over 65's • Continue the transformation developments with the voluntary and Community Sector (Harrow Community Action) to provide counseling through the IAPT model • Implement 2019/20 (Phase) plans for meeting the Five Year Forward for Mental Health moving from 19% to 22% having access to IAPT • Decommission open rehabilitation beds on Roxbourne and implement a locked rehabilitation service to meet • the more complex and higher dependency needs of patients	**We will:** • Increase IAPT Access to 25% of the prevalence in Harrow • Fully integrate IAPT support for LTC as part of each of their pathway from referral • Full integrate Dementia care for over 65's in Harrow • Operate an Health and Social care integrated system for Community Learning Disabilities in harrow • Operate within a NWL system for Health based Place of Safety • Operate with a reduction in inequalities associated with the care of people with one or more LD • Lead the strategy alongside partners; Public Health, Local Authority, Voluntary and Community Sector Organisations in the b reduction and prevention of suicide • Reduction in risk of harm to vulnerable people • Improved support for people with an urgent mental health need • Significant progress in closing the mortality gap between people with an LD and the wider population • Evaluation of the implementing the Five Year Forward for Mental Health in Harrow

	• Review the opportunity of integrating the Community Learning Disabilities Team with the Local Authority Learning Disabilities Team • Agree and support once signed-off the NW London plan to implement 'Health Based Place of Safety'	
Measuring Success	***Supporting the Integration Agenda***	***Supporting Strategies & Assurance***
Delivery of this Transformation Theme will realise: • People with SMI (Severe Mental Illness) to receive complete list of physical health check to achieve reduction in the mortality gap • Access to community mental health services and IAPT from BME groups, crude rates per 100,000 population • Unplanned readmissions of mental health patient within 30days of inpatient admission. • Percentage of service users in adult mental health services in employment. • Reduction in Psychiatric admissions via A+E • Voluntary Sector transformation and engagement	***The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:*** • Develop and improve the coordination for mental health within the whole systems Integrated Care plan to close the gap between physical and mental health services • Action response to the service enhancements of 2018/19; NHS England Assurance, Five Year Forward View, Improvement Assessment framework • Further develop the role of the voluntary sector in meeting the needs of BME groups access to psychological therapies • Primary Care Mental Health service development • CNWL service and Pricing review	***The work for this Transformation Theme is underpinned by the following strategies:*** • Dementia RightCare • LD Transforming Care Partnership • Like Minded Business case for S&LTMHN • Mental Health Transformation Plan • Monitoring through the Harrow Local Performance and Quality Group (HLPQG, multi-agency group including HCCG, CNWL, LA, MIND and Harrow Carers) • Assurance through the Harrow CCG Governing Body, BHH SMST, NWL Health and Wellbeing Board and Likeminded STP • NHS England Assurance meetings

8. Integrated Care for Children & Young People (CYP)			
CCG Team	*Lead*	*SRO*	*CRO*
	Steve Buckerfield	*Tom Elrick*	Dr Hannah Bundock

2020/21 Outcomes	*Commissioning intentions 19/21*	*Indicative Commissioning intentions beyond 19/21*
By 2020/21 we will be delivering the following outcomes: • Coordination of support for children and young people across all health and social care services • Improved outcomes for children and young people with one or more LTCs • Reduction in the risk of harm to children and young people • Improved Emotional Health & Wellbeing of CYP, , including children with Special Educational Needs & Disabilities (SEND)	***We will:*** *Implement the priorities for quality and cost improvement identified through the RightCare Pathway reviews as they apply to children & young people (i.e. Diabetes).* ***Children& Young People's Mental Health:*** • Continue to deliver the Harrow Future in Mind Transformation Plan, embed the CYP Eating Disorder Service and plan for the implementation of the Mental Health Support in Schools Green Paper • Deliver the CAMHS Out-of-Hours and Crisis service in line with the NWL Transformation plan, patient & stakeholder feedback • In collaboration with adult CCG commissioners, develop and embed an integrated ASD & ADHD pathway (with pediatric and CAMHS input) • Deliver the CYP elements of the Transforming Care Plan (TCP) • Integrate CAMHS LD, social care and pediatric provision (e.g. Hillingdon model) ***Children with Special Educational Needs & Disabilities (SEND):*** • Deliver the CCG's responsibilities under the Children & Families Act 2014 (and statutory Code of Practice) in relation to Harrow children with SEND needs • Ensure health services specified in Education Health	***We will:*** • Embed integration across Health, Education and Social Care

	and Care Plans (EHCPs) are commissioned. • Ensure an efficient Continuing Health Care process and Dynamic Risk Register is in place to provide support, assess risk and avoid unnecessary admission. • Learn lessons from the anticipated Local Area (2019) Inspection from OFSTED and CQC. ***Children's Community Health Care***: • Deliver the transformation community pediatrics service (including SEND 18- 25 years) • Implement new pathways to improve access to services for CYP with LTC • Work jointly with the local authority, Education (SEN and local schools) and Harrow Public Health to improve health and social care and education outcomes for CYP & their families, including for young people with Education, Health and Care Plans (EHCPs). • Align service developments with Harrow Council's 'Early Support' and 'Together with Families' Plans ***Looked After Children:*** • Renew the joint funded LAC Nurses Contract which expires in June 2019. ***Primary & Acute Care:*** • Develop and deliver a series of discreet programmes aimed at redirecting acute activity to community alternatives, reducing GP referrals to secondary care and reducing unplanned care activities.	
Measuring success	*Supporting the Integration agenda*	*Supporting strategies and assurance*
Delivery of this Transformation Theme will realise: • Cost effective integrated care solutions for young people with complex needs	***The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:*** • Jointly commissioned services and working across	***The work for this Transformation Theme is underpinned by the following strategies:*** • Future in Mind NWL CAMHS

• Meet the rising demand for health service from young people with SEND needs within existing resources (e.g. SALT) • Reduction in the need for secondary care activity associated with CYP: • Reduction in GP referrals to secondary care • Reduction in unplanned care needs for CYP • Reduction in the costs associated in managing CYP per capita	Health & Social Care, Education and the Third Sector. • Continue to work closely with NHS England around support to CAMHS patients • Continue to work across NWL to provide efficient and integrated CAMHS services and where feasible, TCP services	Transformation Plan • Future in Mind Local Transformation Plan • The JSNA 2015-2020 • The Children & Family Act 2014 • Harrow STP • Harrow Health & Well Being Board plans

9. Transforming services for people with diabetes			
CCG Team	*Lead*	*SRO*	*CRO*
	Jason Parker	*Tom Elrick*	Dr Hannah Bundock
2020/21 Outcomes	*Commissioning intentions 19/20*		*Indicative Commissioning intentions beyond 19/20*
2020/21 we will be delivering the following outcomes: *Reduced rate of growth in prevalence to improve long term outcomes and slow the growth in demand for health related services* *Utilise the full allocation of referrals to the NHS Diabetes Prevention Programme* *30% of diabetes prevalent population to receive structured education* *40% of newly diagnosed patients to receive structured education* *Reduced variation in management of conditions to reduce the number of exacerbations that occur for people and ultimately improve their long term outcomes* *Increase the percentage of diabetes patients that have achieved the three NICE-recommended treatment targets (HbA1c, BP, Cholesterol) to 52%* *Reduce the Foot Amputation Rate*	*There have been multiple discussions, both formally and informally over the past year regarding addressing diabetes as part of the NWL STP work on unwarranted variation. The consensus was that a robust single outcome-based service specification was the way forward, and this has now been developed. Our aim is one patient-focused diabetes team across many providers, contracted separately as per CCG need, but all focused on the same outcomes. Our commissioning intentions are:* • *To create one diabetes service specification with common value-based outcomes to better align with NICE recommendations and best practice. The model focuses on payment for these outcomes.* • *Primary care, community diabetes services and secondary care specialist diabetes services will be incentivised to work together to achieve common outcomes seeing people as often as required to meet the patients' individual targets and outcomes / improve*		*We will:* *Continue to reduce rate of growth in prevalence to improve long term outcomes and slow the growth in demand for health related services* *Continue to reduce variation in management of conditions to reduce the number of exacerbations that occur for people and ultimately improve their long term outcomes*

Reduce the length of stay for in-patients with diabetes	*in-patient care and improving discharge to prevent re-admission.* • *We are developing value-based payment methodology, including wrap-around quality bonuses, bundled disbursements and capitation payments. These sustained pro-active interventions in diabetes care will be a departure from the current volume-driven, reactive approach that is currently dictated by piecemeal reimbursement.*	
Measuring success	*Supporting the Integration agenda*	*Supporting strategies and assurance*
What does this mean for people with diabetes (PWD)? *a) There will be significant investment in supporting clinical services to deliver an integrated approach to diabetes care, increased collaboration in primary care and a blurring of boundaries between primary, community and secondary care – this should deliver a seamless system for PWD.* *b) There will be a large emphasis on professional development and workforce redesign to ensure competency, capability and capacity. This will ensure PWD are seen by someone trained in their condition, and who has time to deal with them in a different more holistic way looking at the nine care processes ensuring outcomes have been achieved.* *c) Risk stratification and care management approach for PWD will be embedded focusing care on those who need it most.* *d) We will implement the guidance in the London Type 1 Commissioning Pack.* *http://www.londonscn.nhs.uk/publication/diabetes-commissioning-pack*	***The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:*** *Currently, the diabetes care pathway is fragmented, leading to lack of visibility of services for both professionals and those affected by diabetes. Services need to be joined up, providing a seamless pathway. One option for this could be the creation of local hubs providing multiple, interlinked services, which is particularly important for people living with diabetes. An ICP will be commissioned to provide a single, joined up service for diabetes; using an outcomes-based service specification.*	***The work for this Transformation Theme is underpinned by the following strategies:*** *The Diabetes Strategy for Harrow* *The North West London STP Diabetes Transformation Programme*

10 Medicines Optimisation			
CCG Team	**Lead** **Paul Larkin**	**SRO** **Javina Sehgal**	**CRO** **Dr Himagauri Kelshiker and Dr Radhika Balu**

2020/21 Outcomes	Commissioning Intentions 19/21	Indicative Commissioning Intentions Beyond 19/21
By 2020/21 we will be delivering the following outcomes: • Evidence-based, outcomes-focused medicines expenditure aligned to the STP aims • Reduction in overall medicines expenditure per capita including reduced wastage taking into account growth in costs • Provider-led medicines optimisation • Improved patients' and carers' understanding of their medicines, leading to an improvement in health outcomes and reduction in avoidable harm • Re-designed pathways for LTCs to achieve improved outcomes with medicines • Reduction in unnecessary cost and workload due to discharge from acute trusts due to medicines use • Increased patient use of self-care and prevention, creating capacity in GP practices while reducing spend on OTC medicines **We will:** • Support the development of a new model for medicines optimisation across the entire health economy. The objective will be to more closely align and integrate the medicines budget into the day to day business of providers e.g. GPs, Acute trusts and community providers. This will have the dual benefit of creating greater accountability at the point of prescribing as well as enabling service re-design to support medicines optimisation. The model will be aligned with the principles of ACOs (now ICSs) in line with the Five Year Forward View • Explore the full or part devolvement of the Prescribing Budget, and resource to support, to a Provider • Work in partnership with partners across the health economy to re-design pathways where there is an opportunity to achieve improved health outcomes and system efficiencies via medicines optimisation	e.g. LTCs such as AF, COPD. We will • Further incentivise GP practices to ensure high quality, cost effective prescribing is being carried out without compromising patient care • Increase prescribing quality in Care Homes, diabetes, mental health, and respiratory – building primary care capability and capacity • Further incentivise providers to ensure spend on medicines is of a high quality, and cost effective prescribing is being carried out without compromising patient care. This will include GP practices, acute and community service providers. • Optimise the medicines expenditure and outcomes through provision of practice level medicines optimisation support • Review and streamline repeat prescription processes in practices to increase efficiency in general practice and reduce unnecessary medicines waste • Reduce inappropriate usage of antibiotics through the implementation of NICE NG15, Antimicrobial Stewardship by all providers • Reduce the volume of hospital-related medicines activity by increasing capacity and capability in primary care to increase shared care prescribing arrangements. • Leverage the savings opportunities offered by biosimilar arrangements • Explore the devolvement of the dressings budget, allowing the Provider to explore other models for supply, carry risks and share gains • Explore opportunities to work with the pharmaceutical industry to reduce spend and improve outcomes on medicines • Through the Right Care programme we will undertake a 'roots and branch' review of how Harrow CCG integrates medicines into service provision within an ICS framework. We will do this by: - Diagnosis of current gaps and opportunities - Work with partners to Design services - Commission and contract appropriately to ensure changes are integrated • Support providers to demonstrate the outcomes which will be commissioned for within the redesigned pathway.	We will: • Seek opportunities to leverage the Prescribing Budget to further support new models of Primary Care • Deliver further reductions of medicines waste through improved engagement, communication and commissioning with community pharmacy providers • Further improve patient experience through improving access to medicines • Seek opportunities to work more effectively and efficiently across NWL and London-wide • Implement medicines commissioning opportunities to shift care out of hospital and into the community • Explore other non-medicines related spend e.g. appliances with a view to improving care and quality while reducing spend • Investigate effective use of staffing / resources to best deliver objectives.

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Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
Delivery of this Enabling Theme will realise: • Reducing spend per capita on medication • Quality and safety of medicines use is improved • Reducing incidents of harm • Improving outcome for people arising from the effective use of medication • Patient experience is improved with their medicines • Medication waste is reduced • Cost savings achieved • National and local guidance is implemented • Reduction in polypharmacy • Partnership working with relevant stakeholders to improve patient care • Increased and dedicated workforce in primary care to enable true medicines optimisation e.g. GP practice pharmacists in line with the GP forward view • Improved efficiency in care pathways involving medicines	**The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow:** • Medicines Management cuts across all areas of healthcare provision, and in Harrow we work in partnership with all commissioners and providers to deliver the best outcomes for patients within the resources available to the health economy. • New financial arrangements, incentives and gain share schemes will enable greater integration of the medicines agenda across all providers. These will enable us to ensure that we drive clinical and financial improvements that benefit the health economy of Harrow and it's patients	**The work for this Enabling Theme is underpinned by the following strategies:** • Harrow Medicines Optimisation Plan 18/19 The delivery of this Enabling Theme will be managed and monitored via the **Harrow Medicines Management Committee** which in turn reports to the **Harrow CCG Governing Body**.

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11 Continuing Care

CCG Team	Lead	SRO	CRO
	Susan Grose	Ali Kalmis	Dr Genevieve Small

2020/21 Outcomes	Commissioning Intentions 19/21	Indicative Commissioning Intentions Beyond 19/21

By 2020/21 we will be delivering the following outcomes:
 	
• To continue to provide a Continuing Healthcare Service that enables patients to remain in their preferred place of care and reduces unnecessary admission to hospital.
• To have a pathway for patients to have access to a Personal Health Budget or Integrated Budget
	We will:
	
	• To continue to provide a Continuing Healthcare Service that enables patients to remain in their preferred place of care and reduces unnecessary admission to hospital.
	• Personal Health Budgets planning the roll out for patients with as follows
	  • People with long term conditions- Mental Health, Learning Disability, COPD and Diabetes etc.
	  • Maternity
	  • End-of-life care
	  • Children who have special educational needs with a single assessment in the form of an Educational, Health and Care Plan which includes the option of a personal budget
	  • Wheelchair Service Users
	  • Continued right to have for those patients eligible for Continuing Healthcare
	• To continue to support patients at end of life with choice through the pathway of Fast Track- Continuing Healthcare
	• Continuing Healthcare to expand the procurement of Nursing Homes and Home Care providers with the support from the NHS London Purchased Healthcare Team (AQP NHSE Contracts)
		We will:
		
		• We will continue to explore and evaluate the implementation of Personal Health Budgets via the NHSE London Personal Health Budget network. Also local experiences gained by the Continuing Healthcare Service and the Local Authority Affinity project
		• We will continue to monitor and evaluate the delivery of the Continuing Healthcare Service via the NHSE Continuing Healthcare network and internally within the CCG.

Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
Delivery of this Transformation Theme will realise: • Increase in people with a Personal Health Budget and an Integrated Budget who are empowered to self-manage elements of their care • Continuing Healthcare to continue to work with the Local Authority in decision making about patients eligibility for Continuing Healthcare, Shared Care and Funded Nursing Care	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • For the Continuing Healthcare Service to co-ordinate with partners to ensure effective commissioning of end of life services • For the Continuing Healthcare Service and CCG Commissioners to work in conjunction with Harrow Local Authority to deliver Personal Health Budgets and Integrated Budgets to the residents of Harrow	**The work for this Enabling Theme is underpinned by the following strategies:** • Continuing Healthcare Framework (2012) • National Framework for Children and Young People's Continuing Care(2016) • Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 • Children and Families Act 2014

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12 Integration Across the Urgent & Emergency Care System

CCG Team	Lead	SRO	CRO
		Tom Elrick	Dr Muhammad Shahzad

2020/21 Outcomes	Commissioning Intentions 19/21	Indicative Commissioning Intentions Beyond 19/21
By 2020/21 we will be delivering the following outcomes: • Coordinated support across all Urgent & Emergency Care services • Increased number of patients who have their unplanned care needs met outside of a hospital setting • Increased awareness in the community about how to access appropriate services • Increased number of people supported to avoid an admission and those supported home with a reduced Length of Stay • Increase the support available for patients to self-care	**We will:** • Develop and procure a new NHS 111 Service and Clinical Hub • Embed the re-designed and re-procured the model of care at the Urgent Care Centre, enabling positive re-direction for non-urgent patients out of hospital care settings • Support a new Out of Hours model with GP federations • Develop a Patient Education Programme for unscheduled care services • Further develop the patient app to support patients to self-care and access urgent and emergency services appropriately • Integrate the provision of Intermediate care step bed provision to reduce avoidable hospital admission and optimise patient recovery • Facilitate discharge by integrating and further developing home based virtual wards • Expand and update the DoS in line with national standards to support the patient, clinical hub and other providers • Commission a fully Integrated Urgent and Emergency Care system • Reduce demand at the door of A&E and the UCC through improved access in Primary Care, Education and to people with LTCs through Whole Systems Integrated Care model for the management of LTCs • Integrate IT system across the UEC system to ensure professionals have access to essential medical records for people • Maximise the use of community services e.g. through the direction Cat C LAS calls to WICs • Develop and maximise the use of the Ambulatory Emergency Care Unit • Improving support to high intensity users of 999 and A&E services to reduce usage • Review pathway for DVT with a potential to include it under Ambulatory Care Service	**We will** : • Align the Integrated Urgent Care model with provider services i.e. Out of Hours, Urgent Care Centre, Clinical Hub (CATS), NHS 111 and Walk In Centres • Align the Integrated Urgent Care services with the Integrated Care Partnership Strategy • Develop a IT infrastructure compatible with all urgent care systems • Develop productive, collaborative relationships between all providers

Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
Delivery of this Transformation Theme will realise: • Reduction in rate of growth for unplanned attendances at hospital • Increase in people accessing non-hospital based support for their unplanned care needs • Reduction in the costs per capita managing unplanned care needs • Reduction in Zero-Length of Stay and Unplanned Admissions and	**The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:** • The Multidisciplinary Integrated Discharge Team and A&E Delivery Board are examples of Integration across health and social care associated with Unplanned Care	**The work for this Transformation Theme is underpinned by the following strategies:** • Unplanned Care Strategy • Commissioning Standards for Integrated Urgent Care • Local Digital Roadmap The delivery of this Transformation Theme will be managed and monitored via the **A&E Delivery Board** which in turn reports to the **Harrow CCG Governing Body**

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Services • a Reduction in Length of Stay following an unplanned admission		

Enabling Themes

14. Developing The Digital Environment			
CCG Team	**Lead:** **CRO:**		
2020/21 Outcomes		**Commissioning Intentions 19/20 – 20/21**	**Indicative Commissioning Intentions Beyond 18/19**
By 2020/21 we will be delivering the following outcomes: • Effective and efficient integrated care services enabled by shared health and care records • Relevant information safely and appropriately available when needed to coordinate care for people • Clear information available to aid planning of services		We will: • Improve access to and use of the Shared Care Records • Develop plans for digitally enabled self-care and the use of real time data in decision making for both clinicians and patients • Eradicate use of fax in care services	• Encourage secondary care to move towards paperless operation at the point of care 2018 – By October 2018 the acute sector / secondary care services will be operating on paperless referrals using the Electronic Referral system (ERS) • Complete development of a shared care record across all care settings including social care, facilitating integrated out of hospital care – 2018. The Urgent Care services based at the acute hospital sites now have access to the patient record on the EMIS platform. As the Integrated Care model moved forward in 2018 and 2019, social care services will gain access to a single care record for each patient. • Extend patient records (from all settings) to patients and carers, and provide them with digital self-care and management tools such as apps, to help them become more involved in understanding and managing their own care – 2018 NHS Harrow CCG will continue to expand the information available on the Health Help App to promote self-care and management for patients. • Use dynamic analytics to inform care decisions and support integrated health and social care across the system through whole system intelligence – The Harrow Whole Systems programme is developing at pace with initial service go-live planned for early 2019
Measuring Success		**Supporting the Integration Agenda**	**Supporting Strategies & Assurance**
Delivery of this Enabling Theme will realise: • High utilisation of Shared Care Record across settings by the right people • Services planned using accurate and timely data • Improved outcomes for patients through shared record keeping		**The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow.** • The Shared Care Record will facilitate integrated working across settings and across providers.	**The work for this Enabling Theme is underpinned by the following strategies:** • Local Digital Roadmap The delivery of this Enabling Theme will be managed and monitored via the IT Sub-Committee, which in turn reports to the CCG Executive.
14. Creating the Workforce for the Future			
CCG Team	**Lead:** **CRO:**		

2020/21 Outcomes	Commissioning Intentions 19/20 – 20/21	Indicative Commissioning Intentions Beyond 19/20
By 2020/21 we will be delivering the following outcomes: • A primary care workforce that is sufficient to sustain general practice. • An expanded primary care workforce that is competent and confident to work in new models of care delivery and new provider structures. • A supported workforce environment that promotes Harrow as an attractive place to work. •	We are currently • Continue to Improve recruitment and retention to address workforce shortages and delivery of new models of care: - Develop career pathways esp. HCA to Practice Nurse, Practice Burse to Advanced Nurse Practitioner. - Develop newly qualified GP career pathways to partnership or with portfolios - Invest and develop new roles in primary care e.g. Physician Associates, Practice based pharmacists, Mental Health therapists - Develop Practice Manager workforce to meet new business and network manager roles • Greater emphasis on training for clinicians in long term conditions, patent education and prevention. • Ensure supported, and sometimes targeted, recruitment of new staff into general practice including through apprenticeship programmes • Continue to provide staff forums, training and education opportunities • Develop cross-organisational working within the GP Federation and the INTEGRATED CARE PARTNERSHIP • Develop new workforce roles and competency frameworks with HENWL and HEIs • Continue to develop the Harrow CCG Education Forum which aims to support General Practice workforce development. The forum is currently assessing current capacity and capability of the local GP workforce and supporting staff development in priority areas such as COPD, Cytology and Diabetes. The Education Forum will also develop a local GP workforce strategy. Harrow Education Forum is supported by funding from HENWL and is a member of the Brent Harrow and Hillingdon Education Forum, which works to support multi-borough workforce needs • Develop a plan for IT Skills within the workforce along with the requisite tools and enthusiasm for utilising them to improve care • Develop an OD/Health & Wellbeing strategy to develop and support the CCG workforce and promote a positive and pro-active approach to health & wellbeing at work.	We will: • Establish multi-disciplinary, multi-organisational and multi-HEI packages of properly tariffed student placements • Create targeted, multi-organisational pipeline of new staff recruitment • Develop a CEPN (Community Education Provider Network) function sitting with the INTEGRATED CARE PARTNERSHIP provider for multi-disciplinary forums, training and education • Develop more generically skilled, multi-professional workforce managing patients across multi-morbidity packages of care • Continue to properly evaluate and develop new workforce roles and competency frameworks with HENWL and HEIs
Measuring Success	**Supporting the Integration Agenda**	**Supporting Strategies & Assurance**
Delivery of this Enabling Theme will realise: • The workforce required to sustain general practice and help deliver new models of care or provider structures from INTEGRATED CARE PARTNERSHIP development • The skills and consistency required to care manage multi-morbidity and increasingly complex patients. • A supported environment in which staff want to stay and work.	**The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow.**	**The work for this Enabling Theme is underpinned by the following strategies:** • GP Five Year Forward View • BHH and Harrow Workforce Plans 2015-7 • HENWL Training Plan 2016-7 The delivery of this Enabling Theme will be managed and monitored via the BHH Strategic Education Forum and local Harrow CCG Education Forum.

15. Delivering Our Strategic Estates Priorities		
CCG Lead		
2020/21 Outcomes	***Commissioning Intentions 17/18 – 18/19***	***Indicative Commissioning Intentions Beyond 18/19***
By 2020/21 we will be delivering the following outcomes: • an estate portfolio that meets the needs of our 2021 vision for care and support in Harrow	• Continue to deliver our Local Estate Strategy for Harrow to support the delivery of the Five Year Forward View and 'One Public Estate' vision • Work collaboratively with Harrow Council to ensure that future health estate requirements feature within its key development areas ie Heart of Harrow, new Civic Centre • Deliver a local services hub business case for the East of the Borough • Maximise utilisation of existing estate • Deliver a temporary solution for Belmont Health Centre, to address current capacity issues, whilst continuing to find a long term solution for the site • Support primary care in accessing Improvement Grant funding to ensure premises are fit for purpose and have the capacity needed to meet the local population growth • Address the needs of the new populations in the housing zones by supporting new primary care provision within these development areas	• Deliver a local service Hub in East of Harrow by 2021/22 • Deliver a primary care solution for Heart of Harrow and other key development areas • Maintain and further develop a clear estates strategy and Borough-based shared vision to maximise use of space and proactively work towards 'One Public Estate' and deliver improvements to the condition and sustainability of the Primary Care Estate through Minor Improvement Grants
Measuring Success		***Supporting Strategies & Assurance***
D***elivery of this Enabling Theme will realise:*** • A service with the capacity and capability to meet the needs of our population	• Prevention: local services hubs will provide the physical location to support prevention and local service care. Investment in the primary care estate will provide locations where providers can deliver targeted programme to improve health outcomes • Reducing variation: Local services hubs will support the implementation of a new model of services across the borough and across NWL which will standardise service users' experience and quality of care • Outcomes for older people: primary care estate improvements will enable the delivery of coordinated primary care and multidisciplinary working enabling care to be focused around the individual patient • Supporting Mental Health needs: local services hubs will allow non-clinical provision to be located as close to patients as possible • Providing High quality sustainable acute services: addressing the oldest, poorest quality estate will increase clinical efficiencies and drive improved productivity. Increasing capacity of major acute sites will enable consolidation of services and drive improved outcomes	The work for this Enabling Theme is underpinned by the following strategies: • Local Estates Strategy • ImBC/Soc 2 • STP • Primary Care Strategy

16. Delivering Our Statutory Targets Reliably		
CCG Lead	***Ali Kalmis – TO UPDATE***	
2020/21 Outcomes	***Commissioning Intentions 17/18 – 18/19***	***Indicative Commissioning Intentions Beyond 18/19***
Achievement of NHS Targets for Referral to Treatment (RTT), A&E and Cancer Waits and Diagnostics as well as our other	*We will:* • *Continue to achieve the 92% RTT target for Incomplete Pathways for Harrow CCG*	*The plans beyond 18/19 will be dependent upon national statutory targets and any*

statutory targets associated with Mental Health	*Registered population* • *Undertake a full capacity and demand modelling exercise with LNWHT to understand the resilience of our RTT system* • *Return performance of LNWHT to the expected standard of 95% for 4 hr waits in A&E* • *Explore in detail the impact of Cancer Breach Sharing Standards and continue to achieve Cancer Wait Targets whilst undertaking an end to end review to ensure continued resilience based on projected prevalence growth in Cancer.* • *Achieve the statutory targets for IAPT and dementia.*	*changes that are made centrally.*
Measuring Success		***Supporting Strategies & Assurance***
D***elivery of this Enabling Theme will realise:*** *Achievement of our Statutory Targets*	*As delivery of our statutory targets normally requires integrated working across multiple providers such as Cancer which will involve Primary Care and a mix of secondary care providers.*	***The work for this Enabling Theme is underpinned by the following strategies:*** Harrow CCG Operating Plan The delivery of this Enabling Theme will be managed and monitored via the Local A&E Delivery Board and Local Planned Care Delivery Board.

17. Redefining the Provider Market		
CCG Lead	***Javina Sehgal***	
2020/21 Outcomes	***Commissioning Intentions 18/19 – 19/20***	***Indicative Commissioning Intentions Beyond 18/19***

• *A market capable of meeting the health needs of the local population within the financial constraints*
• *Payment and risk share arrangements that incentivise innovation, quality and sustainability.*
	We will:
	• *Develop a shadow outcome based commissioning model for older people via an ACO (locally referred to as an Integrated Care Partnership or INTEGRATED CARE PARTNERSHIP) and seek to identify further cohorts to work with*
	  • *Mostly Healthy Adults over 65*
	  • *65+ with Dementia*
	  • *65 + Moderate or Severe Frailty*
	  • *65 + in Care Homes*
	  • *18 + Palliative Care*
		• *Enhance and drive forward the 3 year BCF plan with LBH to deliver longer term alignment and integration across Health and social care*
		• *Deliver a transformation in Primary Care support through our Primary Care Model of Care*
		• *Commission outcomes based services*
		  • *Further develop the concept, scope and impact of our Integrated Care Partnership*

Measuring Success		***Supporting Strategies & Assurance***
D***elivery of this Enabling Theme will realise:*** *Significant proportion of care delivered through integrated pathways* *A high functioning, cost effective Integrated Care Partnership* *Established GP networks and federation capable of delivering services in out of hospital settings*	***The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow:*** *The CCG will develop an outcome based commissioning model / Integrated Care Organisation (ACO) / Multi Care Provider (MCP*	***The work for this Enabling Theme is underpinned by the following strategies:*** Harrow CCG Operating Plan

Section 7: Our Local Quality Priorities

7a. Our Quality Priorities

We believe that the people of Harrow are entitled to a high quality and safe experience in any of the healthcare services commissioned by Harrow CCG.

At Harrow CCG, we will listen to our patients and carers, and work with all our service providers to achieve continuous improvement and reduce variation in the quality of their services.

We will work closely with our commissioning colleagues to ensure new models of care in line with the 5 Year Forward View, the multi-year STP and the development of greater integrated health care systems have quality at their core.

This model embraces the NHS definition of quality as defined under Section 1 of the Health and Social Care Act 2015 – Reducing Harm in Care, the NHS Outcomes Framework and the CQC inspection protocol that has been further developed and refined since 2015.

7b. Our Quality Principles

Harrow CCG will ensure these following principles are embedded within the CCGs everyday quality and safety assurance systems and processes;

- Use a systematic approach to monitoring and improving quality with the patient at the centre.
- Use Quality Improvement methodologies with providers to improve quality of care.
- Identify and address any organisational barriers which hinder quality of care.
- Foster an open and transparent culture across the local health system.
- Maintain a systematic and proactive approach to early identification of service quality failures.
- Ensure there are robust links between commissioning priorities, the strategy and transformation plans and quality.
- Prioritise our quality assurance and improvement efforts developing an integrated approach with social care to reflect the Better Care Fund plans.
- Drive effective engagement with key stakeholders across Harrow to achieve the delivery of robust measurable outcomes that reflect “what matters most to patients”.
- Ensure evidence based guidance and learning from assurance processes across Health and Social Care underpin and inform the design of outcomes to support Place Based Care (Integrated care).
- Commitment to gain feedback from patients, their families and carers which will be used to inform indicators and outcomes when redesigning services and measures. This is in line with NHS England Policy.
- To embed the application of Quality Impact Assessment (QIA’S) methodologies within Harrow CCG, this in turn will support the Quality, Innovation, Productivity and Prevention (QIPP) service model changes and financial plans.

From our engagement sessions we have learnt that the following are key priorities for our patients and carers:

Key priority for our patients and carers	What We Will Do
Be open and transparent and be honest when things do not go as planned	We continue to undertake audits and to manage complaints we receive robustly. We monitor provider quality through our Clinical Quality Groups and constantly review whether we are seeking sufficient and appropriate assurance of the quality they are receiving, something we obtain through direct and indirect patient feedback as well as a range of quality indicators.
Ensure care is delivered with compassion and that it is personalised to the needs of each person	We will monitor and review the trends and themes from our provider patient experience teams which includes; complaints, friends and family test results and patient surveys. Any concerns in relation to these will be explored via the Clinical Quality Review Group.
Ensure providers continue to have a safe and skilled workforce that feel valued in their work	We will continue to monitor the providers' safer staffing reports and their staff surveys via the Clinical Quality Review Groups and seek assurances and actions when there are concerns raised in relation to the workforce.

Our Quality Principles

The CCG Quality and Safety team apply the following principles to all of the work done within the CCG:

We will:

- Ensure these principles are embedded within our everyday quality and safety assurance systems and processes.
- Use a systematic approach to monitoring and improving quality with the patient at the centre and in the line of sight.
- Address any organisational barriers which hinder quality of care.
- Foster an open and transparent culture across the local health system.
- Maintain a systematic approach to proactive and early identification of service quality failures.
- Ensure there are robust links between commissioning priorities, the strategy and transformation plans and quality.
- Prioritise our quality assurance and improvement efforts developing an integrated approach with social care to reflect the Better Care Fund changes.
- Drive effective engagement with key stakeholders across BHH to achieve the delivery of robust measurable outcomes that reflect "what matters most to patients".
- Build work streams to define robust integrated quality & safety indicators that will deliver agreed Place Based outcomes.
- Ensure evidence based guidance & learning from assurance processes across Health and Social Care underpin & inform the design of outcomes to support place based care.
- Ensure "I statements" from patient's, families and carers engagement events are reflected in indicators and outcomes when redesigning services

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and measures.

- Ensure that governance and assurance mechanisms are appropriate to support "Place based" commissioning between the local authority and the CCG including: integrated pathways, integrated contractual monitoring (CQRG), integrated assurance visits, and shared quality improvement plans.
- Embed the application of Quality Impact Assessment methodologies across Local Authority and CCG QIPP **(**Quality, Innovation, Productivity and Prevention) & financial plans including commissioned providers.

Everything we do is focused on delivering high quality care for the population we serve and these Commissioning Intentions have been written to align with our vision, priorities and principles.

Homelessness

Homelessness should not be a barrier to accessing and receiving high quality healthcare. We expect all providers to work proactively with commissioners and other partners to help identify and support homeless patients so that they receive holistic care that meets their needs. This includes engaging positively with the work of the London Homeless Health Programme. 2018 - NHS Harrow CCG commissions 40,000 Walk In centre appointments per annum across two sites in Harrow. The Walk in Centres are open every day and are available to anyone regardless of place of residence. Harrow has a transient Homeless population who are actively encouraged to access health services through the Walk in Centres, and the Urgent Care Centre. The centres offer patients access to a wide range of physical and mental health services, and social care support, facilitating interventions where needed. It is expected the services will continue their support of the Homeless population for the foreseeable future.

Promoting Self Care in Harrow

Empowering individuals with the confidence and support to self-care wherever possible and visiting their family doctor only as required can give people better control of their own health and wellbeing. Many long term conditions may not be curable but can be better managed by patients through self-care, preventing ill health in the long-term.

A Self-Care Steering Group has been established with the aim of developing and sharing self-care and prevention activities across Harrow and aligning these with the local evidence gained via the recently launched Patient Activation Measure (PAM), an evidence-based tool which will measure an individual's skills, confidence and knowledge to manage their own health. These initiatives will ensure a Harrow wide approach to self-care to enhance the ability of all health, social care and third sector practitioners to promote and provide self-care.

The Self Care Steering Group is developing a work programme and will identify initiatives working with health, social care and third sector partners to further support work on promoting effective self-care across the communities in Harrow. 2018. During 2017 NHS Harrow CCG developed the Health Help Now app for smart phone and tablet PCs to assist patients in accessing care. The scope of the app has now widened to support health information and self-care advice on a wide range of health problems including diabetes. During 2018 the CCG intends to link the Health Help App to the NHS 111 service, increasing the scope for patients to self-manage their ailments. Additionally, the health Help App will be incorporated into the Integrated Care model during 2018 and 2019, giving access to third sector / voluntary sector service information to the public.

Safeguarding

The CCG commissions Providers to provide high quality care, which will include a strong focus on the principles of safeguarding and the actions required to keep the children, young people and adults at risk free from harm or abuse.

Harrow CCG has comprehensive and robust roles, systems and processes in place to protect and safeguard vulnerable children, young people and adults at risk. There is a Safeguarding Strategy and Safeguarding Policies available via the CCG website for further information. The CCG has a robust governance structure for safeguarding with a direct route from the Designated Professionals to the Quality Safety and Clinical Risk Committee.

The CCG will work with its providers during 18/19-20/21 to enhance the safeguarding arrangements that support the safe delivery of local services.

Harrow CCG is committed to the future safeguarding children arrangements that have been discussed as a result of the change in legislation with the Children and Social Work Act 2017.

The CCG has opted to support Model 2 which has a senior Strategic Group comprising of the 3 main partners, CCG/LA/Police and a Multiagency Safeguarding Children Panel. The proposal supports combining children and adult safeguarding within the Strategic Group, and having a Children's Panel and Adult Safeguarding Board separately but combining some of the sub-groups where there are issues pertinent to both adult and children's safeguarding. The CCG supports the reviewing of the new arrangements after a period of two years with the aim to encompass the work of Safer Harrow into the safeguarding arrangements across the borough of Harrow.

The CCG commits both financial support and payment in kind to ensure the proper functioning of the new arrangements to ensure children and young people are protected from harm and abuse. The CCG understands that this partnership is dependent on all partners contributing the same level of support and funding and therefore the expectation is that all of the services commissioned by the CCG will show this level of commitment.

Delivery partners and commissioners will be expected to contribute funding to support the implementation of these revised safeguarding arrangements

We will continue to:

- Ensure the statutory posts of Designated Professionals are supported in their role to provide leadership and expertise in safeguarding.
- Be active members of the Harrow Safeguarding Children Arrangements and Harrow Safeguarding Adults Board.

- Work in close affiliation with the Continuing Healthcare team who manage and support some of the most vulnerable Children and Adults in the community.
- Ensure the findings of Serious Case Reviews/Adult Reviews/LeDeR/Child Death/ Domestic Homicides/CQC Inspections/SI investigations and Multi-Agency Audits are embedded in commissioned services to ensure better outcomes for the Harrow population.

Our Safeguarding Priorities	What We Will Do
Listening to children & young people and adults at risk	Work with Providers to ensure the voice of the child is present and considered in service provision. Making Safeguarding Personal: work in partnership with local and neighboring social care services to protect adults and promote wellbeing within local communities to ensure a personalised approach that enables safeguarding to be done with, not to, people.
Safeguarding Education and Training (Children & Adults)	Work with Providers to ensure safeguarding training for both children and adults at risk are in accordance with the Intercollegiate Documents. Will seek assurance from Providers with completion of the Safeguarding Health Outcomes Framework (SHOF) on a quarterly basis
Child Protection Medicals	Commission services to: • Provide child protection medicals of a good standard and ensure there is a timely response for children suffering harm. • Support the work carried out by the CSA Hub to ensure all children receive an appropriate service that best meets their needs.
PREVENT	In accordance with the Counter Terrorism Act 2015, the CCG will ensure all staff and providers have received the relevant levels of Prevent and WRAP training in accordance with the Prevent Training Competencies Framework. The CCG will work with Provider organisations to ensure their PREVENT policy sits alongside the organisation's Safeguarding Adults at Risk Policy and the Safeguarding Children Policy
Domestic Violence and abuse	Monitor compliance with NICE Guidance 2016 to ensure that staff are trained and that victims and families at risk are identified, assessed and referred to appropriate care. Review Provider activity including training.
Support Providers in ensuring	Work with Children and Adult Services to develop a robust approach to service provision which includes links to support networks

"the Whole Family Approach" is embedded in services	for children and adults at risk of, or suffering as a result of, Child Sexual Exploitation (CSE), Child Sexual Abuse (CSA), Female Genital Mutilation (FGM), Toxic Trio, Human Trafficking and Modern Slavery.
Information Sharing	Continue to highlight responsibilities and importance of information sharing and support the CCG and Providers to share information appropriately. Adhere to the national and local Multi Agency Safeguarding Information Sharing guidance. Adhere to the General Data Protection Regulation (2018) as per the Data Protection Act (2018) which empowers organisations to process personal data for safeguarding purposes lawfully, without consent where appropriate
Young Offenders, Children Looked After and Children with Disabilities and Additional Needs	Ensure the health needs of vulnerable groups of children are met including: • Children Looked After in the borough of Harrow and those placed outside of the borough • Children with Disabilities • Children with Additional Needs • Children with disabilities, mental health and additional needs who are transitioning into adult services • Young Offenders Support the work of the Child Death Overview Panel to ensure all deaths are reviewed and any learning is shared. Ensure all deaths of children with Learning Disabilities from age 4 onwards are reported to NHSE to go through the Learning Disability Mortality Review (LeDeR process).
Reduce the incidence of Pressure Ulcers	Work with providers to reduce harm to patients and achieve an incremental reduction in pressure ulcers along with further work to prevent pressure ulcers by encouraging all health providers to adopt the DoH guidelines (2018). This will help keep people safe and reduce inappropriate safeguarding referrals to the Local Authority.
Ensure adults at risk are protected from avoidable harm	Prioritise and promote awareness of abuse and harm to ensure a positive experience of care in a safe environment. Prioritise "Best Interest" of Adults at Risk.

Section 8: List of Abbreviations Used

Term	Meaning	Term	Meaning	Term	Meaning
A&E	Accident & Emergency	AEC	Ambulatory Emergency Care	ICP	Integrated Care Partnership or Alternative Care Pathway
ACO	Integrated Care Organisation	AF	Atrial Fibrillation	AIDS	Acquired Immune Deficiency Syndrome
BCF	Better Care Fund	BHH	Brent, Harrow, Harrow CCGs		
COTE	Care of the Elderly	CCG	Clinical Commissioning Group	CSE	Child Sexual Exploitation
CQC	Care Quality Commission	CQG	Clinical Quality Group	CYP	Children & Young People
CHD	Chronic Heart Disease	CHF	Chronic Heart Failure	CNWL	Central & North West London NHS Foundation Trust
CKD	Chronic Kidney Disease	CMC	Coordinate My Care	CHC	Continuing Health Care
CIE	Care Information Exchange	CIP	Cost Improvement Programme	CVD	Cardio-Vascular Disease
CATS	Community Assessment & Treatment Service	CAATS	Clinical Advice & Triage Service		
DES	Directed Enhanced Service	DTOC	Delayed Transfer of Care	DH/DoH	Department of Health
DNA/s	Did Not Attend/s				
ENT	Ear, Nose & Throat	EoL	End of Life	EGAU	Emergency Gynae Assessment Unit
ED	Emergency Department				

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FT	Foundation Trust				
Term	**Meaning**	**Term**	**Meaning**	**Term**	**Meaning**
GP	General Practitioner	GPwSI	GP with a Special Interest	GB	Governing Body
HCCG	Harrow CCG	HAI	Healthcare Acquired Infection	HF	Heart Failure
HRG	Healthcare Resource Group	HENWL	Higher Education North West London	HWB/HWBB	Health & Wellbeing Board
IT	Information Technology	IV	Intravenous	IPP	Independent Pharmacist Prescriber
ICP	Integrated Care Programme	IAPT	Improving Access to Psychological Therapies	IM&T	Information Management & Technology
ICO	Integrated Care Organisation	IUC	Integrated Urgent Care		
JSNA	Joint Strategic Needs Assessment				
LA	Local Authority	LIS/LES	Local Incentive Scheme Locally Enhanced Service	LoS	Length of Stay
LAS	London Ambulance Service	LAC	Looked After Children	LTC	Long Term Condition
LD	Learning Disability	LBH	London Borough of Harrow	LNWH	London North West Hospitals NHS Foundation Trust
MCP	Multi Care Provider	MMT	Medicines Management Team	MSK	Musculo-Skeletal
MH	Mental Health				
NWL	North West London	NEL	Non-Elective	NES	Nationally Enhanced Service
NHSE	NHS England	NEPTS	Non-Emergency Patient Transport Service		

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Term	Meaning	Term	Meaning	Term		Meaning
OBC	Outline Business Case		OOA	Out of Area	OOH	Out of Hours or Out of Hospital
PHB	Personal Health Budgets		PPC	Primary Procedure Code	PYLL	Potential Years Life Lost
PHE	Public Health England		Pt/Pts	Patient/s	PTS	Patient Transport Service
PPE	Public & Patient Engagement		PCC	Primary Care Contract		
QIPP	Quality, Innovation, Productivity & Prevention					
RTT	Referral To Treatment		RA	Rheumatoid Arthritis	RBH	Royal Brompton & Harefield Hospitals NHS Foundation Trust
SRG	System Resilience Group		STI	Sexually Transmitted Infection	SaHF	Shaping a Healthier Future
SSoC	Shifting Settings of Care		SCR	Shared Care Record or Summary Care Record	STARR	Short-Term Assessment, Rehabilitation & Reablement Service
STP	Sustainability & Transformation Plan					
UCC	Urgent Care Centre		UEC	Urgent & Emergency Care		
WSIC	Whole System Integrated Care		WTE	Whole Time Equivalent		
ZLOS	Zero Length of Stay					

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	1 November 2018
Subject:	Development of the GP Access Centre at Alexandra Avenue Medical Centre
Responsible Officer:	Tom Elrick. Assistant Managing Director, Planned and Unscheduled Care NHS Harrow CCG
Public:	Yes
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out an update for the board on the development of the General Practice Access Centre (GPAS) at the Alexandra Avenue Medical Centre in South Harrow

Recommendations:
The paper is intended to provide information on the service development

Section 2 – Report

Background

Harrow CCG currently commissions three Walk-in Centres that offer treatment for minor illnesses and very minor injuries, the Centres are GP led but **do not meet the core criteria required to be a Minor Injury Unit, or Urgent Treatment Centre.** The services operate from 8am to 8pm, 7 days per week including bank holidays. The service is available for all patients irrespective of whether they are registered with a GP. The service is also available for non-Harrow residents.

In line with NHS England strategic service delivery development, all Clinical Commissioning Groups have been instructed to develop a GP Extended Access model of care. Essentially the model is focused on improving access to primary care from 8am until 8pm, 7 days per week, 52 weeks per year. This was in the form of additional **pre-bookable appointments for patients registered with a Harrow GP**. The GP Access centre is designed to mirror services delivered within General Practice.

The GP Forward View published in April 2016 set out plans to enable clinical commissioning groups to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

NHS England has committed to achieving 50 per cent national coverage by March 2018 and 100 per cent of the population by March 2019.

To utilise the appropriate funding allocation for the delivery of extended GP access arrangements, the provision must meet the requirements of the agreed London Specification for Improved Access; ensuring compliance in five core areas:

- Appointments
- Inequalities
- Access
- Measurement
- Digital

The service specification requirements for the delivery of GP Extended Access are different to those of Walk-in Centres with one of the key differences being that GP Extended Access pre bookable appointments are available for the areas (CCG) registered population.

Current situation:

NHS Harrow CCG at present commissions three dedicated Walk In facilities:

Alexandra Avenue Walk in Centre is located at the Health and Social Care Centre and originally commenced in April 2009 as a Polyclinic. In March 2015 the service changed to being open from 8am-8pm 7 days per week. The provider of this service is the Ridgeway Surgery.

The Pinn Walk-in Centre commenced in May 2009 on the opening of a newly built Pinn Medical Centre. The service is available from 8am to 8pm, 7 days per week. The provider of this service is The Pinn Medical Centre.

Belmont Walk-in Centre opened as a new facility in November 2016. The CCG had tried several times over the previous 5 years to procure a Walk-in service in the East of the borough, however were unsuccessful. The service is commissioned by Harrow CCG. The provider of the service is Harrow Health Community Interest Company, a Harrow Organisation which represents its members who are Harrow GPs. The service, located within Belmont Health Centre shares the premises with 3 GP practices, Belmont Health Centre, Enterprise Practice and the Circle Practice.

Why a change is needed

At Harrow CCG, we make our decisions based on the best outcomes for the patient and wider community. This is particularly true for patients with Chronic Health Conditions such as heart or lung disease, Diabetes or vascular problems. All evidence demonstrates that General Practice is the service which can provide optimum long term management of patients. With this in mind, the CCG has chosen to implement the GP Access Model at the Alexandra Health Centre.

Additionally, there are times throughout the day that the Alexandra Health Centre Walk In facility does not see enough patients and other times when the centre is seeing too many patients. By offering appointment slots throughout the day we can ensure that we are fully using the service at all times of the day and evening - managing the flow of patient demand better. By pre-

booking an appointment, patients are also guaranteed to be seen as soon as they arrive and at a time that works for them and their daily commitments.

Moreover, when visiting a walk-in service it is best-practice and always advisable to call ahead to make sure that the service is the right place to treat your condition and that there is capacity to see you when you arrive. By asking patients to book, we are ensuring that we implement best-practice and importantly make sure that patients get the right care, at the right time, and in the right place, by advising them when they call their GP surgery or NHS 111. This might mean that we advise a patient to see a GP or nurse at the Alexandra Avenue Health Centre or that they can seek help at the local pharmacist or need to receive urgent/emergency treatment at an Urgent Care Centre or A&E.

The Alexandra Avenue Health Centre currently sees walk-in patients from Ealing, Hillingdon and Brent, placing additional pressure on the service. However, from 1 November we will be offering appointments to patients registered with a Harrow GP only. Ealing, Hillingdon and Brent patients have access to pre-bookable GP appointments in their boroughs that are also accessible by calling their GP surgery or NHS 111.

The walk-in service is GP-led and treats minor illnesses such as stomach aches, minor cuts and bruises and insect/animal bites. It will continue to be GP-led and treat the same minor illnesses through an appointment service after 1 November. Please see a full list of minor illness below:

- infections and rashes
- emergency contraception
- stomach aches
- vomiting and diarrhoea
- hay fever
- insect and animal bites
- dressing care (not routinely)

- minor cuts and bruises
- minor burns and strains

Main options

Other options considered

Harrow CCG is communicating and engaging with the public so that they understand the changes before they come into effect. This is a key responsibility for us in terms of any changes we make to our services so residents understand fully why we are making the changes and why it will benefit them and the wider community.

The change reflects the population growth within Harrow and ensures that the additional capacity is protected for Harrow residents. The effect of the service changes for Harrow residents is minimal, the centre will continue to be available as the same operational times as the Walk-in Centre. Further to the CCG undertaking a Quality Impact Assessment (QIA) and Engagement and Quality Impact Assessment (EQIA) it was determined that the formal consultation is not required. Significant engagement has begun and is planned to continue in communicating the changes to the residents of Harrow and neighbouring boroughs. The engagement that has been undertaken also includes discussion with Harrow Council's Health & Wellbeing Board on 8th March 2018 and the Health and Social Care Scrutiny Committee on 2nd July 2018.

On Friday 14th September, the NHS Harrow CCG team met with Gareth Thomas, MP, to discuss the development of the new GP Access Centre at Alexandra Avenue. The meeting was to allow the CCG to explain the positive impact the centre will have on the long term health of the patients in Harrow. The CCG explained in detail the rationale for the development of the new model and what it expected to see in terms of improved Long Term health outcomes

NHS Harrow CCG has also engaged with the Harrow resident and London General Assembly Member Navin Shah. The CCG provided details of the GP Access service and the decision making processes involved in its development

Harrow CCG has engaged with neighbouring CCGs with regards to the changes from the time these were proposed. The CCGs are fully sighted of the business case to support the proposal and as such the business followed Harrow CCGs robust governance processes prior to approval.

Implications of the Recommendation
The GP Access Centre will be based at the Alexandra Avenue Centre and be open from 8am to 8pm, seven days per week. In this respect it will mirror the current Walk In Centre service. The new GP Access centre will see patients in booked appointments – walk in patients will no longer be seen unless in need of immediate necessary treatment. The GP Access centre works much more like a standard GP surgery.

Financial Implications/Comments

The GP Access Centre is being commissioned by NHS Harrow CCG and will be funded directly by the CCG. The new service will focus on providing more holistic care to patients, emulating the management of long term conditions provided within General Practice. The activity at the Walk In Centres was primarily driven by a short term “see and treat” approach which, while relieving the symptoms of presenting conditions, did not address the underlying long term cause of the illness. By shifting the focus the a longer term health management programme, the CCG is adopting a more cost effective prevention strategy offering better value over the coming years.

Legal Implications/Comments

NA

Risk Management Implications

NA

Equalities implications

An Equality Impact Assessment has been completed. The assessment is to assess the activities of the centre, and sets out how it will protect people from discrimination on the basis of the following ‘protected characteristics:
Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation

NHS Harrow CCG is confident that the Equality Impact Assessment sufficiently demonstrates that the centre will prevent discrimination of individuals on the basis of the nine protected characteristics

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

Not required

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Tom Elrick, Assistant Managing Director, Planned and Unscheduled Care, Harrow Clinical Commissioning Group
Email: t.elrick@nhs.net Tel: 07850 535237

Background Papers: None

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	1 November 2018
Subject:	Joint Commissioning Strategy and Action Plan for Carers 2018-2021
Responsible Officer:	Paul Hewitt, Corporate Director People Services (Interim) Javina Sehgal, Chief Operating Officer, Harrow Clinical Commissioning Group
Public:	Yes
Wards affected:	All Wards
Enclosures:	Joint Commissioning Strategy for Carers 2018 -2021 Appendix A Joint Action Plan for Carers 2018-2021

Section 1 – Summary and Recommendations

This report sets out the strategic priorities and commissioning intentions for the provision of support for carers in Harrow

Recommendations:

The Board is requested to approve the report and plan for implementation

Section 2 – Report

Introduction

1. This report sets out the context in which Carer's in Harrow Joint Strategy and Action Plan 2018 – 2021 has been developed. The national legislative framework is set out and the government's vision for carers. The approach adopted in Harrow is then detailed.

2. Carers provide essential support and care to vulnerable people. Their role is vital to the wellbeing of many elderly and chronically unwell people. For many, both men and women can expect to spend around half of their remaining life expectancy in good health. However, the likelihood of being disabled and/or experiencing multiple chronic and complex health conditions among those aged 65 years and over increases with age. As life expectancy increases, so does the amount of time spent in poor health including with dementia.

3. Unpaid caring is not without a cost to the carers. Being a carer may have a negative impact on the carer's own health, with the proportion of people assessing themselves as "not in good health" rising in line with the number of hours of caring they provide. This in turn will add to healthcare demand.

4. Against this impact, it is acknowledged that the role of carers has a significant financial value. The State of Caring Survey estimates that the support provided by the UK's unpaid carers is worth an estimated £132 billion per year. Figures calculated by researchers from the University of Leeds and charity Carers UK, show that there are around 6.4 million people in the UK providing care that would otherwise cost the state £18 an hour, meaning that each carer saves on average £18,473 a year.

5. Given the predicted increase in the number of older people requiring care in the future and the evidence of the current impact of caring on the carer, it is essential that Harrow supports carers to keep families together, to build resilience and to reduce the potential financial impact on health and social care budgets.

Supporting Carers in Harrow

6. The Carers in Harrow Strategy and Action Plan 2018-2021 was developed after consultation and with support from adult and young carers, key stakeholders, local and national data and reflects the national priorities with a 'live' action plan that will be implemented, monitored and updated throughout the life of the strategy by a Carers Action Plan group. The group comprises of representatives from Adult Social Care, Children's Service, Education, the Voluntary Sector (including Harrow Carers, Harrow Mencap and the parents participation group Harrow Parents for Disabled Children (HP4DC)) and will explore how needs can be met within existing resources.

Background

National Context

7. The national context for Harrow's Carers Strategy and Implementation Plan is outlined as follows:

8. The Government introduced the **Carers (Equal Opportunities) Act 2014** which placed a responsibility on Local Authorities and the whole of society to recognise that carers are entitled to the same life chances as others and not be socially excluded as a result of their caring role. To enable this to be implemented responsibilities for supporting carers needed to be agreed across organisation boundaries.

9. This was further supported by the **2014 Care Act** that came into force in 2015. The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers' in control of their care and support. The Act places a responsibility on all organisations to consider and address the needs of carers.

10. The Act combines various existing pieces of legislation which previously shaped how social care was arranged in Britain and changed many aspects of how support is arranged, to give greater control and influence to those in need of support.

11. The cross-government **Action Plan 2018-2020** outlines the programme of work to support carers in England and builds on the National Carers Strategy. It retains the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments. The actions focus on delivery and tangible progress that can be made in the near future, and give visibility to the wide range of work that is planned or already underway across government to support carers, their families and those they care for.

12. The **Children and Families Act 2014** also places a responsibility on Local Authorities to make reasonable steps to identify young carers and provide them with the same rights to an assessment of their needs for support as those of adult carers and to consider how these needs can be met. It also provides parent carers the same right to assessment and support.

13. The **National Institute for Health and Care Excellence (NICE)** June 2018 **Dementia: assessment, management and support for people living with dementia and their carers** provides guidance to improve care by making recommendations on training staff and helping carers to support people living with dementia.

14. Further guidance is being developed by NICE "The Provision of Support for Adult Carers" which is due to go out to consultation in early 2019 with the aim of being published in June 2019.

Harrow's Response

15. In line with the Council's vision 'Working Together to Make a Difference for Harrow' and the Government's legislation outlined above, joint work has been undertaken by Adult Social Care, Children's Services and

Harrow Clinical Commissioning Group (CCG) to develop working practices that consider the needs of the whole family to ensure a holistic approach is taken to address all their needs. This approach provides carers with the tools and support required to improve resilience and have the opportunity to lead a life outside their caring role and meets the Council's 3 priorities outlined in the 2018 refresh of the Ambition Plan:

- Build a Better Harrow,
- Protect the Most Vulnerable and Support Families,
- Be More Business Like and Business Friendly,

16. Harrow Council and the CCG are also working in partnership with the Voluntary Sector and carers themselves to ensure Carers are supported in the community. Examples of this partnership working are the development of the Carers Strategy and Action Plan, the development of a working group to monitor the action plan, consultation with carers and young carers and the commissioning of services for delivery by the voluntary sector.

17. Harrow Council and CCG are also working to ensure that Carers are an integral part of all strategies such as the LD & Autism Strategy and that Carers are a priority in commissioned services such as mental health.

Carers in Harrow Strategy and Action Plan 2018-2021

18. Whilst a considerable amount of joint work has been undertaken to ensure that the Government's legislation and statutory requirements have been met by Harrow Council and CCG with the support of key stakeholders, it is recognised that a Strategy and Action Plan needed to be developed to reflect the local agenda and non-statutory support for carers.

19. To develop the strategy, consultation was carried out with carers and young carers through workshops and questionnaires. This was supported by the Voluntary Sector through delivery of the workshops and distribution of questionnaires to carers known to them. Findings from the national biannual carers survey were also considered.

20. The responses and information gathered through this process was used to developed a plan for Harrow adopting the 4 national priority areas which are:

    i. Identification and Recognition
    ii. Realising and Releasing Potential
    iii. A Life Outside of Caring
    iv. Supporting Carers to Stay Healthy

21. The draft strategy was shared with key stakeholders, CCG, Adult Social Care, Children's Services, organisations from the voluntary sector such as Harrow Carers, Harrow Mencap, Harrow Parents for Disabled Children and carers for comments before being finalised.

22. A draft plan was then developed from the findings of the strategy with some key action points under the strategy's 4 priority areas. A Carers Action Plan Group comprising of representatives from Adult Social Care, Children's Services, Children and Young People with Disabilities Service, Education, Business Intelligence and organisations from the voluntary sector as carer representatives - Harrow Carers and Harrow Mencap, met for the first time to develop the plan further.

23. The plan is a working document that the group will meet on a quarterly basis to review and update with developments and to include identified priorities that arise during the life of the strategy. The impact of changes will be monitored via the statutory biannual carers' survey and local carers' events.

24. The Strategy and Plan have been presented and approved for submission to the Health and Wellbeing Board at Harrow Council and CCG governance structures including the Joint Commissioning Executive.

Financial Implications

25. The Better Care Fund (BCF) 2016-2018 includes £0.782m within the funding agreed to protect social care services. This represents funding for statutory Care Act and carer services.

26. Across health and social care funding totals approximately £1.5m for services which underpin this strategy, and are reviewed annually as part of the budget setting process, which will determine funding in future years.

27. Harrow Council and Harrow CCG will work with the Voluntary Sector to secure funding from external sources to support the wider delivery of identified needs within the strategy and plan.

28. The recommendations to implement the strategy have not identified any additional resource requirements, and this joint strategy will be delivered within existing budgetary provision on an ongoing basis, subject to any legislative changes which may arise from the anticipated Green Paper.

Legal Implications

29. Whilst there is not a statutory requirement for the Local Authority and CCG to develop a carers strategy and plan, the development enables us to engage with carers and ensure that both organisations are working in partnership to meet their needs.

Risk Management Implications

30. There are no known risks.

Equalities implications

31. Was an Equality Impact Assessment carried out? No

32. In 2004, the government introduced the Carers (Equal Opportunities) Act 2004. The Act ensures that carers are identified and informed of their rights, that their needs for education, training, employment and leisure are

taken into consideration and that public bodies recognise and support carers.

33. The Act acknowledged that carers are entitled to the same life chances as others and should not be socially excluded as a result of their caring role. Responsibilities for supporting carers needed to be agreed across organisational boundaries to ensure that carers are recognised and supported by the whole of society and not just by social services.

Council Priorities

34. The strategy and plan incorporate the following Council priorities:

Protect the Most Vulnerable and Support Families

- Supporting carers to improve their resilience to keep families together, to enable them to continue supporting the cared for person and to reduce the risk of them becoming vulnerable themselves.

Build a Better Harrow

- Supporting carers to access community services and to live and be active members of the community.
- Supporting carers to access community services and to live and be active members of the community.

Be More Business Like and Business Friendly

- Work with the local voluntary sector to access external funding to support Carers.
- Supporting carers to access educational and employment opportunities.

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

Name: Donna Edwards Date: 10 October 2018	[x]	on behalf of the Chief Financial Officer
Name: Sharon Clarke Date: 8 October 2018	[x]	on behalf of the Monitoring Officer

Ward Councillors notified:	NO Portfolio Holder notified

Section 4 - Contact Details and Background Papers

Contact: Kim Chilvers, Commissioner
Email: Kim.Chilvers@harrow.gov.uk
Tel: 020 8736 6292

Background Papers:

None

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Carers in Harrow

Joint Commissioning Strategy & Action Plan 2018 - 2021

Contents Page

Appendices.

1. Introduction

Supporting carers to care effectively and safely; to look after their own health and well-being; to fulfil their education and employment potential; and to have a life of their own alongside caring responsibilities are key priorities for Harrow Council and Harrow Clinical Commissioning Group (CCG). It is well known that most people are likely to be affected by or have caring responsibilities at some stage in their lives.

Harrow's carers are vital to the wellbeing and independence of thousands of vulnerable people. They are as diverse as the people of the borough, live in all parts of the borough including young people under the age of 18 and come from all sections of the community.

Some may have become carers recently, when a family member, partner or friend became frail or disabled, while others will have been caring for many decades. Some carers have given up paid employment; others are balancing employment or education and caring, while some will be grieving after the death of the person they cared for and trying to work out what that now means for their lives.

The caring role can be stressful, and isolating. Some people may not even recognise themselves as carers or know there is support available to them in their caring role and in their life outside of their caring. The demands of being a carer can affect a person's quality of life, their ability to study and work, their finances and their health. The Carers Trust reports that in a survey, carers providing more than 50 hours of care per week are twice as likely to report ill-health as those not providing care. Carers providing high levels of care were associated with a 23% higher risk of stroke. 17% of carers who had taken a break of more than a few hours experienced mental ill-health compared to 36% of carers who did not have such a break since beginning their caring role. Providing care can also have the following adverse effects: anxiety, stress, tiredness, and strain within family relationships, restrictions in social activities and relationships, and under-engagement in education.

Both Harrow Council and Harrow CCG are committed to delivering their vision for carers as outlined in Section 3. This joint strategy between the Council and the CCG has been developed with the help of Carers' Services, carers themselves (including adult, young adult and young carers) and key stakeholders.

2. Vision

The vision we have adopted in Harrow is the one stated in the national Carers Strategy and Action Plan 2014-2016 and the Carers Action Plan 2018**. '**Carers will be recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen'.

Our vision is underpinned by the following national priorities

- ***Identification and recognition***- Supporting people with caring responsibilities to identify themselves as carers at an early stage and recognising and valuing their contribution. Involve carers in designing local care and individual care provision. Supporting professionals working with young people to identify and support young carers within their organisation.

- ***Realising and releasing potential*** - support young and adult carers to fulfil their education and employment potential

- ***A life alongside caring*** - ensure personalised support for carers and the people they support and ensure good quality information, advice and support is available.

- ***Support carers to remain mentally and physically well*** - Prevention and early intervention for carers within their local community and supporting carers to look after their own health and well-being.

In addition to these national priorities, the local vision and values for young carers are:

"Supporting Young Carers to be happy, healthy and successful, from the moment they start caring until they transition to adulthood, by working together."

- Young Carers are children first: they will be protected from excessive or inappropriate caring responsibility
- Caring is an incredibly important service; to those cared for and to society in general. Young Carers should always be made to feel valued for what they do.
- Identifying and supporting Young Carers is the responsibility of all organisations in contact with them, or their families.

3. Strategic Aim

Harrow strategic aim for carers is in keeping with the National Carers Strategy to support carers and achieve the following outcomes:

- To be respected as expert care partners and will have access to personalised services they need to support them in their caring role

- Be able to have a life of their own alongside their caring role

- Be supported so that they are not forced into financial hardship

- Be supported to stay physically and mentally well and treated with dignity

- To improve the identification and support available to young carers to enable them to learn, develop and thrive to enjoy positive childhoods.

- To support families to ensure children and young people do not provide inappropriate caring.

4. National and Local Policy Context

The NHS Information Centre Survey of Carers in Households - England, 2009-10 showed carers performed a wide variety of tasks for the person they mainly cared for they were most likely to provide practical help such as:

- Preparing meals, shopping and doing the laundry - 82 per cent

- Keeping an eye on the person they cared for - 76 per cent

- Keeping them company - 68 per cent

- Taking them out - 62 per cent

4.1 Carers Action Plan 2018

In June 2018 the Government published its Carers Action Plan policy 2018-2020. The plan builds on the Carers Strategy 2015 to look at what more needs to be done to support the existing and new carers. The needs of carers will be central to the forthcoming social care green paper setting out long-term sustainable solutions for the social care system.

The plan aims to:

- Put a focus on current delivery and what is being done, or is planned, within government.
- To look for solutions to include businesses, local communities, the voluntary sectors and individuals.
- Support carers so they can gain employment, learn the skills they need and feel supported by the communities they live in.
- Increase the number of employers who are aware of caring and the impact this has on their workforce.
- Support health and social care professionals to be better at identifying, valuing and working with carers.
- Improve the evidence base on carers to inform future policy and decisions.

- Ensure that the needs of carers are recognised in relevant government strategies such as 'Fuller Working Lives', 'Improving Lives: the Future of Work, Health and Disability'.

Five primary themes were identified to raise awareness and improve the identification of carers so that their views are appropriately taken into account:

- Services and systems that work for carers
- Employment and Financial Wellbeing
- Supporting Young Carers
- Recognising and supporting Carers in the Wider Community and Society
- Building Research and Evidence to Improve Outcomes for Carers

4.2 Recognised Valued and Supported: next steps for the 'Carers' strategy. Department of Health (2010)

The strategy states that more should be done to identify and support young carers, with particular emphasis on involving and supporting schools to be more carer aware. There should be a Memorandum of Understanding between Adult Social Care and Children and Young People's Services; on how to ensure that they will work positively together to support young carers.

The strategy's vision is that carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen

4.3 Carers Strategy: Second National Action Plan 2014 - 2016

This Action Plan builds on the previous Government's national Carers Strategy 2008 and updated in 2010 retaining the strategic vision for recognising, valuing and supporting carers and four priority areas to support carers.

4.4 The Care Act (2014)

The Care Act places new statutory duties on local authorities to support carers through various ways such as:

- To provide information and advice to help people understand how the care service works, what services are available locally and how they can be accessed. Local Authorities will have to ensure a diverse range of quality services are available to meet the needs of people and work with various organisations to integrate services.

- To take a proactive approach to meet the needs of people, make earlier interventions and provide more services that are intended to prevent, delay or reduce the need for care and support.

- To meet a carer's eligible needs and to review their care and support plan regularly to ensure that their needs are met.

- To consider where appropriate the impact of the adult's needs on the young carer's wellbeing, welfare, education and development and whether any caring responsibilities being undertaken by the young carer are inappropriate.

- To adopt a whole family approach to adults' or carers' needs assessments in order to take a holistic view of the person's needs in the context of their wider support network.

- Parent carers to be assessed for services that they may currently be unable to use.

- To develop and promote diversity and equality in the provision of services.

- To ensure Local Authorities identify any children who are involved in providing care.

- To consider, (where appropriate and with the consent of all involved) combining the assessment of the adult needing care and support with a carer or young carer's assessment and/or an assessment relating to a child.

- To ensure all young carers are offered an assessment of their needs. This new provision works alongside measures in the Care Act 2014 for transition assessment and planning for young carers as they approach adulthood, and for assessing adults to enable a "whole family approach" to providing assessment and support.

- Ensure access to an independent Advocacy service to ensure that young carers' and their families are able to access support to understand the assessment process.

It also provides rights to carers such as:

- Carers to have a legal right to an assessment of their needs regardless of their level of caring. This duty is comparable to that of the people for whom they provide care.

- Carers to have the right to be consulted in relation to the assessment and support plan of the people they care for and to have a copy of their support plan.

4.5 NHS Operating Framework (2013-2015)

This requires Clinical Commissioning Groups (CCGs) to agree funding and support for carers in their localities. CCGs must publish the level of funding they are allocating to support carers and transfer these funds to local authorities. The CCG must also publish plans on how they intend to support carers and set out how many breaks the allocated funding will provide for carers.

4.6 NHS England's Commitment to Carers (2014)

There are around 5.4 million people in England who provide unpaid care for a friend or family member.

Harrow CCG will continue to have in place a Carers local enhanced scheme (Carers LES). The Carers LES for GP practices helps to support carers practically to ensure carers are looked after and supported in their important role as carers and, in turn support the Harrow out of Hospital Strategy which helps to look after patients in their own homes. Over 97% of the GP practices in Harrow have signed up to becoming a "Carers aware GP surgery" the LES has been in place with Harrow CCG since February 2013.

The scheme aims to:

- Support patients who are carers in their caring role.
- Maintain carers own health and sustain their ability to take the primary caring role.
- Enhance the carer's ability to support the person they care for.
- Support delivery of the out of hospital strategy.
- Provide the support for carers that they themselves have indicated would be beneficial to them.
- Enable GP practices to support carers in a practical and demonstrable way.
- Provide awareness of carers and their needs at practice level.

The scheme operates through 3 phases:

Phase1: Identification of patients who are carers
Phase 2: Equipping the practice to provide advice and support to carers
Phase 3: Health and wellbeing checks for carers

Harrow CCG recognises the contribution carers make with over 1.4 million people providing 50 or more carer hours a week for a partner, friend or family member. In support of Carers, Harrow CCG commission Harrow Carers along with other voluntary sector organisations to ensure the 37 NHS England commitments and priorities are met:

1) Raising the profile of Carers
2) Education, training and information
3) Service development
4) Person-centred well-coordinated care
5) Primary care
6) Commissioning Support
7) Partnership links

4.7 Outcome Framework (2015-16)

Enhancing quality of life for people with long-term conditions (Domain 2); Over a quarter of the population (15.4 million people) have a long term condition, and an increasing number of these have multiple conditions (the number with three or more is expected to increase from 1.9 million from 2008 to 2.9 million in 2018). Figures suggest people with long term conditions use a significant proportion of health care services (50% of all GP appointments and 70% of days spent in hospital beds), and their care absorbs 70% of hospital and primary care budgets in England.

Harrow CCG supports people to be as independent and healthy as possible if they live with a long-term condition such as heart disease, mental illness or dementia, preventing complications and the need to go into hospital. The CCG will work with social care and voluntary/community organisations to ensure that people are supported to leave hospital and recover in the community.

4.8 NHS England CCG Outcomes Indicator Set 2015/16

- Enhancing quality of life for carers
- Enhancing quality of life for people with mental illness
- Enhancing quality of life for people with dementia; improve quality of post-diagnosis treatment and support for people with dementia and their carers

4.9 The Government's mandate to NHS England for 2016-17

Carers should routinely be identified and given access to information and advice about the support available.

4.10 Mental Health Parity of Esteem

Harrow CCG has set out in its 2016/17 commissioning intentions to provide high quality care and treatment all people receiving treated holistically for their health problems. The drive is to deliver parity between physical and mental disorders.

4.11 The Children Act (2004)

This Act highlights the importance of providing services to children and young people to prevent the escalation of need. The Act is supported by legislation related directly to the rights of carers (including young carers) and targeted guidance for meeting the needs of young people (including carers). This legislation cross-references:

- Children Act (1989)
- Carers (Recognition and Services) Act (1995)
- Carers and Disabled Children's Act (2000)
- National Service Framework for Children, Young People and Maternity Services
- Carers (Equal Opportunities) Act (2004)

4.12 The Children and Families Act 2014

The Act has introduced changes in the way in which young carers are identified and supported. The changes include:

- The same right to assessment and support for young carers as adult carers
- Giving parent carers the same right to assessment and support as adult carers
- To take reasonable steps to identify the extent to which there are young carers within their area who may have needs for support.
- If it appears to the Local Authority that a young carer may have needs for support they must assess whether the young carer has needs for support, and if, so what those needs are.
- Where a Local Authority carries out a young carer's needs assessment they must consider and decide whether the young carer has needs for support in relation to the care which he or she provides or intends to provide; whether those needs could be satisfied (wholly or partly) by services which the authority

may provide under section 17; and if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

4.13 Young Carers – The Support Provided to Young Carers in England (2016)

In December 2016, the Children's Commissioner issued a report of the lightening review carried out with Local Authorities in England to collate the 2015-16 operational data on the identification and support of young carers. A qualitative research was also undertaken with professionals delivering or commissioning young carers services and young carers themselves.

The findings were:

- The definitions and criteria for the definition of a young carer used by Local Authorities can be wider than the definition used in the 2011 census.
- Across England, 97% of those young carers who were assessed were deemed to be in need of support whilst 94% of those not deemed to be in need of support had not received a young carer's assessment.

- The emphasis on identification and assessment in legislation may lead to support for young carers being overlooked.

- The majority of Local Authorities in England were taking 'reasonable steps' to identify young carers.

Of the 117 Local Authorities who have established mechanisms in place to identify young carers:

- 49% had multi-agency approaches in place that sought to identify young carers through health, children's services, adult services and education.
- 36% stated that they had invested in developing and issuing guidance and/or training frontline professionals to identify young carers.
- 29% stated that they had introduced flags on IT systems used by frontline professionals in order to encourage identification and improve data collection/sharing.
- 20% deliver activities and administer schemes in schools to identify children with caring responsibilities, including, for example, appointing a member of school staff to act as the young carer lead.

When asked to comment on the barriers and challenges in the identification and referral process, 590 Local Authorities responded that there was an under identification of young carers and over half stated that under-identification stems from a lack of awareness and understanding of young carers by professionals. Not all young carers will know that they are young carers. It is important that professionals are able to identify children with caring responsibilities.

4.14 The Impact of Caring on Children's Health, Wellbeing and Development[1]

Overall: A relatively large scale and recent study found; "young carers were considerably less likely than those in the comparison group to report their health as 'very good' (37%) than those in the comparison survey (47%), and although numbers are small there was a greater proportion reporting 'bad' health (7%) than their peers who were not carers (1%)"[2]

Physical Health & Injury: boys under the age of 24 who are young carers are twice as likely as their peers to report 'not good health' (7.7% cf 3.7%) and girls over 2.5 times as likely as their peers to report 'not good health' (9.4% cf 3.6%). In one local authority, it was found that 11% of young carers sustained an injury due to their caring role e.g. from lifting or dressing someone, with less than half having told their GP they were caring for anyone. 35% said they thought their health had worsened due to their caring role, while 35% also experienced the symptoms of an eating disorder.

Mental Health: The evidence shows that young carers have worse mental health than their peers:[3]

- A survey of 348 young carers found 48% said being a young carers made them feel stressed and 44% said it made them feel tired.
- A survey of 61 young carers in school found that 38% had mental health problems.
- A relatively large scale and recent study fodn that 'in the last week', young carers were:[4]
    - More likely to report having felt happy 'a lot' (64%) compared to other young people (55%), but;
    - Less likely to have had 'a lot' of fun (69% compared to 76%)
    - Less likely to have felt good about themselves a lot (45% compared to 56%)
    - More likely to have experienced anger a lot in the last week (14% compared to 8%).

Other Health Related Problems that Young Carers may experience: Feeling worried, anxious or stressed about the person they care for; missing healthcare appointments with doctors or dentists; poor diet because of financial constraints on the family food budget, or because they have responsibility for preparing meals but lack basic cooking skills; behaviour problems particularly self-harm[5]

[1] https://makingastepchangepractice.files.wordpress.com/2016/06/briefing-engaging-with-health-services_making-a-step-change-for-yong-carers-andf-their-families-final.pdf
[2] The lives of young carers in England, Department of Education, January 2017 – p49

[3] https://professionals.carers.org/yong-adult-carer-mental-health
[4] The lives of young carers in England, Department of Education, January 2017 – p50
[5] Supporting Carers: An Action Guide for General Practice

Adult Relationships & Identity: If a child or young person is required to take on a caring role, this responsibility so early in life can affect relationships with others and as a result, former young carers may have their entire lifetime affected by their early caring role. It can create a heightened sense of responsibility for the health and welfare of others and act as a barrier to balanced relationships. Young carers need help to regain confidence in their own identity and the ability to go forward independently of their caring role.[6]

Special Educational Need: "Young carers are 1.5 times more likely than their peers to have a special educational need or disability.

Other problems: the following are other examples of the effects on children and young people of providing care: Missing school or problems with completing homework and getting qualifications; Isolation from other children of the same age and from other family members; feeling that they are different from other children and are unable to be part of the group; being bullied; lack of time for play, sport or leisure activities; problems moving into adulthood, especially wit finding work, their own home and establishing relationships.[7]

4.15 Harrow corporate priorities 2016-2019

Harrow council is committed to work in partnership to deliver services that make a difference to residents and in particular those who are vulnerable: One of Harrows priorities is to protect the most vulnerable and support families:

"We want to make sure that those who are less able to look after themselves are properly cared for and supported. We want to safeguard adults and children from abuse and neglect, keep them safe and ensure they have access to opportunities and a good quality of life.

We want to increase people's ability to look after themselves, and reduce their long term dependency on the Council. We want to increase the choice that our service users have through a more personalised approach so they are more in control of the services they receive and can access the things that will make the biggest difference to their lives.

We want to work more closely with our voluntary and community sector, so they can take a greater role in supporting our most vulnerable residents. We want our youngest and most vulnerable children to have access to the key services that will help to reduce child poverty and give them the best start in life and support those families at risk of losing their homes to find the means to help themselves.

Families are at the heart of our communities in Harrow, and we recognise that for some the last few years of "austerity" have been a struggle. We want to make sure that

[6] Supporting Carers: An Action Guide for General Practice

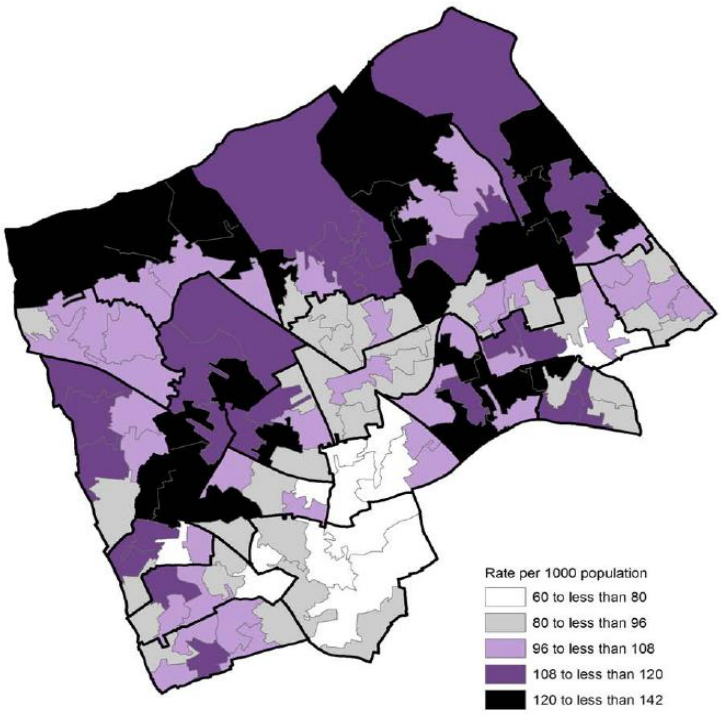
[7] Supporting Young Carers and their Families: healthcare worker guidance

Harrow is a place where families can thrive, from good quality housing and safe neighbourhoods, to good schools for their children and jobs which enable the aspiration of families to be met. We know that the cost of living continues to rise in Harrow, and we will do all we can to support families through this, targeting our resources as best we can so that families can feel the full benefits of economic growth."[8]

Harrow council are committed to ensuring equality and diversity is integral to everything we do irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.[9]

5 The Local Picture – Carers in Harrow

Carers, 2011
Source: 2011 Census, Key Statistics KS301EW, ONS, Crown Copyright



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[8] Working Together to Make a Difference for Harrow: Harrow Ambition 2020
[9] : http://www.harrow.gov.uk/www2/ieDecisionDetails.aspx?AIId=99586

5.1 Adult carers

The 2011 census[10] shows that there were approximately 5.8 million people providing unpaid care in England and Wales in 2011, representing just over one tenth of the population. The absolute number of unpaid carers has grown by 600,000 since 2001; the largest growth was in the highest unpaid care category, fifty or more hours per week.

Locally the Census showed 24,620 carers, an increase of over 4,000 (almost 20%) from ten years earlier and the second highest level in London. Harrow's overall population has grown by less than 16% over this period[11], so the level of carers has increased at a higher rate. There were 2,300 carers in Harrow aged under 24 and around 4800 older people (14% of all older people in Harrow) also providing unpaid care, which includes both moderate support as well as 'round-the-clock' care.

1.7 per cent of carers provided between 20-49 hours of unpaid care per week, also the second highest level in London.

Of those carers who Harrow supported directly, the national survey of adult carers in 2016 showed that 70% were female, 30% male, with a range of ethnicities and ages.

Survey	2016	2014
Ages	Percentage	Percentage
18-24	2.0	1.4
25-34	3.7	6.1
35-44	7.5	10.8
45-54	22.4	19.3
55-64	24.0	24.1
65-74	19.7	16.3
75-84	14.3	14.1
85+	5.3	4.6
unknown	1.1	3.3
Total	100.0	100.0

Survey	2016	2014
Ethnicity	Percentage	Percentage
White	35.5	35.5
Mixed / Multiple	1.3	1.0
Asian / Asian British	43.9	42.2
Black / African / Caribbean / Black British	9.1	6.1
Other	4.0	2.6
Refused / undeclared / not known	0.4	1.8
Missing	5.7	10.7
Total respondents and non-respondents	100.0	100.0

Carers are supporting people with a wide range of conditions and support needs, but physical support needs predominate.

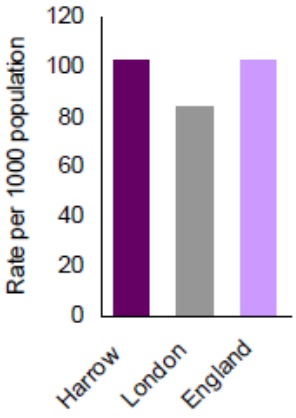
[10] http://www.ons.gov.uk/census/2011census
[11] http://www.harrow.gov.uk/info/200088/statistics_and_census_information/966/vitality_profiles

Primary Support Reason of cared-for person	Percentage
Physical Support	48.4
Sensory Support	1.9
Support with Memory and Cognition	2.1
Learning Disability Support	12.2
Mental Health Support	17.4
Social Support	1.2
Unknown	16.8
Total	100

Health Conditions of cared-for person	Percentage
Chronic Obstructive Pulmonary Disease	1.5
Cancer	1.9
Acquired Physical Injury	3.8
HIV / AIDS	0.1
Other Long Term Health condition – Physical	28.5
Stroke	5.8
Parkinson's	2.1
Motor Neurone Disease	1.0
Acquired Brain Injury	1.3
Other Long Term Health condition - Neurological	6.7
Visually impaired	4.8
Hearing impaired	4.9
Other Sensory Impairment	2.5
Learning Disability	8.7
Autism (excluding Asperger Syndrome / High Functioning Autism)	1.8
Asperger Syndrome / High Functioning Autism	0.5
Other Learning, Developmental or Intellectual Disability	8.7
Dementia	10.0
Other Mental Health Condition	5.3
No Relevant Long Term Reported Health Conditions	0.1
Total	100

Note: some clients may have more than one health condition recorded

National Comparison



National & London Rank

2/33	London
185/326	England

source: Harrow vitality profile 2011-2013 p.277

The highest concentration of carers is in the wards to the north of the borough, the two Kenton wards and in a cluster around Headstone North and Rayners Lane. Canons have the highest level of carers at 123 persons per 1,000 residents. The wards to the centre and south-west of Harrow have lower levels of carers - these coincide with the areas where there are higher numbers of very young children. Greenhill has the lowest rate, at 78.5 carers per 1,000 residents, below the 2001 level of 87 per 1,000. Harrow on the Hill also has a low rate.

The 2016 Carer Survey showed that carers in Harrow undertake a range of roles;

- 70% of carers said they had been caring for over five years, while almost three out of ten carers said they had been looking after someone for over 20 years.

- Of the carers who received council support in their caring role, 8 out of carers were providing more than 20 hours per week, with a significant group of carers (38%) reporting very substantial caring responsibilities of more than 100 hours per week.

This suggests that those who seek support from social services have been carers for longer, and are providing more hours of unpaid care per week than those who don't receive support.

The 2016 survey also reported the following (among carers who have received council support):

- An increase since 2014 in the number of tasks carers carry out and time spent in providing support to people they care for.

- Carers' reported quality of life dropped between 2014 and 2016, with a decrease in the percentage of people who say they have enough free time. In 2014 one in four carers said they could spend time as they want, but this had dropped to one in five by 2016.

- In addition, the proportion of carers who said they had as much social contact as they would like dropped significantly from 46% in 2014 to 30% in 2016. We know that social networks and encouragement in their caring role is crucial in maintaining carer wellbeing.

- 20% of carers reported having a long standing illness, 15% mentioning a physical impairment, 16% a hearing or sight impairment and 6% mental illness. 3% reported a learning disability.

- Carers who themselves have a long-standing illness and/or cared for someone with a mental health problem were much more likely to be at risk of a poor well-being.

- More carers overall were able to access information and advice, with about 6 out of 10 saying it was easy to find information. This however was a decline since 2014 when 7 out of 10 carers who had reported they had been able to find information easily. 86% of those who had received information and advice said it had been useful, which was consistent with 2014.

- Carers said they felt less involved in discussions with social services about the cared-for person than in 2014.

5.2 Young carers

Research carried out by the BBC in 2010[12] indicated that there may be as many as 700,000 young carers. The BBC survey of more than 4,000 UK school pupils found that one in 12 had moderate or high levels of caring responsibility, four times the official figure

The 2011 census identified 178,000 young carers in England and Wales alone; an 83% increase in the number of young carers aged five to seven years and a 55% increase in the number of children caring who are aged eight to nine years compared to 2001.

The 2011 Census also shows that in London there are a total of 26,231 young carers aged 5 – 17.

- Of these, 20,636 (79%) provide 0 – 19 hours care per week.

- 2,944 (11%) provide 20 – 49 hours care per week, and

- 2,650 (10%) provide over 50 hours care per week, Of which 556 (21%) are aged 5 – 9.

- There are an estimated 250,000 young people living with parental substance misuse.[13]

Of the 24,620 carers in Harrow identified In 2011 Census:

- 2,272 are young carers aged 5 – 24

- If we are to apply the London percentages to those in Harrow, we can estimate that there are 863 young carers aged 5 – 17.

- Of these 863 it is estimated that 113 (13%) are aged 5 – 9.

[12] http://www.bbc.co.uk/news/education-11757907
[13] Hidden Harm, Advisory Council on Misuse of Drugs, June 2003, Home Office

- The number of young carers aged 5 – 18 currently recorded as receiving support within a Harrow School is 212. The majority of who are over the age of 11.

- The majority of Harrow schools felt that there were a significant number of 'hidden' young carers on role.

- In both Mathematics and English, 63% of Harrow's identified young carers are below levels expected by their school and well below national expectations, 37% are on track or at national standards and 51% are on track in only one.

6 Consultation, Feedback and Engagement

6.1 Adult Carers

Past feedback from adult carers, outcome of consultation with a reference group of unpaid carers from key networks in 2014 and 2015 has been collated to avoid asking the same questions again. Key reflections are set out below:

- Carer engagement not leading to visible actions

- Carers do not feel they are adequately heard by services

- Improving services for the cared for will ease the pressure and stress on carers

- A sense of "battling the system" remains

- Information resources are poor and difficult to access particularly to help them navigate the system

- Support to sustain employment or return to work after caring

- Personal budgets for carers own needs (not just respite)

- Many friends and family providing support do not recognise themselves as carers, or do not wish to

- A need to make opportunities more accessible for Carers e.g. joined up thinking, meeting the need through the first point of contact, GP's co-ordinating all aspects of the Carers needs.

- A need for flexibility and reliability for respite care.

In November 2016 Harrow Carers held a consultation event with key stakeholders including carers, the CCG, the LA, and other voluntary sector organisations. Some of the points raised at the consultation are:

- GP receptionists not always sure what to do when someone identifies themselves as a Carer.
- Education and awareness to the wider society to contribute to reducing the stigma, particularly for males
- A need for flexibility and reliability for respite care so that care can be arranged at short notice.
- Young adults living at home who may be providing some element of care which is impacting on their work performance
- High car parking charges at hospitals.
- Reduction of day and residential care services for the cared for, have an impact on Carers
- Advice, guidance and support for young carers
- Improved number of health professionals identifying carers.
- Carers are unclear on what falls under health and what falls under Social care.
- Forms are a barrier to accessing services as they are often cumbersome, long and use of language and words not always understood.
- GP to identify carers and be informed once a carer has had a carers' assessment.
- On-line system for Personal health budgets. Perhaps as part of the My Community ePurse (MCeP) system.

6.2 Young Carers

Feedback from consultation with young carers during 2014 and 2015 showed:

- Those young carers accessing the young carers youth club were happy with the provision but would like their friends who did not have a caring role to be able to attend with them.

- Young carers in schools that had good support systems in place felt adequately supported especially during times of change.

- Those young carers attending schools where the support systems were not as advanced would like further support.

- Some of the support systems within schools that young carers valued were:

    - Concession for late homework
    - Lunch time young carers club
    - Support during transition from primary to secondary school
    - Support at school during difficult times such as being able to phone home when a parent is in hospital
    - A named person at school to approach if experiencing difficulties.

- Some of the gaps identified by young carers are:

    - Targeted activities such as cookery, finance management, time management, health improvement
    - Being provided with information about the cared for person's illness/disability
    - Being able to go on outings/holidays as a family – two of the reasons cited as preventing this were finances and lack of transport for the cared for person
    - Reassurance that young carers would not be referred to Social Services and 'taken away' from the family if they identified themselves – evidence suggests this is nationally a barrier to young carers' identification.
    - Financial support
    - Free private tutoring
    - Education in primary schools of young carers

During 2014, Harrow Council worked closely with 41 schools in Harrow to gain a better understanding of the number and educational attainment of known young carers and to consult with schools. Some of the findings are:

- Identification needs to be more systematic and rigorous across all schools as every school believes numbers are far greater than currently assessed. "The number of Young Carers is probably 5 times this number".(High School colleague)

- High Schools throughout Harrow were alert to the needs of young carers and keen to develop further identification and support mechanisms.

- Primary schools currently have less developed mechanisms in place around young carers but were ready to engage with this area. Primary schools engagement is key to the future success of any work around Young Carers.

- Special Schools recognised the potential for siblings in particular to hold a caring role in relation to their pupils.

- In both mathematics and English, 63% of Young Carers are below levels expected by their school and well below National Expectations for these subjects.

- 37% are on track or at National Standards in both mathematics and English.

- 51% are on track in only one of Mathematics or English

- Mental Health needs amongst parents and carers are an area that schools are identifying as one of growing concern, particularly in the primary schools.

- Transition is a crucial time for many Young Carers as opportunities can be missed to ensure continuity of care and support.

7 Current Services for Carers in Harrow

7.1 Harrow Adult Social Care

There were 877 carers of adults that received some form of direct support from social services by the end of financial year 2016-2017.

- Of the 877 carers, 14 (2%) were aged under 18, 546 (62%) were aged 18 – 64, 285 (32%) aged 65-84 and (4%) 113 aged 85+.

- The most common reasons carers were providing support to the cared-for person were for; personal care, mental health, access and mobility and learning disability support needs.

- Approximately 56% of support provided was in the form of a cash personal budget, allowing carers to purchase equipment, respite care, training, or other needs assessed and identified as important to them.

- About 18% of supported carers additionally receive respite care arranged by the council (not purchased through a cash payment).

- Approximately 44% of support to carers consisted of information, advice and other services only.

The Care Act in April 2015 introduced new national eligibility criteria for both clients and carers, with significant new rights for carers. Fewer than expected new carers have come forward, as most being assessed and receiving services were in contact with the council previously.

- In 2016-17, 725 carers received an assessment or review of their needs compared to 999 in 2015-16 and 1804 in 2014-15.

- During 2016-17, 877 carers were supported, including 490 with direct payments and 190 with respite services arranged by the Council. This compares to 1337 carers supported in 2015-16 and 1897 in 2014-15. There were more direct payments provided in 2016-17 but the amount of information & advice provided directly by the council has declined. Carers will be using other sources of information and mentioned several local organisations that had been useful to them, such as a new advice service Harrow has made available to carers called 'SWISH' (Support & Wellbeing Information Service Harrow) run by the voluntary sector. In addition, support is sometimes recorded on the cared-for person's record, rather than the carers record. This will be resolved soon as part of a major refresh of the social care database forms and processes.

Harrow Council runs a day centre providing a wide range of support and activities/services. The day centre is based at Milmans Neighbourhood Resource Centre and is available to people who have been assessed by a Social Worker as requiring this service. One of the services on offer is Annie's Place which is a drop-in coffee morning for people with dementia and their carers.

7.2 Children's Services

Harrow Children's Services undertake holistic family assessments and provides support to families in order to safeguard and promote the welfare of children who are in need. When a young carer is identified, Children's Services offers the following:

- Complete young carers assessment to gain a full understanding as to the level of care the child provides as well as to identify support services to alleviate the child's caring role.

- Signpost children to appropriate services including Harrow Young Carers, Harrow Horizons and Early Support.

- Refer the family member cared for to relevant support services such as Adult Services, Westminster Drug Project, MENCAP and Mental Health Services.

- Partnership working with school, GP and other services involved to explore what additional support can be put in place (i.e. breakfast / afterschool club, counselling, mentoring).

- Joint working with professionals working with family members cared for to ensure that they have the appropriate support package. This is to also reduce burden on young carers.

- Arrange a family meeting or Family Group Conference to bring together the whole family and to agree on a support plan as to how each family member can assist the young carer and person being cared for.

- Children's Services are reviewing processes to identify young carers to improve the identification of currently unknown hard to reach hidden young carers.

During 2016-17, Children's Services supported schools in developing their Young Carers offer through one to one support, and toolkits to support the role of a Young Carers Lead and Identification. This support was provided as a result of the 2015 audit where it was identified that whilst the majority of schools had some support in place, Schools felt there was a need to improve identification of hidden young carers.

7.3 Schools

The majority of schools have Young Carers Leads that young carers can go to for support. The Young Carers Leads also ensure that young carers are supported during times of transition such as to a new school and that the new school are aware of their needs.

Schools also provide Young Carers clubs either through Harrow Carers or independently.

7.4 Harrow Carers

Harrow Carers are funded by Harrow Council to provide a core service in response to the Care Act. Service provision centres on a Carers Centre model of a holistic one stop shop. Core provision is providing information, advice, advocacy and respite with additional provision of Mental Health, Older Carers (Lottery Funded) and Young Carers (John Lyon Trust and BBC Children in Need funded). The service acts as a collaborator to support other carers support services. An open referral pathway is in place; Self, GP, Pharmacies, MH, Voluntary Sector.

Harrow Carers are also funded by Harrow Council to provide a Carers Reablement Service. This aim of the service is to improve wellbeing and prevent emerging needs that carers ay have. It is a service that is offered before a full Care Act Carers Assessment, unless carers have a high level of need or they specifically require a full carers Assessment. The services offered are:

Counselling:	6 – 24 weeks of counselling for carers
Training:	Medication management, Moving and handling, First aid, Keeping safe at home and in Harrow, Condition specific training e.g. stroke and diabetes Back care

Complementary therapies:	Shiatsu Massage Yoga
Activities and clubs:	Dance classes Computer course Spanish
Support Groups:	MS support group Men's Group Mental Health Carers Support Group
Drop-Ins:	Arts group St Peter's Coffee morning

Monthly outings

1:1 Support and home visits

Harrow Carers are also commissioned by Harrow CCG to provide the following support services for adult carers:

- Volunteering roles and work related training at Harrow carers
- Financial and rights advice
- Mindfulness
- Stress management
- Voluntary sector run various activities

- Positive psychology
- Counselling
- Training for carers via CNWL Recovery College and Harrow Carers
- Priority GP appointments
- Groups and Psychological Education Sessions
- Facilitate workshops and provide support for carer led drop-ins.
- Develop carers training sessions and peer support

7.5 Harrow Mencap

Harrow Mencap are commissioned by Harrow CCG to provide the following support services for adult carers:

- Reduce the barriers to health care for people with learning disabilities and their carers

- Increase health professional awareness of people with learning disabilities to improve access and experience of health care for people with learning disabilities and their carers

- Develop service users and their carers' knowledge and understanding of how to access health services and self-manage conditions, when possible.

- Training opportunities and information

- Identify and communicate key issues and concerns reported by service users

7.6 MIND in Harrow

MIND in Harrow are commissioned by Harrow CCG to provide the following support services for adult carers:

- Harrow Mental Health Information Line that aims to provide timely and brief interventions to enable callers experiencing a mental health problem, their carers or professionals to make informed choices about accessing mental health support in Harrow.

- Enable people to better manage their mental and physical health and prevent or reduce dependency on statutory services

- To enable people social excluded by mental illness to recover their life in the mainstream and reduce the sigma of mental illness, including mental health inpatients

- To offer opportunities for service users to progress towards mental health recovery

- To engage service users meaningfully in the project delivery

- To create seamless pathways to recovery outcomes through effective partnerships across health and mainstream/private education and fitness providers.

- Ensure the meaningful involvement of users with serious mental health problems in planning, development, standards and evaluation of mental health services in Harrow

- Facilitate an on-going and constructive dialogue between service users, commissioners and service providers through the Harrow User Group and user representatives to improve patient experience and service pathways

7.7 Harrow Women's Centre

Harrow Women's Centre are commissioned by Harrow CCG to provide the following support services for adult carers:

- Offer counselling sessions to women presenting with issues including acute situational depression, loss of confidence due to work place bullying, family relationship issues, low mood due to ill health, and dependence on alcohol, isolation, divorce and domestic violence.

- Link as appropriate with other services and agencies to ensure a seamless delivery of care mainly talking therapies.

- Provides information, advice and support to women in Harrow on;

    - Personalised Advice and Advocacy service
    - Affordable Counselling
    - Complimentary therapies
    - Free Legal advice
    - Immigration Advice Surgery

- Older Women's Social Group

- Child therapy

- Support Group

- Language Exchange Café

- Working Together to Get Back to Work Group and Craft Club

- Cancer Survivors Support Group

7.8 Harrow Association of Somali voluntary Organisations (HASVO)

- Address inadequate information on healthy living among migrant groups in Harrow

- Improve accessibility of public health services and health information in order to reduce unnecessary suffering and premature deaths

- Improve the healthy living conditions of BME groups through activities that will increase their access and use of services and information.

- Reduce the future number of hospital admissions coming through TB, substance misuse and diabetes.

- Establish a working network with key CCG and hospital agencies to facilitate early discharge and post hospital support for the members of the community

- Work closely with medical professionals to provide early identification and screening of health problems

- Provide outreach services and support for those members in the community who are either disabled , chronically sick, old and have a serious linguistic barriers

- Organise confidence building workshops for members to participate in public health programs i.e. on nutrition, exercise and home safety issues in conjunction with the professional organizations to bridge the gap in skills and knowledge between the Somali refugee family and the average British house hold members

- Outreach services, drop-in sessions, group education, sign posting and awareness raising against risk behaviours.

7.9 The Support and Wellbeing Information Service Harrow (SWiSH)

SWiSH aims to help people in Harrow to access information about local services and advice about ways to keep safe and well. Harrow Community Action (HCA) consortium oversees this service, which is run in collaboration by five local charities: Age UK Harrow, Harrow Association of Disabled People, Harrow Carers, Harrow Mencap and Mind in Harrow (the lead organization).

Anyone n Harrow aged 18 or over can call SWiSH for information and advice including people looking for help for themselves as well as carers, staff in local organisations and anyone with concerns about someone else. SWiSH can offer information or advice about a wide range of local services, including those that can help with:

- Keeping fit and well
- Managing finances
- Joining social groups
- Looking for work
- Starting a course
- Applying for a personal budget

They can also help find services that offer:

- Financial advice
- Legal advice
- Advocacy
- Advice on welfare benefits and housing

8 How We Are Currently Meeting Carers' Needs

Harrow Council and Harrow CCG have been working jointly to meet the carer's priorities as set out below:

Identification and Recognition

- ✓ Council and CNWL [adults] staff identify carers and offer statutory assessments
- ✓ GP practice staff are trained in carer awareness and building registers of carers
- ✓ NHS services work with families on discharge planning and condition management
- ✓ Carers are consulted on changes to care and support provision
- ✓ The Council, Harrow Carers, GPs, other Health professionals and voluntary, public and private sector provides offer various degrees or formal and informal information and advice.
- ✓ Adult Social Care and Children and Families have worked jointly to review and improve processes for identifying carers
- ✓ Harrow Council are developing mandatory training for staff
- ✓ Harrow Council have improved their recording systems

Releasing and Realising Potential

- ✓ Harrow Carers offer volunteering opportunities for carers, which supports some of them to move on to paid employment opportunities
- ✓ Carers can get advice on their employment rights from Advice providers

A Life Outside of Caring

- ✓ Harrow Council funds carers respite via personal budgets and help people to arrange temporary stays in residential or nursing care.
- ✓ People privately purchase the same
- ✓ Harrow Carers provide leisure opportunities and breaks through drop-in groups and day trips.
- ✓ MIND in Harrow arrange home replacement care for carers of people with mental health problems

Supporting Carers to Stay Healthy

- ✓ Harrow GPs identify carers and undertake health checks with them
- ✓ GP practice Patient Participation Groups are engaging with carers to better meet their needs and understand their experiences.
- ✓ Harrow Carers provide a range of relaxation and wellbeing opportunities for carers.
- ✓ Harrow Carers and other organisations provide counselling services which carers can access.

Support for young carers

- ✓ Young carers awareness in schools, particularly in primary schools
- ✓ Identification in schools, adult social care, children's services
- ✓ Support by a lead teacher in schools
- ✓ Lunchtime activities in Schools
- ✓ Access for young carers to school holiday activities

Other support

- ✓ Re-ablement Carers assessments - process in place where following a carers assessment a referral is made for support from voluntary sector providers such as MENCAP, Age UK and Harrow Carers. Services include advocacy, information and advice and counselling.
- ✓ From September 2018, Harrow Council will deliver a more modern and streamlined social care pathway that is easier to navigate for citizens and their carer's. The working partnerships with relevant organisations will be strengthened, and there will be easily accessible information which supports people's wellbeing and independence. Overall, the aim is to deliver better outcomes that are timely and effective for citizens and their carer's.

Health providers in Harrow have been working in partnership for 4 years to develop a Whole Systems Integrated Care (WSIC) model for the over 65's. In 2016, Harrow CCG and local care partners made a decision to take the next step in the journey to deliver integrated care. The partners include the Local Authority, community service providers, Harrow CCG, General Practice, the acute trust, the mental health trust, the voluntary sector, and citizens. A number of the provider partners signed a Memorandum of Understanding in 2017 as a commitment to the delivery of integrated care in Harrow.

An Accountable Care Development Programme (now Integrated Care Development Programme) was established and is developing new models of care to be delivered by a new Integrated Care Partnership/Alliance of service providers. The new models of care will be tested for some of the 65+ population of Harrow from April 2019 and then implemented for the whole adult population from 2021.

9 Summary of findings

Considering the feedback from adult and young carers, key stakeholders, the services currently provided and future demand the following are key areas that need to be considered in the future:

9.1 Identification and Recognition

It was felt that there was a need for improved identification, recognition and an understanding of the impact of caring on both adult and young carers, not only within the Local Authority but within Health, Education, the voluntary sector and the wider community. 'Hidden' carers are likely be accessing universal provision rather than targeted and/or specialist services. Self-recognition was also seen as an issue.

9.2 Releasing and Realising Potential

Carers have a wealth of knowledge and skills that could be beneficial to the community and the economy of the Borough. Support is needed to release this potential through various means such as volunteering and employment. Young carers and their families need to be supported to enable them to access the same educational and employment opportunities as their peers.

9.3 A Life Outside Caring

Carers need to be supported to enable them to access opportunities outside their caring role in various ways. This could be through various respite packages to enable them to have a break from caring, access educational opportunities etc.

9.4 Supporting Carers to Stay Healthy

Carers health needs can vary from being able to access community and hospital services through to having the time to access health prevention initiatives. Carers can often ignore their own needs whilst concentrating on the needs of the cared for and therefore health services need to be aware of these issues and have systems and training to ensure they are able to support carers.

10 Future Demand

In future we anticipate there will be an increase in people requiring care and fewer numbers of carers. Projections indicate that Harrow has an aging population and it is predicted that over the next years;

- The number of people requiring care from the 65plus age group is set to increase by 17% and the 80plus age group by 18%.

- There is also likely to be more families requiring paid care for a person with a disability or who is frail or has an illness as due to medical advances it is expected that more people with long term illnesses and disabilities will live longer.

- More women in the age 45-65 age group who traditionally carry out a larger share of the caring role are increasingly likely to be working and unable to provide the care.

- There is also likely to be an increase in people requiring care from the black and ethnic minority communities.

- The 2011census data showed that in Harrow approximately 8600 adult and older carers provide more than 20 hours of support per week. If all of them came forward for assessment, an additional 2150 carers providing less than 20 hrs./wk. could also potentially seek support (using the 4:1 ratio, 8600/4=2150).

- Joint working with key stakeholders to improve their identification and working practices in relation to young carers will increase the number of known young carers.

11 Monitoring and evaluation

11.1 Adults

We will use the Adult Social Care Outcomes Framework (ASCOF) national tool and Think Local Act Personal - Making it Real[14] 'I statements' that people want to see and experience to assess progress in adult social care. We also monitor a number of local indicators in relation to support provided to carers as well as a biennial survey.

[14] Think local Act Personal –Making IT REAL –marking progress towards personalised, community based support, 2012

Outcomes

The table below show how we will use the "I" Statements to monitor our progress on achieving outcomes for individuals.

Making it real	What carers will say about our services
Information, advice, guidance	• I have the information I need when I need it to support access to services • I have the support to train, study, work or engage in learning activities that match my interests, skills, abilities
Active supportive communities	• I have access to support to help me find training and employment opportunities • I can access a range of community services
Health and wellbeing	• I know who my GP is and where to go when I feel unwell • I have access to sport and leisure activities • I know how and where to access health and well being services including mental health services
Work force	• My support is coordinated, cooperative and works well together and I know who to contact to gets things changed • I have help to make informed choices if I need and want it
Personal budget and self funding	• I have support to enable me to access respite and other services. • I have support to claim benefits I am entitled to.
Risk enabled	• I feel safe, I am supported to live the life I want

National indicators

We have taken the measures below to monitor progress throughout the life of the strategy.

National and local performance indicators	2014-15	2015-16	2016-17
% of carers receiving support which was *self-directed* support	**100%**	**99.5%**	**100%**

% of carers receiving support in the form of a cash direct payment	**100%**	**99.5%**	**100%**
Carers receiving services (incl. info & advice) as % of total carers linked to long term service users	**50.4%**	**n/a** **this data is being collected again in 2016-17**	**50.2%**
Carer reported quality of life (score from 1-12)	**8.1** **(ranked: 3 of 32 in London)**	**7.3** **(ranked: 21 of 32 in London)**	Next Survey in Autumn 2018
Proportion of carers who reported that they had as much social contact as they would like	**46.0%** **(ranked: 19 of 32 in London)**	**30.7%** **(ranked: 18 of 32 in London)**	Next Survey in Autumn 2018
Overall satisfaction of carers social services	**29.8%** **(rank: 28 of 32 in London)**	**27.6%** **(rank: 28 of 32 in London)**	Next Survey in Autumn 2018
The proportion of carers who reported they have been included or consulted in discussions about the person they care for	**62.4%** **(rank: 24 of 32 in London)**	**61.7%** **(rank: 26 of 32 in London)**	Next Survey in Autumn 2018
The proportion of people who use services and carers who find it easy to find information about services	**67.0%** **(rank: 11 of 32 in London)**	**57.4%** **(rank: 23 of 32 in London)**	Next Survey in Autumn 2018

In addition, statutory data is collected and submitted to central government on the number of carer assessments, reviews, respite provision and other types of support offered by Harrow Council.

11.2 Young Carers

There are no national measures as such on young carers however the Local Authority reports to NHS Digital on the number of young carers (under the age of 18) who provide support to an adult, which was 15 in 2016-17.

Appendix A - Carers in Harrow - Joint Action Plan 2018 - 2021

	Priority	Activity	Measures of success	Lead	Timescale	Actions / Comments	Working Group	RAG Status
1 Identification and Recognition								
1.1	Training to: a) improve identification b) understand the impact of caring on the carer c) recognise carers expertise d) pathways for support e) mental health awareness	Training of practitoners within a) Adult Social Care b) Children's Services (inlcuding SEN & CYAD c) Health d) Education e) Housing f) Police g) Voluntary Sector	**A)** Practitioners are able to identify and make approproate referrals for assessment/support. **B)** Practitoners understand the impact caring has on the carer and is able to adapt their working practice to meet these needs. **C)** Practitoners involved in the Cared For person are able to identify and signpost Carers for support. **D)** There is an increase in the identification of young carers **E)** Carers report through the Carers survey that they feel that they are having their expertise recognised by services	Adult Social Care Manager Head of Service - Early Suipport Service Health Commissioner	2018-19 - 2019-20	The Children's Society and Young Adult Carers delivered young carers training across Harrow and Brent in 2018. A total of 10 sessions were delivered to 127 practitioners from the LA, Police, Housing and the Voluntary Sector. Training, Support and the development and access to toolkits to support Schools took place during 2017-18. Training of Practitioners within Health is being reviewed (2018-19) Training Needs Analysis of Adult Social Care staff to be carried out in 2018-19 Training Needs Analysis of Housing staff to be carried out in 2019-20 On-line training to be promoted through Designated School Leads and SENCO Forum	**Training Group** Adult Social Care Manager Head of Service Early Support CYAD representative Health Commissioner Voluntary Sector Housing Public Health Consultant	
1.2	A Whole Family approach in line with the Care Act 2014 is adopted when carrying out assessments to identify all those providing a caring role within the family and ensure their needs are considered and met	Review carers assessments process and delivery	**A)** Carers (including young carers) are identified during a Service User and/or Adult Carers assessment **B)** Young carers assessments identifiy needs and appropriate support is put in place **C)** Adult Carers and Service User's statutory assessments are carried out with a Whole Family Approach	Adult Social Care Manager Head of Service - Early Suipport Service Health Commissioner	2018-19 - 2020-21	Upon completion of the restructures that have recently taken place within Adult Social Care and Children's Services the carers assessment process and delivery will be reviewd	**Assessment Group** Adult Social Care Manager Head of Service Early Years CYAD representative Health Commissioner Adult MentalHealth	
		Council and Adult Mental Health staff identify carers and offer statutory assessments						
1.3	Ensure assessment and integrated care pathways are in place	**A)** Review pathways currently in place, develop and implement. Ensure easy read versions are in place. **B)** Ensure staff, service users, carers and families are aware of the pathways	Positive feedback is received from service users, carers and professionals	Adult Social Care Manager	2018-19 - 2019-20		**Integrated Care Pathways Group** Adult Siocial Care Manager Health Commissioner	
1.4	Improved recording of a young carer	Review curent Adult and Children's Services recording	Improved recording of young carers	Head of Service, Early Support Services	2018-19 - 2019-20	A review of the recording of young carers within Children's Services has commenced	**LA Data Recording Group** Head of Services, Early Support CYAD representative Health Commissioner LA Business Intelligence LA Mosaic representative	
		Review currnet recording framework within Health provision (GP's, Mental Health)		Health Commissioner	2018-19 - 2019-20		**Health Data Recording Group** Health Commissioner Mental Health representative GP representative	

2. Releasing and Realising Potential								
2.1	Young Carers have the opportunity to access further education and employment opportunities	**A)** Educational settings have systems in place to support young carers to reduce impact on educational attainment and attendance. **B)** Educational estalbishments have young carer policies and processes in place. **C)** Educational estalbishments have a named Young Carer lead **D)** Early Support Services ensure young carers have access to employment support provision	**A)** Young Carers report that they feel supported in School and have a person they can approach for support and advice **B)** Early Support Hubs target young carer engagement in activities to reduce isolation and provide access to employment support e.g. CV writing to improve employability	Head of Service Early Support	2018-19 - 2020-21	A review to be carried out with schools via the SENCO forum to estalbish the number of schools who have support, policies and processes in place tosupport young carers The development of a template for Young Carers Policies to be explored		
2.2	Carers have the opportunity to access volunteering and employment opportunities	**A)** Provision of support for Cared For to enable those Carers who wish to go to work to do so **B)** Signposting to on-line volunteering opportunity sites such as 'Do It' and 'Reach' **C)** Voluntary Sector programmes to support carers to access employment through CV writing, interview skills etc. and volunteering opportunities	**A)** Carers report that they have the opportunity to access employment, volunteering	Harrow Carers Harrow Mencap	2018-19 - 2020-21		**Volunteering/Employment Group** Harrow Carers Harrow Mencap Head of Service, Early Support Adult Social Care Manager CYAD representative	
3. A Life Outside Caring								
3.1	Carers are supported to access activities and opportunities outside their caring role.	**A)** Early Support Services ensure that young carers are included in out of school activities and holiday provision **B)** Education settings ensure young carers are able to access school educational and social activities. **C)** Respite services and activities are provided in the Community for Adult Carers **D)** Further develop the benefits of social prescribing for all areas of carers	**A)** Young Carers access universal services in and out of School **B)** Support packages for the cared for person take into account the Carer's need for respite **C)** GP'si inform young carers school of their status	Head of Service, Early Support Adult Social Care Manager	2018-19 - 2020-21		**Activities Group** Hwead of Service Early Support Adult Scoial Care Manager Health Commissioner Harrow Carers Harrow Mencap	
4. Supporting Carers to Stay Healthy								
4.1	Improve access to community health initiatives	**A)** Health promotion information and advice for smoking cessation, sexual health, exercise, substance and alcohol abuse, and wellbeing initiatives are available, suitable and clear. **B)** Training, Information and Advice and Activities are delivered within the community **C)** Carer health checks are carried out **D)** Carers are considered a priority group for flu vaccination	People are aware of and are able to access health promotion initiatives to improve general health and wellbeing.	Health Commissioner	2018-19 - 2020-21		**Community Health Group** Health Commissioner Harrow Carers Harrow Mencap Public Health Consultant	

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	1 November 2018
Subject:	INFORMATION REPORT Harrow Safeguarding Adults Board (HSAB) Annual Report 2017/2018
Responsible Officer:	Visva Sathasivam Interim Director, Adult Social Services
Exempt:	No
Wards affected:	All
Enclosures:	Harrow Safeguarding Adults Board Annual Report 2017/2018

Section 1 – Summary

The attached report provides the Health and Wellbeing Board with an overview of safeguarding adults activity undertaken in 2017/2018 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB). It sets out the progress made against objectives, analyses the referrals received and outlines priorities for the current year (2018/2019),

FOR INFORMATION

Section 2 – Report

2.1 The Care Act 2014

This is the 11th Annual Report of the Harrow Safeguarding Adults Board (HSAB) and a copy is attached as an appendix for information and full details.

Under the Care Act 2014 the local Safeguarding Adults Board has 4 core (statutory) duties. It **must**:

i. publish a strategic plan for each financial year

- *the Harrow SAB has a 3 year strategic plan for 2017 – 2020 which is updated each year after the production of the Board's annual report*

ii. publish an annual report

- *Harrow SAB's 10th Annual Report (for 2016/2017) was presented to the Council's Scrutiny Committee in July 2017. This 11th report covers the financial year 2017/2018*

- *each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent*

- *as in previous years, the Board's annual report for 2017/2018 has been produced in "Executive Summary", "key messages for staff" and "easy to read" formats and is available to a wider audience through the Council and partner agencies websites*

iii. conduct any Safeguarding Adults Reviews (SARs)

- *these will be carried out as required, but there were none commissioned by the HSAB in 2017/2018*

iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police

- *the membership of Harrow's SAB (as at 31st March 2018) is shown in Appendix 2 and their attendance record is shown at Appendix 3*

2.2 Statistics

The attached report covers the full range of statistical analysis as well as an update on progress against the objectives set in 2016/2017.

In the majority of the performance statistics in the report, the Harrow position mirrors the last available national data and/or is broadly in line with the 2016/2017 position.

As is the case across the UK, elderly women remain the most at risk group with most abuse taking place at their home. Family or partner are the most likely people alleged to have caused harm.

From analysis of the statistics, areas for the HSAB to action in 2018/2019 include: (i) more focus on the newer areas of work i.e. modern slavery; forced marriage/sexual exploitation; and domestic abuse so that the HSAB is reassured there is sufficient knowledge amongst professionals about recognition and referral mechanisms; (ii) a continued focus on Police action/criminal prosecution where a crime may have been committed; (iii) ensuring that wherever possible the outcome for the person alleged to have caused harm (PACH) is recorded; (iv) reviewing how information about outcomes for the adult at risk is recorded on Jade and Mosaic so that a wider variety can be reported in future years – in line with Making Safeguarding Personal implementation.

2.3 Some examples of HSAB work in 2017/2018

- 1,263 staff across all organisations had some safeguarding adults training last year
- some care providers ran events to mark Dignity Awareness Day (1st February 2018)
- The HSAB and HSCB held their second joint conference in February 2018 with a focus on sexual abuse within the family. Evaluation was almost 100% positive from the 155 multi-agency staff that attended and there is a commitment from both Boards to continue collaborating on events in future years
- The Council's Housing Department highlighted scams and how to keep safe in its "Homing In" magazine sent to all tenants
- The Mind in Harrow education course programme promoted the Metropolitan Police 'Little Book of Big Scams' section about online scams and has provided a new user-friendly information sheet about safeguarding & Prevent to over 200 people with mental health needs to increase awareness
- Harrow Mencap work with individuals and groups on their rights including their right to report to the police. After a recent hate crime forum one member saw another member being verbally abused in St Ann's Shopping Centre and as a result of the forum recognised this as hate crime and called the police. Harrow Mencap supports individuals to make statements to the police
- There have been a number of "deep dive" statistical reports (looking at an area of safeguarding work in more detail) presented to the HSAB in 2017/2018 – including on domestic abuse and repeat referrals.

These reports have enabled the Board to take decisions about future work e.g. asking Housing and the voluntary sector to raise awareness with staff about domestic abuse in a safeguarding context due to low numbers of referrals from those areas

- Information was given to local care providers at their forums about fire safety and followed up by the Council's Safeguarding Quality Assurance (SQA) Team in its newsletter
- RNOH runs annual learning at work seminars for patients, stakeholders and staff. During the seminar, all the different directorates such as safeguarding children and adults have stands to provide information such as 10 Golden Rules to prevent scammers, Independent Mental Capacity Advocates, hoarding, staff contacts, advice and support
- The Council's Safeguarding Quality Assurance (SQA) Team ran a programme of training sessions for care providers in 2017/2018 including: SCIE sessions on dementia/challenging behaviour (80 staff) and Tissue Viability Nurse led sessions about pressure care (90 people)
- CNWL's Liaison Psychiatry Team is accessing training provided by the Hestia Modern Slavery Team. This is to ensure they are up to date on knowing what are the indicators that someone presenting in crisis at an Emergency Dept or admitted to hospital may have (symptoms or injuries) that are due to abuse or neglect as manifestations of domestic abuse, sexual exploitation/trafficking and/or modern slavery
- The Designated Nurse (Adults) at the CCG, together with the NHSE Regional Prevent Coordinator (London) as well as a lead from the General Medical Council delivered training to 30 Harrow General Practitioners about "Raise Awareness of Prevent" (WRAP)
- At London North West Hospitals University NHS Trust domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals
- Harrow Mencap has delivered learning disability awareness training in schools and led a workshop at the HSAB/HSCB joint conference on sexual abuse and disability.

Harrow Mencap collaborated with the British Institute of Learning Disability and FPA – the Sexual Health Charity - to facilitate two key programs

- In October 2017 Central London Community Health NHS Trust held its first annual safeguarding conference. This was a day-long conference

covering topics on Child Sexual Exploitation (CSE), Mental Capacity Act 2005, Modern Day Slavery and Making Safeguarding Personal

2.4 HSAB priorities for 2018/2019

The areas that the Board has agreed are priorities for action in 2018/2019 include:

- a range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse)
- further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion
- relevant awareness campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities
- work continues with care providers and the general public about fire safety
- Provider concerns are monitored at Board meetings and commissioners oversee quality assurance
- Providers are supported with relevant information/training
- a minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place. The focus will be on ensuring that the outcomes desired by users were identified through a person centred approach to practice (including use of advocates). Audit reports will be taken to the HSAB with any required actions and proposed recommendations
- audit findings, user feedback, Safeguarding Adults Reviews (previously serious case reviews) actions and Risk Panel learning to be fed into the Multi-agency Training Programme and Best Practice Forums
- work continues to take place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS/Court of Protection
- the approach to multi-agency safeguarding adults training to be changed in 2019/2020 – to run more best practice forums and bespoke events (on emerging topics) - with recommendations for future programmes reported to HSAB in March 2020

- projects are implemented as highlighted by users

- HSAB monitors the actions resulting for each agency represented on the Board from the NHS England/ADASS Risk Audit completed in 2017/2018

- a third joint HSCB HSAB conference will be held in 2018/2019 with a focus on “trafficking and modern day slavery”

Section 3 – Further Information

All relevant information is contained in the attached document.

Section 4 – Financial Implications

As at 31st March 2018, the staffing of the dedicated Safeguarding Adults and DoLS Service located in the Council is as follows:-

1 Service Manager (Safeguarding Adults and DoLS)
1 DoLS Officer
1 Safeguarding Adults Co-ordinator
1 Team Manager
2 wte Safeguarding Adults Senior Practitioners
6 wte qualified Social Workers; and 1 wte care manager
2.5 wte Best Interest Assessors (DoLS work only)

Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The statistics for the CNWL Safeguarding Service are included in section 2.2 of the annual report.

The annual budget for 2018-19 totals £1.130m, of which £0.924m funds staffing costs. In addition to staff, there are ongoing costs for the multi agency training programme; best practice forums; publicity (posters/fliers/wallet cards); awareness/briefing sessions; independent file audit and administrative support to the HSAB etc. The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £25,000 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust; and the Royal National Orthopaedic Hospital Trust); the London Fire Service and Metropolitan Police.

Costs related to the time spent by partner agencies on HSAB activities e.g. attending meetings, facilitating staff release for training etc, are borne by the individual member organisations.

The expectation is that the HSAB priorities can be delivered within the annual financial envelope, however this continues to prove challenging where the pressures are demand led and of a statutory nature.

Section 5 - Equalities implications

The HSAB considers local safeguarding adults statistics at each Business Meeting and at its annual review/business planning event, with particular emphasis on ensuring that concerns (referrals) are being received from all sections of the community. The Strategic Plan for 2017 - 2020 was developed such that the HSAB monitors the impact of abuse in all parts of Harrow's community. Safeguarding adults' work is already focused on some of the most vulnerable and marginalised residents and the 2017/2018 statistics demonstrate that concerns continue to come from all sections of the Harrow community.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report primarily relates to the Corporate priorities of:

- making a difference for the vulnerable
- making a difference for communities

STATUTORY OFFICER CLEARANCE

(Council and Joint Reports)

Name: Donna Edwards Date: 20th September 2018	X	on behalf of the Chief Financial Officer
Ward Councillors notified:		**NO** - the report affects all Wards

Section 7 - Contact Details and Background Papers

Contact: Visva Sathasivam (Director, Adult Social Services) - 02087366012

Background Papers:

Harrow Safeguarding Adults Board Annual Report 2017/2018

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& our Partners,

Committed to Safeguarding Adults

Harrow Safeguarding Adults Board (HSAB)

Annual Report 2017 - 2018

in partnership with:

Index **Page**

"Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business" (HSAB Vision)

Foreword

I am delighted to have taken over as the Harrow Safeguarding Adults Board (HSAB) chair and would like to thank staff, volunteers, experts by experience, users and carers from all agencies who have contributed to safeguarding and dignity/respect work in Harrow over the last year.

The second joint HSAB HSCB (Harrow Safeguarding Children's Board) annual conference took place on 2nd February 2018 with a focus on sexual abuse within the family. It was an excellent day with inspirational speakers and challenging workshops and continued to develop both Boards' commitment to "thinking whole family". We hope to run our third event in early 2019 on a topic that once again affects both children and adults with care/support needs who may be at risk of harm.

A priority for the HSAB last year was more specific projects to tackle issues such as hate crime; scams; distraction burglary/doorstop crime; and home fire safety. Section 3 highlights the excellent work that has been done by partners in these areas over the last 12 months.

As in previous years, the Board has provided training to a very large number of people and I was particularly pleased that 88 staff from a wide range of partner organisations attended our Best Practice Forum on scams and fraud which was run to mark World Elder Abuse Awareness Day 2017.

I think that once again this annual report demonstrates the difference that the Board's work has made to the lives of the most vulnerable people in the borough and hope you agree once you have read it.

As ever, everything the HSAB does is to achieve its vision – "*that Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business".* In that context, section 4 of this report covers the areas that the Board wants to focus on this year (2018 – 2019) which includes more training and support for everyone in recognising the newer areas of abuse, (for example modern slavery) and knowing how to report it.

I am delighted to present this report to you and hope you will use it to raise awareness of adult safeguarding and to identify issues that you can take forward in your own organisation.

Visva Sathasivam (Chair of the HSAB)

SECTION 1 - INTRODUCTION

1. Introduction to the annual report

This is the 11th Annual Report published on behalf of Harrow's Safeguarding Adults Board (HSAB) and contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults at risk of harm. This report details the work carried out by the HSAB last year (2017/2018) and highlights the priorities for 2018/2019.

The Care Act 2014 set out the main purpose of a safeguarding adults board as:

- to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- to assure itself that safeguarding practice is person-centred and outcome-focused;
- to work collaboratively to prevent abuse and neglect where possible;
- to ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- to assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Harrow

1.1 The Harrow Safeguarding Adults Board (HSAB)

The Harrow Safeguarding Adults Board (HSAB) is chaired by Visva Sathasivam (Director – Adult Social Services, Harrow Council) and is the statutory body that oversees how organisations across Harrow work together to safeguard or protect adults with care/support needs.

The HSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and the active involvement of the elected Councillor who is the Council's Portfolio holder for adult social care, health and well-being. The list of members (as at March 31st 2018) is at Appendix 2, with their attendance record at Appendix 3.

1.2 HSAB Accountability

Under the Care Act 2014 the HSAB has core duties. It **must**:

i. publish a strategic plan for each financial year

- the HSAB has a 3 year strategic plan for 2017 - 2020 which is updated each year after production of the annual report

ii. publish an annual report

- the HSAB's 10th Annual Report (for 2016/2017) was presented to the Council's Scrutiny Committee on 3rd July 2017 and this 11th report for 2017/2018 will go to a Scrutiny meeting on 16th October 2018

- each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent
- as in previous years, this report will be produced in "Executive Summary", "key messages for staff" and "easy to read" formats and will be available to a wider audience through the Council and partner agencies websites

iii. conduct any Safeguarding Adults Reviews (SARs)

- the HSAB has an agreed protocol for carrying out Safeguarding Adults Reviews, but no referrals were received requesting a SAR in 2017/2018

iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police

- the membership of Harrow's HSAB (as at 31st March 2018) is shown in Appendix 2 and their attendance record is shown at Appendix 3

1.3 Strategic Links

The HSAB has links with the following partnerships also working with communities in Harrow, to help the Board ensure that local arrangements are effective in protecting people with care and support needs from the experiences or risk of abuse and neglect: *Health and Wellbeing Board; Harrow Safeguarding Children's Board (HSCB); Safer Harrow Partnership; Domestic Abuse Forum; Multi-Agency Risk Assessment Conference (MARAC); Multi-agency Public Protection Arrangements (MAPPA) and Prevent*.

1.4 "London Multi-Agency Adult Safeguarding Policy and Procedures"

The final version of the London Multi-Agency Adult Safeguarding Policy and Procedures was implemented by the Harrow Safeguarding Adults Board from 1st April 2016 and has been used throughout the period covered by this report.

SECTION 2

HSAB Work Programme in 2017/2018

2.1 Harrow HSAB business meetings – work areas covered

The HSAB met on 4 occasions in 2017/2018 – three Business Meetings and an Annual Review/Business Planning Day. The following table lists the main topics discussed by the Board at those meetings – some being standing items; some were items for a decision; some were for information/discussion; others were aimed at Board development, and there were also specific items providing challenge to the Board. Some items were discussed at more than one meeting.

Prevention and Community Engagement (including user involvement)

- "ordinary lives are safer lives" – experts by experience input to annual review/business planning day 2017 (item for challenge)
- "feedback about keeping people with mental health problems safe" - experts by experience input to annual review/business planning day 2017 (item for challenge)
- World Elder Abuse Awareness Day 2017 in Harrow – local arrangements agreed (item for decision)
- hoarding (item for information/Board development)
- Violence, Vulnerability and Exploitation (VVE) Strategy – (item for information/Board development)
- user outcomes – feedback from independent file audits and interviews with users (item for information)
- Best Practice Forum on 15th June 2017 – "scams, fraud and staying safe" (item for information)
- revised Prevention Strategy for 2017 – 2020 (item for decision)
- fire safety in care homes (item for information, Board development and action)
- Provider concerns (item for information at every meeting)

Training and Workforce Development

- HSAB training programme for 2018/2019 (item for information and decision)
- feedback from the joint HSAB/HSCB conference on 2nd February 2018 (item for information)
- learning from joint HSAB/HSCB "whole family" case audits (item for discussion)

Quality and Performance Review

- quarterly statistics – discussed and findings used by the HSAB to inform changes to the training programme and local practice (standing item at every meeting)
- statistical "deep dive" reports – on domestic abuse; repeat referrals and financial abuse (items for information, discussion and decisions)
- Deprivation of Liberty Safeguards (DoLS) statistics (item for information and discussion)
- "critical friend" review of Council safeguarding arrangements by Professor Jill Manthorpe (item for challenge, discussion and information)
- mystery shopping exercise – (item for information and decision)
- learning from a domestic homicide review (item for information and discussion)
- learning from the Mendip House Safeguarding Adults Review (item for information and discussion)
- ADASS risk assessment tool (item for decision and action)

Policies and Procedures/Governance

- HSAB Strategic Plan 2017/2020 – (item for decision)
- HSAB Annual Report 2016/2017 - discussed and formally signed off (item for decision)
- Making Safeguarding Personal (MSP) – position statement for London SAB (item for decision)
- Metropolitan Police information sharing agreement (item for discussion)
- Metropolitan Police changes (item for information)
- Appropriate Adult protocol (item for discussion)
- Supporting development of the London SAB (item for decision)

Joint work with the Harrow Safeguarding Children's Board (HSCB)

- HSCB Annual Report 2016/2017 (item for information and discussion)
- feedback from HSCB HSAB joint file audits (item for information and discussion)

Safeguarding Adults Reviews (SARs)

No referrals were made to the HSAB requesting that a SAR be commissioned during 2017/2018, however the Board did receive a report on the Mendip House SAR and debated any transferable learning.

2.2 Management information (statistics)

The Board collates multi agency information on a range of adult safeguarding statistics in order to produce a management report. The report which is available at each business meeting is overseen by and discussed at the HSAB. The Board's strategic plan for 2017 – 2020 contains 5 year trend analysis which provides an excellent basis for planning future work. The 3 year trends post the implementation of the Care Act 2014 are shown at Appendix 1 and referred to in the narrative below.

The background information for the statistical analysis of safeguarding adults services work in 2017/2018 is available on request.

Headline messages 2017/2018 – safeguarding adults

- 1,467 concerns compared to 1,662 in 2016/2017, represented an 11% reduction. There had been a year on year rise in referrals from 2009/2010 which indicated that more professionals were identifying abuse/neglect and how to report it. There then followed a 38% rise in concerns for the financial year 2015/2016 due to the threshold being lowered and widened with Care Act 2014 implementation. The Harrow SAB will continue to monitor referral numbers to be reassured that cases of abuse are being reported appropriately

- 43% of Harrow concerns were taken forward as enquiries, compared to 39% in 2016/2017. The most recent national comparator is 41%, so the HSAB can be reassured that locally a very similar number of concerns have met the threshold for enquiries. However, as previously reported, both internal and external file audits continue to check that appropriate concerns are being taken forward to the enquiries stage i.e. that threshold decisions are being correctly made in the safeguarding adults teams

- repeat enquiries in Harrow had increased again from 19% in 2015/2016 to 31% in 2016/2017. Consequently the HSAB requested and received a report during 2017/18 which looked in detail at the cases referred more than once into the Council's Safeguarding Service.

  With two exceptions the Board was reassured to find that all the repeat referrals were not as a result of inaction or inappropriate action by the LBH SGA Team. There was also evidence of care management involvement in parallel to safeguarding enquiries which is appropriate given the complexity and risk with a number of the cases. Where 2 cases required escalation it was reassuring to find that the Team Manager immediately saw the need for enquiries and allocated accordingly.

  The audit highlighted the need for ongoing support and training for staff in mental capacity assessments where risks are high due to perceived unwise decision making. A best practice forum is being planned for summer 2018 with the key note speaker having carried out several recent SARs in cases where mental capacity assessments were challenging and also where legislation outside that commonly used in social care would have been appropriate e.g. through the Police, Housing or Environmental Health. A number of audited cases needed progression to the Court of Protection – another area of training being given high priority for LBH staff.

  It is noteworthy that in 2017/2018 repeat enquiries dropped back to 17% (the average over the 6 years prior to 2016/17 having been 11%), however it will remain an area that is kept under close review by the Board. The most recent national comparator figure was 28%

- completed enquiries in Harrow were at 99% last year, suggesting that casework is progressing to a conclusion and not "drifting"

- in Harrow the female:male ratio at the end of 2017/2018 was 60:39 for enquiries, which is relatively close to the figure in 2016/2017 of 67:33. Nationally the percentage of women subject to safeguarding adults enquires also remains higher than for men (60:40) and the ratio in Harrow has been fairly stable since the statistics were first collected

- the figure for older people remains identical at 48% (301 people in 2017/18 compared to 317 in 2016/17) and they continue to be the highest "at risk" group as they have been since 2009/2010. Nationally older people represented 63% of the concerns

- for adults with a physical disability the figure in Harrow last year was 34% of concerns (217 people) compared to 38% in 2016/2017. As indicated in previous annual reports it is important to note that in the statistics (as required by the Department of Health/NHS Information Centre), people (for example) who are older but also have a physical disability are counted in both categories.

It therefore remains quite difficult for the HSAB to form a view about the risks to younger adults whose primary disability is physical or sensory

- mental health numbers were 31% last year, having increased over the previous 2 years from 16% in 2014/15 (which was significantly below the national average) to 33% in 2016/17. Numbers now seem to have stabilised at a figure above the most recent national average of 21%
- in Harrow enquiries for people with a learning disability in 2017/2018 were slightly higher (80 people) than the previous year's figure of 71, but numbers remain relatively stable – the average over the last 7 years being 17% (compared to 13% in 2017/18). The most recent national figure is 13%r
- concerns from "BME" communities last year were at 51% compared to 48% in 2016/2017 – which remains in line with the makeup of the Harrow adult population. The enquiries figure was 46% which is also positive, as it suggests that a proportionate number of concerns progress and concerns from "minority" communities are not disproportionately closed before that stage of the process

- statistics showing where the abuse took place in Harrow remain broadly similar to 2016/2017. The highest percentage at 57% is in the user's own home, compared to the average over the last 7 years of 55%. Concerns for care homes rose slightly last year (from 14% to 19%), however the numbers have stayed relatively stable with the average figure over the previous 7 years being 23%. The national statistics are in similar proportions i.e. highest levels of abuse in the user's own home (44%), but show higher numbers in care homes (36%)

  Numbers in other settings were - 5% in mental health in-patient units (30 patients compared to 38 in 2016/17); 5% in supported accommodation (33 people compared to 51 in 2016/2017); 5% (30 incidents) in a public place; and 2% in acute hospitals (10 patients compared to 5 the previous year)

- allegations of physical abuse, neglect, emotional abuse and financial abuse have been the most common referral reasons in previous years and reported in successive annual reports. It is therefore possible to compare the 2017/2018 statistics with the average figures from the last 7 years.

  Physical abuse was 19% last year compared to the average of 24%. Neglect was at 22% in 2017/18 compared to the average of 20%. Emotional abuse was at 20% which is exactly the same figure as the average over the last 7 years. Financial abuse was at 19% last year compared to the average of 17% and has been growing in numbers over the last few years.

The following areas can be compared to 2016/2017:

- sexual abuse at 5% (43 people) compared to 7% (60 people)
- concerns about self-neglect which rose again from 14 situations to 28 being dealt with under the local arrangements
- concerns about domestic abuse also rose from 75 people to 86 people
- the newer area of modern slavery rose from nil in 2016/17 to 4 cases last year

There were no reported cases of forced marriage or sexual exploitation last year.

- in Harrow, social care staff (21% across all care sectors); family/partner (41%); stranger (5%); and health care worker (5%) were the most commonly alleged persons alleged to have caused harm (PACH). These figures were largely in line with 2016/2017 with the exception of family/partner which increased by 6%, having already been the highest category in recent years
- given the numbers of training and briefing sessions undertaken in recent years, it is always important to look at the source of concerns and this is the fourth time that year on year comparison has been possible for the HSAB to carry out:

  Last year the highest numbers (18%) were from social workers/care managers; mental health staff and primary health care staff (13%); secondary health care staff (12%); and Police (10%). The other sources were: residential care staff (7%); family (7%); self referral (3%); and Care Quality Commission (2%). There are no significant statistical changes from the previous year
- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2016/17 statistics of 131 cases have decreased again to 105 (14%) – which is disappointing given the amount of focus on this area in the last 2 years. The safeguarding adults teams in both the Council and CNWL MH Trust supported by the Police will continue to give this area a high priority.

  Other outcomes for the PACH were: exoneration (13%); monitoring (6%); management of access to adult at risk (8%); and community care services (6%). There were 154 cases where the outcome was “not known” (primarily in the Council’s service) which is disappointing and will need to be an area of focus in 2018/19
- outcomes for the adult at risk include: community care assessment and services at 20% (up 3%); increased monitoring at 12% (down 1%); management of access to PACH at 6% (up 1%); moved to different services at 7% (up 2%); and referral to advocacy at 2% (down 1%). Referral to counselling or training at 2%; referral to MARAC at 1%; management of access to finances at 3%; and application to Court of Protection were all the same as last year’s figures.

There were 252 outcomes recorded as “other” which in the context of Making Safeguarding Personal suggests that the Mosaic and Jade recording systems may not be picking up the more varied solutions which people are seeking.

Summary/Actions Required

In the majority of the performance statistics above, there is now quite a lot of stability in comparison to previous years. Also, although most areas are not significantly different from the national picture the actions below have been developed in the context of the national comparator data. Areas for focus in 2018/2019 include:

- a focus on the newer areas of work i.e. modern slavery; forced marriage/sexual exploitation; and domestic abuse so that the HSAB is reassured there is sufficient knowledge amongst professionals about recognition and referral mechanisms
- a continued focus on Police action/criminal prosecution where a crime may have been committed
- ensuring that wherever possible the outcome for the PACH is recorded
- reviewing how information about outcomes for the adult at risk is recorded on Jade and Mosaic so that a wider variety can be reported in future years – in line with Making Safeguarding Personal implementation

The plan in section 4 of this report (year 2 of the HSAB Strategic Plan 2017 - 2020) includes actions to address the key messages from the statistical analysis.

Headline messages - Deprivation of Liberty Safeguards (DOLS) 2017/2018

This is the fourth year that the HSAB Annual Report has included statistics for use of the Deprivation of Liberty Safeguards (DoLS). These are relevant for people in hospitals, hospices and care homes who lack the mental capacity to understand and consent to the care/support they need and in particular to any restrictions e.g. locked front doors and/or medication given covertly. The use of these safeguards is important in the Board's oversight of the prevention of abuse as they are relevant for some of the most vulnerable people known to local services (including those that are placed out of borough) and the HSAB needs to be reassured that they are carefully applied and monitored.

The Law Commission review of the DoLS was reported in Spring 2017 and suggests that the current arrangements may be replaced by Liberty Protection Safeguards. It is unclear when the change will be required, however the action plan at Section 4 refers to any possible preparatory work needed.

	Total Active Cases	**Granted**	**Granted (%)**	**Not Granted**	**Not Granted (%)**	**Withdrawn**	**Yet to be signed off**
2017/18	**1078** (725)	**684**	94%	**35**	5%	**6 (1%)**	**353**
2016/17	957	893	93%	51	6%	13 (1%)	0
2015/16	778	644	83%	88	11%	46 (6%)	0
2014/15	384	304	79%	66	17%	14 (4%)	0

'Active application - an application is considered active from the date it is received until the date it is either formally withdrawn, not granted or the granted authorisation comes to an end.'

This year the number of applications that have yet to be signed off (353) have been included in the return to provide a more accurate picture of the number of active DoLS applications in Harrow. As a result, the data shows a higher number of active DoLS in this reporting period (1078) compared to last year (957). The proportion of cases that were given an outcome has not changed largely from last year.

	Total New Cases	**Granted**	**Granted (%)**	**Not Granted**	**Not Granted (%)**	**Withdrawn**	**Yet to be signed off**
2017/18	**561**(344)	**310**	90%	**32**	9%	**2 (1%)**	**217**
2016/17	385	326	85%	47	12%	12 (3%)	0
2015/16	725	591	82%	88	12%	46 (6%)	0
2014/15	384	304	79%	66	17%	14 (4%)	0

Similarly, applications that were received between 1st April 2017 and 31st March 2018 have increased from last year. Again, this is because of the large number of applications that are yet to be signed off. The proportion of DoLS applications that have been granted has increased by five per cent from last year.

2.3 HSAB Resources

As at 31st March 2018, the staffing of the dedicated Safeguarding Adults and DoLS Service located in the Council is as follows:-

1 Service Manager (Safeguarding Adults and DoLS)

1 DoLS Officer

1 Safeguarding Adults Co-ordinator

1 Team Manager

2 wte Safeguarding Adults Senior Practitioners

6 wte qualified Social Workers; and 1 wte care manager

2.5 wte Best Interest Assessors (DoLS work only)

Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The statistics for the CNWL Safeguarding Service are included in section 2.2 above.

In addition to staff, there are ongoing costs for the multi agency training programme; best practice forums; publicity (posters/fliers/wallet cards); awareness/briefing sessions; independent file audit and administrative support to the HSAB etc.

The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £21,000 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust; and the Royal National Orthopaedic Hospital Trust); the London Fire Service and Metropolitan Police.

Costs related to the time spent by partner agencies on HSAB activities e.g. attending meetings, facilitating staff release for training etc, are borne by the individual member organisations.

……..

SECTION 3 – MAKING A DIFFERENCE

(PROGRESS ON OBJECTIVES 2017/2018)

The next section of the report looks at what difference the work of the HSAB made last year by reviewing progress on the priorities agreed for 2017/2018, as set out in the annual report for 2016/2017. All HSAB member organisations have also progressed their own safeguarding priorities and reports on that work are also available through the relevant representative on the Board.

3.1 Training and Workforce Development

Multi-agency training remains a high priority for the HSAB. The existing programme is competency based, so that all staff know what is required for them to meet their safeguarding adults' responsibilities within the workplace. As a supplement to the formal training programme, the Safeguarding Adults and DoLS Service also ran briefing sessions across a range of agencies, offering most at the organisation's premises. The details are as follows:

Multi-agency training programme (commissioned)		**2017-18**	**+/- on 2016/17**
Harrow Council Internal		79	-30
Health		37	2
Statutory (other)		14	-4
Private		117	-24
Voluntary		68	-46
HSAB Board Development		100	32
SGA Team Development		28	-10
Partner Training: CNWL		9	9
	Total:	***452***	***-71***
SGA Team Briefing Sessions			
Children's Staff Inductions		20	20
HAD Staff & Volunteers		26	26
MIND Staff & Volunteers		49	49
Safe Place Scheme Briefing		8	8
Good Practice Workshops / Events / Conferences			
BIA Legal Update		25	25
Care Home Managers and Deputies		200	200
Children & Young People and Deprivation of Liberty		18	18
SAB/SCB Joint Annual Conference - Sexual Abuse within the Family		155	155
Scams, Fraud & Adults at Risk		88	88
Community & Service User Briefings			
Active Community Mondays		10	10
Milmans Day Centre Staff & Users		29	29
Rayners Lane Community Group		23	23
Roxeth Community Church		29	29
St John's Community Group		27	27
St Pauls Church Community Group		27	27
Tamil Seniors Group		35	35
Trinity Church Community Group		22	22
GP / Doctor / Medical Centres			
GP Surgeries (Clinical & Non-Clinical Staff)		20	20
Total Attending		***1263***	***-253***

Each year the multi-agency training programme and Best Practice Forums are developed from the evaluation and experience of the previous year's sessions. Last year there was a focus on mental capacity and unwise decision making.

Analysis of the attendance across the range of events suggests that the uptake of best practice forums and on-site "bespoke" sessions is greater than for the commissioned multi-agency formal training programme. Consequently, in 2019/2020 the HSAB has agreed to trial a shift in emphasis away from the formal classroom events and on to the one-off sessions which can be tailored to themes emerging from casework audits or SARs etc. A decision can then be taken about the best approach in future years.

HSAB member organisations' training activity

Each of the organisations represented on the HSAB also carry out their own training programmes to ensure that their staff are up to date. Examples include: at Harrow NHS Clinical Commissioning Group (CCG) where 72% of the staff required to complete mandatory safeguarding adults levels 1 – 3 did so last year; and at London North West Hospitals NHS Trust there was an 82% completion of level 1 training across all its various sites.

Safeguarding Adults Board Conference 2018

The HSAB and HSCB held their second joint conference in February 2018 with a focus on sexual abuse within the family.

Topics included: Exploring Good Practice and Not-So-Good Practice at different stages in a case of intra-familial Sexual Abuse: What does 'good' look like and how we can prevent and challenge practice that isn't? (Elly Hanson);
Sexual Abuse and People with Disabilities (Children & Adults) - Making the Invisible Visible (Harrow Mencap); Sexual Abuse and Older People - Exploring the Myths and Stereotypes and Responding to the 'Needs' of Older Victims (Dr Hannah Bows)

Evaluation was almost 100% positive from the 155 multi-agency staff that attended and there is a commitment from both Boards to continue collaborating on events in future years (see section 4). Some comments from the evaluation included:

"incorporated into my practice and I feel more 'alive' to the issues and possibilities with vulnerable adults and their families that I work with"

"had excellent contact with other professionals working in our contract area. It was lovely to get a cross-disciplinary perspective on child safety from the many academic speakers. Really valued speaker, Hannah Bows's contribution. I look forward to returning in the coming years. Just attending this event brought the issue more to the forefront for me to work into my prevention and education work as well as evaluate future safeguarding scenarios where SV within families plays a part"

"the knowledge gained from the workshops was extremely insightful"

"learning (from the Conference was) applied to support commissioning and contract performance of Services including monitoring of their multi-agency work with safeguarding partners"

Section 3.2	Progress on HSAB objectives
HSAB objective 1 (empowerment)	**Actions undertaken to progress objectives**
The HSAB ensures effective communication with its target audiences	*A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse)*

The "little book of big scams" produced by the Metropolitan Police/Home Office was widely promoted by the Safeguarding Adults Coordinator.

The Council's Safeguarding Quality Assurance (SQA) Team newsletter in May 2017 covered a range of topics including: "Mental Capacity Act – the basics"; and "Fire Safety in care homes".

The Council's Safeguarding Adults Team used the free "Your Harrow" publication to raise awareness about scams.

The Council's Housing Department also highlighted scams and how to keep safe in its "Homing In" magazine.

The Mind in Harrow education course programme has promoted the Metropolitan Police 'Little Book of Big Scams' section about online scams and has provided a new user-friendly information sheet about safeguarding & Prevent to over 200 people with mental health needs to increase awareness.

Harrow Mencap's Forum for people with learning disabilities holds regular themed sessions on issues such as Speaking Out; Staying Safe; Hate Crime and Well-being to raise awareness, embed understanding and empower individuals. Representatives from the Safeguarding Team, Police and advocacy services have also attended. They have also held being safe on-line workshops with children, young people and young adult groups.

In CNWL, information in poster form about the nature of abuse/neglect was displayed appropriately in community mental health services premises. In 2017, a service user reference group was set up based in Harrow's community mental health teams. This group runs on co-production lines with a brief to promote the 'recovery' approach and ensure service user's views inform service developments in community services. The group has started to assist professionals to formulate changes that can be made to service provision in light of feedback received from Friends & Family Test. This has included:

- updating and improving the information given to new patients
- take forward actions to improve ratings on the Triangle of Care Audit's findings
- give advice about how clinicians can improve the provision of physical health monitoring when attending Bentley house.

CNWL Harrow routinely ask patients, their friends and family to complete a short questionnaire relating to the following 3 domains of patient experience:

- achieving what matters to them
- being treated with dignity and respect
- how involved they were in decisions about their care & treatment

At Royal National Orthopaedic Hospital (RNOH) a range of methods such as forums, magazines, patient leaflets, internet and intranet websites are used throughout the year to provide information and communicate with patients, staff, the community and stakeholders. RNOH publishes the Articulate Magazine every quarter for staff, patients, the community and stakeholders to get updates such as, pressure ulcer week and other patient safety information from the different departments. Hard copies are available in the directorates and soft copies can be accessed via the RNOH internet (public) and Intranet websites.

Central London Community Healthcare NHS Trust (CLCH) has developed a safeguarding leaflet which provides patients with information about safeguarding concerns. It explains what CLCH adult safeguarding services do, where they operate and how to get in touch with services should patients and or their family/carers require support. The public has access to information about CLCH services on the CLCH website.

The Harrow SAB's work is influenced by user feedback and priorities	*Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review Day and other relevant partner events*

Both the Council and CNWL's safeguarding services had an independent audit of casework last year – carried out by an external professional with significant experience in this field. Action plans have been created to address all the recommendations and progress will be tracked by the HSAB.

In the Council an independent/external social worker continues to interview users at the point of the enquiry being concluded. Her questions are focused around the Making Safeguarding Personal areas about involvement in the process and outcomes. All feedback is given to the Team so that practice continues to develop. Generally the feedback has been positive. The main challenge (also highlighted in audit reports) is the need to express the outcomes desired by users in a more measurable way.

The "deep dive" audit of repeat referrals presented to the HSAB last year found no cause for concern with only 2 cases where the referrer had needed to challenge the initial decision not to progress to the enquiry stage of the process. This area is being closely monitored by the Team Manager.

The Mind in Harrow User Involvement Project Coordinator facilitated 4 Mental Health Service User Representatives of the Harrow User Group (HUG) to present a user challenge at the Safeguarding Adults Board annual review/business planning day in June 2017 and have been working to ensure that the SAB responds with actions during 2018.

Harrow Mencap's Care Act advocacy service works with individuals on identifying the feedback they want from the safeguarding process and ensure this is heard by decision makers.

CLCH has good attendance on service user forums across several local authorities that they provide services to. CLCH Safeguarding Adults Team has also carried out service user feedback sessions. This provided invaluable information to help the Trust to understand how service users found their experience of safeguarding.

HSAB is reassured that there is access to justice for those who want it	*Annual statistics show an improvement in Police action/prosecutions*

There was a slight reduction in the numbers of cases where there was Police action or criminal prosecution last year compared to the progress made in 2016/2017, so this will remain a high priority for the HSAB in 2018/2019. However, although the statistics have reduced there are some excellent examples of strong partnership working between the Police and the Safeguarding Adults Teams e.g. the first cases of wilful neglect and coercive control being prosecuted in Harrow.

Mind in Harrow has contributed to a better coordinated multi-agency response to Appropriate Adult provision for people experiencing mental health problems who are arrested and detained through a Safeguarding Adults Board working group.

They have continued to raise the need for a solution to the lack of adequate Appropriate Adult response at SAB meetings.

Harrow Mencap work with individuals and groups on their rights including their right to report to the police. After a recent Hate crime forum one member saw another member being verbally abused in St Ann's Shopping Centre and as a result of the forum recognised this as hate crime and called the police. Harrow Mencap supports individuals to make statements to the police.

In CNWL Harrow ongoing liaison between mental health professionals and the Police occurs when a Safeguarding Concern triggers criminal investigation. Wards routinely offer patients opportunity to make statements to the Police where this is the case.

HSAB objective 2 **(prevention)**	**Actions undertaken to progress objectives**
The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence *The Harrow SAB ensures that community safety for vulnerable people is a high priority for action*	*Performance reports at quarterly Board meetings and the annual review day increasingly provide more detailed analysis e.g. by sector, user group and type of abuse – informing decisions about future campaigns* *Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities* *Projects highlighted by users take place each year (e.g. working with schools to raise awareness of disability/mental health issues) and formal evaluation influences future activities* *More work is done with care providers and the general public about fire safety*

There have been a number of "deep dive" reports presented to the HSAB in 2017/2018 – including on domestic abuse and repeat referrals. These have enabled the Board to take decisions about future work e.g. asking Housing and the voluntary sector to raise awareness with staff about domestic abuse in a safeguarding context due to low numbers of referrals from those areas.

The quarterly HSAB newsletter has covered fire safety and a presentation was also given at the Board's quarterly meeting in December 2017 by the local Fire Service.

Information was given to local care providers at their forums about fire safety and followed up by the Council's Safeguarding Quality Assurance (SQA) Team in its newsletter.

As stated above, the "little book of big scams" has been widely promoted and well received.

In July 2017, Mind in Harrow contributed to the Harrow Safe Place Scheme by spending half a day speaking to several shop managers in central Harrow to encourage them to sign up to the scheme and providing their contact details to the Harrow Council safeguarding team.

Harrow Mencap has developed and delivered learning disability awareness training in schools. An evaluation of Harrow Mencap's Skill Up service led to the development of being safe on line workshops.

RNOH runs annual learning at work seminars for patients, stakeholders and staff. During the seminar, all the different directorates such as safeguarding children and adults have stands to provide information such as 10 Golden Rules to prevent scammers, Independent mental Capacity Advocates, hoarding, staff contacts, advice and support.

The Harrow SAB ensures that dignity is a high priority for local care providers	*Providers e.g. care homes and/or domiciliary agencies are supported with relevant information/training*

The Council's Safeguarding Quality Assurance (SQA) Team ran a programme of training sessions for care providers in 2017/2018 including: SCIE sessions on dementia/challenging behaviour (80 staff) and Tissue Viability Nurse led sessions about pressure care (90 people).

The Council's Safeguarding Adults multi-agency training programme was advertised in the SQA Team's newsletter in September 2017 – resulting in excellent take up with 185 private and voluntary sector staff attending relevant courses.

96% of service users self-reported feeling safe and supported while using Mind in Harrow's services during 2016-17, which was an improvement on 93% in the previous year.

All Harrow Mencap care staff undertake training in providing care with dignity. All new staff undertake the Care Certificate. All services have quality standards that include dignity in care and are subjected to internal audit and CQC inspections.

CNWL routinely ask patients, their friends and family for direct feedback via a short questionnaire in regard to whether they have been treated with Dignity and Respect.

Harrow CCG along with the Local Authority provided a structured education day for nursing homes that was very well received and attended and is in the process of trying to provide on-going education for the homes and their staff. This will cover issues around safeguarding and advanced care planning to support the staff and residents in the nursing homes.

Harrow CCG has also worked with the local authority and the local Primary Care Educational Team in link to the Royal College of General practice to help implement the red bag scheme for nursing homes and Full moon care planning to incorporate anticipatory care plans and Advanced wishes.

CLCH has strong values that uphold the principle of dignity and equality. The CLCH Quality Strategy (2017-2020) has clear campaigns to ensure the delivery of care to patients is safe, caring and compassionate and that staff treat all service users with dignity and respect in keeping with the organisational culture. The Quality campaigns are:

- **a positive patient experience** – changing behaviour and care to enhance the experience of our patients and service users
- **preventing harm** – reducing unwarranted variations in care and increasing diligence in practice
- **smart effective care** – ensuring patients and service users receive the best evidence-based care, every time
- **modelling the way** – providing world class models of care, education and professional practice
- **here, happy, healthy and heard** – recruiting and retaining an outstanding clinical workforce
- **value added care** – using enhanced tools and technologies to manage resources well

Some local care providers marked Dignity Day 2018 by running events for their residents.

The HSAB is reassured that staff are well informed about the new safeguarding areas e.g. modern slavery, domestic abuse and sexual exploitation (including forced marriage)	*Staff are supported with relevant information/training and numbers of concerns in these areas increase*

There were more concerns about modern slavery and domestic abuse in 2017/2018 than the previous year suggesting wider knowledge amongst professionals, however numbers are still relatively low so this will remain an area of focus for the HSAB in 2018/2019.

Four staff from Mind in Harrow attended the joint safeguarding adults and children's conference in February 2018, attending workshops on different aspects of abuse and neglect, increasing their awareness and understanding about child sexual abuse. Mind in Harrow ran a workshop session at the conference about the mental health impact on adults of childhood sexual abuse.

All Harrow Mencap staff attend basic awareness and refresher training. Safeguarding is a standing item on every team agenda and this ensures that staff are kept up to date. Staff are able to confidently identify and report safeguarding concerns. All front-line staff as a policy undergo safeguarding training before completion of their probation (within the first three months of joining). Safeguarding champions have been appointed in the various teams including support workers. Safer recruitment training has been implemented and all line managers participated and apply the principle in staff selection.

CNWL's Liaison Psychiatry Team is accessing training provided by the Hestia Modern Slavery Team, to ensure they are up to date on knowing what are the indicators that someone presenting in crisis at an Emergency Dept or admitted to hospital may have symptoms or injuries that are due to abuse or neglect as manifestations of domestic abuse, sexual exploitation/trafficking and/or modern slavery. CNWL undertook its first enquiry into an allegation of Modern Slavery in year. This led to establishing links with the key commissioned service for supporting survivors of Modern Slavery, Hestia. CNWL Harrow held a number of awareness training sessions for mental health professionals in regard to FGM.

CNWL rewrote its policy on Domestic Abuse in the financial year. Two training briefings led by IDVAs (domestic violence advocates) employed by Hestia given to staff in community mental health team in year. This outlined when and how to completed a Domestic Abuse checklist and refer to MARAC or for other domestic abuse support services.

RNOH's mandatory and staff induction safeguarding adults training informs staff about modern slavery, domestic abuse and sexual exploitation, forced marriage, mate crime and honour based violence. The safeguarding team have a safeguarding advice phone number and bleep which staff contact for ad-hoc advice. RNOH has leaflets and posters in the clinical areas and the internet and intranet to inform staff about the new safeguarding areas. The Named Nurse for safeguarding Adults also informs staff during ad-hoc supervision, training, safeguarding adults board meeting and Senior Nurses forum about current safeguarding headlines and pitfalls discussed during HSAB meetings to enhance safeguarding practice.

The Designated Nurse for Safeguarding Adults at the Harrow Clinical Commissioning Group (CCG) is a member of the London Region Modern Slavery Network. The group aims to inform the London Region Safeguarding steering group and to make certain that NHSE carries out its responsibilities in relation to modern slavery. Information from the group is also shared with the Harrow Modern Slavery Working Group within the local authority. Assurance is sought from the provider organisations commissioned by the CCG in ensuring modern slavery and domestic abuse are embedded in their policies as well as training. Harrow CCG together with their NHS provider organisations have a modern slavery statement on their website.

The Designated Nurse (Adults) at the CCG, together with NHSE Regional Prevent Coordinator – London as well as a Lead from the General Medical Council delivered a Workshop to Raise Awareness of Prevent (WRAP) training to 30 Harrow General Practitioners. The GMC Lead went through confidentiality and sharing of information in great detail with the General Practitioners and the feedback after the training was really positive.

At LNWHUT domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals.

The IDVAs provide support to patients attending the hospital and act as a crucial resource for front line staff delivering care. Secondly, Modern Slavery and Human Trafficking abuse was also incorporated in Adult safeguarding Training. Staff across Children's and Adult Safeguarding Service have completed the London ADASS & NHS England "Train the Trainer: Human Trafficking and Modern Slavery Multiagency Awareness Raising Training.

CLCH give staff more up to date and in-depth knowledge around issues such as Modern Slavery, Female Genital Mutilation (FGM), and domestic abuse.

The training package is in line with the Intercollegiate Framework and as a result of increased awareness, staff are making more enquiries with the safeguarding team about concerns in relation to Modern Slavery. The safeguarding team works closely with the sexual health teams around complex safeguarding issues in relation to their service users. The Safeguarding Advisor has participated in the 'My Marriage My Choice' research project run by the University of Nottingham and RESPOND. The safeguarding team have membership with the Standing Together against domestic violence Domestic Violence Co-ordinators Network. CLCH also has a specialist advisor for domestic violence.

HSAB objective 3 **(proportionality)**	**Actions undertaken to progress objectives**
Staff are confident in balancing risks with user empowerment	*More work takes place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS*
The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice	*HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)*

A range of training sessions took place in 2017/2018 including "young people and deprivation of liberty". The Council's Safeguarding Team had some "bespoke" sessions picking up the findings from file audits which included further work on undertaking mental capacity assessments with people deemed to be taking unwise decisions and facing significant risk.

The 200 care home and domiciliary agency managers attending the Provider Forums last year received sessions on the Mental Capacity Act (MCA), including unwise decision making.

Harrow Mencap are compliant in this area. The Mental Capacity Act (MCA) and DOLS is covered with staff during the induction process. The Independent Mental Capacity Advocate ensures that that people without someone to support them are heard and that the least restrictive option is used.

At present, 84% of CLCH Harrow staff are compliant with MCA Level 2 training and 76% of CLCH Harrow staff are compliant with MCA Level 3 training.

Training was implemented on sex and relationship management for CLCH managers and front line staff to enable them to gain knowledge and confidence in handling difficult clients' sex and relationship issues.

At CNWL Harrow, training in regard to assessment of mental capacity is available for staff. They will use this skill routinely in their contact with people struggling with mental health difficulties, not only in the context of a Safeguarding Concern/Enquiry. CNWL has appropriate and proportionate checks and balances in place to ensure that the application for a DoLs is considered, applied for and the situation monitored if there is a delay in authorisation being granted.

At RNOH, most staff are confident in identifying patients/users who fulfil the criteria for MCA/DoLS by balancing risks with user empowerment. However some staff show lack of confidence in completing mental capacity assessments and using DoLS. The Named Nurse for Safeguarding Adults has oversight of patients/users who require MCA/DoLS and provides adequate support for staff to complete their mental capacity assessments and DoLS applications.

The Council's casework audits during 2017/2018 were structured around the MSP areas and feedback included a need for further refinement of how user outcomes were being described and recorded. It was not possible last year to provide the voluntary return to NHS Digital as the Mosaic system could not generate the required information.

The Harrow SAB is reassured that DoLS processes are an integral part of its prevention arrangements	*DOLS arrangements are effective and least restrictive options are identified in all cases. The new Liberty Protection Safeguards as proposed by the Law Commission will be addressed when required by statute*

Deprivation of Liberty Safeguards (DOLS) practice is now well embedded in Harrow and the statistics for last year are shown at section 2 above.

Work around completion of mental capacity assessments and using DoLS is monitored at the various Clinical Quality Groups as well as during Safeguarding and Quality assurance visits conducted by the CCG's Designated Nurse Safeguarding Adults and Assistant Directors for Quality.

At the time of writing this report there are 6 cases currently being heard at the Court of Protection with the Official Solicitor representing the person who has asked for the DoLS authorisation to be challenged on their behalf. The Court will decide whether its in their best interest to continue living at the care home or whether a less restrictive option is available.

The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice	*Relevant "mystery shopping" exercises or equivalents check that front door services recognise possible abuse and know how to advise/deal with concerns effectively* *A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users* *A "deep dive" into repeat referrals will be completed and reported to the HSAB with any required recommendations*

The HSAB has had a quality assurance framework in place for 10 years.

As referred to above, the Mind in Harrow User Involvement Project Coordinator facilitated 4 Mental Health Service User Representatives of the Harrow User Group (HUG) to present a user challenge at the Safeguarding Adults Board annual review/business planning day in June 2017 and has been working to ensure that SAB responds with actions during 2018. Improvements requested by User Representatives were systemic issues raised by mental health service users from their direct personal experiences of Harrow safeguarding processes.

Mind in Harrow has not been able to identify a "mystery shopping" exercise format which is a meaningful test of front door responses and which is not also presenting an actual live safeguarding concern being raised. Therefore the previous annual mystery shopping exercise with Mental Health Service User Representatives of the Harrow User Group (HUG) is currently on hold.

Harrow Mencap has internal quality standards including those for safeguarding which are audited annually. There are regular opportunities for people who use the service to feedback through satisfaction surveys and through telephone monitoring. Random spot checks by managers/supervisors are carried out regularly.

At CNWL Harrow, an audit of enquiries from January to March 2017 was undertaken in November 2017 by an independent safeguarding Social Worker. Findings and recommendations formulated an action plan that is being implemented to enhance and improve learning of staff.

The Council commissioned Professor Jill Manthorpe to carry out a "critical friend" review of how it quality assures its safeguarding arrangements. The report concluded:

"I was asked to consider whether the citizens of Harrow and their elected representatives can be assured of the quality of adult safeguarding in Harrow. From the perspective of the local authority, which is still the lead agency for this area of work, there are good grounds for confidence that London Borough of Harrow is not complacent about the challenges of adult safeguarding, that it has responded to the changes deriving from the Care Act 2014, and that it has several systems to check and interrogate its professionals' activities. While we have learned that there is no risk-free safeguarding, in my view the quality assurance systems for adult safeguarding in Harrow are well-designed, consistently applied and effective".

Recommendations are being addressed – for example that overseas workers recruited into Children's Services be provided with safeguarding adults training which has resulted in this topic being a standing item on all induction programmes in that Department.

Both the Council and CNWL's safeguarding services had an independent audit of casework last year – carried out by an external professional with significant experience in this field. Action plans have been created to address all the recommendations and progress will be tracked by the HSAB.

In the Council an independent/external social worker continues to interview users at the point of the enquiry being concluded. Her questions are focused around the Making Safeguarding Personal areas about involvement in the process and outcomes.

All feedback is given to the Team so that practice continues to develop. Generally the feedback has been positive. The main challenge (also highlighted in audit reports) is the need to express the outcomes desired by users in a more measurable way.

The "deep dive" audit of repeat referrals presented to the HSAB last year found no cause for concern with only 2 cases where the referrer had needed to challenge the initial decision not to progress to the enquiry stage of the process. This area is being closely monitored by the Team Manager.

CLCH adult safeguarding team have under taken the 3rd annual Mental Capacity audit in Q4. The aim of the audit was to establish whether staff are considering a patient's mental capacity by demonstrating understating of the 5 principles and adherence to the MCA Code of Practice and are documenting this clearly. Recommendations include more training on consent and the need for a mental capacity tool in the district nurses assessment.

The HSAB has accessible and effective information available to those who might need it	*A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats*

In the Council, all the information about "how to report a concern" and "what happens after you report a concern" in easy to read formats (primarily for users) and the associated documents aimed at professionals was updated and uploaded on to the website.

Mind in Harrow's Care Act Information & Advice Service (SWiSH) has provided information about the safeguarding process to 22 people with mental health needs or their carers - who have reported to us that they may be at risk of abuse or neglect to ensure timely and appropriate referral.

Harrow Mencap provides easy read information on what is abuse and how to report concerns. There is also the whistleblowing policy in place.

The lead for safeguarding within CNWL Harrow visited Harrow Mencap Operational meeting to clarify what the actual working procedure for raising a Safeguarding Concern for someone at risk or experience abuse/neglect, who also has mental health difficulties is. Briefing provided. Flowcharts detailing how to raise safeguarding concerns for those of different ages and residents of Harrow and neighbouring Boroughs revised and disseminated, replacing previous ones from Dec 2015.

HSAB objective 4 (protection)	Actions undertaken to progress objectives
The HSAB and HSCB work collaboratively ensuring a "whole family" approach to safeguarding work	*Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes* *A joint approach to domestic abuse with a focus on areas highlighted by statistical analysis e.g. Housing and the voluntary sector*

There is a standing quarterly business meeting between the officer supporting the HSAB and the officer supporting the HSCB where information is shared and opportunities for collaboration are explored. The joint HSAB HSCB annual conference is a good example of a positive outcome.

In response to requests for independent advocacy support from adults with mental health needs, who as parents are under the care of secondary care mental health services and subject to child protection process, Mind in Harrow raised the need for funded advocacy provision not currently available. As a result, from 2017 the Council has agreed to spot purchase independent advocacy for these service users for whom two referrals have been made to-date.

Harrow Mencap has delivered learning disability awareness training in schools and led a workshop at the HSAB/HSCB joint conference on Sexual abuse and disability. Harrow Mencap collaborated with the British Institute of Learning Disability and FPA – the Sexual Health Charity - to facilitate two key programs.

RNOH safeguarding Adults and Children Team work collaboratively with its Psychology/mental Health Team and responsible Local Authorities Domestic Abuse Services and Safeguarding Adults teams to ensure a "whole family" approach to safeguarding work.

As stated above, the Council's Safeguarding Adults Service now provides awareness training at all Children's Services induction days for new workers.

In October 2017 CLCH held its first annual safeguarding conference. This was a day-long conference covering topics on Child Sexual Exploitation (CSE), Mental Capacity Act 2005, Modern Day Slavery and Making Safeguarding Personal. The conference was a success in terms of numbers of attendees and feedback and it will be held again in 2018/2019.

Learning is embedded in practice and leads to continuous service improvement	

In 2017-18 Mind in Harrow's national body (Mind) conducted an independent panel audit of Mind in Harrow's quality against 150 indicators including safeguarding adults and children. The panel held separate feedback sessions with service users, staff, volunteers and trustees, from which we were commended for the high quality of our practices. We have agreed a continuous quality improvement plan with our Board for 2018-19 for example improving the visibility of information about how service users can complain.

Harrow Mencap has an open and critical approach to reviewing alerts and referrals embracing reflective learning to improve practice. Cases are reviewed by the Senior Manager and at the bi-monthly Safeguarding Leads meetings, issues are followed up including looking at areas of weakness, barriers and ensuring these are addressed and communicated. A central Safeguarding Log is held. Safeguarding is a standing item on every team agenda and at every levels of the organisation including at board level.

A new training package was implemented by CLCH in October 2017**.** Level 2 training can now be accessed as an e-learning course and Level 3 training is a classroom based session. A 90 minute classroom session for Safeguarding Adults has been implemented which has replaced the previous 60 minute session. This is being delivered in a workshop style so to help facilitate discussion amongst attendees whilst they work with case studies (typically scenarios from published SARS) to further embed what is being taught.

HSAB objective 5 (partnership)	**Actions undertaken to progress objectives**
The HSAB is effective as a partnership	*HSAB considers undertaking the NHS England/ADASS Risk Audit Tool in 2017/2018* *HSAB annual review and business planning day incorporates challenge from "experts by experience" and an independent facilitator*

All statutory member agencies and many non-statutory agencies represented on the HSAB completed the risk audit tool in 2017/2018. Each agency reported its findings to the HSAB highlighting the areas for action in 2018/2019.

Safeguarding Adults Risk Assessment Tool was revised by CNWL's Service Lead for Safeguarding in late March 2017. Provided to Local Authority who host/administrate the Harrow Safeguarding Adults Board (HSAB) in July. 22 Criteria, which as of March were RAG rated as being Red – 1, Amber - 6, Green – 15. Red item has been addressed. Further work on moving rating of Amber Criteria to 'Green' required.

RNOH has a risk register with RAG ratings similar to the NHS England/ADASS Risk Audit Tool.

NHS CCG Harrow along with providers submitted to the HSAB the annual safeguarding adults at risk audit tool. This enables the CCG as well as providers to submit evidence of compliance within their own policy standards. It was identified that some staff members due to change in roles may need to have the Disclosure Barred Service (DBS) check done.

As part of the Learning Disabilities and Mortality Programme (LeDeR), a steering group has been established in Harrow and is tasked to oversee all completed reviews of deaths and to identify where actions need to be taken and what key messages are emerging.

Experts by Experience attended the HSAB annual review and business planning day in 2017 and challenged the Board in specific areas under the headings "ordinary lives are safer lives" and "how to keep people with mental health problems safe". This will be followed up by Mind in Harrow and Harrow Mencap at the annual event in 2018 to check what progress has been made by Board members.

HSAB objective 6 **(accountability)**	**Actions undertaken to progress objectives**
Elected Councillors, Executives and Committee members in all relevant partner agencies are aware of their personal and organisational responsibilities	*Briefings are provided on a quarterly basis by HSAB members to their organisations at a senior level sufficient to ensure ownership of the issues and leadership to agree any changes required*
The general public is aware of safeguarding issues and the work of the HSAB *Relevant staff are aware of safeguarding issues and the work of the HSAB*	*The HSAB Annual Report for 2017/2018 is published in an "easy to read" format and posted on all partner websites* *The HSAB Annual Report for 2017/2018 is published in "Executive summary" and "staff headlines" formats and posted on all partner websites* *A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats*
Learning is embedded in practice and leads to continuous service improvement	*The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs* *The multi-agency safeguarding adults training programme is re-tendered at the end of the current contract*

In the Council, the DASS and Service Manager meet quarterly with the Chief Executive, Leader, Portfolio Holder and Corporate Director to provide an update on safeguarding adults' work. These sessions provide both information for the senior recipients, but also challenge back to the Department e.g. to carry out further awareness raising sessions with local Banks.

Mind in Harrow's Board of Trustees reviews its safeguarding adults and children's policies each year and is required to undertake as mandatory safeguarding training during their induction period as new Trustees. The Chief Executive updates the Board annually about Mind in Harrow's contribution to the HSAB work plans.

At Harrow Mencap, safeguarding is a standing item on the board agenda and there is a trustee with responsibility for safeguarding. Two managers are also serving as board members/governors in schools within the locality to advance safeguarding issues.

CNWL Harrow's care quality meeting, attended by Senior Clinicians and Management continues to receive a report on a quarterly basis outlining activity, service developments etc.

At CLCH, information is fed back via the monthly senior managers meeting and the monthly safeguarding Named Nurse and Safeguarding Advisors meeting.

The annual report for 2016/17 was made available in "Executive summary", "easy to read" and "staff key messages" versions, widely circulated and available on partner websites. All HSAB member organisations confirmed that the report had been presented at their Executive Board or equivalent and there was a presentation to the Council's Scrutiny committee on 3rd July 2017.

See section 3.1 above in relation to training and development in 2017/18.

Section 4: Action plan priorities – 2018/2019 (year 2 from the Strategic Plan 2017 - 2020)

The Board's priorities are developed from analysis of the statistics presented at quarterly meetings; feedback from users; learning from research, audits; and case reviews. They are organised around the four Care Act statutory requirements and six principles.

Principle One: **Empowerment**	**Description:** *Presumption of person led decisions and informed consent*	**Outcome for users at risk:** *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"* *"I have access to justice if I want it"*
Objectives and how they will be achieved and measured	**Actions**	**Timescale**
The HSAB ensures effective communication with its target audiences Impact and effectiveness are evaluated and influence changes to future campaigns	A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse)	End March 2019
The Harrow SAB's work is influenced by user feedback and priorities User feedback at annual review events reports progress on agreed projects	Further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion	End March 2019

Principle Two: **Prevention**	**Description:** *There is a culture that doesn't tolerate abuse, dignity/respect are promoted and it is better to take action before harm occurs* *Communities have a part to play in preventing, detecting and reporting neglect and abuse*	**Outcome for users at risk:** *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"*
Objectives and how they will be achieved and measured	**Actions**	**Timescale**
The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence Performance reports at quarterly Board meetings and the annual review day provide more detailed analysis – informing decisions about future campaigns	Change the reporting to the HSAB such that routine performance information (e.g. repeat referrals, Police action, modern slavery) is highlighted on an exception basis only Focus to be on more "deep dive" statistical reports in areas of interest/concern to the HSAB e.g. sexual abuse by location	End September 2018 End March 2019
The Harrow SAB ensures that community safety for adults with care/support needs is a high priority for action Numbers of home fire safety checks increase from the 2017/18 out-turn position	Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities Work continues with care providers and the general public about fire safety	End March 2019 End March 2019
The Harrow SAB ensures that dignity is a high priority for local care providers More Providers in Harrow improve their CQC rating each year	Provider concerns are monitored at Board meetings and commissioners oversee quality assurance Providers are supported with relevant information/training	End March 2019 End March 2019

The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns	Provide annual training/refresher events for elected Councillors and those in similar roles across partner agencies	End March 2019
Principle Three: **Proportionality**	**Description:** *Proportionate, person centred and least intrusive response appropriate to the risk presented (best practice)*	**Outcome for users at risk:** *"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed and I understand the role of everyone involved in my life"* *"I had the support of an advocate if I needed one"*
Objectives and how they will be achieved and measured	**Actions**	**Timescale**
The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review Day and other relevant partner events	A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users Audit reports will be taken to the HSAB with any required actions and proposed recommendations	End March 2019 Bi-annual

Staff are confident in balancing risks with user empowerment	Audit findings, user feedback, SAR actions and Risk Panel learning to be fed into the Multi-agency Training Programme and Best Practice Forums Work continues to take place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS/Court of Protection	End March 2019 End March 2019
Learning is embedded in practice and leads to continuous service improvement The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs	The approach to multi-agency safeguarding adults training is changed in 2019/2020 – to run more best practice forums and bespoke events (on emerging topics) - with recommendations for future programmes reported to HSAB in March 2020	April 2019 End of March 2020
The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice There is a reduction in “not known” and “other” outcomes recorded at the end of safeguarding enquiries Return is made to NHS Digital)	Work is completed to investigate if the Jade (or its replacement) and Mosaic systems can record the more diverse variety of outcomes likely to be achieved for adults at risk through MSP HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)	End December 2018 End March 2019

Principle Four: **Protection**	**Description:** *Support and representation for those in greatest need*	**Outcome for users at risk:** *"I get help and support to report abuse"* *"I get help to take part in the safeguarding process to the extent to which I want and to which I am able"*
Objectives and how they will be achieved and measured	**Actions**	**Timescale**
The HSAB is reassured that adults at risk are empowered to raise concerns from any setting (including in-patient units and care homes) and that advocacy is being sought and provided to those that seek it as part of the safeguarding adults enquiry process	Projects are implemented as highlighted by users e.g. task and finish group or learning review for CNWL in-patient services; and presentation by Public Health about their role with reducing social isolation	End March 2019

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Principle Five: **Partnership**	**Description:** *Effective partnership working ensures a "whole family" approach leading to the best possible outcomes for users* *Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users*	**Outcome for users at risk:** *"I know staff treat any personal and sensitive information in confidence, only share what is helpful and necessary"* *"I'm confident professionals will work together to get the best result for me"*
Objectives and how they will be achieved and measured	**Actions**	**Timescale**
The HSAB is effective as a partnership	HSAB monitors the actions resulting for each agency represented on the Board from the NHS England/ADASS Risk Audit completed in 2017/2018	End March 2019
The HSAB and HSCB work collaboratively ensuring a "whole family" approach to safeguarding work Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes	A third joint HSCB HSAB conference will be held in 2018/2019 with a focus on "trafficking and modern day slavery"	End March 2019

Principle Six: **Accountability**	**Description:** *There is accountability and transparency in delivering safeguarding. The Board meets its statutory requirements as set out in the Care Act 2014.* *Learning from local experiences and national policy/research improves the safeguarding arrangements and user outcomes*	**Outcome for users at risk:** *"I understand the role of everyone involved in my life"*
Objectives and how they will be achieved and measured	**Actions**	**Timescale**
The statutory HSAB Annual Report is produced	HSAB receives the Annual Report within 3 months of the end of each financial year	End June 2019 (for the 2018/19 report)
The HSAB Annual Report is presented to all relevant accountable bodies	Presentation is made to Scrutiny Committee to include progress against the previous year's action plan and objectives for the coming year All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the HSAB Presentation is made to the Harrow Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year	First available Scrutiny meeting after the Annual Report is discussed and agreed at the HSAB (& no later than the end of October 2019 for the 2018/19 report) First Board meeting after the Annual Report is agreed (and no later than the end of October 2019 for the 2018/19 report) First Health and Wellbeing Board meeting after the Annual Report is agreed (and no later than the end of October 2019 for the 2018/19 report)

Elected Councillors, Executives and Committee members in HSAB agencies are aware of their personal and organisational responsibilities	Briefings are provided on a quarterly basis by HSAB members to their organisations at a senior level sufficient to ensure ownership of the issues and leadership to agree any changes required	End March 2019
The general public is aware of safeguarding issues and the work of the HSAB Relevant staff are aware of safeguarding issues and the work of the HSAB	The HSAB Annual Report for 2018/19 is published in an “easy to read” format and posted on all partner websites The HSAB Annual Report for 2018/19 is published in “Executive summary” and “staff headlines” formats and posted on all partner websites	End July 2019 (for the 2018/19 report) End July 2019 (for the 2018/19 report)

Appendix 1

Statistic	2015/2016	2016/2017	2017/2018	*National figure (2016/17)
Concerns	1690	1662 (2% decrease)	1467 (11% decrease)	6% increase
Concerns taken forward as enquiries	40%	39%	43%	41%
Repeat referrals (enquiries)	19%	31%	17%	28%
Completed referrals (enquiries)	100%	95%	99%	100%
Concerns from non white ethnic backgrounds	51%	48%	51%	16%
Where abuse took place	Client's own home (61%) Care Homes (20%)	Client's own home (63%) Care Homes (14%)	Client's own home (57%) Care Homes (19%)	Client's own home (44%) Care Homes (36%)
User group	Older people (46%) Physical Disability (40%) Mental Health (31%) Learning Disability (13%)	Older people (48%) Physical Disability (38%) Mental Health (33%) Learning Disability (12%)	Older people (48%) Physical Disability (34%) Mental Health (31%) Learning Disability (13%)	Older people (63%) Physical Disability (42%) Mental Health (12%) Learning Disability (13%)

Type of abuse	Physical (23%) Neglect (21%) Emotional (20%) Financial (17%) Not recorded this year	Physical (19%) Neglect (21%) Emotional (20%) Financial (22%) Self neglect (14 cases) Domestic abuse (75 cases)	Physical (19%) Neglect (22%) Emotional (20%) Financial (19%) Self neglect (28 cases) Domestic abuse (86 cases)	Physical (24%) Neglect (35%) Emotional (14%) Financial (16%) Self neglect - (not available) Domestic abuse - (not available)
Person alleged to have caused harm (highest incidence first)	Family including Partner (35%) Social care staff (22%)	Family including Partner (35%) Social care staff (19%) Stranger (4%)	Family including Partner (41%) Social care staff (21%) Stranger (5%)	Not available
Outcomes for adult at risk	Increased monitoring (13%) Community Care Services (13%) Court of Protection application (1%) Advocacy (2%) MARAC referral (5%)	Increased monitoring (13%) Community Care Services (17%) Court of Protection application (1%) Advocacy (3%) MARAC referral (1%)	Increased monitoring (12%) Community Care Services (20%) Court of Protection application (1%) Advocacy (2%) MARAC referral (1%)	Not available
Prosecutions/Police action as an outcome for PACH	12%	16%	14%	Not available

*The 2016/17 data is the most recent national information available for comparison

Appendix 2

HSAB Membership (as at 31st March 2018)

HSAB Member	Organisation
Florence Acquah	London North West Healthcare NHS Trust (hospital services)
Kate Aston	Central London Community Health Care NHS Trust
Christine-Asare-Bosompem	Harrow NHS Clinical Commissioning Group
Cllr Simon Brown	Elected Councillor (Portfolio Holder), Harrow Council
Claire Clarke	Metropolitan Police – Harrow (Vice Chair)
Karen Connell	Harrow Council Housing Department
Julie-Anne Dowie	Royal National Orthopaedic Hospital NHS Trust
Vanessa Duke	Westminster Drug Project
Andrew Faulkner	Brent and Harrow Trading Standards
Mark Gillham	Mind in Harrow
Lawrence Gould	Harrow (NHS) CCG – GP/clinical representative
Sarah Green	NHS England - London Region
Garry Griffiths	Harrow NHS Clinical Commissioning Group
Paul Hewitt	People Services, Harrow Council
Sherin Hart	Private sector care home provider representative
Chris Miles	London Ambulance Service
Mina Kakaiya	Healthwatch Harrow
Jules Lloyd	London Fire Service
Nigel Long	Harrow Association of Disability
Coral McGookin	Harrow Safeguarding Children's Board (HSCB)
Avani Modasia	Age UK Harrow

Cllr Chris Mote	Elected Councillor (shadow portfolio holder), Harrow Council
Tanya Paxton	CNWL Mental Health NHS Foundation Trust
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council (Chair from December 2017)
Officers supporting the work of the HSAB	
Sue Spurlock	Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

Appendix 3 **Harrow Safeguarding Adults Board** **Attendance Record 2017/2018**

Organisation	June 2017	September 2017	December 2017	March 2018	Total attended
HSAB Chair	√	√	√	√	4
Brent and Harrow Trading Standards	√	X	√	√	3
Harrow Council - Housing Department	√	√	X	X	2
London Ambulance Service	X	X	X	√	1
London Fire Service	X	X	√	√	2
Westminster Drug Project	X	X	√	√	2
Harrow Council - Adult Social Services	√	√	X	X	2
Harrow Council - elected portfolio holder	√	X	√	√	3
Harrow Council - shadow portfolio holder	X	X	X	√	1
Harrow Council – People Services/Children's Services	√	√	√	X	3
Mind in Harrow	√	√	√	√	4
NHS Harrow (Harrow CCG)	√	√	√	√	4
CLCH NHS Trust (Harrow Provider Organisation)	√	√	√	√	4

London North West Healthcare University Hospitals Trust	√	√	√	√	4
Harrow CCG – clinician	√	√	√	√	4
Local Safeguarding Children Board (HSCB)	√	√	√	√	4
Royal National Orthopaedic Hospital	√	√	√	√	4
Metropolitan Police – Harrow (Vice Chair)	√	√	√	√	4
Age UK Harrow	X	X	X	X	0
Harrow Mencap	√	√	√	√	4
CNWL MH Trust	√	X	√	√	3
Harrow Association of Disabled People	X	X	X	X	0
Private sector provider representative (elected June 2013)	√	√	√	X	3
Public Health	X	X	X	X	0
Department of Work and Pensions	X	X	X	X	0
In attendance					
Care Quality Commission (CQC)	X	X	X	X	0
Healthwatch Harrow (other Board members e.g. from Harrow Mencap and Mind in Harrow are also Healthwatch Harrow members)	X	X	X	X	0

Further information/contact details

For further information about this report or any aspect of safeguarding vulnerable adults at risk of harm in Harrow, the website is:

www.harrow.gov.uk/safeguardingadults

If you would like information or advice (including how to access the multi-agency training programme) the Safeguarding Adults Service can be contacted on the telephone number below or via e-mail at:

safeguarding.adults@harrow.gov.uk

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for an older person or an adult with a disability, this can be done through Access Harrow on: 020 8901 2680
(ahadultsservices@harrow.gov.uk)

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for a younger person with mental health difficulties, this can be done through 0800 023 4650 (CNWL single point of access).

(cnw-tr.mentalhealthsafeguardingharrow@nhs.net)

Any enquiries about the Deprivation of Liberty Safeguards (DoLS) including requests for authorisations can be e-mailed to: DOLS@harrow.gov.uk

DoLS requests can also be sent to the safe haven fax: 020 8416 8269.

The address for written correspondence (to either Access Harrow or the Safeguarding Adults and DoLS Service) is:

Civic Centre
PO Box 7,
Station Road,
Harrow, Middx. HA1 2UH

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	Thursday 1 November 2018
Subject:	Up-date on Joint Commissioning Strategy for People with Learning Disabilities and People with Autistic Spectrum Conditions
Responsible Officer:	Paul Hewitt, Corporate Director Peoples Services (Interim) Javina Sehgal, Managing Director, Harrow Clinical Commissioning Group
Public:	Yes
Wards affected:	All Wards
Enclosures:	Learning Disabilities and Autism Implementation Plan

Section 1 – Summary and Recommendations

This report provides an up-date on the implementation of the Strategy for Learning Disability and Autism

Recommendations:
The Board is requested to: Note the report

Section 2 – Report

Background

1. The Joint Commissioning Strategy for People with Learning Disabilities and People with Autistic Spectrum Conditions was agreed by the Health and Wellbeing Board in November 2016.

2. The report set out the national and local framework for the Strategy including the Winterbourne review, the Winterbourne View Concordat and London-wide Winterbourne View work stream; The Harrow Autism Strategy 2012-14 was developed in order to deliver the requirements of the 2009 Autism Act / 2010 NICE Guidelines; The Care Act 2014 and the national Transforming Care' for people with learning disabilities, autism and mental health needs was launched by NHS England.

Harrow's Joint Commissioning Strategy for People with Learning Disabilities and People with Autistic Spectrum Conditions

3. The strategy was agreed at the Health and Wellbeing Board in November 2016. Since that time the implementation plan has been developed further and progress has been made across a number of priority work streams. The Implementation Plan, a copy of the implementation plan is provided at Annexe A.

Current situation

4. Following the implementation of the adult social care vision a new specialist service for children and adults with LD and autism has been established. This service supports citizens with learning disabilities alongside children and young adults with disabilities. The rationale for this includes a lifelong approach delivered through a dedicated multi-disciplinary team with the key specialisms. In line with the Adult Social Care vision this new service will promote, maintain and enhance people's independence in their family and community so that they are stronger, healthier, more resilient and less reliant on formal social care services. This will provide early help and prevention enabling people to live more independently.

5. In this context the Strategy also includes reference to the SEND Strategy. The relationship is important because the education, health and care plans from early years through to young adulthood establish the foundation for adulthood, independence and well-being. The SEND Strategy is being developed and will be presented to Cabinet in December 2018.

Summary of Up-dates:

6. There has been considerable progress in implementing work stream within the strategy and the key highlights are presented below:

Joint working with CCG

- A crisis response pathway has been developed jointly with the CCG and other agencies. The new pathway was operational in October 2017. The pathway continues to be monitored.

- A Dynamic Risk register was implemented for LD clients to reduce crisis and unnecessary admission to hospital. There have been no cases of unnecessary long stay admission to hospital or emergency placement to residential care since its implementation.

- The ASD Dynamic Risk register for the most vulnerable Autistic Children and Young People has been piloted since August 2018 with positive feedback from partner agencies including CCG, Mental Health, Children and Adults Social Care. It is a multi-agency panel that meets on a monthly basis to review each autistic child and adult on the register.

- Harrow is Home Project aims to provide independent living homes for young people and adults with mild to severe Learning Disabilities and Autism.

- Since September 2017, London North West Hospital Trust (LNWHT) has worked in partnership with Harrow College, Kaleidoscope Sabre Supported Employment Partnership, Harrow Council and West London Alliance (WLA) to provide supported internships at Northwick Park Hospital. Which has helped to prepare young people with learning disabilities and those with Autistic spectrum conditions for employment. Supported internships are one of the most effective routes to employment for young people with EHC plans. They are a structured study programme, based primarily at an employer. They help young people get paid jobs by giving them the skills they need for work. Supported internships are unpaid, and last for a minimum of 6 months. Where possible, young people will move into paid employment at the end of the programme.

- LD Health and Social Care Focus group was formed in July 2018 as a recommendation from the Health and Wellbeing Board to specifically work with members of the LD community, CCG, CNWL and 3rd sector to implement the joint LD strategy.

7. In progress and in development :

- ASD pathway refresh should be complete by autumn 2018 with key stakeholders, CCG, CNWL, VCS and local citizens.
- Enhanced Home care provision – supporting families in the home environment with specialist LD and ASD Care Providers to reduce family breakdown, crisis and unnecessary hospital admissions.

- Further workforce development including Positive Behaviour Support training, Autism awareness training across divisions and agencies
- Proposal for a Autism Champion across LA,CNWL and CCG to provide info and advice for citizens and their carers
- Transition pathways to be agreed across all services and ages in line with the new adult social care vision for resilient community.
- A protocol for urgent diagnosis and therapies is being developed with the CCG Adult Commissioner from the GP referrals.
- Whole systems approach with CCG to deliver joined up health and social care specialist support services.

Financial Implications/Comments

8. In light of the financial challenges across the health and social care economy in Harrow, the recommended actions will need to be delivered within existing budgetary provision on an ongoing basis. The annual budget process will determine the level of available funding in future financial periods.

9. The recommendations to implement the strategy have not identified any specific resource requirements to support development of referral pathways and the expectation is that early planning could mitigate more costly crisis care; however there have been no assumptions made around the impact of potential reduced costs on either the Adult Social Care or health budgets.

10. The Transforming care recommendations indicate that budgets should be shared across the health & social care economy, however, at this time there are no proposals around how this could be implemented. Full consideration of the implications of any such proposals in this respect will need to be investigated before any decision can be taken in this respect, and will need to include how this fits with the Better Care Fund and any longer term integration plans**.**

Legal Implications/Comments

11. The Autism Act 2009 creates the duty for the Government to produce an Autism strategy and places Local authorities and NHS organisations under a duty to comply with the following statutory guidance when implementing the Adult Autism Strategy : Statutory Guidance for Local Authorities and NHS Organisations to Support the Implementation of the Adult Autism strategy (March 2015).

Risk Management Implications

12. None identified at this stage

Equalities implications

13. Was an Equality Impact Assessment carried out? No.
This paper is for an update for the board on the agreed strategy.

14. The Public Sector Equality Duty under s149 of the Equality act and the need to have due regard to the need to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; .
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; .
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

15. As part of the development of this strategy equalities implication has been considered and is part of the strategy. Positive outcomes will be achieved for these vulnerable groups of residents in implementing the recommendations.

Council Priorities

16. The Council's vision is: **Working Together to Make a Difference for Harrow**

17. The Council Priorities are as follows:
    - Making a difference for the vulnerable
    - Making a difference for communities
    - Making a difference for local businesses
    - Making a difference for families

18. The Council Strategic Themes are to:
    - Build a Better Harrow.
    - Be More Business-like and Business Friendly.
    - Protect the Most Vulnerable and Support Families

19. The recommendation supports these priorities and strategic themes by:
    - Ensuring Harrow Council fulfils its statutory duties to provide care for those people who are eligible in accordance with the Care Act.
    - Providing high quality homes and care for residents of Harrow.
    - Seeking to secure further investment in housing and accommodation in Harrow for the benefit of its residents.

20. This report also meets the following themes from the Harrow Ambition Plan:
    - Build a Better Harrow
    - Protect the Most Vulnerable and Support Families

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

Name: Donna Edwards, Finance Business Partner, People's – Adults & Public Health	X	on behalf of the Chief Financial Officer
Date: 16.10.2018		

Name Sharon Clarke, Senior Lawyer	x	on behalf of the* Monitoring Officer
Date: 15.10.2018		

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Seth Mills, Head of Service - Specialist Learning Disability Care and Children and Young Adults Disabilities Services and Client Finance and Brokerage - Peoples Services

Tel: 020 8736 6121 or 020 8966 6450

Background Papers: None

Annexe A

Joint Commissioning Plan for people with Learning Disabilities or Autism 2016-2020

The following commissioning plan is a result of findings from Harrow's Learning Disabilities and Autism JSNA, service reviews, feedback from consultation with users and carers, Winterbourne and Autism task and finish groups' outcomes and legislative and local priorities. This plan will be formally reviewed on an annual basis through out the life of the strategy to ensure it remains relevant and up to date.

Priority		Activity	Measures of success	Lead
Learning disabilities and autism				
1 Improve data recording and collection to consistently inform service commissioning				
1.1	Ensure data collection and recording are improved to provide more detailed analysis of local needs, In particular improve data collection for children with learning disabilities or autism aged under 5, carers and young people in transition.	Joint working between the Council and the CCG to review and ensure GP data on lifestyle and screening for people with LD can be monitored and compared with the general population	Data collection and recording is improved to provide more consistent reliable data set in particular for children with LD, under 5s, carers and young people in transition to support 'whole life' planning	CCG and LA Commissioners Head of Service for Children and Young Adults 0-25 Disabilities Service and specialist Learning Disability Care.
		Develop mechanisms for the collection of data for children with LD and autism, particularly information governance CCG to under 5s, carers of people with LD and young people in transition to adult services	Service commissioning is consistently based on adequate population data.	CCG and LA
		Ensure GPs record patients with autism and retain a list in their practices Work with GPs to develop a register for people with autism	GP register for young people and adults with LD in place monitored by the CCG Improve health checks and update and share LD register with LA and CNWL	Harrow CCG

		Learning disabilities and autism data is consistently included in Harrow's JSNA and other data sets	Work with Public Health to collect theme areas to capture data that can inform future commissioning	Public Health Commissioners
2. Identification and pathways to support				
2.1	Ensure diagnostic, assessment and integrated care pathways are in place for people with learning disability, autism and complex and challenging needs	• Review pathways currently in place, develop and implement. • Ensure easy read versions are available • Ensure staff, service users, carers and families are aware of the pathways • CCG Communications to enhanced work on Pathways	• Positive feedback is received from service users, carers and professionals • Ensure pathways improvements are captured in the updated Harrow SEND 'Local Offer' (services up to 25 years).	Harrow LA and CCG Commissioning
		Pathway reviewed for all ages to meet the North West London Transforming Care programme for people with Learning disabilities and autism • Local step-down service from Specialist Commissioning successfully undertaken • Joint Health and LA panel supporting step-down • Regular review with all progress and actions reported to the NWL TCP Implementation Group and TCP Executive	• Review diagnostic pathway with partner agencies including the voluntary sector for Complex and Challenging behaviour	Harrow CCG

		Develop CAMHS Care pathways for the most common presentation in 2017/18 driven by the CAMHS Clinical Effectiveness group.	• Review CAMHs pathways to ensure they continue to improve access support the principles around brief interventions and give clarity for when review, discharge or a change in approach may need to take place • Assess impact on CAMHS waiting times	Harrow CCG
2.2	Support the implementation of the Special Educational Needs and Disabilities (SEND) transformation plans to prepare young people for adulthood, into training, employment and volunteering opportunities	• Work jointly to review and update transition protocols and pathways. • Ensure the SEND preparing for adulthood plans and protocols are aligned to this plan. • Improve access to Supported Internships, Inclusive Apprenticeships and other interventions for those with special educational needs'. • 'To enable all individuals to progress and engage in a full working life, improving their economic and health prospects and promote their independence.	• Young people with SEND their families and carers have access to information and support in their preparation for adulthood • Initiative is to support young people into paid employment (under 25). To transform their lives, maximise their life opportunities, encourage, sustain their independence and reduce costs of support	LA commissioners
2.3	Ensure transition process pathways are in place; transition commences early and is seamless for young people, older adults, their families, parents and carers.	• Ensure the transition process commences early and is seamless for young people, their families, parents, carers and older adults • Review, update and implement transition protocols and pathways including development of easy read versions	• Protocols and pathways are in place to support early planning for transition into services • General transition for all ages and condition is improved	CCG/LA/other professionals

		Dynamic Risk Register established with multidisciplinary team including: • HCCG (Joint Chair) • HLA (Joint Chair) • CNWL (CLDT) • CNWL (CAHMS) • LA (Education) • LA (CYAD) • HCCG Children's and Adult Safeguarding	• Meetings take place monthly to review actions and outcomes to manage complex and out of hospital cases.	CCG/LA/other professionals
		• Transition Planning Group Pilot launching to ensure Education (SEN), Harrow CYAD, CAMHS and Harrow CCG are initiating and monitoring clear transition plans for all 16 to 18 year olds.	• Learn lessons from Transition Planning Group Pilot and the mainstream the approach.	Head of Service for Children and Young Adults 0-25 Disabilities Service and specialist Learning Disability Care. SEND service manager

3. Support				
3.1	Ensure access to clear accurate and consistent information and advice. Ensure materials are produced in easy read format	• Clear accurate information and advice is available including in easy read format and signposting to existing services	• People with LD or autism have the information they need when they need it to remain as independent as possible	LA and CCG Commissioners Voluntary sector partners
		• Signposting to autism aware/specific services/provision must be in place.	• Feedback from HP4DC and families	LA and CCG Commissioners Voluntary sector partners
		• HP4DC to test links on the website and review quality and accessibility of information on the Local Offer	• Feedback from HP4DC	LA & HP4DC
		• Liaise with Prospects regarding reduction in NEET	• Analyse monitoring data on NEET	LA
		• Develop a communication plan for families and professionals	• Monitor and review Communication plan	LA and CCG Commissioners
		• Harrow CCG commission Mencap to develop service users (all ages) and carers' knowledge and understanding of how to access health services and self-manage conditions, when possible. The service will improve the knowledge and understanding of people with Learning Disabilities and their carers awareness of: • health issues and services • how to access health services • how to self-manage health conditions, if appropriate • how to raise concerns and complaints	• On-going review to ensure improvement to continue through 2018/19	Harrow CCG

		• Harrow CCG website link to Harrow SEND 'Local Offer' in place.	• All health and voluntary sector providers to regularly update their contributions to the published (LA website) Harrow SEND 'Local Offer'.	LA and CCG Commissioners Voluntary sector partners
3.2	Improve the involvement of people with autism and learning disabilities and their carers in the development of services	• Develop mechanisms to improve how we engage and involve learning disability and autism service users and carers for co-production, shaping and service design	• LD and autism services commissioning and service development is consistently informed by service users, carers and families' views.	LA and CCG Commissioners Voluntary sector partners
		• Engagement Events have been organised and well attended by the Carers and Users supported by Harrow Mencap.	• Develop an Engagement and Co-Production Action Plan with Harrow local authority for young people with LD and ASD.	Harrow CCG
		• The Head of Commissioning for MH and LD at HCCG has attended User and Carer Forums in Harrow community centres to address issues and seek views on service performance and developments. • HCCG, HLA, Harrow Mencap and Carers representative are currently developing a service support model to aid existing services. • Executive leaders of Harrow Mencap, Harrow MIND (Service User Facilitator), and Harrow Association of Disabled People all sit on the HCCG Local Performance and Quality Group. The group provides scrutiny of the commissioning intentions and performance with the CCG on LD and MH in Harrow.	• HCCG will continue to work in partnership with key stakeholders in Learning Disability and Autism ensuring full involvement by service users and carers in the form of co-production to shape and design services.	Harrow CCG

3.3	Work with the CCG and providers to improve access to psychological therapies (incl. counselling) for people with learning disabilities or autism Ensure the pathway into specific counselling for people with autism are available and easily accessible	• Continue to work with providers to increase access to services for depression, anxiety, counselling, CBT etc. for children young people and adults	• Support is available. People are informed and are able to access services in a timely way	LA, CCG commissioners and Providers
		• Work jointly to deliver 'Children in • Mind' local plan and priorities	• Review and monitor 'Children in Mind' local plan and priorities	LA and CCG Commissioners
		• Develop and implement clear pathways into services	• Test and review pathways into services with ongoing monitoring	LA, CCG Commissioners and professionals
		• Review clinical psychology support services for children and young people with ASD and behavioral issues. • Draft a business case to develop this provision • Make data available on the numbers of people with learning disability and autism accessing psychological therapies, so that access can be monitored.	• Psychology resource is available to provide advice on the management of psychological issues and behavioral difficulties	LA, CCG Commissioners and professionals

3.3	Work with the CCG and providers to improve access to psychological therapies (incl. counselling) for people with learning disabilities or autism Ensure the pathway into specific counselling for people with autism are available and easily accessible	• Talking Therapy services are available for adults through 'improve access to psychological therapies' (IAPT) including counselling services with our local specialist provider. Access to the service is through CNWL (main provider), Harrow MIND and Harrow Carers. Self-referrals and referral through your GP can be used to access the service. • Specialist support is available for adults with Learning Disabilities and Autism. Harrow does take referrals for people with Mild Learning Disabilities that show levels of recovery. Not all referrals for Learning Disabilities meet 'caseness'. People with moderate learning disabilities will be signed posted to services secondary and higher level support. • The CAMHs transformation monies fund the specialist social worker posts to work with children, young and families to access services as early as possible	Improve awareness of IAPT services via CCG and LA Comms. Update information on CCG health services page	Harrow CCG Harrow CCG

3.4	Develop adequate supply of supported and independent living accommodation locally for people with LD and autism	• Develop Harrow's strategic plan for vulnerable people and implement the NHS National Transforming care Plan to create more local supported housing and independent living provision for people with LD, autism and low level needs.	Reduced reliance on costly traditional residential or nursing placements • Increase the number of people with LD and or autism to integrate and feel part of the community	LA Commissioners CCG and CNWL to update Transforming Care Agenda
		• Develop in partnership with housing, voluntary sector and private providers	• A good range of supported/independent living accommodation options are available locally to support people to move through services as their needs change	Service managers Housing managers
		• Explore the range of appropriate assisted technology and telecare as part of a package of care available and increase take-up	• Increased housing options are available for people with LD and autism	LA and CCG Commissioners

4. **Access to the community**				
4.1	Work jointly to ensure services make 'reasonable adjustments' to their practices that will make them accessible and effective for people with learning disabilities or autism	• Work with health commissioners and providers to implement and monitor the Green 'Light Tool Kit' to ensure providers make reasonable adjustments to their practices to improve access. • CNWL have incorporated actions for Reasonable Adjustments into the Green Light Tool Toolkit (GLT) where outcomes were monitored by HCCG and LA.	• More people with LD and autism will say access to services have improved • Continue to monitor outcomes • GP surgeries and other health providers are aware of what is required to apply reasonable adjustments for all ages. • Rag rated RED: Evidence of reasonable adjustments in service provision to meet the needs of these individuals.	LA and CCG Commissioners with Community providers
		• Support local community and leisure services and other services such as GP surgeries, Job Centre plus and employment agencies to apply reasonable adjustments to ensure people with LD and autism are able to access services	• Positive feedback from service users and carers	LD and autism services providers

4.1		Equalities: • LD Flag had been added to people with solely a definition of Asperger's Syndrome. There was a difficulty recording Reasonable Adjustments on JADE (IT functionality). Requests are made that reasonable assessment are linked to the Initial H&S Care Assessment. CNWL Staff routinely add an LD flag on JADE when a PWLD or Autism is admitted to the wards, or case opened to a community team. • People needing personal care: Continue to ensure care plans and assessments are completed in a timely manner, such needs are clearly stated, and appropriate enhancements to care provided. Reasonable adjustments are made as appropriate to ensure the needs of PWLD or autism are met as evidenced in good practice examples.	Psychological therapies: • Lack of facility to demonstrate adjustments to clinical interventions. • LD was a standing agenda item (2016) on monthly ward meetings in order to highlight reasonable adjustments and good practice • Review and modify how effectiveness of reasonable adjustments is reported to the Board and Monitor through (Lead for LD, LD Champions). Satisfactory questionnaires available for service users and family members.	Harrow CCG
4.2	Identify opportunities to increase employment and training for people with autism or learning disabilities to promote independence	• Develop local hubs to provide information, advice, guidance training and support into employment	• More people with LD and autism accessing training and employment opportunities	Commissioners

4.2		• Develop a plan to increase access to resources to support people into employment including: job coaches,voluntary sector support and providers • LA employment support Job Centre plus.	• More people with LD and autism in paid employment	Community providers and Job Centre plus
		• Put employment at the forefront of day opportunities and care management	• Monitoring via number of young people in paid employment	Commissioners
		• Develop and agree an approach on developing employment opportunities within the council and external partners.	• Monitoring via number of young people in employment opportunities	LA employment support Council teams
4.3	Improve support for people with autism and learning disabilities who have contact with the criminal justice system, in particular better access to an appropriate adult	• Work with criminal justice sector to improve awareness of learning disabilities and autism. • Identify and develop a pool of trained appropriate adults.	• Training professionals within the Youth Offending service and within the Criminal Justice Sector	LA, CCG and professionals within the Criminal Justice Sector

4.3		• Harrow CCG worked with Specialist Commissioning covering Medium and Low Secure Care. The Focus team provides services at the local level. HCCG has been moving service users to local services under TCP where assurance can be made for better access to appropriate adult services for LD and autism. • Diversion scheme in place with Harrow Youth Offending Service to ensure young offender's needs are recognised.	• We will continue to work with specialist commissioning in this area to develop plans for 2018/19.	Harrow CCG
4.4	Improve access to community health initiatives	• People are aware of and are able to access health promotion initiatives to improve general health and wellbeing.	• Work with Public Health Commissioners to promote initiatives specific to Learning Disability and Autistic citizens to include prevention and resilience agenda.	Public Heath Commissioner

5 Autism Specific				
5.1	Continue to extend autism awareness training across health and social care, particularly in primary and mental health care	• Review current programme. Undertake audit of trained providers who could undertake training i.e. voluntary sector PPGs • LA has commissioned the Centre for ADHD and Autism Support Services to train all practitioners in Adult Social Care and Children's Services between July 2017 – March 2019	• Increased numbers of staff in health and social care receive autism awareness training • Through quarterly monitoring of statistical data and feedback from delegates. • Feedback from professionals through various methods of communication.	LD and autism Service Managers LA Commissioners
		• Extend the autism awareness training across health. To be followed up as an action for 2018/19	• To be followed up as an action for 2018/19	Harrow CCG
5.2	Increase the number of health and social care staff with specialist autism training across all appropriate statutory agencies	• Identify funding and develop and implement a training programme to increase training to GPs, staff in acute settings, community health services and other front line specialist health services.	• Specialist staff are increasing autism aware and are able to deliver improve assessments and support	CCG and LA commissioners LA and service providers

		• HCCG's main provider under took to set up LD/Autism training for their staff in 16/17 (Trust-wide and Harrow based). • Staff attending Autism Awareness and Adaptive Practice training organised in Feb, March, April and May 2016. LD awareness e-learning training is mandatory for all staff.	• Review training needs in 2018/19 identify gaps for delivery. Training needs to be on-going and more LD and Autism training to be offered to Primary care including CNWL • 66 people attended Autism Awareness training in Feb & March 16	Harrow CCG
5.3	Increase the uptake of diagnosis and support for parents and carers of preschool children with autism	• Ensure the parents of preschool children with autism are of the pathway for diagnosis and available support	• Early identification and support in place • Portage service	(CCG and LA commissioners) Early Years Lead Officer
		• Increase PVI/Childminder awareness in autism in order for the PVI to know when to make a referral to Harrow Early Years, Area Senco to support setting	• Early identification and support plan in place for child. • Smooth transition into school with appropriate support identified (early summer term)	Early Years Lead Officer
		• Provide termly Senco forums for PVI Senco's.	• Senco's having up to date knowledge on the referral system. • Senco's will have the tools to signpost parents to the relevant support	Early Years Lead Officer
		• Provide regular SEN training/signposting system	• Measure impact of training	Early Years Lead Officer

		• Ensure EY Support plan is in place for child within setting and reviewed half termly	• Visits and/or telephone contact to monitor progress of child, impact and strategies used	Early Years Lead Officer
		• Tiered referral system in place	• Not in place at present due to lack of resources	Early Years Lead Officer
		• Setting to refer to relevant professionals to support child such as Pediatrics / EP service / OT (subject to parental permission	• Child has relevant support in place (with parental permission)	Early Years Lead Officer
5.4	Develop access to local daytime, evening and weekend activities for people with autism.	• Map local resources and identify existing local centres which could be adapted and extended to provide appropriate activities resources.	• Access to local community resources and activities for people with autism are increased	LA commissioners
		• Identify and train supporters for adults with autism into mainstream provision/places	• Monitoring training outcomes of providers. • Improve the quality assurance of services and ensure good quality of standards.	Autism leads for LA, CCG and CNWL.
		• Short breaks provide a range of activities in community settings and on an outreach basis after school at weekends and during school holiday periods	Feedback from service users on the services accessed including via Harrow Parents 4 Disabled Children. Quarterly monitoring of contract.	LA commissioners

5.5	Ensure professionals in the criminal justice system receive autism awareness training	• Scope and develop a list of autism awareness trained appropriate adults.	• Pool of trained appropriate adults are available to support those who come in contact with the criminal justice system Circulate list to relevant services in the LA, voluntary sector and CCG	LA & CCG (Mark) – to review and update
		• Requires progressing: Complete in 2018/19	• Scope jointly with the LA children commissioners and develop a list of autism awareness trained appropriate adults.	LA & CCG
5.6	Ensure the LA has clearly identified strategic autism lead who has an interest in autism and that they are able to be contacted.	• Ensure role is maintained in the LA	• Autism lead in place	Head of Service for Children and Young Adults 0-25 Disabilities Service and specialist Learning Disability Care.
5.7	Ensure smooth transition to appropriate older people's services 0-19 (25) Adult Up to 65+ and over	• Map the types and quality of support provided to people aged 65 and over. • Develop a strategy to improve transition. • Pilot a Dynamic Risk Register to identify and support young adults in transition	• Transition process is smooth and improved • People aged 65 and over with LD or autism receive appropriate support • Monitoring via the Dynamic Risk Register panel	Social care management, CCG and LA Commissioners LA commissioners LA and CCG commissioners

		• Currently most of this client group is cared for in Continuing Care. Transition period should be more fluid as they are usually known to services especially LD services.	• Currently HLA do transition and health plans are developed separately. Systems are moving to more involvement with implementation through a joint panel (oppose to a singular panel) for transitions. This will also meet the strategy of an integrated care	Harrow CCG and LA

6. Learning Disabilities Specific				
6.1	• Joint working between Harrow Council and the CCG to review, develop and improve pathways/ access to health screening programmes and ensure health passports are available to people with learning disabilities	• Develop & implement clear diagnosis pathways into specialist services for people with LD and specifically for people with mental health issues which is an identified gap	• Pathway in place for children, young people and adults with learning disabilities and with or without mental health issues	Harrow LA and CCG Commissioners Service providers
		• Increase uptake of health checks and health plans with specialist teams to prevent hospital admissions	• Screening and referral to assessment services are undertaken in a timely manner ensuring individual needs are identified at the earliest point possible.	CCG Commissioners
		• Develop Health Passports - Health passports are a priority • Communication plan to be developed to roll out the Health Passports • Raise awareness of the Health Passports within the Community • Training for professionals to roll out the use of Health Passports	• Review and monitor data and refresh where appropriate • Monitor the usage of the Health Passports • Monitor the number of professionals trained on Health Passports	Harrow LA, CCG Commissioners and Voluntary Sector

		• Develop & implement clear diagnostic pathways into specialist services for people with LD and specifically for people with mental health issues which is an identified gap.	• Dynamic Risk Register and crisis care pathway in place. • Crisis Care Pathway tested for young people in April 2018	Harrow CCG, LA, and lead at Northwick Park Hospital
6.2	Provide respite for eligible carers and support for older carers	• Identify carers with learning disabilities and older carers and arrange for carers assessments. • This will be incorporated in the Carers Strategy in Autumn 2018 • Ensure information on carers support is available in easy read format	• Carers are supported in their caring roles and enabled to have a life outside of caring	LA Head of Service LA and CCG Commissioner

6.3	Ensure good outcomes and value for money services are delivered for people with learning disabilities and mental health issues	• Continue to review Learning Disability and Adult Mental Health placement processes with the Local Authority. • Reviews through the use of joint panels are being implemented. This approach needs to be imbedded so that all placements are regularly reviewed. • In the past, cases were agreed with a 50/50 split which is now being reviewed in line with the proposal to implement a matrix model.	• Services are continuously improved • Review process to continue annually or sooner if there are changes in legislation	Harrow CCG Commissioners CCG commissioner via STP
		• Regular review of LD and MH children and young people	• LD and MH placement are regularly reviewed via the Dynamic Risk Register and joint funding panels	LA ,CCG Commissioners and Service Managers

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	1 November 2018
Subject:	**INFORMATION REPORT – Cancer Screening in Harrow**
Responsible Officer:	Kathie Binysh, Head of Screening, NHS England (London)
Exempt:	No
Wards affected:	All
Enclosures:	Report on Cancer Screening

Section 1 – Summary

This report is an update on the delivery of the three NHS England (NHSE London) commissioned cancer screening programmes: breast, bowel and cervical. It notes the performance, coverage and uptake of these three programmes against nationally set targets, describes exception reports and actions being taken to improve performance or manage any serious incidents affecting Harrow residents. It will update members on developments to national screening programmes which are led by Public Health England (PHE), and service developments and commissioning plans which are led by NHS England.

FOR INFORMATION

Section 2 – Report

Screening is effective in either preventing or detecting early stages of disease at a time when there is an intervention that is effective in reducing the impact of the disease in terms of mortality or morbidity. This report focuses on cancer screening programmes for three programmes:

- Breast cancer screening
- Bowel cancer screening.
- Cervical cancer screening

Key messages:

- Harrow is not meeting coverage target for Breast and Cervical Cancers. There is no national target for Bowel cancer coverage.
- NHS England is working with providers to improve uptake and coverage.
- Local authorities, CCGs and voluntary organisations have a key role in improving uptake and coverage.

Section 3 – Further Information

NHS England is also responsible for commissioning other screening programmes for non-cancer services e.g. for antenatal and new born screening, diabetic eye and abdominal aortic aneurysm screening. These will be presented in a report in January 2019.

Section 4 – Financial Implications

NHS England is responsible for commissioning screening programmes.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

As a topic that seeks to reduce the number of cases of and deaths from cancer, the report incorporates the following priorities: .

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

STATUTORY OFFICER CLEARANCE
(Council and Joint Reports

Name: Donna Edwards…	X	on behalf of the Chief Financial Officer
Date: 10/10/2018		

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Carole Furlong, Director of Public Health , Email Carole.Furlong@Harrow.Gov.Uk Tel:020 8420 9508

Background Papers: None

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Harrow Health and Wellbeing Board

October 2018

Report on Cancer Screening

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides Board members with an update on the delivery of the three NHS England (NHSE London) commissioned cancer screening programmes. These are for breast, bowel and cervical cancers. It notes the performance, coverage and uptake of these three programmes against nationally set targets, describes exception reports and actions being taken to improve performance or manage any serious incidents affecting Harrow residents. It will update members on developments to national screening programmes which are led by Public Health England (PHE), and service developments and commissioning plans which are led by NHS England.

Key messages:

- Harrow is not meeting coverage target for Breast and Cervical Cancers. There is no national target for Bowel cancer coverage.
- NHS England is working with providers to improve uptake and coverage.
- Local authorities, CCGs and voluntary organisations have a key role in improving uptake and coverage.

2 BACKGROUND TO THE CANCER SCREENING PROGRAMMES

Screening is effective in either preventing or detecting early stages of disease at a time when there is an intervention that is effective in reducing the impact of the disease in terms of mortality or morbidity. This report focuses on cancer screening programmes but NHS England is responsible for commissioning other screening programmes for non-cancer services e.g. for antenatal and new born screening, diabetic eye and abdominal aortic aneurysm screening. This report however is focused on;

- Breast cancer screening
- Bowel cancer screening.
- Cervical cancer screening

All national screening programmes are agreed by PHE's National Screening Committee. PHE is responsible for the implementation of new programmes. A current example of this is the Bowel

scope screening programme, which offers flexible sigmoidoscopy to all people aged 55 years. Established programmes are commissioned by NHSE with support from PHE embedded staff.

3. CURRENT CANCER SCREENING PROGRAMMES

3.1 Breast screening

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram. The mammogram can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

The NHS Breast Screening Programme (NHSBSP) is commissioned by NHS England (NHSE) and delivered by Brest Screening Offices across England.

All eligible women aged 50 - 70 are routinely invited by letter to the NHSBP every 36 months until their 71st birthday. Women do not always receive invitation when they turn 50 but can expect their invitation within 3 years of their 50th birthday.

Women over 70 are entitled to screening every three years on request and can contact the breast screening office in their area to request a screening.

Most women diagnosed with breast cancer are over 50. Each year more that 2 million women are screened in the UK and approximately 8 out of every 1,000 women screened in the UK are diagnosed with breast cancer.

The National Breast Screening System (NBSS) is a single system used by the 90 Breast Screening Offices (BSO) in England that enables the BSO to offer all women breast screening appointments.

Age Extension

Some arears including Harrow are part of the National Randomised Age Extension Trial (Age X Trial). This is being carried out to assess the effectiveness of screening in women aged 47- 49 and 71-73 years of age. Both screening programs serve to detect abnormalities in the breast through the use of mammograms. If abnormalities are detected and remain untreated this could develop into breast cancer.

For the purpose of this report data presented is in respect will be for the standard age cohort of 50-70.

3.2a Bowel Screening

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year.

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective.

Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. People over 743 can request a screening kit by calling the Freephone helpline 0800 707 6060.

3.2b Bowel screening and Faecal immunochemical Test (FIT)

The programme will be introducing a new improved home test kit for screening. It is called a

faecal immunochemical test (FIT) and it will replace the guaiac faecal occult blood test (gFOBt).

FIT specifically measures human blood, rather than any blood (including blood in the diet). It needs only one faecal sample in contrast to the gFOBt kit that needs 6 samples from 3 bowel motions.

FIT is already used successfully in screening programmes worldwide. Pilots in England have shown that people are much more likely to use FIT than gFOBt.

Benefits of FIT over current gFOBt test

1. FIT requires a single sample which is easily collected and is then

returned in a sealed bottle.

2. FIT can detect human haemoglobin (Hb) at lower concentrations and with much less interference than gFOBt. It can detect more cancers, and particularly advanced adenomas (tumours) that may become cancers), and will have fewer false positives. This means we will remove many more polyps at colonoscopy that might otherwise grow into cancers.

3. FIT will reduce the number of repeat tests needed, as there are no borderline results (only normal or abnormal).

It has now been confirmed that the initial threshold on roll-out for FIT will be 120µg/g.

North West London screening centre (that covers Harrow Population) is expected to have robust FIT implementation plans to deal with additional pathology and colonoscopy requirements by December 2018. NHSE London used published national templates to complete a robust assessment of FIT implementation plans at North West London screening site. North West London is expected to meet the requirements for roll out including expected additional capacity requirements.

3.3 Cervical Cytology Screening

In 2009, there were 2,747 new registrations of invasive cervical cancer in England.

After the NHS Cervical Screening Programme started in the UK in the late 1980s, cervical cancer incidence rates decreased considerably. In Great Britain, the age-standardised incidence rate almost halved (from 16 per 100,000 women in 1986-1988 to 8.5 per 100,000 women in 2006 - 2008).

Cervical cancer is the 11th most common cancer among women in the UK, and the most common cancer in women under 35.

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix (the neck of the womb). The first stage in cervical screening is taking a sample using liquid based cytology (LBC).

Early detection and treatment can prevent 75 per cent of cancers developing but like other screening tests, it is not perfect. It may not always detect early cell changes that could lead to cancer.

All women between the ages of 25 and 49 are eligible for a free cervical screening test. In the light of evidence published in 2003 the NHS Cervical Screening Programme offers screening at different intervals depending on age. This means that women are provided with a more targeted and effective screening programme.

The screening intervals are:

Age group (years)	Frequency of screening
24.5 -25	First invitation
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or had recent abnormal tests

The NHS call and recall system invites women who are registered with a GP. It also keeps track of any follow-up investigation, and, if all is well, recalls the woman for screening in three or five years' time. It is therefore important that all women ensure their GP has their correct name and address details and inform them if these change. Local Authorities as part of their role in supporting the work of NHS E can help by including information on GP registration when sending out information to new residents etc.

Women who have not had a recent test may be offered one they are overdue for screening and when they attend their GP or family planning clinic on another matter. Women should receive their first invitation for routine screening at age 25 years.

3.4 Implementation of Primary HPV screening

In July 2016, Public Health Minister announced that "The process of cervical screening is to be changed to allow women to benefit from more accurate tests. After a successful pilot programme and a recommendation by the UK National Screening Committee, screening samples will be tested for human papilloma virus (HPV) first. This will be rolled out across England as the primary screening test for cervical disease."

The majority (99.7%) of cervical cancers are caused by persistent HPV infection with certain strains, which causes changes to the cervical cells. If High Risk HPV is found it is a useful guide as to likelihood of abnormal cells being present. Women can then be monitored more closely and any developing abnormal cells found sooner. If no HPV is present the risk of developing cervical cancer is low. Hence the test also minimises over-treatment and anxiety for women.

The new testing process could prevent around 600 cancers a year, according to Cancer Research UK http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2013-06-14-hpv-testing-could-cut-cervical-cancers-by-a-third

NHS England has been considering how it will implement the recommendation made in July 2016 by the National Screening Committee that the NHSCSP should replace cytological screening with the Human Papilloma Virus (HPV) test as the primary screen within the programme by December 2019.

Data from the six primary HPV pilot sites indicates that approximately 15% of screening samples test positive for High Risk HPV (HPV HR +ve); in the new process these samples would undergo cytological screening; this represents a reduction in cytology workload of approximately 85%

In 2016/17 a total of 557,025 screening samples from NHS GP and Community Clinics were reported in London (Cervical Screening Programme England 2016-2017); with a reduction of 85% in in samples and no change in coverage the resulting cytology activity for this cohort would drop to 83,554. There were an additional 37,411 samples from colposcopy services bringing the total NHSCSP samples to

594,436. With a reduction in cytology activity of 85% this would reduce the NHSCSP activity to 89,200.

4.0 Major Cancer Screening Providers serving Harrow

Bowel Cancer Screening Hub sends all screening kits, invitation and results letters across London and processes the kits. The hub is also responsible for issuing invitations for bowel scope screening.

Cancer screening providers deliver cancer screening programmes as per national service specifications and NHS contracts. This includes a responsibility for ensuring staff are appropriately trained and supervised. NHS England is responsible for the contract management of providers. The major providers serving the population of Harrow are:

- North West London screening site based at Northwest London Hospitals NHS Trust)
    - Bowel cancer screening–
        - Specialist screening practitioner (SSP) assessment for people with a positive screen result
        - colonoscopy and treatment
        - Bowel scope screening

o **<u>Breast cancer screening, assessment and treatment</u>**

NHSE commission's the Royal Free London NHS Foundation Trust (RFL) to provide breast screening, assessment and treatment services for seven CCG's in North London; Barnet, Brent, Camden, Enfield, Haringey, Harrow and West Hertfordshire. The screening and assessment function is provided by North London Breast Screening Service (NLBSS) located at Edgware Community Hospital. The administrative functions for the London BSO's are undertaken by the Administration Hub. The HUB's responsibilities include inviting and appointing the eligible population, call and recall and management of women that fail to attend appointments. The Royal Free London Foundation Trust sis also commissioned to provide the administration function via the Hub.

Women registered with a GP in Harrow will attend screening at one of the following NLBSS sites: Northwick Park, Edgware and Hatch End, however can request to be screened at an alternative location in accordance with NHS patient choice policy.

<u>Cervical screening</u>

NHSE commissions London North West University Hospital NHS Trust (Northwick Park Hospital) to provide Cytology services for the boroughs of Brent, Ealing, Harrow, Hillingdon and Hounslow.

Brent, Harrow and Hillingdon CCG's commissions London North West University Hospital NHS Trust (Northwick Park Hospital) to provide Colposcopy services for their residents.

Northwick Park Hospital was one of the six national pilot sites for primary HPV testing and carried out the testing with the Hillingdon resident population. Northwick Park Hospital has made an application to roll out primary HPV testing to the other boroughs they cover which include Harrow. This is ahead of national timescales.

5. COVERAGE

Coverage is defined as the percentage of the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the appropriate screening timescale Uptake- is defined as the proportion of people adequately screened out of those invited for any screening programme.

Coverage is a better indicator of how effective any screening programme is in reducing death or disease from a named condition because it less likely to be influenced by monthly, quarterly or annual variations. Uptake figures are highly influenced by these variations.

5.1 Breast screening coverage (50-70 years

Coverage measures the percentage of the eligible population who have been screened and had a recorded result in the last three years (36months). The national standard/ threshold for coverage is ≥ 70%.

Harrow CCG is one of has a total population of 267,013 of which 28,142 are women aged 50-70 i.e. eligible for breast screening. The average coverage rate in NWL STP for 2016/17 was 64.5%. Harrow was the second best performing CCG's in NWL STP achieving an average of 69.8% coverage, consistently meeting the standard with the exception of February and March, where the coverage was slightly below the threshold.

The best performing CCG for coverage in same period was Hillingdon achieving 70.6%.

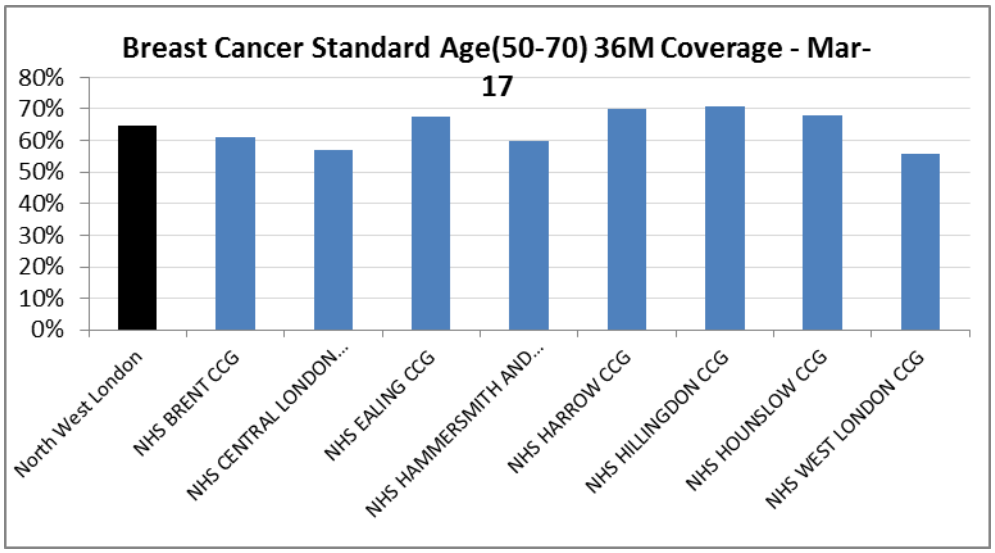
Table 1: NHS Breast Screening Programme: Females, 50-70 screened for breast cancer in last 36 months (3 year coverage) 2016/17

Area	Value		Lower CI	Upper CI
England	72.5	-	72.4	72.5
North West London	64.5*		-	-
NHS Brent CCG	61.0	-	60.5	61.5
NHS Central London (Wes...	56.3	-	55.6	57.0
NHS Ealing CCG	67.6	-	67.2	68.1
NHS Hammersmith And Full...	59.7	-	59.0	60.4
NHS Harrow CCG	69.8	-	69.3	70.4
NHS Hillingdon CCG	70.6	-	70.1	71.1
NHS Hounslow CCG	67.9	-	67.4	68.5
NHS West London (K&C &...	56.1	-	55.5	56.7

Table 1: Data Source: https://fingertips.phe.org.uk/profile/cancerservices

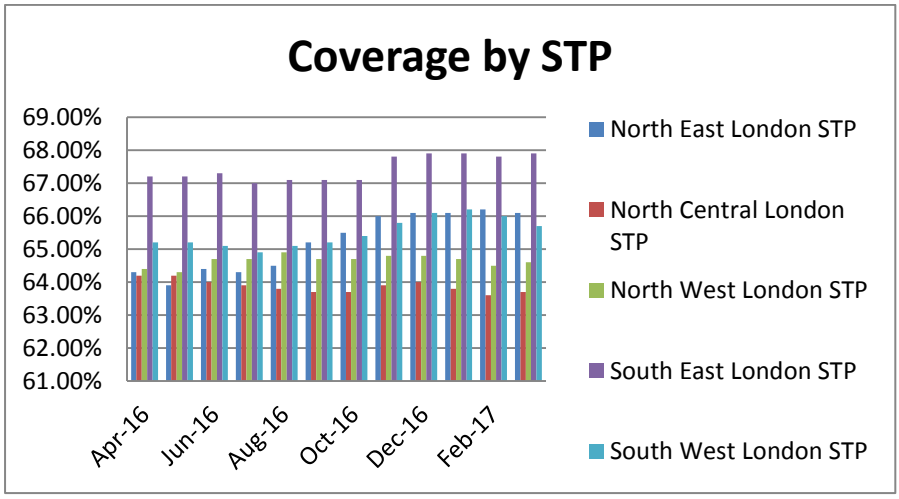
There has been a national downward trend in coverage with regional and local variations. The two charts below illustrated the variation between CCG's in NWL and CCG's across London. Out of the 32 CCG's in London four have met or exceeded the threshold.

Chart 1- Breast Cancer Coverage by CCG's in North West London STP



Data Source: https://fingertips.phe.org.uk/profile/cancerservices

Chart 2-Breast Cancer Coverage by STP area



Data Source: https://fingertips.phe.org.uk/profile/cancerservices

5.2a Bowel Screening Coverage (60-74 year olds)

Coverage rates vary across London; from 38.9% in Barking and Dagenham to 58.3% in Bromley (2017).

Coverage for Harrow at 51.8% is higher than London average of 49.6% but lower than the England average of 58.8%.

Chart 3: Bowel Cancer coverage in 2017 for Harrow, London and England

Area	Value	Lower CI	Upper CI
England	59.1	59.1	59.2
London NHS region	49.5*	-	-
NHS Barking And Dagenha...	38.9	38.2	39.6
NHS Barnet CCG	50.8	50.3	51.2
NHS Bexley CCG	56.7	56.1	57.2
NHS Brent CCG	46.0	45.5	46.6
NHS Bromley CCG	58.3	57.9	58.7
NHS Camden CCG	48.0	47.4	48.7
NHS Central London (Wes...	41.1	40.4	41.7
NHS City And Hackney CC...	45.1	44.5	45.8
NHS Croydon CCG	51.6	51.1	52.0
NHS Ealing CCG	49.2	48.7	49.7
NHS Enfield CCG	53.7	53.2	54.3
NHS Greenwich CCG	49.3	48.7	49.9
NHS Hammersmith And Ful...	45.1	44.4	45.8
NHS Haringey CCG	49.7	49.1	50.2
NHS Harrow CCG	52.3	51.7	52.8
NHS Havering CCG	51.1	50.6	51.6
NHS Hillingdon CCG	52.3	51.8	52.8
NHS Hounslow CCG	47.4	46.9	48.0
NHS Islington CCG	47.5	46.8	48.2
NHS Kingston CCG	55.9	55.2	56.5
NHS Lambeth CCG	43.1	42.5	43.6
NHS Lewisham CCG	46.6	46.0	47.2
NHS Merton CCG	52.2	51.5	52.8
NHS Newham CCG	45.5	44.9	46.1
NHS Redbridge CCG	44.6	44.1	45.2
NHS Richmond CCG	57.4	56.8	58.0
NHS Southwark CCG	43.1	42.5	43.7
NHS Sutton CCG	56.9	56.3	57.5
NHS Tower Hamlets CCG	42.8	42.1	43.6
NHS Waltham Forest CCG	49.2	48.6	49.8
NHS Wandsworth CCG	51.9	51.4	52.5
NHS West London (K&C &...	40.7	40.1	41.2

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Source: Fingertips at https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/gid/1938132830/pat/46/par/E39000018/ati/152/are/E38000020/iid/92600/age/280/sex/4

Across NWL STP, Harrow and Hillingdon with values of 51.8% are the only areas where the coverage is above the London average value of 49.6%. All other areas in North West London STP are below the London average figure of 49.6%.

5.2b Bowel scope screening

Coverage: There is currently no coverage indicator or published data for bowel scope screening.

Uptake (Percentage of screening subjects who adequately attend for bowel scope screening (numerator), out of those who were routinely invited to participate in bowel scope screening (denominator).

Like the Bowel Cancer Screening Programme, Bowel scope roll out to all of Harrow CCG GP registered population is administered by the London Hub and St Mark's screening site. Bowel Scope roll out at St Mark's site started in 2013 and St Mark site has achieved a 100% roll out figure before the national deadline of April 2021. This means Bowel scope screening is available to all individuals registered with a Harrow GP.

5.3 Cervical Screening Coverage (25-64 years)

The number of women aged between 25 and 64 years residing in Harrow who are eligible for cervical screening is shown in the table below (Table 2)

Coverage measures the percentage of women in the target age group (25–64 years) who have been screened. Nationally there has been a downward trend in coverage from 2013/14 which is reflected across London.

Table 2: NHS Cervical Screening Programme: Age appropriate coverage by age band for Harrow (2016-17)

Region & Local Authority		2016-17						
		Eligible population [1]				Age appropriate coverage		
		Thousands				Percentages		
		25-49	50-64	25-64		25-49 (less than 3.5yrs since last adequate test)	50-64 (less than 5.5yrs since last adequate test)	25-64
	ONS Code	(000's)	(000's)	(000's)		*(%)*	*(%)*	*(%)*
London		**2,083.6**	**680.4**	**2,763.9**		***62.6***	***75.2***	***65.7***
Harrow	E09000015	53.6	21.8	75.4		*57.8*	*73.9*	*62.5*

Source: http://digital.nhs.uk/pubs/cervical1617

(1) This is the number of women in the resident population less those with recall ceased for clinical reasons

Chart 4: Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) North West London STP Area 2016/17

Area	Value	Lower CI	Upper CI
England	72.1	72.1	72.2
North West London	61.4*	-	-
NHS Brent CCG	63.9	63.6	64.2
NHS Central London (Wes...	53.5	53.1	53.9
NHS Ealing CCG	63.9	63.6	64.2
NHS Hammersmith And Ful...	57.0	56.6	57.4
NHS Harrow CCG	62.6	62.2	62.9
NHS Hillingdon CCG	66.7	66.4	67.0
NHS Hounslow CCG	63.5	63.2	63.8
NHS West London (K&C &...	55.6	55.2	56.0

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Harrow CCG coverage is lower than the London average; with a drop in the coverage rate of 3.8% between 2014 to 2017 and remains lower than the national minimum standard of 80% coverage.

Between 2014 and 2017 cervical screening coverage has seen a gradual decline for all North West London CCG's; Brent (5.5%), Ealing (3.9%, Harrow (3.8%), Hammersmith & Fulham (4.8%), Hillingdon (2.5%), Hounslow (4.6%), Kensington & Chelsea (5.7%) and Westminster (6.7%). There are no CCG's in London that are achieving the minimum standard of 80%.

All NW London CCGs continue to not to meet the standard for cervical screening coverage and remains below London's average performance which continues to show a downward trend 2017.

The best performing London CCG is Bexley (74.8%) and the worst is Kensington & Chelsea (53.8%). The reason for Kensington & Chelsea being low is due to women from the borough choosing to have private cervical samples taken which are not included in the NHS cervical screening programme.

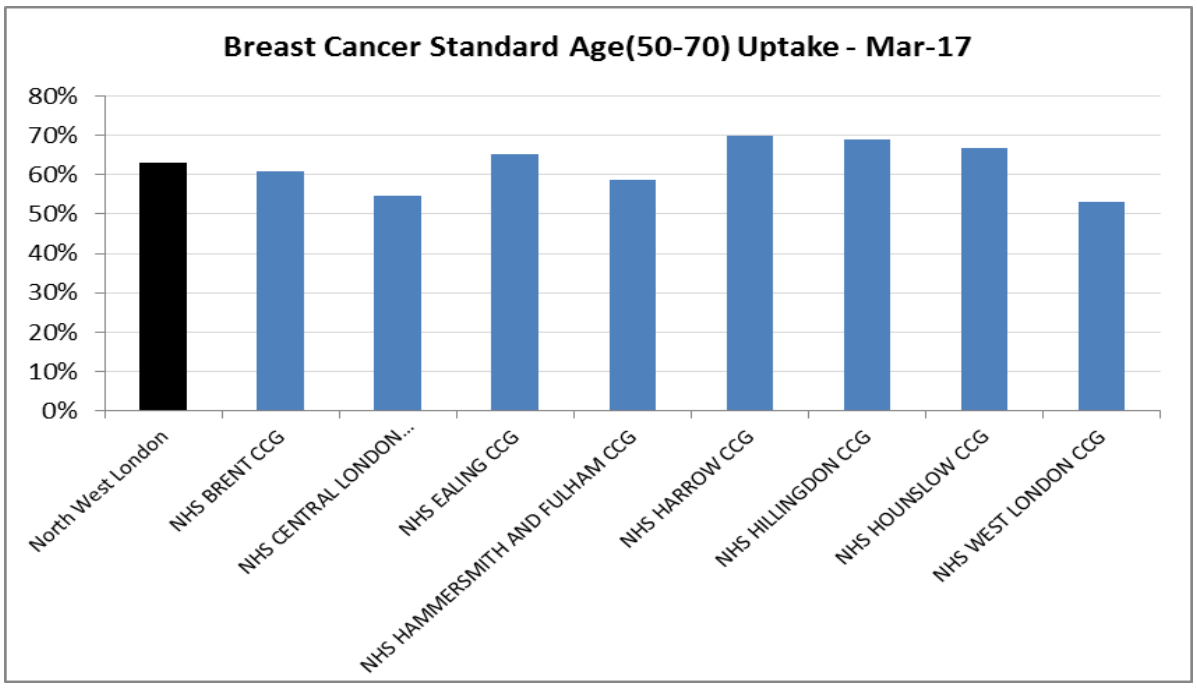
6.0 Provider performance for 2017/18 including exceptions.

6.1 Breast

6.1.1 Uptake

Uptake is the percentage of the eligible population screened within 6 months of the invitation. The national standard/ threshold for breast cancer screening uptake is 70%. Harrow was the best performing CCG in NWL achieving 69.87%, slightly below the national average of 72.06% but 6.94% above the London average of 62.93% as illustrated in the chart below.

Chart 5: Breast screening (age 50-70) for March 2017.



Data Source: https://fingertips.phe.org.uk/profile/cancerservices

Breast screening uptake remains a challenge for all the London breast screening services, as well as nationally. In 2016/17 none of the London breast screening services the national standard for uptake of 70%. Outer North East London was marginally the best performing service whose best performance was in Q2 with 66.6% in comparison to North London with 55%.

North London best performance was in quarter 3 where it achieved 58%, 12% below the national standard. The two tables below provide an overview of breast screening uptake across the London services in comparison to England.

Chart 6: Breast screening uptake for North of London Breast screening service compared to London and England

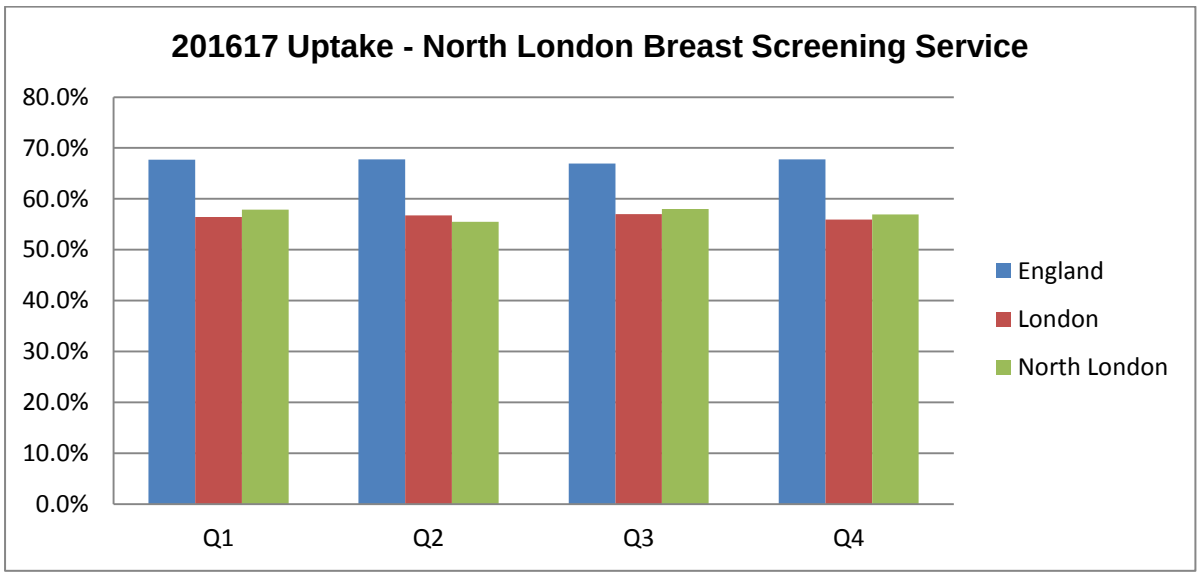


Chart 6 source: https://fingertips.phe.org.uk/profile/cancerservices

Chart 7: Uptake for London breast screening srvices

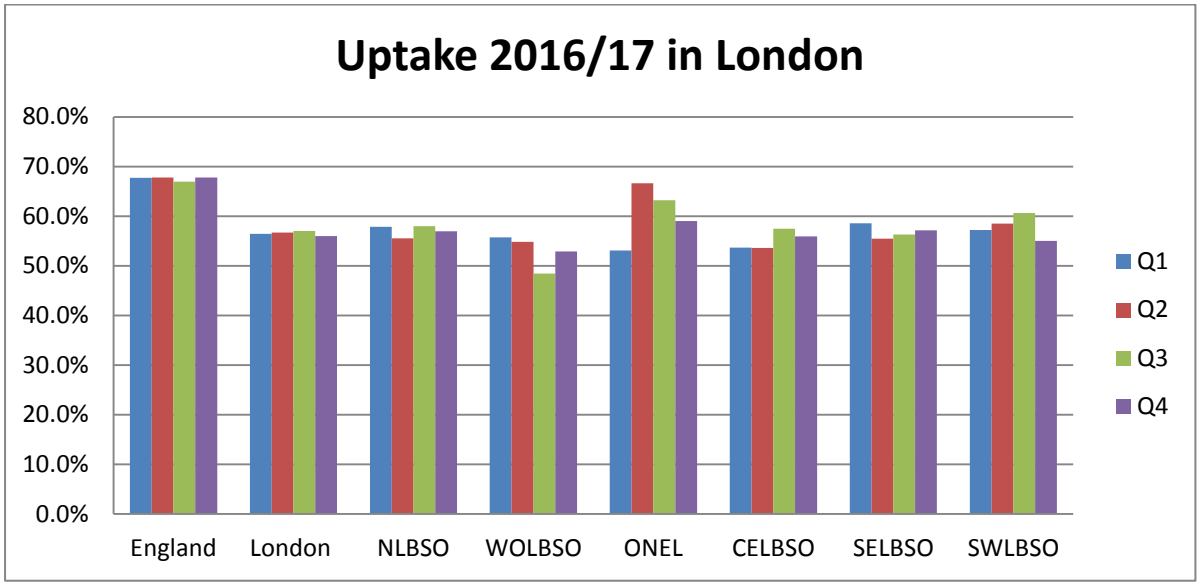
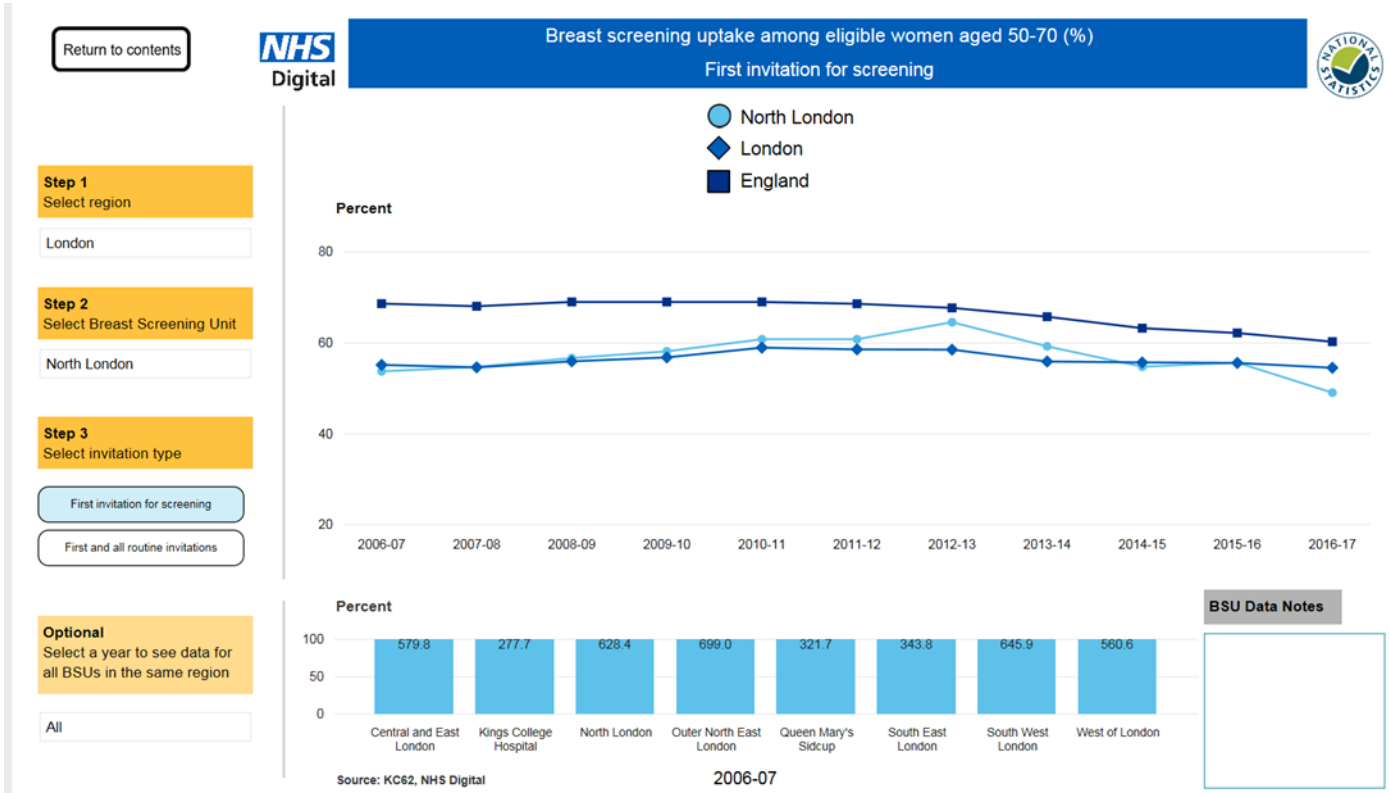


Chart 8-showing uptake for 50-70yrs old across North London for 2006/7 to 2016/17 for the first invitation.



https://fingertips.phe.org.uk/profile/cancerservices

There has been downward trend in Uptake in North London and nationally since 2013.North London's uptake was at 64.6 %, slightly below the England average of 67.7%. In 2016/17 North London had the second worst uptake rates in London with an average with average uptake of 49.1% well below the national standard. Outer North East London (ONEL) was the best performing breast screening area achieving 61.8%.

6.1.2 GP Performance

There are 34 GP Practices in Harrow. Kenton Clinic is the best performing practice for coverage achieving 76.4% well above the Harrow average of 69.8%. There are six GP Practices achieving less

than 60% coverage and the worst performing of these is First Choice Medical Centre with only 49.5% coverage.

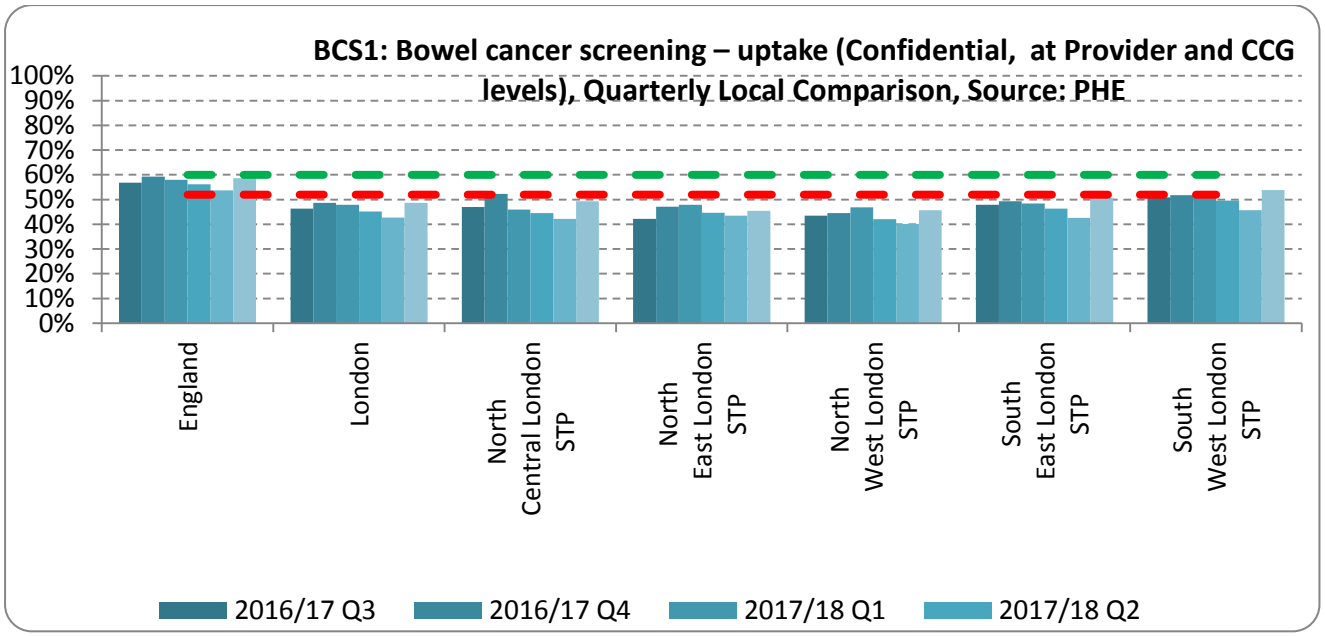
There is a significant difference in uptake between Harrow GP Practices. Kenton GP Practice also has the best performance for Uptake achieving 77.9% in comparison to The Enterprise which is the worst performing GP Practice only achieving 17.7% uptake. Twenty out of the 38 GP Practices achieved less than 60% update.

6.2 Bowel

6.2.1 Provider performance

Bowel Cancel Screening uptake figures for North West London (covering Harrow Population) consistently remained below the acceptable (red line in chart 10) or achievable (green line in chart 10) for all four quarters listed in Chart 10. These figures have remained lower than the England average for each quarter.

Chart 9- showing Bowel cancer quarterly uptake for North West London, London and England for selected periods in 2016/17 and 2017/18.



Source-PH England quarterly report

Chart 10-showing Bowel Cancer quarterly uptake figure (Q4, 2017/18) by CCG area.

Commissioners (if any available)	Numerator		Denominator		Performance (%)
NHS Brent	2,348		5,235		44.9%
NHS Central London	1,072		2,772		38.7%
NHS Ealing	2,640		5,906		44.7%
NHS Hammersmith and Fulham	1,026		2,402		42.7%
NHS Harrow	2,252		4,273		52.7%
NHS Hillingdon	2,441		4,751		51.4%
NHS Hounslow	2,159		4,541		47.5%
NHS West London	1,474		3,849		38.3%

Source-PH England quarterly report

Chart 10 shows an uptake figure of 52.7% for quarter 4, 2017/18, this is lower than the England average figure of 58.7% for Q4, 2017/18 (not included in chart 10) but higher than the London uptake figure of 48.6% for Q4, 2017/18.

6.3 Cervical

6.3.1 Cytology

Harrow CCG receives their cytology service from Northwick Park Hospital; performance in cervical screening Turnaround Times (TATs) has seen a decline in performance since July 2017 (70%) of results were estimated to be delivered within 14 days not achieving the national standard (98%). In June 2018 the overall TATs for London have decreased to 60.6% with 25 out of 32 CCGs not meeting the standard of 98%; Harrow CCG has seen gradual improvements from 73% in July 2016 to 91.7% in June 2018 still below the national target.

Northwick Park has applied to rollout to the other 3 x CCGs and once agreed the TATs will improve significantly.

6.3.2 Colposcopy service

Harrow CCG receives their colposcopy service from 3 providers namely; Northwick Park Hospital, Ealing and The Hillingdon Hospital. All three providers regularly meet all national colposcopy KPI's and there are no significant performance issues.

7.0 Cancer Screening incidents

7.1 Breast

Over all the North London Breast Screening service is performing well. With the exception of the national breast cancer screening incident, NLBSS has no open incidents.

7.2 Bowel

There are no Bowel Cancer screening incidents at St Mark's screening site currently under review by NHSE London.

7.3 Cervical

There are no NW London cervical cancer screening incidents under review by NHSE London.

8.0 Actions to improve coverage and performance

8.1 Breast

There a various initiatives and targeted programmes of work being undertaken by North London Breast Screening and the other five BSO to improve coverage and uptake. This includes:

- Work with GP Practices to promote breast screening and improve uptake and coverage; this includes providing GP's Breast Cancer Screening Pack prior to screening in the area
- GP Practice Endorsement of screening invitation: GP Practice letterhead included on breast screening invitation. Women will be familiar with their GP Practices address and letterhead thereby creating a link between the GP Practice and screening service.
- Pre imitation letters to the clients (this may be withdrawn with the introduction with 48 hour text messaging)
- London Website: The website was developed by the London Hub and enables provides information for women resident in London and West Hertfordshire with information about breast screening as well as support to book appointments.https://www.london-breastscreening.org.uk/SiteSelectionLondon.aspx
- Make Every Contact Count (MECC): MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. Prevention programmes such as adult and cancer screening programmes provide an opportunity for staff to engage in conversations about lifestyle, signpost to relevant support services and signpost to other screening programmes.
- Text Messaging: Reminder text message to women to reduce DNA and improve update
- Uptake reports sent to GP's 6 month after screening

8.2 Bowel

NHS England (London) are working with CCGs, Screening Service Providers, the London Screening Administrative Hub and other stakeholder to roll out a national programme that will replace the gFBOt test with a more accurate and easier screening test called Faecal Immunochemical Test (FIT). This new test requires individuals to test one sample of stool instead of the current 3 samples and is a more accurate test. This test should be implemented nationally by end of 2018-19. Trial data demonstrated an increase in uptake of 7-10% when using FIT as the primary test for bowel screening. The greatest increase in uptake was seen in those groups who were previously less likely to participate in the programme and will therefore have an impact on health inequalities in relation to the bowel screening programme.

NHSE is working with the National team to ensure St Mark's screening site and Hub have plans in place for successful roll out of the FIT test.

- Other initiatives include the promotion of health promotion strategies by screening sites including partnership with council, and others to increase uptake and target disadvantaged groups

NHSEL led a working group looking at evidence based uptake and coverage initiatives that resulted in the implementation of GP endorsement on all invitation letters to the eligible population in London along with enhanced reminder letters. There is no data available yet to demonstrate the impact of this intervention but previous studies demonstrated a small but significant impact.

NHSEL has supporting data to inform a health equity audit in the bowel screening programme.

NHSE is working with the London Hub and all 8 screening sites to develop recovery plans and ensure that all sites are meeting their planned activity targets for roll out of Bowel Scope screening. CQUIN based schemes with screening sites targeting two groups of non-responders (individuals who fail to respond to assessment clinic invitations and those who responded to clinic invitations but failed to attend bowel scope appointments) are in place to increase Bowel Scope uptake. This evidence based initiative is expected to increase uptake by 7-8%.

NHSE London is working with the national team and stakeholders adopt a consistent and well tested approach to evaluate the impact of FIT roll out across London.

8.3 Cervical

NHS England (London) is working with CCG's, Cytology and Colposcopy Service Providers to improve coverage and the initiatives below are examples of ongoing work to achieve an increase in coverage.

- Commissioning CASH clinics to provide cervical smear testing

- Introduction of Primary HPV screening full rollout December 2019
- GP – endorsed text reminder service to improve cervical screening uptake full rollout September 2018
- Working with Primary care commissioning (private and overseas samples)
- NHSE/PHE Uptake and Coverage Manager appointed (social marketing)
- Engagement with GP practices and pharmacies
- Integration of screening and/or screening awareness raising in other community settings.
- Jo's Cervical Cancer Trust Roadshows
- STP early detection groups.

NHS England
Oct 2017

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	3 November 2018
Subject:	Harrow Integrated Care Programme (ICP)
Responsible Officer:	Javina Seghal MD Harrow CCG and SRO for Harrow ICP
Public:	Yes
Wards affected:	All
Enclosures:	Harrow Integrated Care Programme Health and Wellbeing Board Update

Section 1 – Summary and Recommendations

This report sets out the establishment and provides an update on progress of the Harrow Integrated Care Programme. To date the programme has achieved the first 2 gateways and is currently developing Models of Care to be prototyped and tested in Harrow. These will be scaled up to deliver a new model of care in Harrow for older people (65+) running in shadow form from 1 April 2019.

Recommendations:
The Board is requested to: note the progress and endorse and support the programme

Section 2 – Update

See Powerpoint Slide presentation

Financial Implications/Comments

To be confirmed at Sponsor Group on 18th October 2018

Legal Implications/Comments

Finance and Contract Sub group established to consider wider implications of running from Shadow form from April 2019

Risk Management Implications

Risk and issues log in place and monitored fortnightly.

Equalities implications

Was an Equality Impact Assessment carried out? Not required

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow
The development of Integrated Care supports in this early phase both :-

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

Ultimately when we have population health rolled out across Harrow it should make a difference and support the other priorities for Harrow:-

- Making a difference for local businesses
- Making a difference for families

Section 3 - Statutory Officer Clearance Not required

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Joanna Paul, Director Population Health Harrow
email :- Joanna.paul@nhs.net

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Harrow Integrated Care Development Programme
Overview and Update

Health and Wellbeing Board – 3rd November 2018
Joanna Paul – Programme Director

We've identified key reasons for the poor outcomes in Frail / Last Phase of Life people's care in Harrow

Poor identification of people at risk:

- Resulting in A&E attendances and non-elective admissions – 98% admissions resulting in death in Harrow were unplanned and via A & E
- % of frail patients identified by GP practices is hugely variable between neighbouring practices – from 3.5% - 20% of practice adult population

Fragmented services to people:

- Resulting in failed implementation of care plans
- Poor patient and carer experience – patient and staff survey 's
- A&E attendances and non-elective admissions - 8 % growth in admissions via A & E 2017/8 with 3% growth in admissions for older people in Harrow overall in 2017/8. 12 % of elderly admissions are readmitted.

Workforce need greater training/capacity to meet patients' needs

- PIE /PACT feedback / data
- Vacancies in key workforce – DN's, GP's
- Key workforce have significant numbers of Junior Staff with little experience

Financially unsustainable models and services

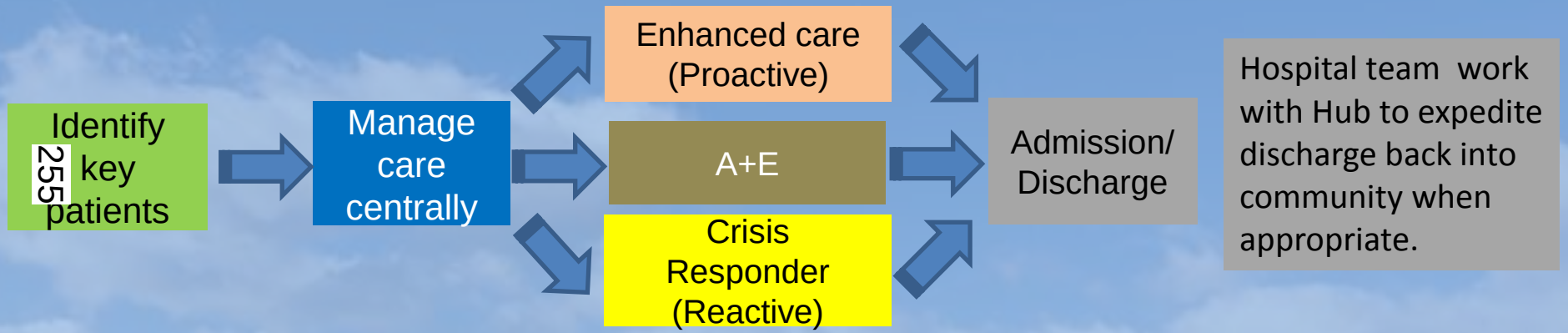
- Failure demand – duplication, repeat visits/tests/assessments
- Non-alignment of resources or outcome

Harrow New Model, based on the evidence..

Toolkit to identify potentially frail individuals & EoLC patients

A+E: Access to dedicated telephone line. Work with A&E team to reduce admissions/ increase flow of information.

Enhanced Care:
1. Vulnerable individual flagged by anyone in the IC system.
2. Triaged by MDT Hub in GP locality footprint. MDT includes disciplines across health, social and community sectors
3. Ongoing assessment (CGA, ACP, DNAR) to identify future needs



Managed Care
1. Assessed by GP locality EPN or GP : shortened/modified CGA.
2. Signposting to services co-located or known to by Hubs (inc voluntary)
3. Referred to appropriate services in Hub e.g. locality social worker,
4. Advance care planning where appropriate
5. Health & resilience coaching

Crisis Management : fluid and rapid
- Health: 8am – 11pm, clinician manned telephone line to offer advice to OOHs teams, paramedics & district nursing teams expanding intervention capabilities of Rapid Response & district nurses e.g. intravenous treatment, catheter complications, faecal impaction,
- Social: Hospice@home overnight Adult social services nex day – capability to insert short duration care package during period of acute illness

Overview of Testing Phase

October 2018

Phase 1:

Prototype testing GP surgeries who applied and pilot model in Nov from 1 practice

December 2018

Phase 2:

Spread test model of care to 'GP locality' and wider Local Authority

- Introduce healthy adults over 65 into model of care
- Lateral work around developing resilient communities
- Introduce dementia cohort into model of care

April 2019

Phase 3:

Spread model of care to entire over 65 population in Harrow

Testing/Actions by Phase

Phase 1: Now till December 2018

- **Prototype testing across 7 practices that expressed an interest and applied. Testing :-**
- **Identification tool, risk stratification, triage and assessment – applicable irrespective of point of in the system**
- **Test levels of managed care at practice level - EPN and GP care planning / advanced care planning**
- **Identification and pilot of the Harrow Integrated Care team (HIC) to assess, manage crises and prevent admissions (PDSA review cases daily to build skills / capacity required).**
- **Test need and use of SPA telephone with clinicians, test triggers**
- **Testing delivery CGA within team**
- **Understanding of training / roles required for model**
- **Pilot Model of Care in Nov from 1 of the practices**

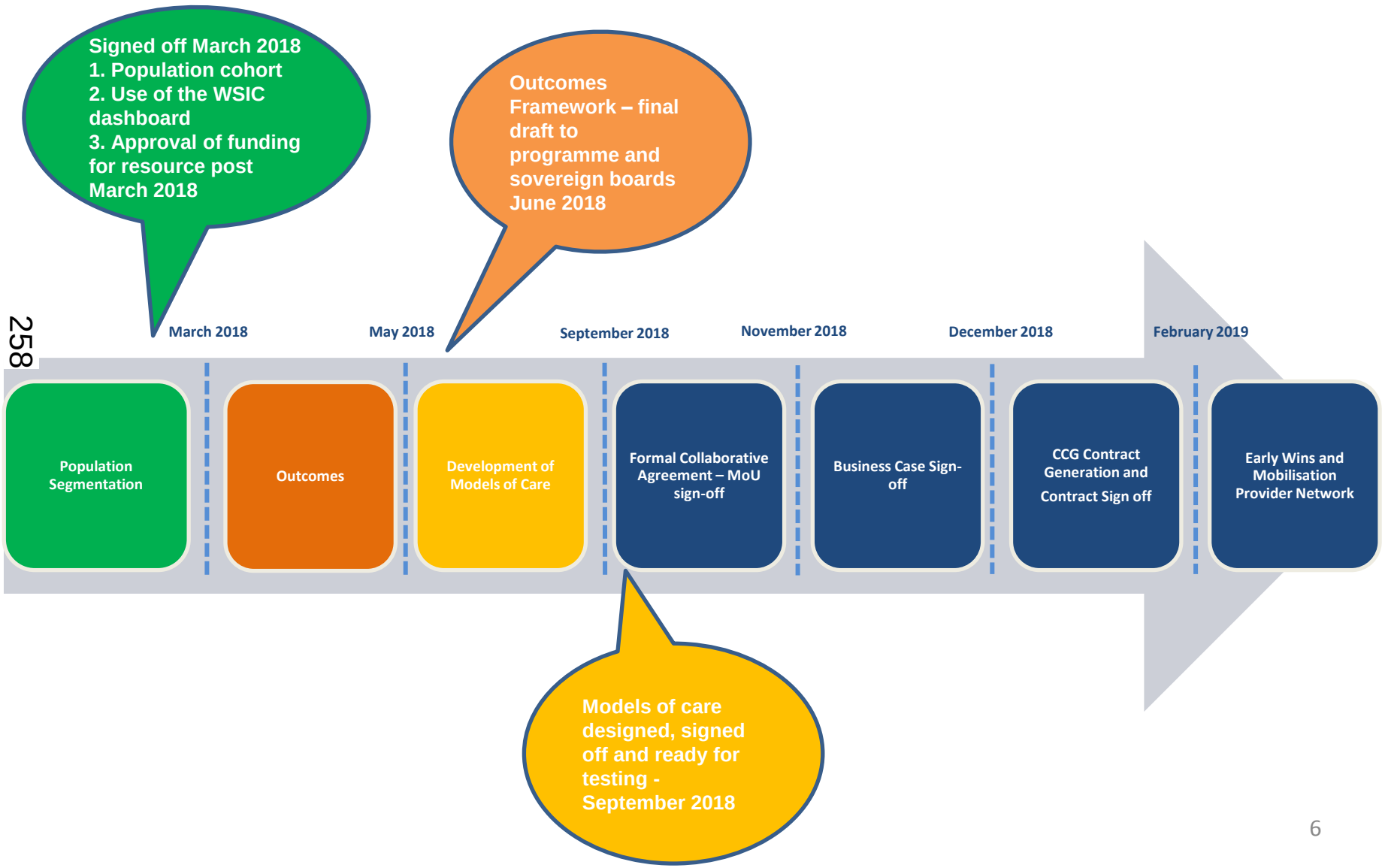
Care Homes specific :

- Develop a Care Homes Charter/Strategy – workshop on 16th Nov 2018
- Set up a Joint Intelligence Group (JIG) – **funding agreed by CCG**
- Use of Quarterly Care Home Managers' Forum to improve integration between health and social care, reduce duplication, standardise care. Team presented on 20th Sept 2018
- Increase use of voluntary sector services and community assets by care homes staff and residents (e.g. IAPT). Presented at Care Homes Managers Forum 20th Sept 2018
- Structured Education/workforce development – St. Luke's and LA currently providing some
- Facilitate the creation of a Relatives & Residents forum to ensure collaborative change – Engagement event to be planned

Phase 2: From January – March 2019

- **Testing Model with a GP Locality (80,000 population)**
- **Scaling up model based on PCH hub including:**
  - SPA
  - Identification, Assessment and Triage
  - Managed Care – GP / EPN
  - Care Planning / Advanced Care Planning
  - HIC team – admission prevention / crisis management
- **Bringing on line – Mostly Healthy (Social Prescribing (Loneliness) / Support for Carers and Dementia MOC recommendations**
- **Additional Care Home recommendations:**
  - 'Virtual' pooled budget for small pilot population (2-3 care homes)
  - Standalone/dedicated team for primary care delivery in care homes (GPs, community team)
  - Care homes commissioning – Joint CCG/LA; collective responsibility for outcomes
  - Support care homes with IC Toolkit roll-out to facilitate appropriate sharing of data across organisations; data protection within care homes

Gateways for the Harrow ICP Development



Progress to Date and Next Steps

Progress to Date

- Integrated Care Development Programme team appointed and programme governance set up (Sponsoring Group, Programme Board, SRO, Core Team)
- Seven partner organisations from health, social and voluntary sectors actively involved in developing a Harrow Integrated Care Partnership (ICP). MoU signed in 2017
- Population segmentation completed for testing and scaling the new models of care to be delivered by the ICP. 5 cohorts of 65+ population selected for 18/19
- Outcomes Framework for ICP – first draft completed for testing in 18/19
- New models of care designed and signed off. Prototyping commences in October 2018
- Workstreams to enable delivery are in progress:
  - IM&T, Workforce, Training and Education, Communications and Engagement, Outcomes Development, Contracts and Procurement, Finance, Provider Network Development

Next Steps

October – November 2018:

- Test model of care for frailty in 1 or 2 GP surgeries based in 1 GP locality
- Implement change projects for 65+ in care homes
- Progress key enabler workstreams

December 2018 – March 2019:

- Spread test model of care to GP locality incl. local authority footprint
- Introduce 65+ Mostly Healthy cohort into model of care
- Introduce 65+ with Dementia cohort into model of care
- Continue to progress key enabler workstreams
- Harrow Integrated Care Partnership formalised

April 2019 onwards:

- Harrow Integrated Care Partnership commissioned to deliver care to five 65+ cohorts – test partnership
- Spread model of care to entire over 65 population in Harrow

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