Health and Wellbeing Board

AGENDA

DATE: **Thursday 10 January 2019**

TIME: **12.00 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
Dr Himagauri Kelshiker	Harrow Clinical Commissioning Group
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:
http://www.harrow.gov.uk/site/scripts/location.php.

Filming / recording of meetings

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

Meeting access / special requirements.

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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: Wednesday 2 January 2019

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

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

Reserve Members may attend meetings:-

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

2. DECLARATIONS OF INTEREST

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

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

3. MINUTES (Pages 5 - 16)

That the minutes of the meeting held on 1 November 2018 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

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

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

[The deadline for receipt of public questions is 3.00 pm, 7 January 2019. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

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

6. DEPUTATIONS

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

7. CLINICAL COMMISSION GROUP (CCG) COMMISSIONING INTENTIONS UPDATE (Pages 17 - 112)

Report of the Managing Director, Harrow Clinical Commissioning Group.

8. PRIMARY CARE STRATEGY (Pages 113 - 186)

Report of the Managing Director Harrow Clinical Commissioning Group

9. SOCIAL PRESCRIBING (To Follow)

Report of the Director of Public Health, Harrow Council, and Managing Director Harrow Clinical Commissioning Group

10. SECTION 117 OF THE MENTAL HEALTH ACT 1983 (To Follow)

Joint report from the Interim Corporate Director Peoples Services and Managing Director Harrow Clinical Commissioning Group

11. INFORMATION REPORT - DRAFT REVENUE BUDGET 2019/20 AND MEDIUM TERM FINANCIAL STRATEGY 2019/20 TO 2021/22 (Pages 187 - 240)

Report of the Director of Finance

12. HARROW CAMHS TRANSFORMATION REFRESH 2018 REPORT TO NHS ENGLAND (To Follow)

Report of the Managing Director, Harrow Clinical Commissioning Group

13. HARROW SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT (Pages 241 - 282)

Report of the Independent Chair of the Harrow Safeguarding Children Board

14. ANNUAL REPORT ON IMMUNISATION (To Follow)

Report of NHS England

15. ADULT NON-CANCER SCREENING UPDATE (Pages 283 - 290)

Report of NHS England

16. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

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

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

HEALTH AND WELLBEING BOARD

MINUTES

1 NOVEMBER 2018

Chair:	*	Councillor Graham Henson		
Board Members:	*	Councillor Ghazanfar Ali		Harrow Council
	*	Councillor Simon Brown		Harrow Council
	*	Councillor Janet Mote		Harrow Council
	*	Councillor Christine Robson		Harrow Council
	*	Dr Himagauri Kelshiker (1)		Clinical Commissioning Group
	*	Javina Sehgal		Clinical Commissioning Group
	*	Dr Genevieve Small (VC)		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	
	*	Detective Chief Superintendent Simon Rose	Borough Commander, Harrow, Brent & Barnet Police	Metropolitan Police Service
	*	Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council

In attendance: (Officers)	Dr Kathie Binysh	Head of Screening	NHS England
	Kim Chilvers	Commissioner, People Services	Harrow Council
	Donna Edwards	Finance Business Partner, Adults and Public Health, People Services	Harrow Council
	Tom Erlich	Assistant Managing Director	Harrow Clinical Commissioning Group
	Uzoma Ihedoro	Head of QIPP and Delivery	Harrow Clinical Commissioning Group
	Seth Mills	Head of Service for Specialist Learning, Disability Care and Children and Young Adults Disabilities Services and Client and Finance Brokerage, People Services	Harrow Council
	Sue Spurlock	Manager of Safeguarding Adults and DOLS Services, People Services	Harrow Council
	M Vagdia	Commissioner, People Services	Harrow Council

* Denotes Member present
(1) Denotes category of Reserve Member

21. Attendance by Reserve Members

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

Ordinary Member	Reserve Member
Dr Muhammad Shahzad	Dr Himagauri Kelshiker

22. Welcome

The Chair outlined his vision for the Board stating that the presence of influential members from partner organisations provided an opportunity to consider proposals on how to work better together and to remove duplication. Successful collaboration could assist Harrow's case for fairer funding. The Health and Wellbeing Board Executive played an important part in agenda development and to facilitate and identify any barriers.

Dr Genevieve Small was congratulated on her appointment as Chair of the Clinical Commissioning Group and welcomed as Vice-Chair of the Board.

Chief Superintendent Simon Rose was welcomed as the police representative. The benefit of having a police representative was recognised and in his absence a substitute officer would be sought.

23. Change of Membership

RESOLVED: That the following membership changes be noted:

- the appointment of Dr Genevieve Small as Vice-Chair by virtue of her appointment as Chair of the Harrow Clinical Commissioning Group;
- the appointment of Dr Muhammad Shahzad as a CCG Clinical representative and Dr Himagauri Kelshiker as a Reserve;
- the appointment of Chief Superintendent Simon Rose, Borough Commander for Harrow and Brent, as the police representative;
- the appointment of Darren Morgan as the Reserve representative for Healthwatch Harrow;
- the resignation of Jo Olson as the NHS England representative.

24. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 9 – Development of the GP Access Centre at Alexandra Avenue Medical Centre

Dr Genevieve Small declared a non-pecuniary interest in that the GP surgery where she worked provided services at the Alexandra Avenue Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

Councillor Ghazanfar Ali declared a non-pecuniary interest in that he was a patient at the Alexandra Avenue Medical Centre. He would remain in the room whilst the matter was considered and voted upon.

Councillor Graham Henson declared a non-pecuniary interest in that he was a Councillor for Roxbourne Ward. He would remain in the room whilst the matter was considered and voted upon.

Councillor Maxine Henson declared a non-pecuniary interest in that she was a Councillor for Roxbourne Ward. She would remain in the room whilst the matter was considered and voted upon.

Councillor Christine Robson declared a non-pecuniary interest in that she was a resident in South Harrow and it had been suggested by her GP that she attend a Harrow walk in centre. She would remain in the room whilst the matter was considered and voted upon.

25. Minutes

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

26. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

27. Harrow CCG 2019/21 Commissioning Intentions

The Board received a report which set out the Harrow CCG 2019/21 Commissioning Intentions. It was noted that the report contained the NWL collated commissioning intentions approach with local appendices.

The CCG Managing Director introduced the report and outlined the commissioning, communications and engagement approach and timelines. The 2018/19 local schemes rolling into the 2019/20 Quality Improvement Prevention and Productivity (QIPP), and the top 10 2019/20 QIPP projects were noted. Particular attention was drawn to the focus on four elements: improvements in health and wellbeing, empowerment of residents, development of strategies and improved performance.

A Board Member enquired as to the CCG intentions with regard to additional GP practices in Harrow town centre due to the pressure of the increase in population on the one surgery in the area given the new developments taking place. The Managing Director informed the Board that a Task and Finish Group with senior representation from both the CCG and the Council had been established to consider the impacts of all the current and future planned new developments taking place in Harrow. Whilst considering what flexibilities would be available via the section 106 and other planning arrangements, the CCG would need to consider additional GP resources through their current delegated Primary Care Commissioning arrangements to assess the total future impact in conjunction with existing pressures. The outcomes and learning from work undertaken recently with new developments at Barnet Council would also be considered. The Board was informed that a work plan would be introduced for a small group of functions which would then be extended to other parts of social care, eg education, leisure, with a three year timeline for changes. It was agreed that Councillors representing Greenhill and other affected Wards as notified by Council officers would be kept informed of developments. Resident involvement to help shape the plans would be on a single health/leisure/care discussion.

A non-voting Board Member expressed the opinion that the document contained insufficient information to adequately measure the outcomes. The Managing Director stated that the Commissioning Intentions was a simplified document backed up by matrix and dependencies. The Vice-Chair stated that the Commissioning Intentions were aligned to the Health and Wellbeing

Strategy and that every contract required qualitative information. The CCG undertook to consider whether key Performance Indicators could be more meaningful, including the sharing of information on how partners dealt with key performance indicators.

In response to questions regarding the proposals and priorities for the improvement of children's mental and physical health and wellbeing, the Board was informed that the CCG would look at the Hillingdon Council model of seamless service and, subject to the outcomes, would submit proposals to the Board at an early stage for discussion. The CCG was aware of the crisis points and was undertaking dynamic profiling of young people and looking at the possibility of commissioning to keep the young person out of high intensity provision.

It was reported that the Child Sexual Abuse (CSA) hub was a pilot process to test the concept. The CCG was pleased that Harrow Council had been successful in its Child Death Overview Panel (CDOP) Bid which was going through due process with some issues from the CCG and Safeguarding Board being considered. It was presumed that all NWL areas would contribute to the project. Subsequent to the change in legislation following the Children and Social Work Act 2017, it had been agreed to work together regarding model 2 of the proposals with later consideration of option 3.

In response to a question it was reported that the inclusion of a needs analysis regarding unmet children's mental health needs and how the Board partners could jointly address this would be discussed by the Health and Wellbeing Board Executive.

The Community and Voluntary representative thanked the CCG and partners for including the sector in the discussions on Integrated Care and the Managing Director expressed appreciation of the assistance given.

Discussion took place on the need for a definition of 'Harrow resident' because the term could mean: registered with a Harrow GP; living in Harrow but registered with a GP in a neighbouring borough; or attending school in Harrow. It was agreed to discuss a definition further at the Health and Wellbeing Board Executive.

RESOLVED: That

(1) the report be noted;

(2) the Health and Wellbeing Board Executive consider both a common definition of the term "Harrow resident" and a needs analysis regarding unmet children's mental health needs and how the Board partners could jointly address this;

(3) the Board share information on performance indicators to measure improvements in the health and wellbeing of residents;

(4) a further report be considered by the Executive prior to submission to the next Board meeting.

28. Development of the GP Access Centre at Alexandra Avenue Medical Centre

The Board considered an update on the development of the General Practice Access Centre (GPAS) at the Alexandra Avenue Medical Centre in South Harrow which had opened that day. The Board agreed on the grounds of urgency to consider an appendix to the report which set out questions asked and answers given at the Health and Social Care Scrutiny Sub-Committee when it discussed the matter at its meeting on 16 October.

The Managing Director introduced the report stating that the GPAS arrangements were in accordance with the requirements of the agreed London Specification for Improved Access which included the availability of GP Extended Access pre bookable appointments that were available for the CCG area registered population. A CCG officer stated that the walk-in centres were not seen as long term care for which patients would have a better outcome through their GP practice. For general needs, if a GP practice had insufficient appointments and there was a need for an appointment within 24 hours, an appointment could be made for Alexandra Avenue at which patient's records would be available, rather than a 'sticking plaster' approach.

The Board was informed that an engagement event was due to be held at Harrow Baptist Church that evening.

A Member stated that her understanding had been that the walk-in centres provided for emergencies, in order to reduce the pressure on A and E or when GP appointments were not available. She expressed concern that the new arrangements would further increase the use of Northwick Park Hospital urgent care centre. In response, the Managing Director stated that discussion and planning were underway regarding the impact of the new arrangements on A&E. It was reported that the PPC provider regularly monitored the situation and that attendance at A&E that day had included three people from Brent and Hillingdon. Patients registered with Hillingdon and Brent GPs had been consulted. Fortnightly escalation meetings, an A&E delivery board for each hospital and monthly contract monitoring were taking place.

With regard to comments on the other 2 centres in Harrow, it was reported that no changes were currently under discussion and early engagement would be undertaken should there be any future proposals.

In response to a question, the CCG undertook to circulate information on the number of times an ambulance had been called to a walk-in centre or if someone was taken ill at a GP surgery.

Concern was expressed that: there had been insufficient discussion prior to the implementation of the new arrangements; the number of appointments was a third less than the number of people who attended the previous year; the effect on Harrow residents who were not registered with a Harrow GP; previous publicity had stated not to attend walk in clinic unless seriously ill but the new process allocated appointments there; the effect on Northwick Park Hospital which was now accepting people from a wider area.

Information was sought by Board Members on the number of Harrow residents registered with GP practices outside Harrow, whether visitors to Harrow residents could be treated at the Medical Centre; the capacity at the Pinn Surgery, and whether, provided they arrived prior to 8pm, all would be seen.

In response to questions, the Managing Director informed the Board that

- recharging arrangements with other CCGs were in existence but required the agreement of the other CCG. Such an agreement was in place with Hillingdon CCG. Neither of the neighbouring boroughs wished to buy into the Harrow offer to commission extra capacity at the Medical Centre;

- there was a duty of care which included treating visiting relatives in an emergency;

- further analysis would take place and be disseminated by herself or senior staff. Approximately 50% of the available appointments at the Medical Centre had been booked by midday;

- it was hoped to improve the engagement on mandatory assessment.

RESOLVED: That

(1) the report be noted;

(2) further information and an update be submitted to the next meeting;

(3) information be circulated on the number of times an ambulance was called to a walk in centre or GP practice.

29. Joint Commissioning Strategy and Action Plan for Carers 2018-2021

The Board considered a report that set out the strategic priorities and commissioning intentions for the provision of support for carers in Harrow.

An officer introduced the report and explained the development of and consultation on the Strategy and Action Plan which was to adopt a full family approach. The impact of the strategy would be monitored including events with carers and a statutory return on which carers were consulted.

The voluntary and community representative referred to the difficulty experienced by working carers with regard to the lack of provision outside of working hours. In addition, women carers were required to work longer due to the increase in the pension age to 67 and therefore were more likely to have medical problems themselves. The officer reported that analysis in the report could only take account of the opinions of carers who had responded to the consultation. In addition, some people did not identify themselves as carers. The officer undertook to check the inclusion of respite services.

A Member suggested that carers' health needs could be supported by the arrangement of twenty minute GP appointments, ten minutes for the person cared for and ten minutes for the carer. The officer undertook to take the suggestion to the next action plan group

In response to questions, the Board was informed that:

- a needs assessment was taken of all members of the household. The opportunity would be taken to listen to the young carer separately;

- the difficulty of the parent advising the young person of their responsibilities was acknowledged;

- youth club provision and champions going into schools to have an informal chat with young carers and encourage them to have an assessment of their needs were under consideration;

- training regarding listening to young carers was the responsibility of the strategy group.

RESOLVED: That the report and implementation plan be approved.

30. INFORMATION REPORT - Harrow Safeguarding Adults Board (HSAB) Annual Report 2017/2018

The Board received a report which presented an overview of safeguarding adults activity undertaken in 2017/18 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB). It set out the progress made against objectives, analysed the referrals received and outlined priorities for 2018/19.

In introducing the report, the officer stated that there had been a lot of multi agency work and that the most likely person to experience abuse was an elderly woman in her own home by family/partner. Attention was drawn to the fact that there had not been any Serious Case reviews during the year. There had been four incidences of modern slavery compared with none the previous year and a rapid increase in domestic abuse. A third HSAB and HSCB joint conference on trafficking and modern slavery would be held during the year.

A Member referred to the Little Book of Big Scams produced by the Metropolitan Police/Home Office and commended its use.

In response to a question the Board was informed that there had been instances of cuckooing and work had been undertaken jointly with local police including taking issues to the Court of Protection.

The Board commended the Safeguarding team and its partners on their hard work.

RESOLVED: That the report be noted.

31. Up-date Joint Commissioning Strategy for People with Learning Disabilities and People with Autistic Spectrum Condition

The Board received a report that provided an update on the implementation of the Strategy for Learning Disability and Autism.

In introducing the report, the Interim Director of Adult Social Services referred to the assistance in the achievement of the strategy from the deputation to the Board in 8 March 2018 who proposed a Harrow Learning Disability Health and Social Care Focus Group. The first meeting of the Learning Disability Focus Group had been in July and a second would be held in January.

A Council officer referred to the work undertaken in conjunction with health to create a lifelong approach delivered through a dedicated multi-disciplinary team with key specialisms.

An Assistant CCG Managing Director highlighted the successful dynamic risk register and that there had been no cases of unnecessary long stay admission to hospital or emergency placement to residential care since its implementation.

In response to a question as to the extent police custody was built into the pathway, it was reported that it was scope managed through the dynamic register and discussed at monthly meetings. The police representative informed the Board that the reorganisation would result in the vast majority with mental health issues being at Wembley station at which point it would be apparent if it was their first time in custody. It was noted that a Learning Disability specialist working in the Youth Offending Team (YOT) would screen young people coming out of custody.

The Chair reported that the Borough Command Unit (BCU) would come into operation before the next meeting. In this arrangement the custody suite in Wembley would be mainly used for Harrow residents, though there was also a custody suite in Colindale which could also be used. Early identification of preventative services would enable improved targeting of vulnerable young people.

RESOLVED: That the report be noted.

32. INFORMATION REPORT - Cancer Screening Update

The Board received an update on the delivery of the three NHS England (NHSE) London commissioned cancer screening programme: breast, bowel and cervical. It was noted that NHSE had taken over the commissioning from PCT Public Health Departments. Local Authorities retained a scrutiny responsibility.

The representative from NHS England drew particular attention to the following:

- Harrow was performing reasonably well but was not achieving national standards for breast and cervical cancers. There was no national target for bowel cancer coverage. Joint working with the Sustainable Transformation Partnerships (STPs) aimed to address the performance;

- the two major forthcoming changes were the introduction by April 2019 of a new improved home test for screening for bowel cancer called faecal immunochemical test (FIT) which was more accurate and quantifiable and the implementation of primary human papilloma virus (HPV) testing as the primary screening test for cervical cancer.

It was noted that NHS England was also responsible for commissioning non-cancer screening programmes, a report on which would be submitted to the next meeting.

In response to a question, the NHSE representative undertook to ascertain the impact HPV screening would have regarding ethnic groups.

With regard to the question as to what the Council or CCG could do to help promote the screening services, it was stated that discussion was taking place at STP level and any suggestions would be welcome.

RESOLVED: That

(1) the report be noted;

(2) the submission of a report on non cancer screening at the next meeting be noted.

33. Harrow Integrated Care Programme (ICP)

The Board received a report which provided an overview and update of the Harrow Integrated Care Programme.

A CCG Assistant Managing Director advised that the key premise was to best manage the person to stay in the best place for them and to be based on need and not disease.

The Board was advised that Phase 1 was a tool to identify potentially frail individuals and End of Life patients at risk of admission to hospital or A&E, and to identify the interventions required. To date the programme had achieved the first two gateways and was currently developing Models of Care to be prototyped and tested in Harrow. These would be scaled up to deliver a new model of care in Harrow for older people (65+) running in shadow form from 1 April 2019.

The officer undertook to consider recognition of the linkages to the Commissioning Intentions documentation in relation to end of life and hospices.

RESOLVED: That the Harrow Integrated Care Programme be endorsed and supported and the progress made be noted.

34. Any Other Business - Section 117 of the Mental Health Act 1983

The Board agreed to the consideration of the item as Any Other Business to enable Members to be aware of discussions prior to the submission of a report to the next Board meeting.

The Managing Director of the Harrow Clinical Commissioning Group advised that, subsequent to discussion between officers of the Council, CCG and Mental Health Trust, a Section 117 funding matrix was under consideration. The intention was to review 137 section 117 cases by the end of March. The proposals were going through due process and had been approved by the CCG. A report would be submitted to the next meeting of the Board.

The Interim Corporate Director People advised that the Local Authority broadly agreed the principle. However, as the proposed timetable would be challenging, it was suggested that an implementation plan be submitted to the next meeting.

RESOLVED: That

(1) the matter be discussed at the next HWB Executive meeting;

(2) an implementation plan to deal with section 117 would be produced jointly by the CCG and local authority;

(3) an update report be submitted to the next meeting.

(Note: The meeting, having commenced at 12.32 pm, closed at 2.50 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	10 January 2018
Subject:	**INFORMATION REPORT – CCG Commissioning Intentions Update**
Responsible Officer:	Javina Sehgal, Managing Director, Harrow CCG
Exempt:	No
Wards affected:	All Wards
Enclosures:	Draft Harrow CCG's Commissioning Intentions 2019/21

Section 1 – Summary

The aim of the 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 healthcare to improve health outcomes for Harrow registered patients in 2019/21.
- Set out the vision for the future of Primary in Harrow and set out the objectives that we need to deliver to get there.
- To set out the direction of travel towards Integrated Care – where NHS and Care Partners work together to develop models of care that meet the needs of their population.
- To engage with our member practices in commissioning a model of high quality healthcare 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.

FOR INFORMATION

Section 2 – Report

The final version of the 2019/21 Commissioning Intentions document is being brought to the Committee for final approval. Areas updated in the final draft include:

- Inclusion of the themes from the finalised Primary Care Strategy
- Reflects the expected Harrow population growth, infrastructure and planning
- Inclusion of additional feedback from engagement events
- Strengthens the commitment to support Homelessness in Harrow
- Outlines the assumed outcomes expected as a result of the Commissioning Intentions.

Section 3 – Further Information

No further information

Section 4 – Financial Implications

Decisions will be made within the parameters of the allocated CCG budget.

Section 5 - Equalities implications

Yes

All schemes go through an EQIA process before approval

Section 6 – 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

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not required

Ward Councillors notified:	**YES**

Section 7 - Contact Details and Background Papers

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

Background Papers: None

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NHS
Harrow
Clinical Commissioning Group

Draft

Harrow CCG's Commissioning Intentions 2019/21

NHS
Harrow
Clinical Commissioning Group

Content

Annexes:

North West London Commissioning Notice

North West London Commissioning Intentions Appendix

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 – population growth, housing, environmental factors and education etc. Integrated care operates through working collectively to a shared and single set of outcomes, a single funding stream for the services delivered and a single contract.

"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

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.

In October 2018, Harrow CCG agreed plans to make a significant investment to support the development of collaborative working across Practices in Harrow. The agreement of this plan saw the confirmation of three locality structures in Harrow, as shown in the diagram. These localities are made up of local Practices within specific geographical areas, serving a population of between 80,000 and 100,000. Our work programme over 2018/19 has supported these Practices to come together to focus on local population needs, to develop plans to collaborate in order to deliver a wider range of services to meet these needs and look for where working together could create greater efficiencies for them as individual Practices. Delivery of this work at a locality level is being overseen by Harrow Health CIC, Harrow's GP federation.

Our Estates Strategy in Harrow is for the development of "hubs" for the delivery of extended services to be delivered in a primary care setting. These hubs have been identified in Harrow as Alexandra Avenue, The Pinn Medical Centre and Belmont Health Centre. These align to the emerging three localities in Harrow. We are aware that we need to develop these hub services, particularly Belmont Health centre, as well as ensuring that all of our

Practices are operating from premises that are fit for the purpose of delivering modern healthcare services.

There is considerable work underway to address workforce challenges, including a number of projects and programme of work focusing on retention of our existing workforce and recruitment into vacancies in Harrow. Harrow has a thriving young doctors group "the first fives", supporting newly qualified GPs, as well as a "final fives" group, supporting and nurturing the talent in our healthcare system as GPs approach retirement. We are also looking at new clinical roles in General Practice, such as Clinical Pharmacists, to offer a new skill set and take the pressure off of GPs.

Primary Care is the bedrock of the Harrow Commissioning Strategy:

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow.

Objective 1: Primary Care at Scale
A single federation, coordinating the delivery of care closer to home through General Practice, leading our practice resilience programme and at the table as a system leader for service transformation. Provider networks (localities) delivering integrated multidisciplinary team-based care for a specific population and in partnership with local community providers.

Objective 2: Care redesign and service integration
Dissolving the traditional boundaries between healthcare services to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs.

Objective 3: Workforce development and reduction of workload
To deliver these ambitious changes, the General Practice workforce will need to be strengthened and re-modelled, with developments underpinned by the Ten High Impact Actions for General Practice. By the end of 2018/19, we will produce Harrow's Strategic Workforce Plan.

Objective 4: Improving Access to General Practice
In response to this important priority area for patients and clinicians, commissioning additional consultation capacity, increasing the use of digital technology in the delivery of care and ensuring equitable access for all to the local improvement services offered in Harrow.

Objective 5: Robust delivery of Harrow CCG's delegated commissioning role
To ensure strong delivery of our primary care commissioning function and realising the opportunities it has presented to fully align primary care development to wider system transformation.

Objective 6: Improving outcomes and reducing variation

To increasingly focus on an outcome based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access.

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 of high quality; whilst also offering 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**

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.
- Set out our vision for the future of primary care in Harrow and set out the objectives that we need to deliver to get there.
- Set out the direction of travel towards Integrated Care – where NHS and care partners work together to develop models of care that meet the needs of their population.
- Engage with our member practices in commissioning a model of high quality health care for the residents of Harrow.
- 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.

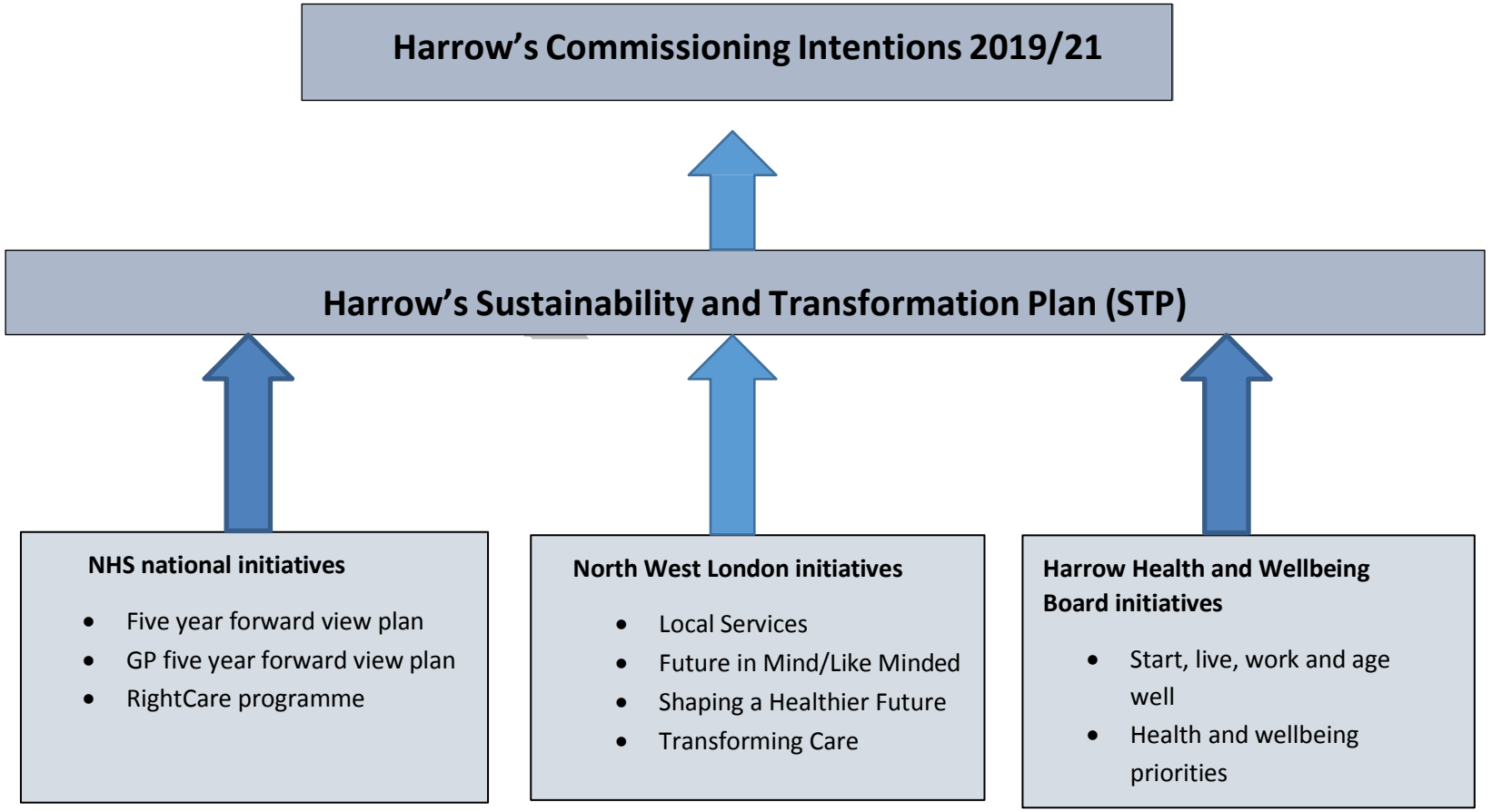
During 18/19 the CCG has involved a wide range of local people including patients, carers and the wider public along with our providers of healthcare services and our members in General Practice in the development of plans for the local health economy. We have also drawn on a wide range of sources of 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 for NHS England (NHSE) and for the North West London Collaborative of CCGs. Attached in the annex are the corresponding NWL documents.

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.



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:

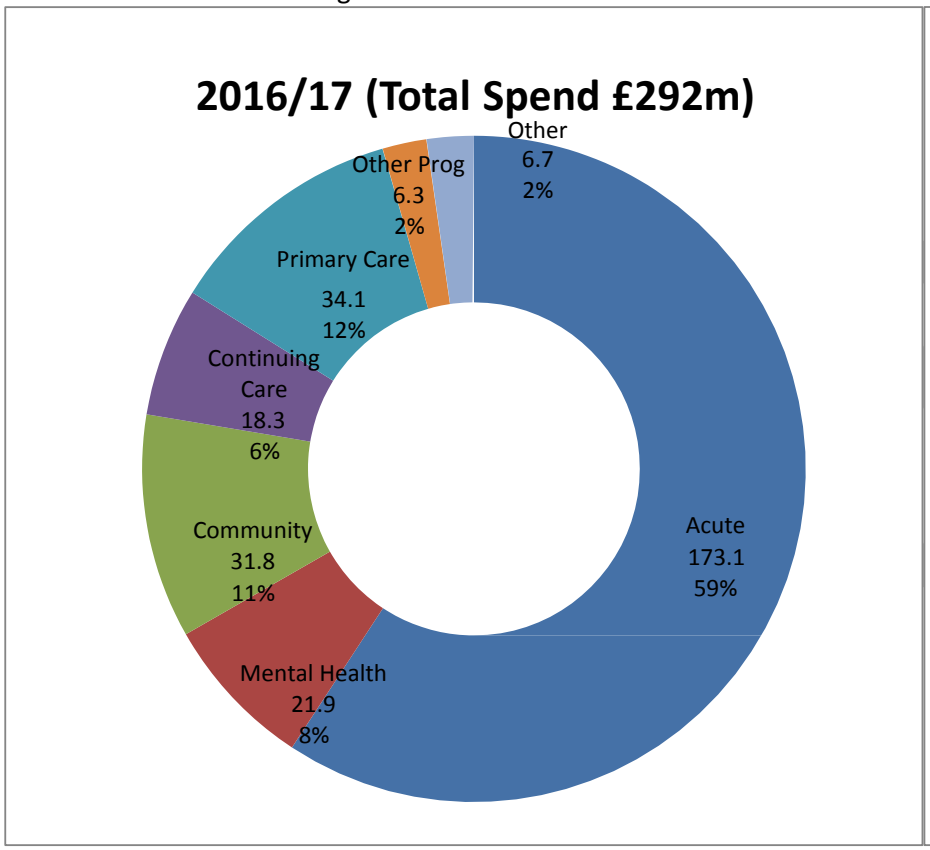
Understanding our population – the health and wellbeing of Harrow

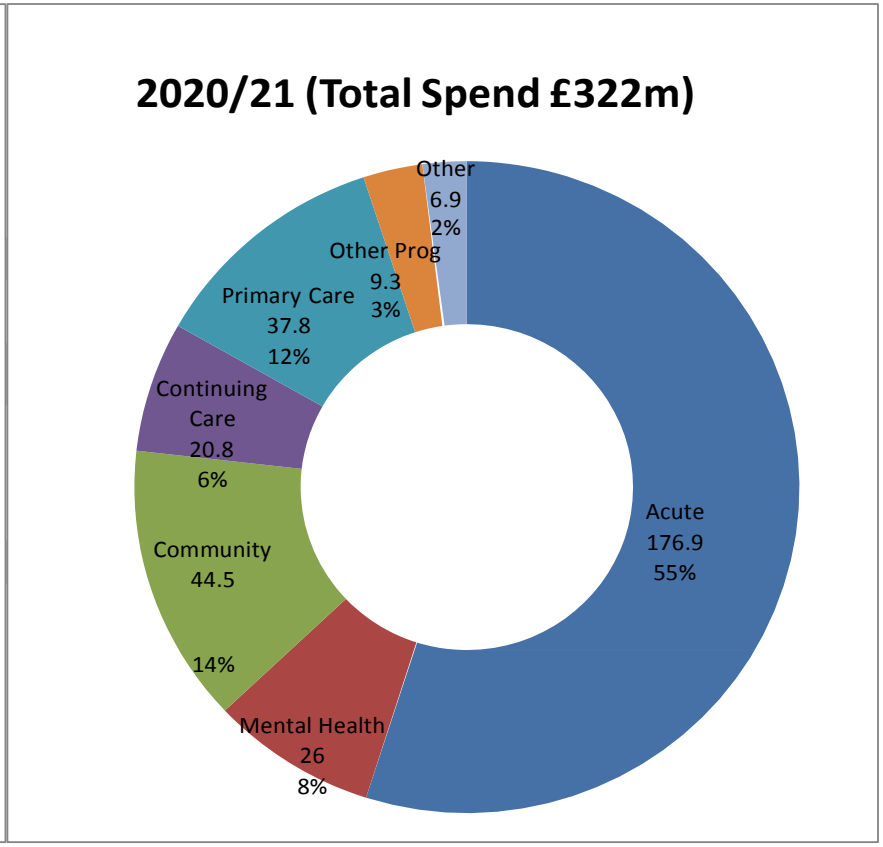
Children	• Nearly 1 in 5 of Harrow children live in poverty, which can lead to poor health outcomes as an adult. • Children in Harrow have similar levels of obesity as the England average (21% of 10 and 11 year olds), which increases the risk of cardiovascular disease and diabetes in later life. • About 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.
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.
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.
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.

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.
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.
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	• 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.

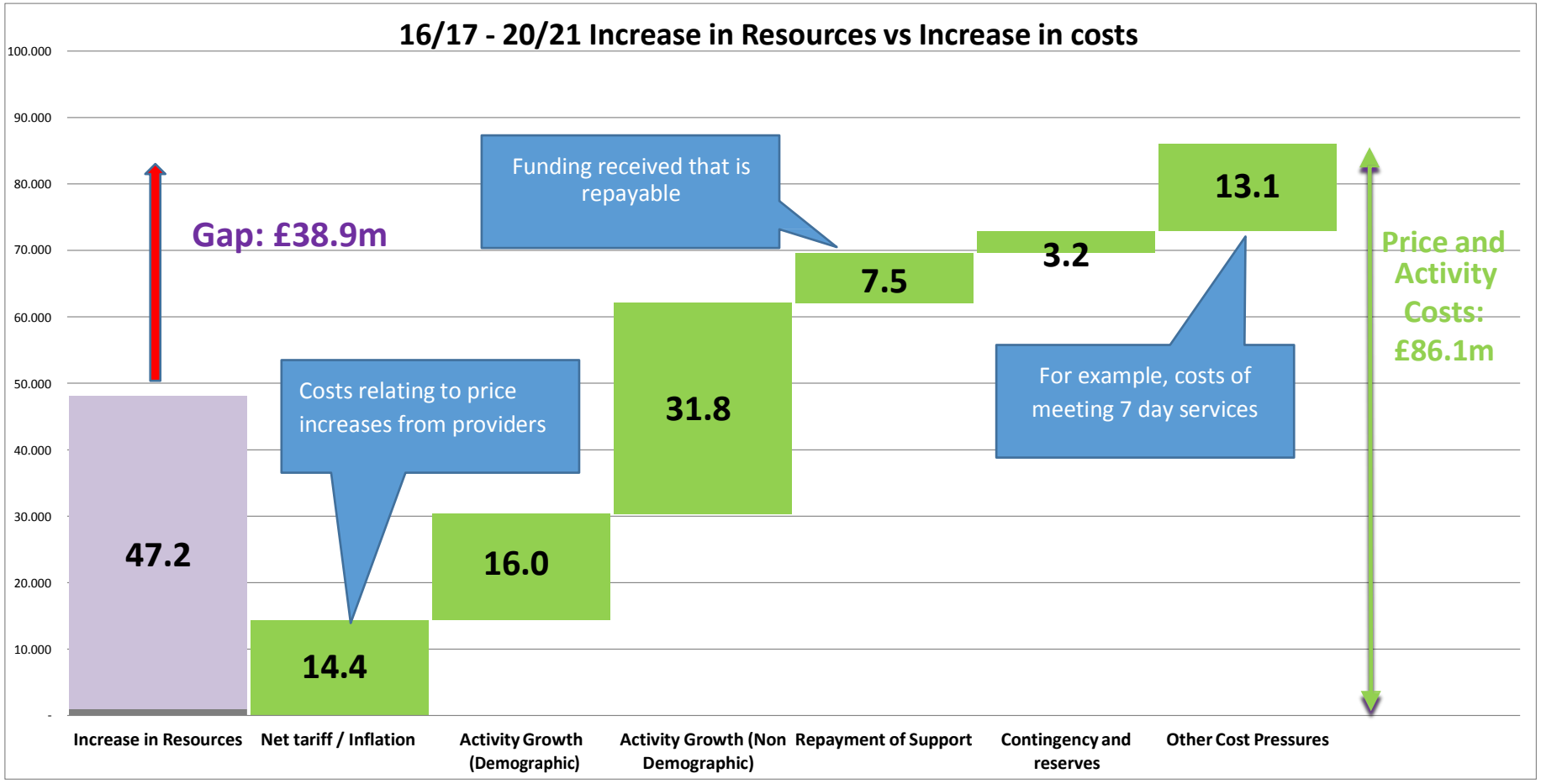
Section 3: The Financial Challenge

The impact of growth in population (demographic growth) and the growth in the prevalence of disease and ill-health through such things as an 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.





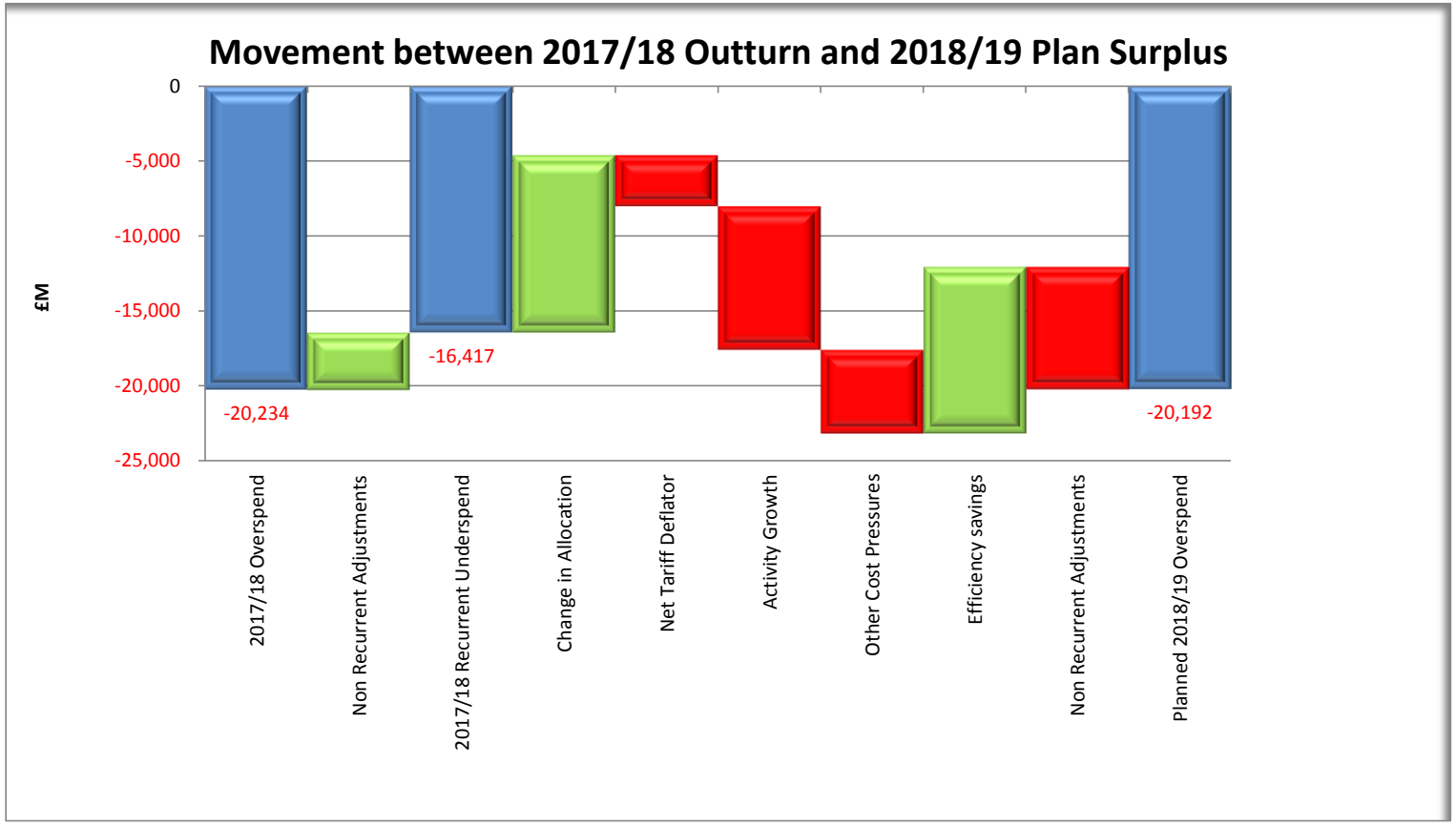
The gap between the expected growth in demand and the expected growth in the financial allocations (the amount of money available to Harrow CCG) requires the CCG to identify approximately £39m of savings between 2016/17 and 2020/21 as shown in the diagram below.



3.1 18/19 Financial Plan and Current Performance

The agreed 2018/19 financial plan was an in year deficit of £20.2m and a reduction in the underlying deficit to £12.2m. The plan included repayment of £11m of support to NWL CCGs.

In order to achieve the plan the CCG would need to deliver a QIPP plan of £20.2m (6% of RRL) of which £5.7m was unidentified at the start of the financial year.

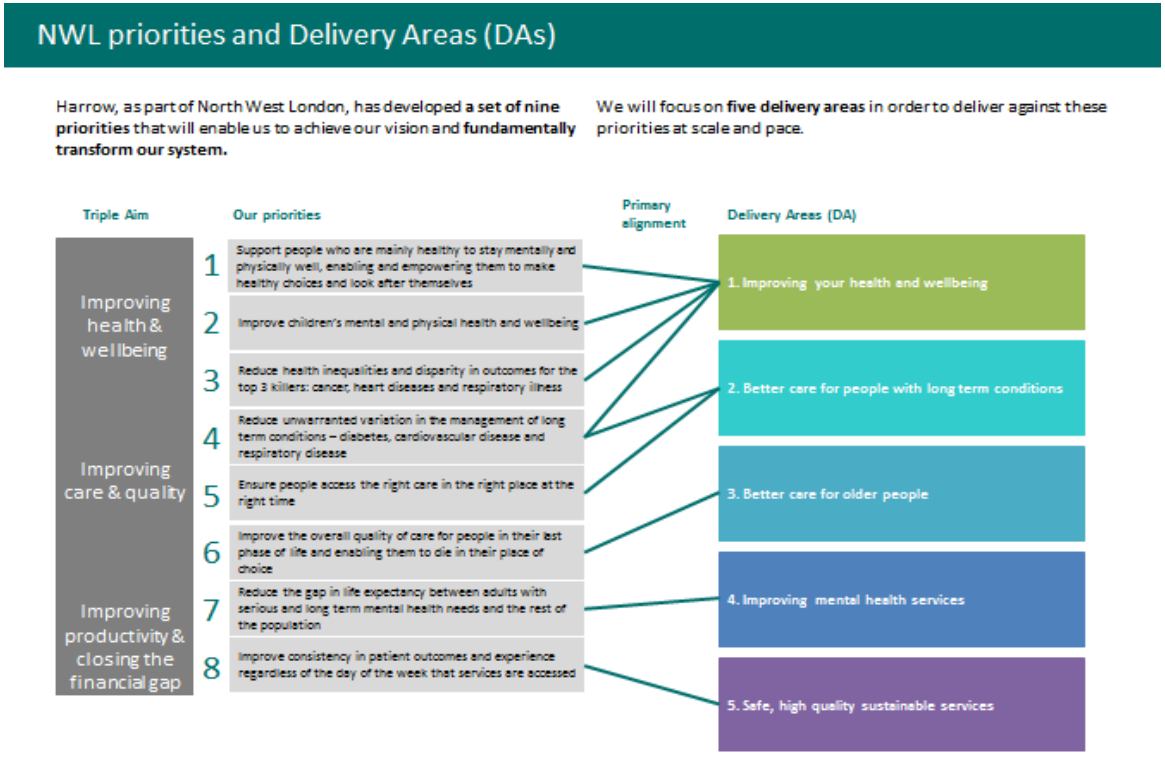


Section 4: The Harrow Sustainability and Transformation Plan

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 2019/20 – 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

		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	- We will take an approach that ensures that the physical health of patients with an SMI is routinely screened through a range of measures. In primary care we will develop an enhanced service which screens patients with SMI and ensures a full medication review is undertaken which will flag any contra-indications or long term impacts. When this cohort is receiving inpatient mental health care, they will be given a full physical health screen. As part of our wider service transformation, we are focused on wider population health and prevention; our SMI patients will also benefit from these developments.
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 have 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

NHS Harrow Clinical Commissioning Group

Section 5: Delivering the vision for primary care in Harrow

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow

Patients will be able to book appointments easily, access appointments at convenient times, and contact healthcare professionals in a way which is appropriate for their needs.

Patients will find it simple and straightforward to access the care they need, and health and care professionals will have the tools, systems and skills they need to work together to provide a holistic service

The buildings where patients access health services and where staff work will be easy to get to and fit for purpose.

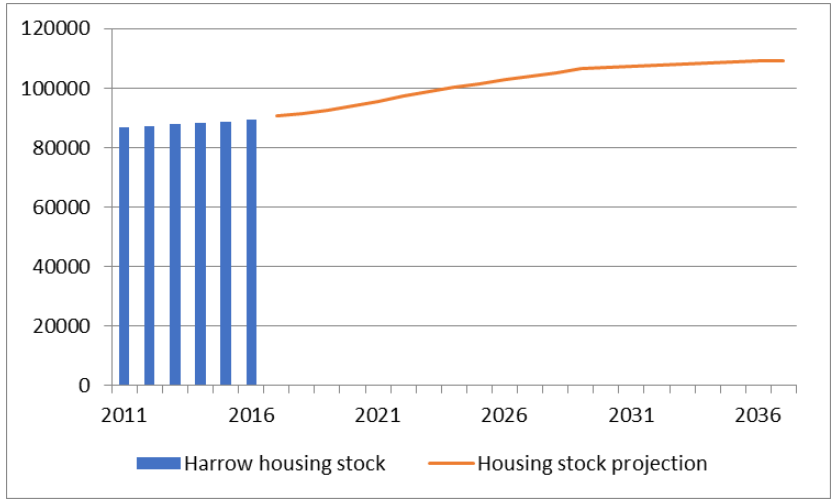
Patients will be educated, empowered and encouraged to care for themselves and manage their conditions, and health and care professionals will have the knowledge and power to direct patients to the right service and prescribe social as well as medical interventions.

Commissioners, health and care professionals and patients will work together to continuously improve services.

Section 5.1: Harrow population projections for Primary Care

The following population projections are from the GLA borough-level projection incorporating the 2016 Strategic Housing Land Availability Assessment (SHLAA) development trajectory. Data are constrained to the central trend projection at the London level. This data file contains the assumed development trajectory from the 2016 SHLAA. The GLA recommends this housing-led variant projection for most uses.
Projections are labelled based on the latest mid-year estimate data which informs the projection. As such this set of projections is a 2016-based projection. Fig 1 shows this increase in the housing stock from under 90k in 2016 to almost 106k in 2026 and over 109k by 2036.

Figure 1 Housing stock projection – GLA 2016

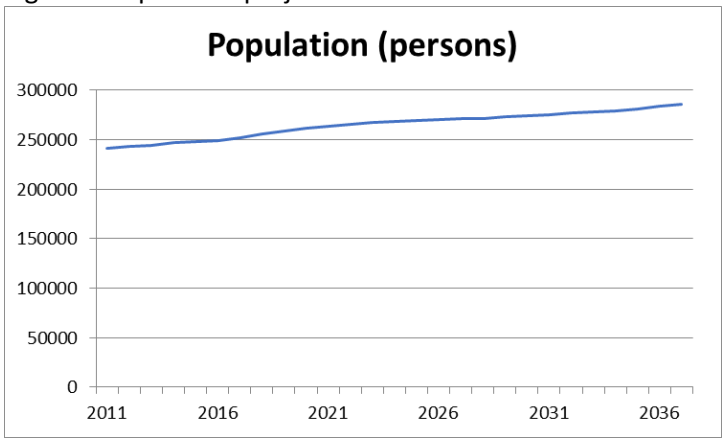


Source: © GLA 2016-based Demographic Projections

There are two contradictory trends in household size: projected decline in average household size arising from an increasing proportion of older people in the population (who typically form smaller households); and observed increases in estimated household size in much of London over the last fifteen years. These increases in household size have occurred through a range of mechanisms, which could be simplistically ascribed to demand for housing

outstripping supply. In Harrow, the population change is largely due to natural change rather than national or international immigration.

Figure 2 Population projections – GLA 2016



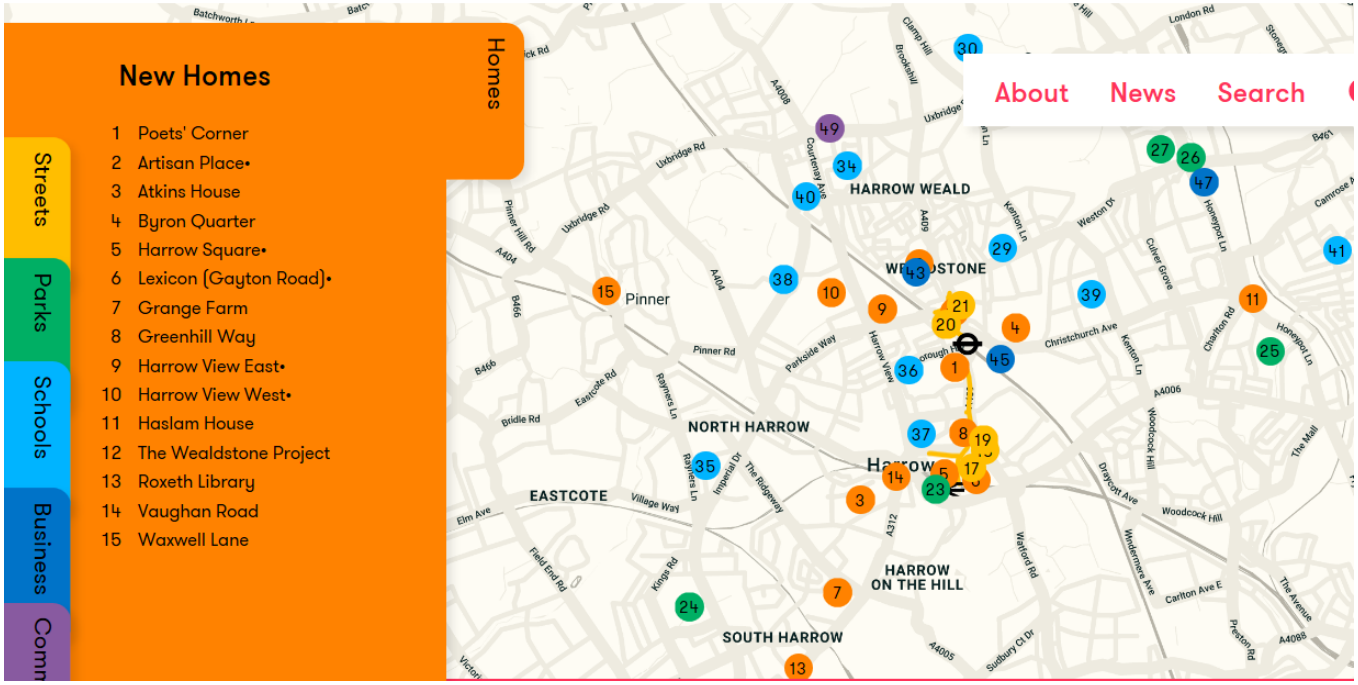
Source: © GLA 2016-based Demographic Projections

Fig 2 shows the population increases from under 250k in 2016 to 270k in 2026 and over 283k by 2036.
The Building a Better Harrow strategy details the changes that will occur in Harrow over the next 10 years. It will deliver:

- 5,500 new and affordable homes in new and existing communities
- 2 new schools and as many as eight rebuilt schools and 30 expansions
- 3,000 new jobs alongside 100 apprenticeships every year
- 500 new Council homes, the first in a generation
- New public squares, better street scene and new green spaces
- Library refurbishments, a new central library and plans for new replacement libraries in Wealdstone and Roxeth
- The creation of an independent arts and culture offer and enhanced leisure facilities
- A smaller council HQ featuring more and better community uses
- Improved transport links and infrastructure in partnership with TfL

The map below shows the location of the 15 main development sites. This does not include conversions of offices into flats as has been seen in parts of the borough.

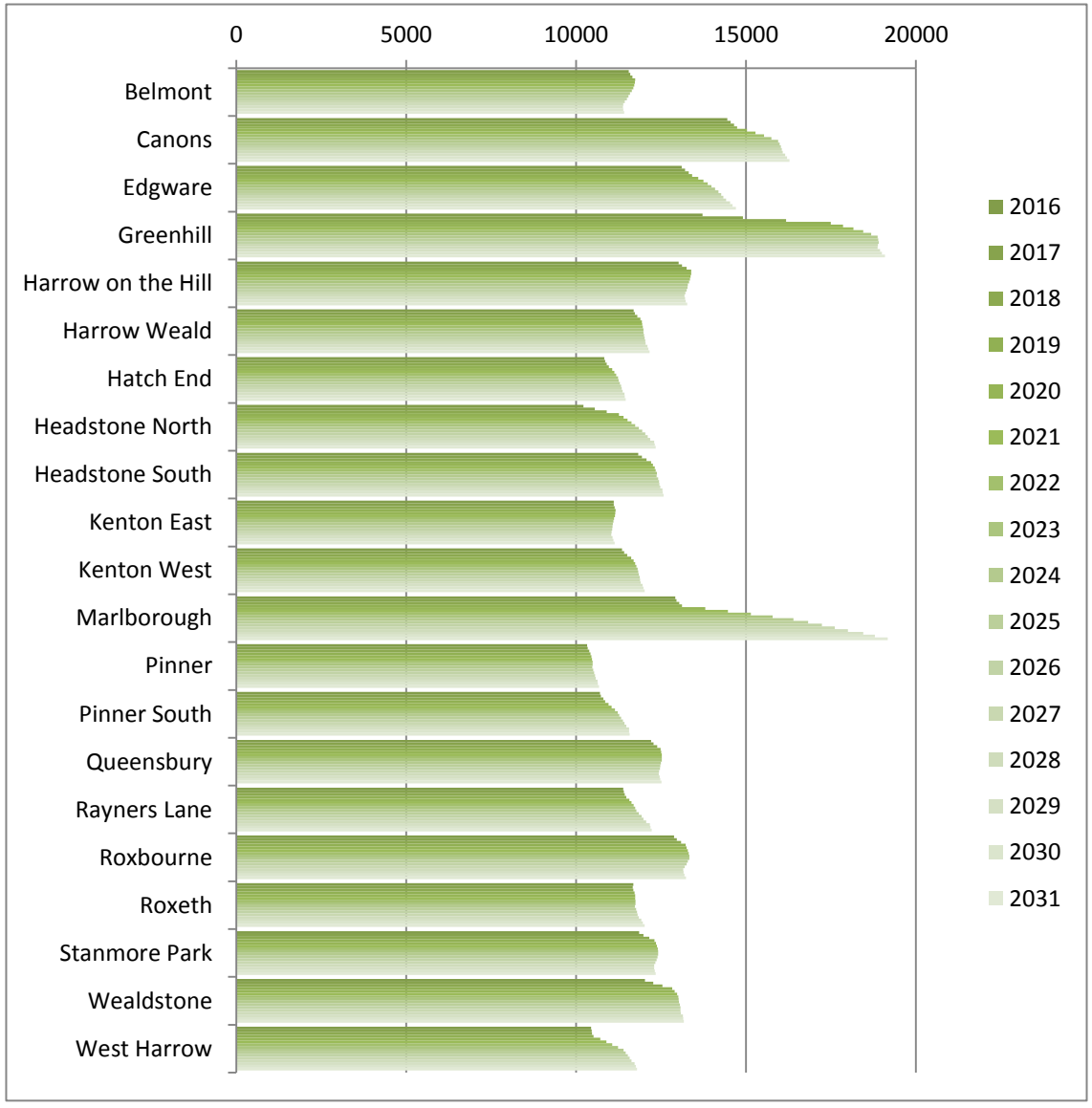
Figure 3 Building a Better Harrow



The areas of regeneration are not equally spread across the borough. Both the highest number of sites and the largest developments are in the Greenhill and Marlborough wards (i.e. Town centre to Wealdstone area). Figure 4 shows the impact of the developments at a sub borough level. Most wards show an increase over the coming 15 years with the most dramatic increases occurring in Greenhill and Marlborough. As a result of changes that have already happened and those that are planned, there will be rezoning of electoral wards.

Figure 4 Projected population change by electoral ward

Source: © GLA 2016-based Demographic Projections



Section 5.2: Improving outcomes and reducing variation

The aim of the Primary Care Strategy is to increasingly focus on an outcome based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access. Our outcomes based approach to the commissioning of primary care services will focus around four key areas:

The delivery of preventative services to support people to stay well (immunisations, health promotion services such as stop-smoking services). It is recognised that the CCG could undertake further work to support public health prevention initiatives and improve performance in these areas. As a result, we will build relationships further with member practices, and review potential mechanisms for increasing this support. Additionally, there will be further encouragement for all practices to provide additional services, including immunisations, contraceptive services and child health surveillance	**Proactive identification of long-term conditions** (addressing the prevalence gap). Our prevention Local Incentive Scheme will be the key mechanism for proactive identification of patients and reducing the prevalence gap in Harrow. We know that early identification of patients and supporting early interventions is the most effective intervention that can be made to prevent exacerbation of complications experienced from long-term conditions.
Personalised care planning for people with complex needs (with a focus on preventing non-elective hospital admissions). Following a review in 2018/19 of our Whole Systems Integrated Care approach, we will redefine what is commissioned through General Practice in relation to a care planning approach for our most complex patients, with a focus on preventing non-elective admissions to hospital. In addition, and working with our North West London colleagues, we will have a set of common standards for the management of long-term conditions in primary care.	**Supporting people to self-care where possible**. Harrow CCG will enhance structured patient education programmes that support patients to self-care, as well as ensuing effective sign-posting to services that can offer support through initiatives such as social prescribing. As part of the diabetes transformation programme, the CCG is committed to ensuring that by 2021 40% of newly diagnosed, and 30% of existing, people with diabetes, receive approved diabetes education.

Over the next five years, we will strengthen our commissioning approach to focus increasingly on the outcomes that are delivered through primary care

services, which will be commissioned at a Primary Care Network (locality) level. Through shifting the way we Contract for services from activity based payments, to outcomes based payments, we will show the real potential that General Practice has to further reduce demand for acute based services. Data tools such as a GP dashboard that is being developed to highlight practice-level referral information into secondary care specialties will be rolled out in 2018/19 to support Practices to work collaboratively to deliver healthcare system change.

Section 6: 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 use of Patient Activation Measure to segment the population according to ability to self-care, to tailor approaches and evaluate behavior change.
- Action to improve prevention, detection and management of diabetes.
- Building on the action that we are taking on diabetes to create an offer for self-management and patient education for patients with any long-term condition, and deliver these through our locality model.
- Deliver integrated approaches to health and social issues including 'social prescribing' acknowledging the significant impact that debt, housing, employment and income issues have on health and wellbeing.
- Improve the uptake of childhood immunisation in Harrow through targeted support for Practice in developing robust call and recall systems for children registered with their Practice.
- Improve the support that is given to carers in Harrow through General Practice services; through robust processes of identifying carers and signposting them to local services so their health and wellbeing is supported.
- 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.

Section 7: 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 (2019/21) 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 Oct - Dec 2018.

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 Children and Young People (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 full time engagement and participation lead for CYP.
4	Consideration to be given to providing continuity of	All GP practices registers are open to students requiring temporary registration.

	care for university students. Current arrangements mean difficult to access care during holidays.	

End of Life care

End of Life Care		
No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	Community Nursing 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 design for out of hospital services going forward (Integrated Care System). Includes looking at a single point of access and advanced care planning to maximise the quality of life.
3	Planned discharge should not be left until late on Friday.	Performance being monitored closely to try and avoid this happening. Better co-ordination between hospital and community teams has and will continue to lead to improved discharge planning.
4	There should be a timely evaluation of the End of Life single point of access (SPA) incorporating a wide range of stakeholders	Performance being monitored, Single Point of Access (SPA) evaluation demonstrated effectiveness of the service. Options around a wider truly SPA for all services in Harrow being reviewed.
5	Potential for greater education and training between palliative care teams and district nurses.	Training continues to be delivered across Harrow with funding secured.

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. Representatives are present at the CCG Governing Body and Primary Care Committee meetings which are held in public and include patient engagement; updates are also available via the CCG website.
3	How will Harrow CCG represent the interest of a diverse group?	When developing and reviewing services in Harrow we undertake Equality Impact Assessments to ensure we consider our diverse population. We recruit patient representatives from our local population in our decision making. We hold Equalities workshops and Harrow keeps the patient at the center of commissioned services.

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 have been reviewed and been updated with adjustments made according to best practice. This is a continuous process as developments in Cancer optimal pathways get developed.
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 with the Local Authority.

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 Training is being included in Education Forum's.

	mental health conditions required	
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. Meetings with Harrow Mind have included a presentation to Harrow CCG, a 'public question' to the Governing Body and the development of a Business Case
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's mental health.
6	Culturally for Harrow a significant number of people in the community rely only or firstly on their community or spiritual leaders	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 may not readily use statutory services. Engagement events have been undertaken with the community. Work is being done to raise awareness in wider communities especially to community and spiritual leaders.
7	Service 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. Reasonable adjustments should be in place in all practices to accommodate service users with Learning Disabilities.
8	GP practices and providers are not always aware of the cultural backgrounds and behaviors' of their carers and users	Communication and the skills for working with all cohorts in Mental Health is on-going through awareness training for Doctors and Reception Staff. Mental Health and dementia awareness training is being provided. Reception staff do undertake 'customer care' training. Harrow CCG has organised a 'receptionist development programme' where all receptionist from the practices in Harrow attended. A greater emphasis will put communicated in terms of cultural background.

The following outlines how we have further engaged with our stakeholders to obtain their views on our Commissioning Intentions for 2019/21.

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 people with behaviours that challenge.
Mind in Harrow (User Group)	• Advocacy Support in the community
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 Key Performance Indicators (KPI) to measure 'Did Not Attends' (DNAs).	Reviewed by speciality when implementing outpatient improvements e.g. quality of referrals Both Acute and Community Outpatient services provide 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	Pain Management is being reviewed in as part of the MSK procurement.
4	Insufficient capacity within the community for COPD and Respiratory Services	Respiratory service has been launched and continues to be developed to support community based services and avoid unnecessary admissions.
5	Additional capacity required to provide Pulmonary Rehab services	Integrated Cardiology review being undertaken to look at the acute and community pathway.
6	Insufficient speech and language services available in the community	Community Paediatric Service review being finalised, including Speech and Language Therapy for 2018/19 which is being reviewed with Harrow Local Authority.
7	Significant opportunity to improve MSK care pathway	The CCG is commissioning an integrated service for MSK (including pain management).

		This is due to go-live in August 2019.
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. We are also working to implement alternative technology options in general Practice, such as Skype.
9	Greater opportunity for integrated services – currently a disconnect between diagnostic tests, GP and acute referrals; not helped by poor record sharing	Work on a fully integrated IT system is on-going work Both Acute and Primary Care Services making use of the ICE Computer system for requesting diagnostic tests and sharing results
10	Currently long waits for secondary care appointments at LNWHT	A demand and capacity plan is close to being agreed. All over 52 week patients will be seen by the end of March 2019. Work continues with LNWHT and Imperial to meet the 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 whilst the Trust also outsources and insources activity.
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	The CCG is reviewing alternative options to ensure that there is easily accessible information available to the public regarding, online, via FAQs and signposting.

Primary Care

No	**"You Said"**	**What Harrow CCG did and will do 2019/21**
1	Positive patient experiences with on- line prescriptions and appointment booking	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	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	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	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	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 deal effectively with complex or multiple conditions	CCG has commissioned additional capacity at walk in centres for Harrow patients via pre-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	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	31/33 of our Practices are now using text message reminders.
9	Sit and wait service should be available in all GP practices	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	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	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 required	The new GP websites will provide information not only on GP service. But also signpost to other local community services.
13	CCG needs to prioritise re-procurement and reconfiguration of walk in centre services	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	Urgent care centre provision at Northwick Park is complemented by community based GP services
15	Greater coordination is required between GPs and community nurses	Integrated care developments will ensure closer working across these services

16	Considerable frustration at lack of walk in service in East Harrow	Now available in East Harrow
17	Better training for reception staff required and receptions to be made more welcoming	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	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 and the implementation of the locality hub model where specialist services can be accessed at the hubs (Belmont, Alex and The Pinn). In addition to this 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. The model for locality based services will review the required services to support these patients.
5	Patients should have their health data available	EMIS is the mandated system required by all new service providers going forward to

	wherever they go – but should not be provided to external agencies	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 and have the right to access their records.

Whole System Redesign

No	**"You Said"**	**What Harrow CCG did and will do 2018/19/20**
1	Need to focus much more heavily on prevention and self-care	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	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	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 made consistent through an enhanced services in primary care
5	Widespread patient expectation that patient records should be shared to support effective integrated care	Sharing of records, where patient permission is given, is in place
6	Considerable GP frustration with limited progress with patient record sharing	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	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	Business case for Harrow Integrated Care Partnership in development

Engagement in 2018/19

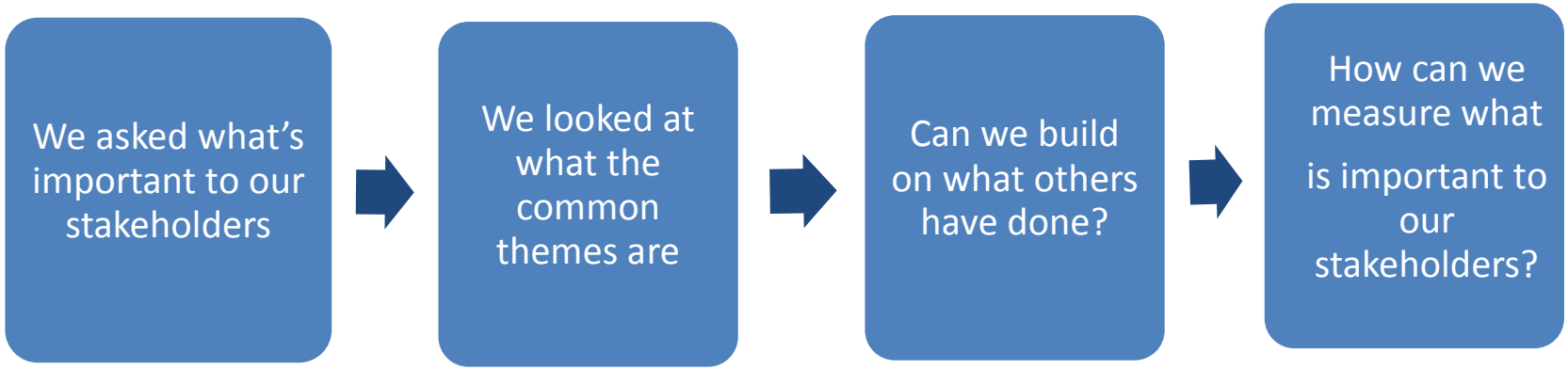
We carried out further engagement for 19/21 Commissioning Intentions:

- We organised a public event on 20th September 2018 to update the Commissioning Intentions to key stakeholders and members of the public, this was then brought together and tested back with stakeholders on 6th December 2018.
- 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 19/21
- Information to be shared on local community websites including Healthwatch Harrow etc.
- We published the Commissioning Intentions document on the Harrow CCG website
- Email summary version to stakeholders (including the Governing Body, GPs and the Health and Wellbeing Board)

We intend to work with key stakeholders to set up a Patient Engagement Working Group to improve the way and how we inform, promote and educate the population of Harrow going forwards.

Section 8: Harrow Integrated Care 65+ Outcomes Framework

Section 8.1: Harrow 65+ Outcomes Framework – The Process



We got almost > 400 responses to our events and surveys.
Clinical Survey: December 2017
Public Survey: January 2018
Clinical Summit: 31st Jan 2018
Public Engagement Event: 7th February 2018
Joint Engagement event: 25th April 2018

We grouped the emerging themes into the 5 NWL Whole System Domains (so consistent with other frameworks being developed in NWL).

Coordinating with colleagues in NW London to not re-invent the wheel
May 2018 - Virtual Workshop held with NWL Virtual partners and shared working drafts with virtual team NWL

Looking for the right measurements to finalise the outcomes framework
2 Meetings of the Outcomes Sub group -22nd May and 6th June 2018 to finalise draft outcomes
Consulted with Harrow Commissioners for feedback / input
Collate baseline data – June / July 2018
Review post QI workshops – Sept 2018

NHS Harrow Clinical Commissioning Group

Section 8.2: Harrow Outcomes Framework 65+

4 Domains linked to Quadruple Aims of NHS – Quality of Care, Experience staff and patients and financially sustainable

Outcome Domain	Outcome/I-statement	No	Indicator
1) People have an overall quality of life	I am supported to live a healthy independent life, and know when to seek medical assistance when appropriate	2	Number of days in hospital (emergency), HSCIC definition: Number of emergency overnight bed days per 1000 ≥65 patients (hospital Episodes Statistics)
	My overall experience of care helps me to improve my quality of life	3	Health related quality of life for older people
		4	Patient satisfaction with care
	I have control over my health. I am aware of the choices and options I have to manage my health and social well-being	5	Proportion of people who have control over their daily life.
		6	Proportion of people who can confidentally manage their own health
		7	The proportion of patients that feel like they have sufficient choice.
	I feel all my needs are being treated together and not in isolation. I feel like my care not only encompasses my immediate needs, but also plans for my future well-being	8	Physical checks for people with severe mental illness. The proportion of people with a severe mental illness who have received a the required physical checks.
		9	Number of days spent at home.
		10	Social care-related quality of life / Enhancing quality of life for people with care and support needs (Unmet needs in domains of control, dignity, personal care: food & nutrition, safety, occupation, social participation, accommodation)
	Taken together, my needs are respected and addressed with the care and support that gives me the opportunity to contribute and help me live the life I want to the best of my ability.	15	The proportion of adults in contact with secondary mental health services who live independently, with or without support
		16	The proportion of adults with a primary support reason of learning disability support who live in their own home or with their family
2) Care is safe, effective and people have a good	I receive care at the right time and in the right place and am able to access care when I need it	17	Reduction in number of emergency admissions due to Falls, for 65 years and over, per 100,000 population against expected trend (develop as a lead indicator for flagging frailty factors affecting uptake of health and social care).

experience		18	Proportion of people admitted in hospital for any Ambulatory care sensitive condition (ACSC) (HES / WSIC dashboard)
		19	Experience of NHS service when patients wanted to see a GP but the GP surgery was closed
		20	Delayed transfers of care (DTOCs) (all causes) per 100,000 population
	I am aware of the choices and options I have to manage my health and social wellbeing	22	Improved Patient activation score (PAM)
		23	Proportion of people who use services who find it easy to find informaiton out about services ASCOF 3D1
	I see a health professional that I trust and feel comfortable with	27	More convenient access to GPs
		28	Trust in staff
	I am supported to live a healthy independent life, and know when to seek medical assistance when appropriate	29	Number of days in hospital (emergency), HSCIC definition: Number of emergency overnight bed days per 1000 ≥65 patients (hospital Episodes Statistics)

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Outcome Domain	Outcome/I-statement	No	Indicator
3) Staff experience an effective integrated environment	I am working in an integrated way which enables me to support patients and carers	31	Staff who agree they are working in an integrated way to support services users and carers
		32	Staff are able to deliver the patient care they aspire to
		33	I receive timely, accurate and appropriate information about the referral, admission to hospital or discharge from hospital of the patients I am responsible for.
		34	Within my team we communicate closely with each other to achieve the team's objectives.

	I feel I am respected as a staff member can practice autonomously, feel valued and listed to as a member of the team which lets me contribute positively.	35	Improvement in the proportion of staff responding positively to feeling valued
	I feel well-equipped to learn and develop new skills, with the opportunity to use them.	36	Improvement in proportion of staff feeling that training enables them to offer a better service.
	I would recommend my team as a place to work.	37	Professionals who would recommend their integrated care partnership as a place to work.
	I am supported as a carer to be part of a team that works well together and enjoy their work	38	Carers that feel included and consulted in discussions for people the care for.
		39	Carers feel encouraged and supported in their situation.
4) Care is financially sustainable	Providers: I'm confident that the service I am delivering is financially sustainable. My service includes an element of early intervention and the promotion of self-care to optimise patient health and reduce the flow of patients requiring acute care. I am supported to prevent people from getting unwell in the first instance.	40	Shift in spend/activity from acute to out of hospital (Finance reporting - WSIC dashboard)
		41	Reduction in emergency NEL for persons ≥65 years per 100,000 population
		42	Reduction in emergency NEL for persons +65 years with an integrated care record (care plan) and over per 100,000 population
		43	Reduction in spend per head / activity mostly healthy population 65+ (WSIC dashboard NWL)
		44	Percentage of population accessing out of hours primary care or % A & E attendances without admission or access to UCC / 111 Calls
		45	Spend / activity accessing primary care

Section 9: 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	

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		• 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		• 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	

deliver planned care support • Reduce the number of falls and ensure effective treatment & rehabilitation in the community	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 • 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 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

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.

	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	

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

3. **Intermediate and Community 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 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.

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

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

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

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 and Care Plans (EHCPs) are commissioned.	***We will:*** • Embed integration across Health, Education and Social Care

	• 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 • Meet the rising demand for health service from young	***The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:*** • Jointly commissioned services and working across Health & Social Care, Education and the Third	***The work for this Transformation Theme is underpinned by the following strategies:*** • Future in Mind NWL CAMHS Transformation Plan

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	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	• 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
By 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 Reduce the length of stay for in-patients with diabetes	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 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.	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

Measuring success	Supporting the Integration agenda	Supporting strategies and assurance
What does this mean for people with diabetes (PWD)?	The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:	The work for this Transformation Theme is underpinned by the following strategies:

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. tp://www.londonscn.nhs.uk/publication/diabetes-commissioning-pack	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 Diabetes Strategy for Harrow The North West London STP Diabetes Transformation Programme

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10 Medicines Optimisation

CCG Team	Lead	SRO	CRO
	Paul Larkin	Javina Sehgal	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 objecti

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**.

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

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
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**

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	

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.	**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

• A supported environment in which staff want to stay and work.		BHH Strategic Education Forum and local Harrow CCG Education Forum.

15. Delivering Our Strategic Estates Priorities		
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***	
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 statutory targets associated with Mental Health	*We will:* • *Continue to achieve the 92% RTT target for Incomplete Pathways for Harrow CCG 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.*	*The plans beyond 18/19 will be dependent upon national statutory targets and any 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*
		
		  • *Looking at alternative approaches to commissioning and contracting at a macros level aligned to the new national tariff approaches.*

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 10: 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.

10.1 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 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.

10.2 Homelessness

According to the latest Combined Homelessness and Information Network (CHAIN) data, 33 people were seen sleeping rough in Harrow in 2017/18, the third lowest in London, of which:

- 29 people were new (or sleeping rough for the first time) and 4 were returning to rough sleeping – this is actually the highest proportion of new rough sleepers in London (88%) but this may be partly explained by the overall reduction by 10 since 2016/17
- 18 were UK nationals, 6 from Asia, 4 were from Central or Eastern Europe, 2 from elsewhere in Europe, 2 from Africa and 1 person's nationality was unknown
- 8 had an alcohol need, 8 had a substance misuse need, 15 had a mental health problem (some will have had two or all three) and only 9 had none of these needs – broadly in line with the rest of London
- 8 were female, 25 male
- 19 were aged between 18-35, 11 were between 36-55 and 3 were over 55

According to the Ministry of Housing data, there were 825 households in LA arranged temporary housing in Harrow, the 11th lowest of the London Boroughs

To support the CCG will help by increasing access to health services and support wider efforts to prevent and relive homelessness. In summary, this includes:

- Training member general practice staff, using the HLP training package, on homelessness and the important role they can play in ensuring access to primary care for people experiencing homelessness

- Distributing the 'right to access' primary care cards to treatment centres and winter shelters across the Borough, to help homeless GP registration and access to primary care
- Working with the Council to better identify and support the health needs of people who are homeless, through conducting a homeless health needs assessment as part of the JSNA (using the HLP Toolkit) and through making connections between community services and the Council Outreach Team
- Supporting Urgent Treatment Centres in the Borough as well as Northwick Park Hospital to meet the new Homelessness Reduction Act Duty to Refer people at risk of or experiencing homelessness to the local housing authority, by sharing the guidance (I will send separately) and supporting connection as necessary with the Council.

10.3 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.

10.4 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 "the Whole Family Approach"	Work with Children and Adult Services to develop a robust approach to service provision which includes links to support networks for children and adults at risk of, or suffering as a result of, Child Sexual Exploitation (CSE), Child Sexual Abuse (CSA), Female

is embedded in services	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 11: 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				

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		

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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By Email

Dame Jacqueline Docherty
Chief Executive
London North West Hospitals NHS Trust (LNWHT)
Northwick Park Hospital
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28th September 2018

Dear Jacqueline

Commissioning Notice for 2019 – 21 contracts by NWL CCGs

I write on behalf of the eight CCGs in North West London which make up the NWL collaboration and which commission services from London North West Hospitals NHS Trust (LNWHT). This letter provides official notice of intended changes to the services being commissioned in relation to the NHS Standard Contract for 2019-21.

As we collectively work towards a whole health economy approach to delivering services, this letter highlights our commissioning objectives namely:

- delivery of the North-West London Strategy and Transformation Plan (STP) for 2019-21
- transition towards Integrated Care Systems at borough and at NWL level (ICSs).
- successful delivery of NHS England national planning guidance

At present we are assuming that NHSE will require new two year contracts to be agreed and signed by the end of February 2019, subject to any further guidance. We anticipate that this will involve a complete contracting process but we will be guided by the principle of streamlining and minimising reporting requirements. As we look to continue to progress our commissioned hospital contracts (currently predominantly cost and volume based for acute contracts) plus all other commissioned contracts towards capitated integrated care, we will need to agree suitable contractual formats and funding mechanisms which most effectively manage overall system operational and financial risk. We will expect to move away from cost and volume based contracts, seeking alternative options which best incentivise the delivery of the transformation agenda set out in the STP. We already have good examples in NWL of such a collaborative approach via the Out Patient programme and the sector risk share mechanism already in place for acute contracts.

I felt it important to clarify what we think should be the key deliverables as an STP at the end of a two year contract as this will support the release of cost pressures for providers and commissioners. Indeed, in line with the Strategic Outline Case submitted to regulators in late 2017, in sector Commissioners and Providers were expected to deliver combined efficiencies of £269m (via CIP, QIPP or other initiatives to reduce the reliance on non-recurrent support). This is expected to be a minimum requirement given the deterioration in the sector's underlying (recurrent) financial position since the case was submitted.

- As Commissioners already work together to manage a collective control total we would aspire to develop systems that work to support a provider and commissioner sector control total to support achievement of system affordability, although this will be subject to national guidance. As part of this we should ensure that our underpinning work programmes support the delivery of the SOC 1 & 2 (Strategic Outline Case) which will develop both secondary and primary care services.

- Delivery of the transformation programme based around managing care and conditions proactively and out of hospital as much as possible with prioritised work streams identified in:

    - Delivery of the Urgent Care Programme to underpin the national planning guidance and the alignment across NWL of pathways of care in the community and in the acute providers. This has been signed off by all providers and commissioners as part of the SOC assurance process and brings our key actions together to ensure we increasingly provide care out of hospital so as to manage care within the number of acute beds modelled in SOC 1. Programmes include integrated diabetes care, ambulatory care, proactive frailty models, discharge from hospital, work with care homes and end of life,
    - Delivery of the Outpatient programme allowing for the release of costs for both providers and commissioners by working together and allowing for further expansion of system change with operating standards across NWL for care outside hospital.

- The shadowing of a NWL Integrated Care system based on a sector framework that brings together primary care with community services in an aligned and coordinated approach. This is to ensure that in NWL patients can expect an uniformly high level of care with pathways arranged around our large acute Trusts that support operational delivery. The system needs to be outcomes based with the aim of reducing variation,

- For CCGs in NWL the delivery of the Mental Health 5 Year Forward view is complicated by the significant variation in historical spend which is being addressed by a rebalancing exercise. Resolution of these issues will require a balanced approach across the sector with joint ownership of the issues around available funding.

- Our strategic objectives for 2019 onwards are to help ensure all our providers from NWL receive a CQC rating of good or above. We have been successful in NWL in aligning quality standards across acute contracts and as part of achieving this with Mental Health and Community contracts we will be aiming to agree:
    - A series of generic quality requirements across all providers
    - A set of core quality standards reflecting the provider speciality – Acute, Mental Health and Community
    - A set of local metrics applicable to individual providers

The above summary should drive our service redesign and contractual principles for the two year period and the following appendices highlight some more detail underpinning these outcomes:

- Appendix 1 – Commissioning Intentions – Transformation Programmes and Principles on key contractual schedules 2019/20
- Appendix 2 – NWL Sector and CCG key intention areas for 2019/20

Next Steps

I hope this provides a useful summary and steer for 2019-21 and a timetable will be issued to negotiation teams by the end of October that will highlight key milestones taking the assumption that a two year contract will be concluded realistically by the end of February 2019 (subject to national guidelines). Local meetings will be set up to understand the activity and finance baselines and the impact of transformation projects to achieve relevant control totals. As an STP we also propose milestone updates to the CFO group and the Programme Board in November, December and January. In the meantime, if you would like to discuss the content of this letter further please do not hesitate to contact me.

I would be grateful if you can confirm receipt of this letter by return.

Yours sincerely

Mark Easton
Chief Officer,
NHS North West London Collaboration of CCGs

Att.

cc Caroline Morison, Managing Director, Hillingdon CCG
Javina Sehgal, Managing Director , Harrow CCG
Sheik Auladin, Managing Director Brent CCG
Tessa Sandall, Managing Director, Ealing CCG
Mary Clegg, Managing Director, Hounslow CCG
Janet Cree, Managing Director, Hammersmith & Fulham CCG
Louise Proctor, Managing Director, West London CCG
Jules Martin, Managing Director, Central London CCG
Diane Jones, Chief Nurse/Director of Quality, NWL CCGs
Neil Ferrelly, Chief Finance Officer, NWL CCGs
Huw Wilson Jones, Director Acute Commissioning, NWL CCGs

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Appendix 1: Commissioning Intentions – Principles on key contractual areas already in agreement

Key Principles Memorandum of Understanding NWL

The following key principles contained in the memorandum of understanding, which we agreed to guide the approach to the 2016-17 contract, continue to be applicable:

1. We will **prioritise delivery of care that puts the person at the centre** and empowers individuals, carers and families. The **voice of the service user** will be heard **throughout the commissioning process.**
2. We will aim to deliver the **best possible best outcome for patients plus overall system outcome**, with outcomes for individual organisations secondary to those of patients and the system.
3. Contracting will be **undertaken in a fully open book manner** between providers and commissioners
4. Contracts will also **support financial stability** through the transformation, **minimising and actively managing risk together** and **driving maximum value** from the overall budget.
5. We aspire to **a collaborative, flexible and transformational approach** amongst providers and between commissioners and providers.
6. We **commit** to **maintain constructive on-going relationships**, provide clear leadership; promote effective **organisational engagement at all levels** and embrace opportunities for **smarter overall system working.**
7. We will **move towards an outcomes-based commissioning** approach, **prioritising certain key challenges and sharing risk** across the system.
8. We will develop **system-wide understanding** of **pathways, activity and clinical outcomes for patients before considering cost implications.** We will ensure robust **on-going triangulation between outcomes, activity and finance.**
9. We will translate **system-wide transformation initiatives** (principally the STP) into contractual and commissioning outcomes
10. We will **empower and encourage** clinicians and staff throughout organisations to **innovate**
11. We will work to ensure that the **costs of delivering services are minimised** whilst delivering the required outcomes and will **commit to implementing new pathways** that are more cost effective, **moving services and money between organisations** as required to support the change
12. We will **review existing contracts** and amend them when required to ensure they are **appropriately aligned across pathways** and between organisations to achieve planned outcomes

North West London Sustainability and Transformation Plan (STP)

In 2016 we collectively signed up as an STP to the key delivery areas described below:

- Improving your health and wellbeing
- Better care for people with long term conditions
- Better care for older people
- Improving mental health services for children and adults
- Safe, high quality and sustainable hospital services including specialised commissioning

Over the last two years we have been working to these objectives. Whilst these remain our priorities we have been working across the sector to refresh the areas of focus and governance to explicitly include our work within cancer and urgent care to deliver our statutory obligations.

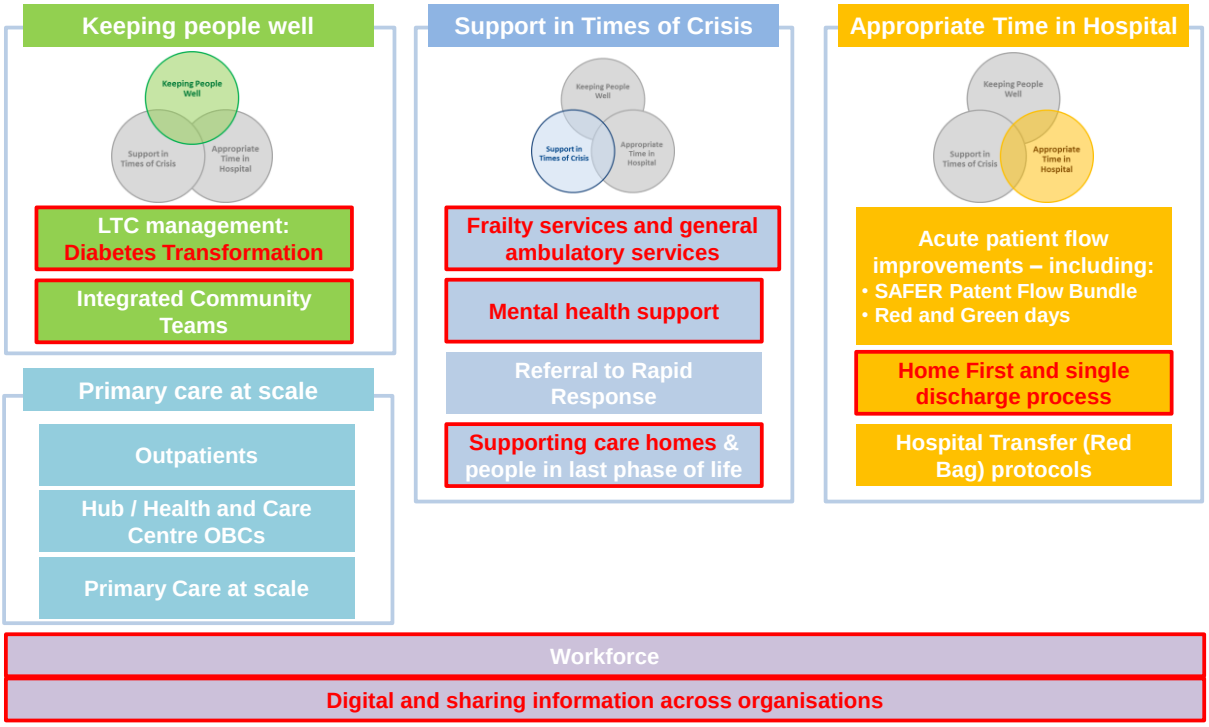
Our overall focus continues to be to work as an integrated system to deliver more proactive and preventative care:

- giving each child and family the best start and supporting people to live healthy lives
- ensuring there is the right care and support when it is needed
- and when hospital care is needed, ensuring people spend the appropriate amount of time in hospital

Key deliverables are the outpatients programme and the urgent care strategy, which aims to harness transformational models of care and new ways of working in order to manage non-elective activity (see Diagram 1). QIPP projects will be aligned to the key themes in these areas. Delivery in these areas should help support:

- Achievement of key performance targets
- Management of demand and flow to help achieve control totals
- Progress towards the business case underpinning the SOC 1 & 2

Diagram 1: Key focus areas in the Urgent Care strategy (highlighted in red)



To ensure alignment with our existing strategies and programmes we will look to commission activity in line with the levels set out in SOC1 with rebasing included where plans are shown to be off trajectory. As part of the 2018/19 STP CQIN there is an agreement to reconcile present activity levels with those set out in SOC1 which will help inform this process.
We will build on and strengthen our approach to standardising pathways and outcomes across NWL, particularly in the areas of cancer care, urgent care and outpatient care:

- Urgent Care – will include alignment of how secondary and primary care providers deliver services to ambulatory patients. At present all acute providers have set up services for these types of patients utilising chairs and ambulatory care pathways but all have slightly different models and recorded differently. It would support the health economy if plans to deliver ambulatory care are standardised across primary and secondary care via the Urgent Care programme.
- Outpatient programme has also shown a joint approach in assessing potential cost savings for commissioners and providers for pilot projects on the principle of minimising risk and sharing opportunities for cost savings.
- Diabetes – clinicians across the sector have developed an integrated diabetes service specification and are beginning to work to this, we would wish to continue this work to develop an outcomes based approach to commissioning and provision.
- Cancer care across the sector has developed a progressive programme and achieved statutory targets over the last 6 months. Work is on-going to establish sustainability. All are examples of how we could move forward together.

As part of the move to system wide changes under Acute care transformation it would be important to review provider opportunities from developments in 1) national Innovation & Transformation Fund and 2) Model Hospital benchmarking tool.

Integrated Care for NWL- the way forward

NWL has a strong foundation in integrated care based on the work co-produced by commissioners, providers and lay partners during the Whole Systems Integrated Care Programme. It is apparent that an aligned and coordinated approach to integrated care continues to be required in NWL so that patients can expect an uniformly high level of care and that pathways around our large acute Trusts

are aligned for operational delivery. In order to move forward in a coherent way we need to progress a framework that encompasses:

- Population health outcomes
- A common clinical strategy
- A common approach to enablers such as workforce, estates and digital
- A common currency and agreed principles for allocation of funding as we work towards a system control total

Through the summer we have held a number of workshops with system leaders, initially with the Clinical Board in May 2018, Clinical Board and Health and Care Programme Board in June 2018 and again on 13 September 2018. These, together with the system-wide stocktake undertaken to inform the workshops, have articulated the work we need to do jointly as we move towards becoming a NW London Integrated Care System. The key themes are as follows and through our STP governance we will formalise these into a jointly owned work programme in the coming months:

- A system wide clinical strategy that builds on the principles of Shaping a Healthier Future is ambitious for our population yet rooted in the reality of today.
- A set of underpinning system-wide enabling strategies, one NW London workforce strategy, one NW London digital strategy and one NW London estates strategy
- Commitment to develop our financing and contracting as we move from payment by results toward capitation funding and a single system control total
- A focus on system leadership and relationships as we bring together our respective organisational perspectives and obligations to work at system level
- Identification key system programmes where we can quickly demonstrate the impact of working as an integrated system

We will need coherent, joined up and early engagement with regulators to support our ambitions for integration in 2019-21 and we have begun conversations with the national Integrated Care Team to explore applying to become a wave 3 Integrated Care System

Acute Services

As we look to continue to progress our commissioned hospital contracts (currently predominantly cost and volume based) plus all other commissioned contracts towards capitated integrated care, we will need to agree suitable contractual formats and funding mechanisms which most effectively manage overall system operational and financial risk. We will expect to move away from cost and volume based contracts, seeking alternative options which best incentivise the delivery of the transformation agenda set out in the STP. A key principle we will follow is a transparent approach via the CFO group to where provider operational costs lie so that we can take a collective responsibility to reduce activity income and manage costs within providers and examples are already under way as in the Outpatient programme to share benefits and risk. To help manage stability across the STP footprint we will be looking at 1) block agreements for some activity areas e.g. non-elective, maternity and 2) we will be expecting to continue reviewing the MROP methodology (Marginal Rate for Over Performance. Building on the work last year on high cost drugs gain share we would be open to such mechanisms for other areas to support the key elements of the STP. A key work stream in preparation for 2019-21 is the sector alignment of Urgent Care pathways such as ambulatory care across the sector as 1) Trusts are recording and charging differently and 2) slightly different pathways are undertaken for such patients. It has been agreed to align these areas by the CFO group and as a key work stream in the Urgent Care Programme.

Work is already under way via the sector CFO group to try and assess historical and potential growth for future years that will feed into negotiations earlier than usual. We wish to continue to explore the opportunities arising from a single sector control total as a way of managing risk within the sector and as a mechanism to take us towards ICOs.

North West London Collaboration of CCGs secured NHS England resource across seven CCGs to develop IAPT-LTC services with a focus on diabetes and chronic obstructive pulmonary disease (COPD). NW London CCGs are committed to developing IAPT-LTC services to ensure more residents can access talking therapies in primary, community and acute health care settings. To take this forward, commissioners will be negotiating how patients for each of our acute providers can access such therapies services via the Joint Transformation/QIPP Groups in each Trust. This supports the ambitions in NW London`s Sustainability and Transformation Plans to eliminate

unwarranted variation and improving long term condition management alongside increasing the provision of IAPT services from 15% to 25% of prevalence, by 2020/21 as stated in the Five Year Forward View for Mental Health Implementation Plan.

Community Services

For 2019/21 commissioners intend to support the transition of our community services contracts to enable the existing service delivery to align to the developing needs of integrated care models through increased integration of core and specialist service community services and with primary and acute care pathways to reduce delays in patient care and gaps in services. This builds on the existing work in the development of revised specifications across core service lines which continue to be a significant part of the step towards the delivery of the STP and accountable care models within the North West London Sector. As described above the sector approach to developing integrated care models will be critical to developing community services in NWL.

Where any additional funding agreements for service changes are made, CCGs reserve the right to claw back funding where services have not been mobilised to agreed timescales. Full transparency is expected on mobilisation of services and where plans deviate from agreed mobilisation plans resulting in different costs being incurred, it is expected that these changes and the impacts of spend are fully shared and agreed with Commissioners.

We are committed to collaborative working across the North West London sector and through delivery of the STP plan as well as through use of the new commissioning arrangements for NWL CCGs, reducing variation in primary and secondary care will supporting our aim to reduce health inequalities and inequality in access to services.

Our commissioning intentions for 2019/20 focus on joint working across North West London CCGs and providers to deliver the best outcomes for patients by planning and commissioning at scale or across the whole health and care system. North West London CCGs will also seek to align locally identified priorities to retain commissioning at scale.

Brent CCG seeks to commission a Multi-specialty Community Provider model, working with its GP networks and London North West Hospital University NHS Trust. The Programme involves bringing groups of GP practices together, supported by a range of health and social care professionals traditionally based outside of general practices. The model aims to bring together these professional to provide enhanced personalised and preventative care for their local communities. Brent CCG wishes to work with LNWHUT and our other partner organisations to rapidly develop a model of care based around this model, with an implementation date of April 2019. LNWHUT has already confirmed that it wishes to work with us on this programme as per Simon Crawford's letter of 13th September 2018.

In particular, this would include district nursing, tissue viability and specialist community nursing.

The model we wish to commission would involve a block/ risk share arrangement on all non-elective activity for patients aged 18 and above. The CCG would seek to put this new contracting model in place with effect from April 2019. As part of this model we would also seek to repatriate activity which is currently flowing outside of the NWL acute sector and to bring it back within the scope of our integrated care system, which would result in a greater proportion of income accruing to LNWHUT from the repatriated activity.

In return for this collaboration, Brent CCG would undertake not to decommission those community services referred to above in return for agreeing and delivering a programme of work for the MCP with specific timeframes

Ealing CCG is progressing with the procurement of the single contract for out of hospital services. Subject to the procurement outcome, the intention remains in place to manage the safe contract handover of the in scope service lines with a planned go live of contract on 4th May 2019. All decommissioning notices remain in place.

Within appendix 2, there are specific notices listing the relevant CCG and are effective of the date of this letter.

Mental Health Services

The CCGs intend to continue the joint working with our local Mental Health Trusts to support the transformation of local services to align to integrated care models and the North West London STP. Specific benefits will ensure that patients with mental health problems benefit from improved integration across a range of pathways and outcomes are seen across both mental health and physical health settings. We expect to see further improvements in the management of crisis response pathways, the interface with Accident and Emergency settings and the flow from mental health inpatient wards through to community recovery settings and primary care mental health services through shifting settings of care developments. Delayed transfers of care will continue to be a focus of attention to support the need for local bed base reconfigurations. In line with work supported by the Like Minded strategy, we will continue to develop and implement care pathways for severe and enduring mental health need including urgent, primary and recovery care. This on-going work will be subject to the development of appropriate community and primary care capacity to support patients in the pathway.

Where any additional funding agreements for service changes are made, CCGs reserve the right to claw back funding where services have not been mobilised to agreed timescales. Full transparency is expected on mobilisation of services and where plans deviate from agreed mobilisation plans resulting in different costs being incurred, it is expected that these changes and the impacts of spend are fully shared and agreed with Commissioners.

In Brent, there is continued work to transform child and adolescent mental health services (CAMHS) in line with our local vision and the North West London plan. This will include the strengthening of the current crisis and gateway points of access, and the development on online support. Brent CCG is committed to meeting, and if possible exceeding, the access rates expected in *Implementing the Five Year Forward View for Mental Health*. We hope to be successful in our bid for school-CAMHS, and will work closely with NHS and voluntary sector providers to deliver this. Brent is exploring ways to improve the transition from CAMHS to adult mental health services, as is particularly keen to extend the local Early Intervention in Psychosis offer to include 'at risk mental state' support for siblings of teenagers experiencing a first episode of psychosis.

Adult mental health service development includes strengthening of primary care mental health support, primary care dementia support, psychological therapies (for common mental disorders, serious mental illness (including personality disorders), and as part of treating long-term physical conditions). Brent CCG is introducing more focused annual assessments for patients with serious mental illness, which we would expect would reduce reliance on non-elective care (reduced non-elective admissions for physical acute care) for that group, particularly around respiratory care. A key indicator of success would be the flu vaccination uptake in the Brent serious mental illness group as part of winter planning each year. We are also working to improve the physical health care available to mental health inpatients by developing the well-attested GP In-Reach model used on elderly mental health wards, and exploring the use of Rapid Response models in working-age mental health wards.

Brent CCG is keen to find ways to address the mental health workforce challenge by working with the Recovery College to develop more opportunities for local people to train in culturally sensitive peer support. As part of new duties on CCGs in supporting mental health training, we would expect the Brent work force plans to be coproduced between commissioner and provider, so that we make the best use of the available training places of Child Wellbeing Practitioners, and talking therapy practitioners.

Brent learning disability services have recently become integrated, and the CCG is keen to ensure providers have a clear contractual framework, so is exploring the use of an Alliance Agreement. Work continues around the Brent Transforming Care Plan, as part of a larger North West London plan. The CCG will ensure the local dynamic risk register is improved, and includes details of children and adults at risk of a mental health admission. The CCG will also clarify the commissioned support in physical acute services for people with learning disabilities and their carers.

Quality and Safety Standards

Patient safety, health outcomes, patient experience, reducing Health inequalities and Safeguarding all remain central to delivery of high quality, personalised service provision. All commissioned services must continue to comply with current legislation, plus multi-agency and NHS assurance systems

covering safeguarding children, adults and equality. Core to contract monitoring will continue to be the requirement to ensure that providers, through a culture of learning, have robust and aligned mechanisms to report, monitor and improve quality of services. These will continue to be actively monitored at monthly Clinical Quality Group meetings and clinical visits embarked upon where deemed appropriate.

The Quality schedule ensures consistency across all NWL commissioned providers. Our strategic objectives for 2019 onwards are to help ensure all our providers from NWL receive a CQC rating of good or above. We have been successful in NWL in aligning quality standards across acute contracts and as part of achieving this with Mental Health and Community contracts we will be aiming to agree: A series of generic quality requirements across all providers

- A set of core quality standards reflecting the provider speciality – Acute, Mental Health and Community
- A set of local metrics applicable to individual providers
- Adherence to the Public Sector Equality Duty, reported annually

Planned Procedure with a Threshold (PPwT) and Individual Funding Request (IFR)

The NHS is required to improve the care and health of local populations within a limited and increasingly challenging financial budget. There are some treatments that are therefore not normally available on the NHS and there are some treatments are only funded with if certain clinical thresholds to warrant treatment are met. These are called Planned Procedure with a Threshold (PPwT).

This means we have to:

- Review the clinical reasons for exceptionality in individual cases;
- Examine the evidence for the safety and effectiveness of any treatment; and
- Assess and evaluate and the current services and treatments we provide in order to continue to give patients the greatest health gains from the resources available.

As part of ensuring the most effective use of resources, standardisation of clinical practice and equity in access for patients the Planned Procedures with a Threshold (PPwT) portfolio of policies are commissioned across the eight CCGs in NW London. During 2019/20 existing PPwT policies are being reviewed and updated.

The NW London CCG Policy Development Group (PDG) will be reviewing a number of local treatments with limited clinical value within 2019/20 with a view to develop policies with access criteria for implementation in year 2019/20.

In addition, NHS England both National and London Region have identified a series of policies that will also provide commissioning guidance for local CCGs to consider through local governance arrangements. These may supersede existing PPwT thresholds or add new policies to the current PPwT portfolio.

The access for treatment will continue to be through a clinical authorisation route (PPwT form), or if the procedure or drug is not routinely funded, through the completion of an Individual Funding Request (IFR) form.

For more information on PPwT and IFR please refer to link: https://www.hounslowccg.nhs.uk/what-we-do/individual-funding-requests-and-ppwt.aspx

CQUINs

The NHS England CQUIN guidance is yet to be released and at this stage we will be assuming that any nationally mandated indicators will be traded as done historically with payments based on achievement. For any STP engagement CQUINs we would expect to build on the agreements reached for 2018/19 to help support our joint programmes.

Information Requirements Schedule

As for the quality schedule, the overall intent for the information requirements schedule is to continue to rationalise and streamline requirements as necessary for the 2019-21 contract. This should release resources to focus on “smarter working” system-wide opportunities as well as to minimise changes, aside from any new requirements arising from the development of the STP and ACO programmes.

Trusts are expected to report compliance within the contractual Service Conditions (SC).

Statutory targets

General
Support Trusts by streamlining information and quality schedules. Working closer with stakeholders (NHSE and NHSI) to standardise reporting where appropriate to defined core deliverables, enhanced by local measures. Subject to guidance there will be a sustained focus on A&E targets supported by the work of the Urgent Care programme.

Cancer
NWL CCGs will continue to work collaboratively with Trusts on the delivery of national Cancer Waiting Times standards to provide patient centred pathways. Incorporating the new 'Quality of Life' metric across all tumour specialities; further integrating primary and secondary care within our STP footprint.

RTT
Sustained delivery of waiting times standards with a focused approach to reduce waiting times overall where patients are exceeding expectations. Optimising diagnostic capacity across internal and external systems and departments. With the aim to deliver increased productivity, improved outcomes and a better patient experience.

Medicines Management Commissioning Intentions 2019/20

For Payment-by-Results (PbR) excluded drugs, continued major focus on achieving maximum possible system wide benefits from:

- Implementing adoption and switching to use of lower cost/best value brands of biosimilar adalimumab quickly and as soon as the lower cost version becomes available. With respect to the NHS England document 'Commissioning framework for biological medicines (including biosimilar medicines)' if more than one treatment is suitable, the best value biological medicine, including biosimilars, should be chosen. It is expected that at least 90% of new patients will be prescribed the best value biologic medicine within 3 months of launch (or as confirmed by LPP contract) or the date the product is available to the Trust, and at least 80% of existing patients within 12 months, or sooner if possible.

- Maintain continued uptake of best value medicines/biosimilars infliximab, etanercept, rituximab and insulin glargine (non-PbR excluded biosimilar) in place of the higher cost brands.

- An agreed patient supply of no more than 2 months high cost medication per homecare delivery to avoid unnecessary wastage due to treatment modification.

- Commissioners would like to review and potentially re-negotiate historic arrangements in place for sharing benefits and funding for any on-cost and/or homecare charges.

- Switch from invoicing of insulin pumps and pump consumables to activity on SLAM data so to provide a transparent mechanism for monitoring of these PbR excluded devices for both provider and CCG. Note: Continuous Glucose Monitoring (CGM) should not be charged on high cost drug SLAM data as this is within tariff.

In order to achieve smarter system working, we wish to:

- Ensure that the Blueteq IT system is embedded and used to submit and administer funding requests for CCG commissioned PbR excluded drugs.

- Work collaboratively to reduce the number of drug challenges via SLAM and cut down unnecessary "to and fro".

- Strengthen a collaborative partnership with primary and secondary care:

    - Continued support of the NWL CCGs' work to reduce prescription of medicines that can be purchased without a prescription, by aligning with this work and reducing supply of such medicines on A&E or outpatient clinic prescriptions. A detailed outline of the CCGs' approach is currently in the 2018/19 Medicines Schedule and will be included for

the following year. The NHS England document: *Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs* https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/ will also be included in the schedule for 2019/20.

- Continued support of the NHS England document *'Items which should not routinely be prescribed in primary care'*. The 2017/18 Medicines Schedule currently states that "GPs should not be asked to initiate products specified in this document. Similarly for patients newly initiated on such treatment by the Provider, GPs should not be asked to continue this unless exceptional circumstances apply as per guidance". For 2019/20, additional wording will include: "for some patients currently on treatment specified in the document, the GP may refer the patient to the Trust for review or seek specialist guidance with respect to stopping or changing the medication which has been listed in the NHS England document".

- Bring together primary and secondary care prescribing by promoting best practice and cost effective prescribing in line with the following:

  - NHS London Free Style Libre prescribing guidance and North West London process
  - North West London inhaler guidelines
  - North West London diabetes guidelines on prescribing blood glucose test strips
  - Trusts will work with the commissioner when contracts are negotiated for the procurement or supply of the following which may require on-going prescription in primary care:
    - 1st line specialist infant formula milks - use the best-buy extensively Hydrolysed Formulae (eHF) for the majority of children with cows' milk protein allergy in community
    - 2nd line specialist infant formula milks - use the best-buy amino acid formula for all children with cows' milk protein allergy in community
    - Oral Nutritional Supplements (ONS) – for clinicians/dieticians who prescribe ONS, the choice of product(s) should be based on current best buy in community
    - Catheter and Continence Equipment – formulary options as agreed with host commissioner

Metrics

NWL CCG's will look to continue with the existing 2018-19 national mandatory and contractual clinical metrics and will continue to seek standardisation in application across providers. Where additional clinical metrics are identified and there is merit in introducing them, these will be used to monitor operational performance to assist with benchmarking, to optimise pathways and aid discussion in clinical work streams in support of STP transformation initiatives. As part of the move to maximise system wide efficiency opportunities commissioners would expect providers to review and share potential developments in 1) national Innovation & Transformation Fund and 2) Model Hospital benchmarking tool.

London Commissioning Arrangements

London CCGs will continue with the existing Coordinating Commissioner arrangements currently in place for 2017-19, via a pan-London Consortium Agreement, which outlines the governance arrangements plus respective roles and responsibilities of the Coordinating Commissioner and Associate CCGs.

The Commissioning Intentions for a variety of pan-London clinical networks will be shared when received.

Specialised Services

CCGs will continue to work collaboratively with NHS England Specialised Commissioning on projects identified within the STP process that reach across CCG and Specialised commissioned pathways.

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	10th January 2019
Subject:	**INFORMATION REPORT** – Primary Care Strategy
Responsible Officer:	Lisa Henschen Assistant Managing Director, Primary and Community Services Harrow CCG
Exempt:	No
Wards affected:	All
Enclosures:	Harrow Primary Care Strategy Appendices to the Primary Care Strategy

Section 1 – Summary

This report sets out the Primary Care Strategy for Harrow CCG. It sets out the current position and challenges faced within General Practice in Harrow and the transformational programme that will be delivered to respond to them.

FOR INFORMATION

Section 2 – Report

Please see attached Primary Care Strategy and Appendices for the Primary Care Strategy.

Section 3 – Further Information

This Strategy has been submitted through the CCG's Governance processes.

Section 4 – Financial Implications

No financial implications for Harrow Council.

Section 5 - Equalities implications

Not applicable

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not required

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Lisa Henschen, Assistant Managing Director – Primary and Community Care, Harrow CCG. 020 8966 1056

Background Papers: None.

General Practice at the heart of our healthcare system

The Primary Care Strategy for Harrow CCG

2018/19 – 2022/23

Version Control

Version	Date	Author	Changes/ comments
1.0	31/10/18	L. Henschen	New format and draft following the engagement period.
2.0	8/11/18	L. Henschen	Updates from first review
3.0	11/11/18	L. Henschen	Change to finance section and updates to references
4.0	15/11/18	L. Henschen	Updated locality map and minor edits
5.0	19/11/18	L. Henschen	Addition of population projections. Version submitted to Executive Committee.
5.1	27/11/18	L. Henschen	Change to page 16 to clarify where that not all additional funding is recurrent

Foreword, Dr Genevieve Small, Chair of Harrow CCG

As Chair of Harrow GP, I am delighted to present Harrow's Primary Care Strategy; a strategy that firmly places General Practice at the heart of our local healthcare system. I have been a GP in Harrow for 17 years, and it is a role which I am immensely proud to deliver. General Practice has of course changed significantly over this time and both my Practice and the wider community of Practices in Harrow have responded positively to these changes and continue to deliver excellent care to our local community. However, we all recognise that we are under increasing strain, and tinkering around the edges of how we work will no longer be enough.

In developing this strategy, we have had important conversations across the healthcare system to understand where we are now and where we need to be. We have comes together as General Practitioners and GP Practice teams, as a local community in Harrow with patients, carers and members of the public, as partners in Harrow Council, the voluntary and community sector, the wider North West London partnership and in other h h care services. I thank everyone who has been involved in this process for giving their time and sharing their experiences so generously.

This process of engagement has enabled us to clearly set out a vision for the future of primary care in Harrow and set out the objectives that we need to deliver to get there. These objectives propose action to address the challenges that we face, for example challenges we face in ensuring we have the workforce we need to deliver care for our patients, as well as setting out an ambitious programme for changing the way we work as General Practitioners. This change will involve increasing collaboration across GP Practices, as well as with our communities in healthcare and in the broader community to truly deliver integrated and patient focused care. In doing this, we need to strike the right balance between what we all value about the "local General Practice" and the importance of the relationships and care continuity this delivers; with the need to work in larger groups to secure the voice of General Practice in strategic service developments, to deliver population based healthcare services and to ensure that realise efficiencies from delivering services collectively where it is in the best interests of patients.

I am confident in our ability to not only meet the challenges that we face, but for General Practice to thrive in a more integrated and patient facing healthcare system and I very much look forward to working with you to achieve this.

Contents

L18

1. Introduction

In Harrow, General Practice is the heart of our healthcare system. It is the structure that we believe, will drive the change that will transform our whole healthcare system to ensure excellence and sustainability for the future.

We do recognise though that the NHS is facing significant challenges that we see reflected locally for us in Harrow. Primary care is feeling these challenges intensely through:

A growing demand for services

Harrow is experiencing population growth through an ageing population as well as significant infrastructure projects that will bring 20,000 additional people into the Borough over the next 8 years.

The growth in population is coupled with a greater demand from registered patients on the services that a Practice provides. In 1999, the average number of times a patient consulted their GP in a year was 3.9. In 2010/11 it was 5.5 (*Kings Fund 2016*).

A challenged workforce

We have a high number of GPs and nurses in Harrow approaching retirement, coupled with a transient workforce. We hear from our primary care colleagues that low morale is widespread.

A fast evolving landscape in which General Practice is operating

Social and technological advances are changing the way that patients want to use General Practice services; particularly the ways in which they wish to consult with healthcare professional such as using telephone and mobile video. This creates a significant challenge to traditional models of delivering primary care.

In addition, developments in “at scale” working and integrated care seek to address challenges in General Practice, but are an additional call on time to develop these, before the benefits can be realised.

In Harrow, we are committed to working with General Practice to address these challenges and delivering change in our primary care landscape for the benefit of patients, GPs, nurses and their practice teams.

The purpose of this Strategy and its associated implementation plan is to set out Harrow’s vision for General Practice in the future; how we will address these challenges and how we will work with General Practice, local communities and our wider stakeholders to deliver.

The response will be through the delivery of a transformative programme for change in primary care to ensure that patients receive the highest quality care in settings close to their home and that the services we provide are strong, stable and equipped for the future. The Strategy sets out our vision and objectives for this transformation of primary care, and sets out where we are now, and where we need to get to, in order to deliver the change we need to see.

2. Our vision for primary care in Harrow

NHS Harrow Clinical Commissioning Group

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow

Which we will deliver through:

Primary care at scale: A single federation, coordinating the delivery of care closer to home through General Practice, leading our practice resilience programme and at the table as a system leader for service transformation. Provider networks / localities delivering integrated multidisciplinary team-based care for a specific population and in partnership with local community providers.

Care redesign and service integration: Dissolving the traditional boundaries between healthcare services to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs

Workforce development and reduction of workload: To deliver these ambitious changes, the General Practice workforce will need to be strengthened and remodelled, with developments underpinned by the *Ten High Impact Actions* for General Practice.

Improving Access to General Practice: In response to this important priority area for patients and clinicians, commissioning additional consultation capacity, increasing the use of digital technology in the delivery of care and ensuring equitable access for all to the enhanced primary care offer in Harrow.

Robust delivery of Harrow CCG's delegated commissioning role: To ensure strong delivery of our primary care commissioning function and realising the opportunities it has presented to fully align primary care development to wider system transformation.

Improving outcomes and reducing variation: To increasingly focus on an outcomes based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access.

All underpinned by strong patient and public involvement, practice estate and IT infrastructure to deliver:

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.

3. Where we are now

a) Our local population

Harrow is often described as an affluent borough, and population of Harrow experiences generally better health than the England average. But Harrow has its challenges.

- By the end of primary school, 20.4% of children in the borough are classified as obese;
- Amongst adults, the rate of TB and recorded diabetes is worse than seen across the rest of the country;
- Life expectancy is 6.6 years lower for men and 4.3 years lower for women in the most deprived areas of Harrow, compared with the least deprived in Harrow.

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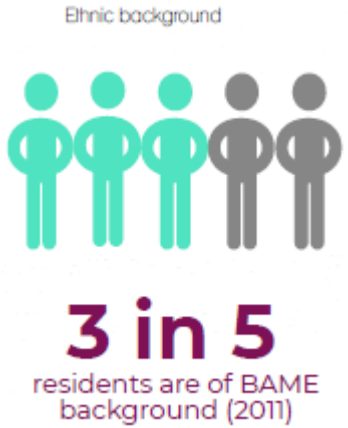
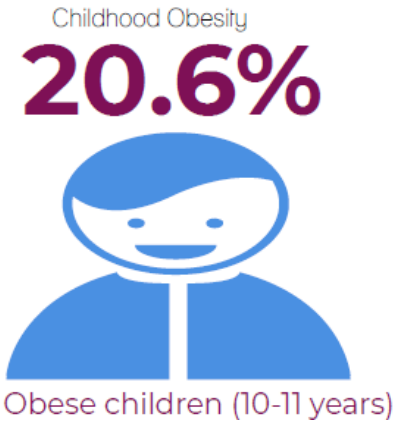
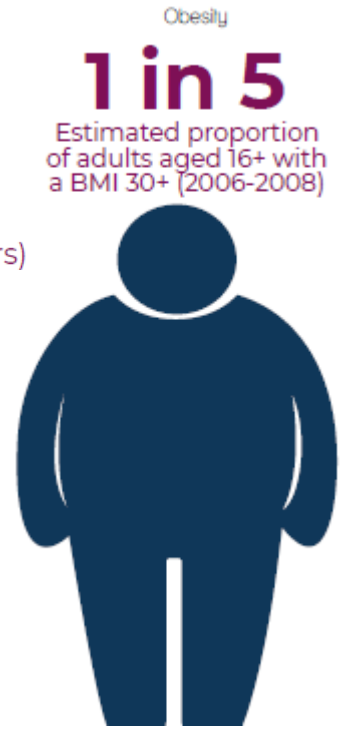
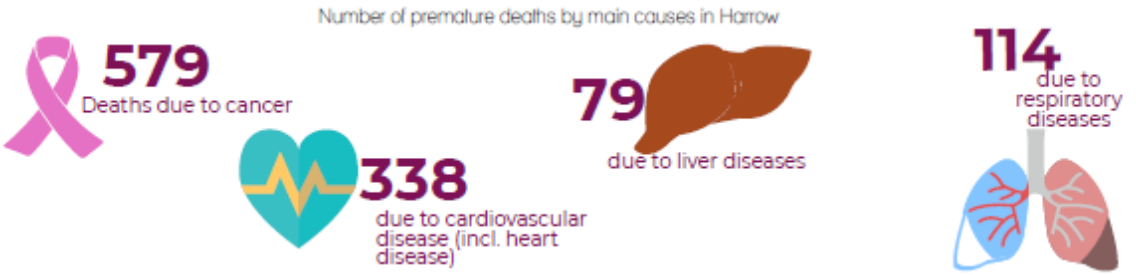
Over the next 8 years, we are forecasting a significant population increase in Harrow (an increase of 20,000 people) , both through people living longer and through a significant number of new homes that will be developed in the borough.

Ensuring that we have the adequate primary care provision to support this population, and that we do not put additional pressure on our already stretched services and workforce will be essential.





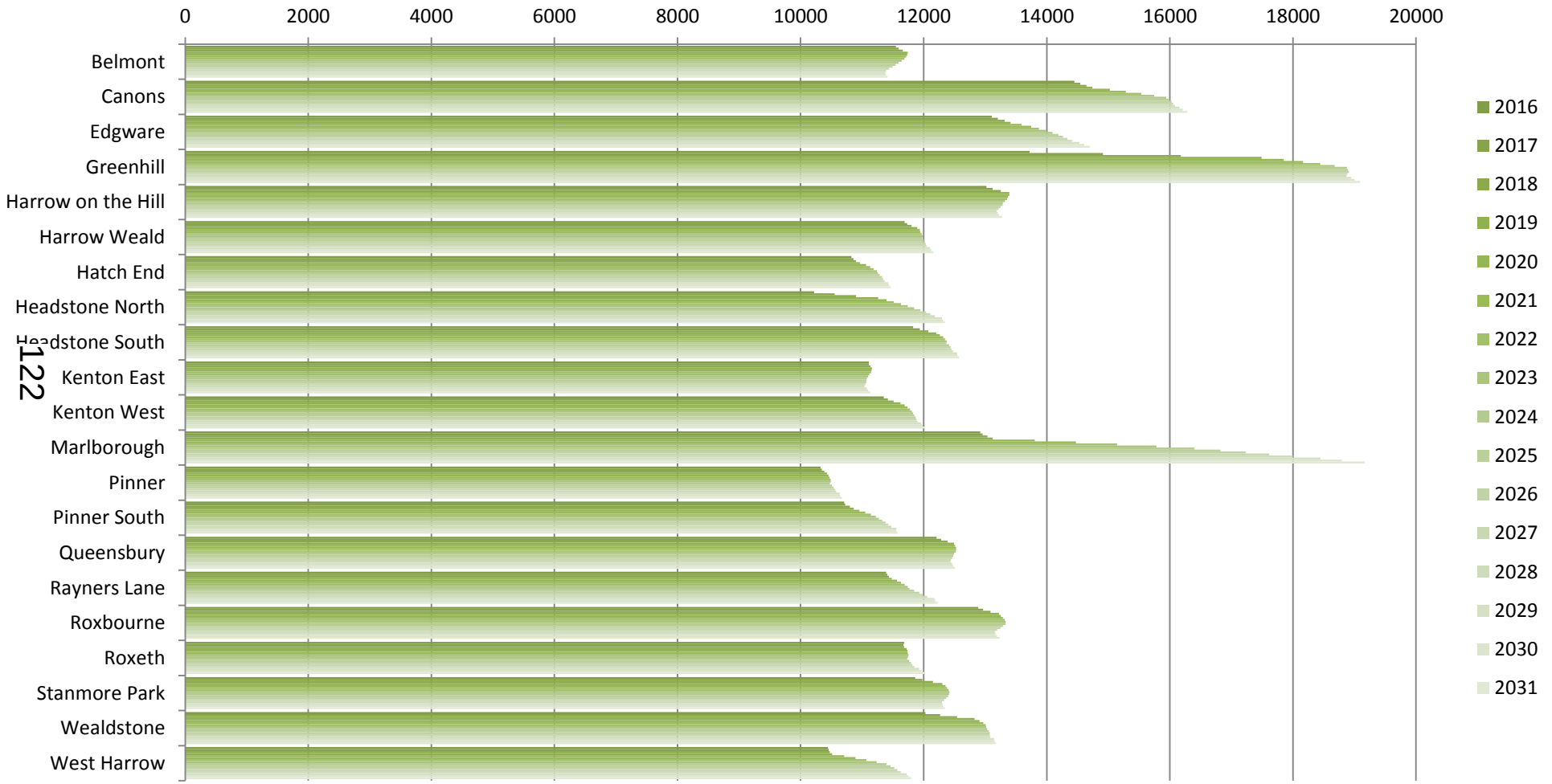




3. Where we are now

NHS Harrow Clinical Commissioning Group

a) Our local population



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Projected population change by electoral ward: Source: © GLA 2016-based Demographic Projections

b) Local Strategic Context

In delivering this Primary Care Strategy, we need to consider the wider strategic context in which it will be implemented.

Our strategic context is influenced at a National, London, North West London and local level and is summarised as follows:

Nationally, the *General Practice Five Year Forward* (GPFYFV) drives our strategic approach.

It sets out an ambitious programme of work to support and develop General Practice and places General Practice at the c123re of the broader healthcare system.

There are five key themes being delivered through the GPFYFV;

- Investment,
- Workforce,
- Workload,
- Practice infrastructure; and,
- Care redesign.

At a London Level, the *Transforming Primary Care in London*, and the subsequent publication, *The next steps to the Strategic Commissioning Framework for London* drives strategic approach, particularly taking into account the challenges faced by General Practice at a London level.

Both publications focus on the commissioning of proactive, accessible and coordinated care. *The next steps to the Strategic Commissioning Framework* goes further to focus significantly on the importance of at scale working in General Practice, calling for "deeper and wider collaboration", which is highlighted as the central solution to the challenges faced in General Practice.

For more detail on our policy drivers, please see Appendix A

3. Where we are now

NHS Harrow Clinical Commissioning Group

b) Local Strategic Context

Harrow CCG is part of the **North West London** Health and Care Partnership. Within this partnership, health and care services are provided to over 2 million people in North West London.

Our collective aspirations are for longer-term transformation and delivery of national strategies will be delivered through the North West London STP footprint, to respond appropriately to local needs. Together, we have a collective vision to develop a system of healthcare that is less reactive and less hospital bed-based; one that is led by primary care. The GPFV agenda for delivery is significant.

To ensure that the support and resources needed are available through the GPFV, and that they best meet the needs of NW London practices; CCG Heads of Primary Care, in collaboration with the NW London Local Services Team, are collaborating across four key areas of focus to tailor support to local requirements; **Workforce Development**, **Practice Infrastructure**, **GP Practice Development** and **Extended & Improved Access.**

Locally, in Harrow, our focus is on the development of integrated, community based care that will allow us to respond to challenges currently faced by NHS and social care services. Harrow has a strong foundation to build from, as an organisation already part of the collective Pioneer initiative across North West London to deliver Whole Systems Integrated Care (WSIC).

Key principles for the emerging Harrow Integrated Care Programme are a focus on the delivery of outcomes, across a care pathway, longer term contracts (for example, 10 year contracts), capitated budgets that support providers in working together to meet the needs of a population and risk share and gain arrangements.

These priorities are further supported by our local commissioning intentions and operating plan, which place General Practice at the heart of driving system change.

For more detail on our policy drivers, please see Appendix A

3. Where we are now

NHS Harrow Clinical Commissioning Group

c) Our primary care landscape

Harrow has 33 Practices providing services to over 265,000 citizens across numerous surgery sites. Of our member Practices that have received an inspection from the Care Quality Commissioning (CQC); 2 were rated outstanding, 27 were rated as good by CQC, while 2 require improvement and 2 are inadequate.

Out of the 33 Practices, 19 hold PMS contracts, 13 hold GMS contracts and 1 holds an APMS contract. In the last 2 years, we have had one Practice closure and 2 Practices have merged.

The National GP Patient Survey provides us as a CCG with a key source of data about how patients experience accessing General Practice services in Harrow. It also allows us to benchmark how we compare with other areas of the country. The next slide shows some of the results for Harrow in this survey. Key areas of significant variance in Practice performance have been observed in the following areas:

- Overall experience of GP Practice (ranging from 50-90% satisfaction rates)
- Offering a choice of appointment (ranging from 30-90% satisfaction rates)
- Overall experience of making an appointment (ranging from 30-90% satisfaction rates)

Certain Practices have consistently scored low in the above domains and Harrow CCG are working with them to understand the factors driving lower rates of satisfaction and patient confidence in their service delivery.

All patients in Harrow have access to pre-bookable General Practices services 12 hours a day, 7 days a week, through their registered Practice or through an extended access hub. Harrow provides extended access through 3 hubs in Harrow; Alexandra Avenue which provides pre-bookable appointments from 8am – 8pm, 7 days a week, The Belmont Health Centre which provides a combination of walk-in and pre-bookable appointments and the Pinn Medical Centre which offers Walk-in Services.

In 2018/19, Harrow CCG commissions 9 enhanced services through General Practice, although not every Practice signed up to deliver them. This currently creates some inequity in terms of access to services for our patients. These are shown in the table below.

Harrow' Enhanced service portfolio 17/18	No of Practice delivering
Primary Care Standards	33/33
Rheumatology DMARDs	27/33
Prevention	30/33
Phlebotomy*	26/33
Enhanced Practice Nursing	27/33
Care planning, case management and risk stratification	30/33
Anti-coagulation (AQP)*	4/33
HEROS (referral optimisation)	33/33
Prescribing	33/33

*borough wide service offer available

Putting patients first

For more detail on our primary care landscape, please see Appendix B

c) Our primary care landscape

Summary findings from the National GP Patient Survey 2018 for Harrow:

Survey Area	CCG Average	National Average	Comments	2017 CCG Comparison
Overall, how would you describe your experience of your GP practice?	80% Good	84% Good	Below national average	81% Good
Generally, how easy is it to get through to someone at your GP practice on the phone?	67% Easy	70% Easy	Below national average	61% Easy
How easy is it to use your GP practice's website to look for information or access services?	77% Easy	78% Easy	In line with national average	n/a
What did you do when you did not take appointment you were offered?	21% Went to A&E	11% Went to A&E	21% went to or contacted another NHS service (compared with 11% of national average)	8% Went to A&E
In the last 12 months, have you had enough support from local services or organisations to help you to manage your LTC?	78% Yes	79% Yes	In line with national average	n/a
How satisfied are you with the general practice appointment times that are available to you?	63% Satisfied	66% Satisfied	Below national average	n/a
How do you feel about how quickly you received care or advice when your practice was closed?	50% Took too long	35% Took too long	Well above national average	45% took too long
Which of the following general practice online services have you used in the past 12 months?	21% booking appointments online	13% booking appointments online	Well above national average	15% booking appointments online

For more detail on our primary care landscape, please see Appendix B

c) Our primary care landscape

Developing our "at scale" arrangement for Primary Care in Harrow

In October 2018, Harrow CCG agreed plans to make a significant investment, £799,800, to support the development of collaborative working across Practices in Harrow.

The agreement of these plan saw the confirmation of three locality structures in Harrow, as shown in the diagram. These localities are made up of local Practices within specific geographical areas, serving a population of between 80,000 and 10[illegible]000. Our work programme over 2018/19 will support these P[illegible]tices to come together to focus on local population needs, to develop plans to collaborate in order to deliver a wider range of services to meet these needs and look for where working together could create greater efficiencies for them as individual Practices. Delivery of this work at a locality level is being overseen by Harrow Health CIC, Harrow's GP federation.

The supporting infrastructure for primary care: technology and estates

Our Estates Strategy in Harrow is for the development of "hubs" for the delivery of extended services to be delivered in a primary care setting.

These hubs have been identified in Harrow as Alexandra Avenue, The Pinn Medical Centre and Belmont Health Centre. These align to the emerging three localities in Harrow. We are aware that we need to develop these hub services, particularly Belmont Health centre, as well as ensuring that all of our Practices are operating from premises that are fit for the purpose of delivering modern healthcare services.

c) Our primary care landscape

Harrow recognises the potential of technology to release the change we need to see in General Practice and the wider healthcare system. We are focusing work on supporting Health and Care Professionals to **access and share information**, alert, task and notify other relevant professionals across care settings. We are supporting Practice website developments, including online consultation functionality. We are also delivering national IT programme priorities such as the Electronic Referral Service which went live in Harrow on 1st October 2018.

Workforce & workload

General Practice in Harrow is under considerable pressure. Recent years have seen high volume and complexity of workload, and rising running costs, while the workforce and investment have not kept pace with other parts of the NHS; both at a local and national level.

Locally issues include:

- Traditional working methods, systems and approaches are buckling under the pressures of patient demand (especially due to an ageing population);
- Senior & Principal GPs are reaching retirement age - 20% of GP's in Harrow are over the age of 60 years;
- Younger & salaried GPs not willing to take on Practice partnerships;
- 28% of Practice Nurses in Harrow are over the age of 60 years;
- We have a cohort of transient clinicians that move to other Boroughs.

There is considerable work underway to address these workforce challenges, including a number of projects and programme of work focusing on retention of our existing workforce and recruitment into vacancies in Harrow. Harrow has a thriving young doctors group "the first fives", supporting newly qualified GPs, as well as a "final fives" group, supporting and nurturing the talent in our healthcare system as GPs approach retirement. We are also looking at new clinical roles in General Practice, such as Clinical Pharmacists, to offer a new skill set and take the pressure off of GPs.

This is all supported through a strong foundation of education and training for Practice teams delivered through our local Community Education Provider Network (CEPN).

In collaboration with Harrow Health CIC, our local GP federation, we are implementing the "Time to Care" programme. This work involves changing working environments and the way in which routine tasks are carried out through implementation of appropriate High Impact Actions, building on the workflow re-direction work that is already underway locally. An example is supporting the whole Practice team to signpost their patients to relevant local services that exist in Harrow.

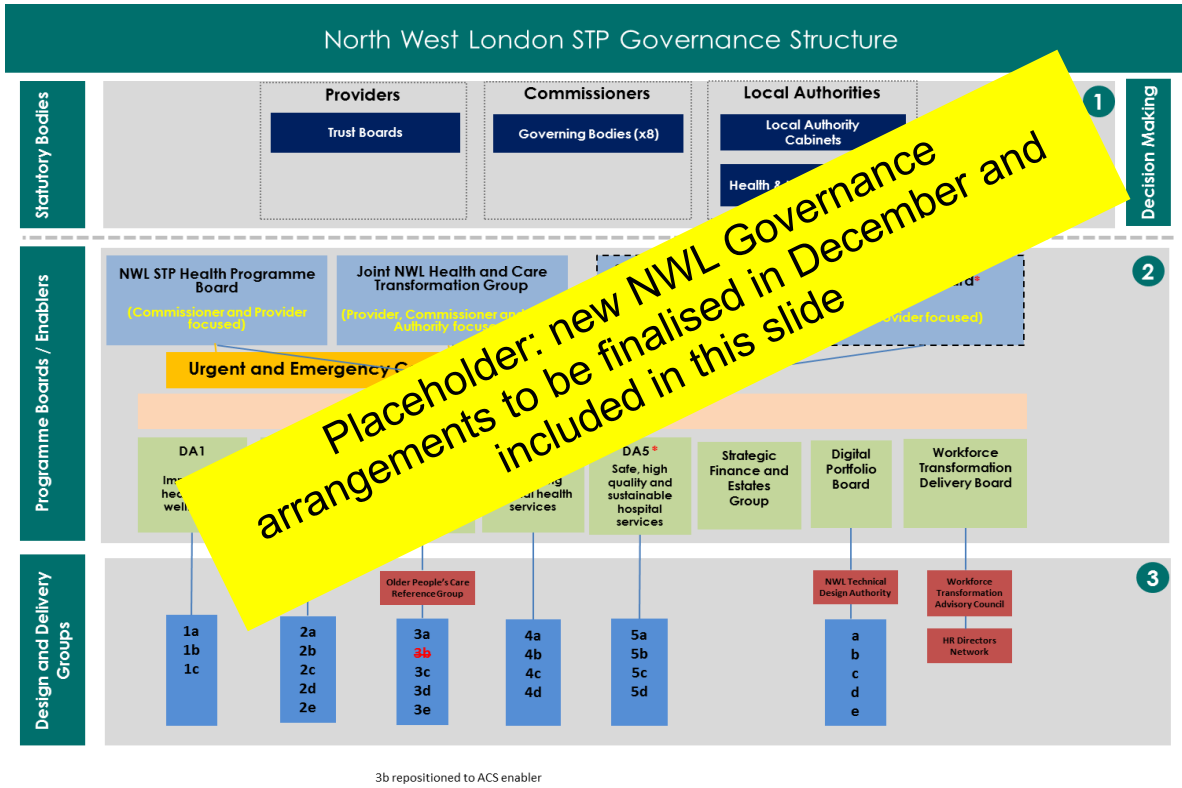
For more detail on our primary care landscape, please see Appendix B

d) Governance for Primary Care

In the increasingly integrated, and by definition more complex, commissioning and service delivery landscape, the robustness of governance and assurance models is of utmost importance. The new ways of working and models of service operation are cutting across geographical, sectorial, organisational and political boundaries and as such governance arrangements need to be adjusted to suit the needs of these new organisational / operational structures, be it they are either physical or virtual entities. Well thought out Governance is required to ensure that decisions are made by Groups with the correct legal authority and to provide frameworks of accountability and assurance.

Governance models for the system wide are strategic, with oversight by an Programme Board.

The NW London STP governance model is complex, covering 8 CCGs and 8 Local Authorities spanning health and social care domains, and is based on the Principles of Governance. It is shown in the model on this page.



Delivering our delegated commissioning responsibilities

The CCG has been delegated responsibility for the commissioning of Primary Care. The challenge of delegated commissioning requires robust governance arrangements and internal changes have been made within the CCG to implement this. The CCG Primary Care Committee is the key decision making group for operational contractual matters, as a sub-Committee of the Governing Body. The Committee also supports the overall development of a Primary Care Strategy in Harrow to support the CCG's wider transformation agenda.

e) Primary Care Finance

Harrow CCG has increased investment into General Practice in 2017/18 and 2018/19 by 7.5% from the previous financial year – some of which is on-going funding and some of which is a one-off investment being made in 2018/19). This investment is made line with the proposals set out in the General Practice Five Year Forward View (GPFYFV). The intention is to increase our investment in out-of-hospital services, whilst reducing the growth in what we spend on hospital services.

Areas of spend Recurrent funding (18/19 budget) - £'000	
GMS/PMS/APMS allocation	22,788
Enhanced Services	778
QOF	2,968
Local Incentive Schemes	2,977
GP IT	844
Premises	3,704
Other	3,704
Total	**37,128**

The following investments are being made in 2018/19:

- £789k will be invested in transformational support from national CCG allocations as a non-recurrent spend of £3 per head of the CCG population;
- £68k will be allocated for expenditure on online General Practice consultation software, as part of our strategies for Access and Informatics;
- £45k will be assigned to the training of care navigators and medical assistants for all Practices, again as part of our overall approaches to access and patient empowerment;
- £60k assumed in current plans for additional funding General Practice Resilience Programme;
- £460k will be invested in extended access;
- £103k to support the accelerated development of General Practice at scale (non-current funding from NHS England)

The development of at scale primary care will introduce new opportunities and, equally, new challenges for procurement. We intend to derive the maximum possible benefit for our patients from the registered GP list, whilst using the market to secure improved quality and value for money for our patients where this is necessary/desirable.

We will be mindful of ensuring maximum impact and value for money from the total investment and not just the new funding that will be reaching us over the next two years.

Full details of primary care investment is detailed in Appendix C

4. Delivering the vision for primary care in Harrow

NHS Harrow Clinical Commissioning Group

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow

Patients will be able to book appointments easily, access appointments at convenient times, and contact healthcare professionals in a way which is appropriate for their needs.

Patients will find it simple and straightforward to access the care they need, and health and care professionals will have the tools, systems and skills they need to work together to provide a holistic service.

The buildings where patients access health services and where staff work will be easy to get to and fit for purpose.

Patients will be educated, empowered and encouraged to care for themselves and manage their conditions, and health and care professionals will have the knowledge and power to direct patients to the right service and prescribe social as well as medical interventions.

Commissioners, health and care professionals and patients will work together to continuously improve services.

This vision will be delivered through six objectives which are outlined in the following pages.

4. Delivering the vision for primary care in Harrow

Objective 1) Primary care at scale

A single federation, coordinating the delivery of care closer to home through General Practice, leading our practice resilience programme and at the table as a system leader for service transformation.

Provider networks (localities) delivering integrated multidisciplinary team-based care for a specific population and in partnership with local community providers.

Harrow CCG recognises that it is essential for our GP provider community to develop the at scale solution that is appropriate for them. As commissioners, it is our responsibility to set out our strategic intent in relation to an at scale solution for Harrow that will provide the infrastructure that we need to deliver an enhanced service offer that will support patients to receive care as close to their home as possible. Commissioners are seeking to work with a provider landscape to support them in developing a strong federation for General Practice.

We see the role of this federation as an organisation which:

- Is Contracted to deliver "patient facing" services, where this is most appropriately delivered at borough level;
- Is Contracted in a lead provider role, coordinating activity to ensure borough wide access to services for patients, which may be delivered at a network level;
- Develops a service offer to the Networks / localities for back office and 'professional-facing' services;
- Provides an offer of borough wide functions for General Practice, including Governance, Human Resources, commissioning, contracting, performance management, Continuous Quality Improvement, implementation of demand and capacity tools across the networks and workload/workforce planning (including Primary Care 'bank');
- Supports professional development and career pathways;
- Acts as the voice of primary care in an Integrated Care System and Integrated Care Partnership context.

Harrow CCG recognises that the local primary care community will need to drive the development of a federation who will act in this capacity.

4. Delivering the vision for primary care in Harrow

Objective 1) Primary care at scale

Working with the overarching federation, Harrow CCG are seeking to create a service delivery model through networks of primary care that are geographically aligned to a specific population, with an identified "hub" for the delivery of more complex, out of hospital care services. We would expect networks to align to one of the three identified hubs within Harrow (Alexandra Avenue, The Pinn Medical Centre and Belmont Health Centre).

In Harrow, our local General Practice community is in the process of developing these provider networks. In Harrow, these are being referred to as **localities.**

We see the role of these localities as:

- The point for delivery of integrated, multi-disciplinary care for their defined population group. This is also referred to as the "Primary Care Home", which is discussed more fully in objective 2.
- Supporting Practices to work collaboratively to develop their service offer and define the health outcomes for their populations, for example, using the Whole Systems Integrated Care (WSIC) dashboard to identify population health needs
- The mechanisms for General Practice to:
  - identify and develop partnerships with community, social care and voluntary providers;
  - Co-design care pathway(s) between commissioners, providers and patients;
  - Ensure patient and public engagement;
  - Implement the *Ten High Impact Areas* (NHS England) to release time to care;
  - Monitoring and managing local workforce issues;
  - Taking a data driven approach to local service quality improvement.

The development of "at scale" structures will be central to the delivery of whole strategy for primary care, as well as the transformation across the wider healthcare system and is therefore of the highest priority within our delivery plan. The service delivery point for enhanced services that are commissioned in Harrow, ensuring 100% population coverage across their defined geographical populations. The commissioning arrangements may vary by service, or change over time as the maturity and development of our at scale structures evolve. Potential commissioning arrangements are presented in Appendix D.

This process will be evolutionary in nature, and will only be successful if delivered through a true partnership between commissioners, providers and patients.

Potential commissioning arrangements are detailed in Appendix D

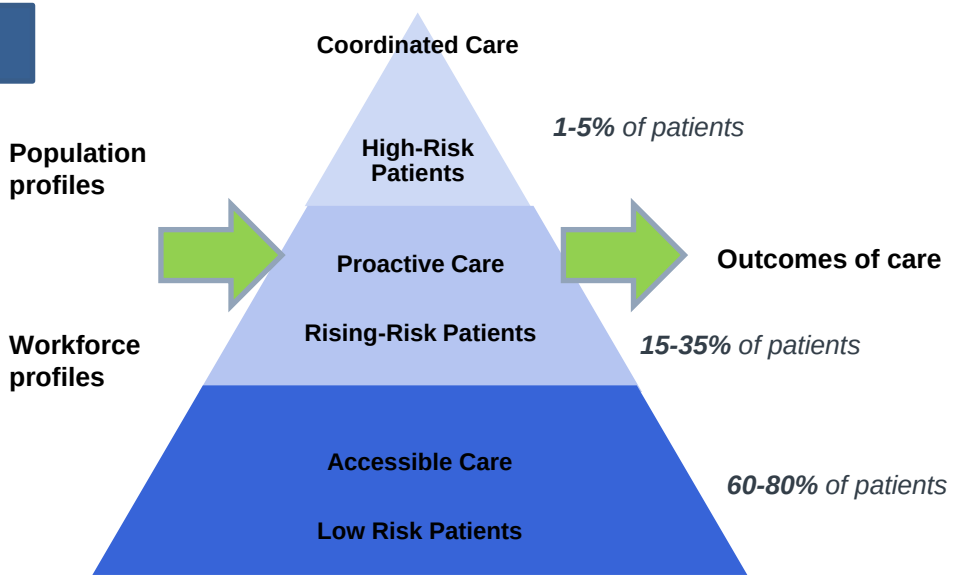
4. Delivering the vision for primary care in Harrow

Objective 2) Care redesign and service integration

Dissolving the traditional boundaries between healthcare services to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs.

Building on our at scale programme, we will work to deliver at pace over the next three years locally based teams, spanning organisational boundaries, delivery true integrated care for their local populations. Primary care will be at the heart of these developments, as population based care starts to shape how care is delivered. In Harrow, the development of primary care at scale will be central to delivering integrated care. We are seeking to achieve local delivery of primary care services through the **Primary Care Home model.**

The Primary Care Home model brings together a range of Health and Social Care Professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes. Primary Care Home shares some of the features of the Multispecialty Community Provider (MCP) model, although its focus is on a smaller population enabling primary care transformation to happen at a fast pace.



North West London's population health approach

It is hoped that these models will also support GP Practices to come together to take a population health approach to managing demand in primary care, as shown in this diagram.
The development of primary care at scale is central to delivering this model. The diagrams on page 20 show the evolution from General Practice networks to Primary Care Home and how this fits with the overall development of Integrated Care Partnerships in Harrow.

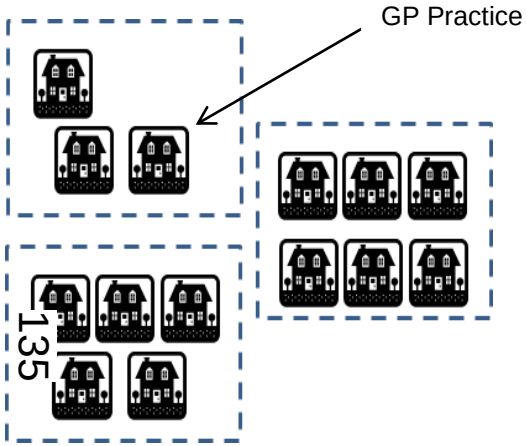
We will secure the strategic voice of primary care for these developments through a General Practice federation for Harrow, ensuring that the system we design and the new models of care that emerge support the central role of General Practice in their delivery.

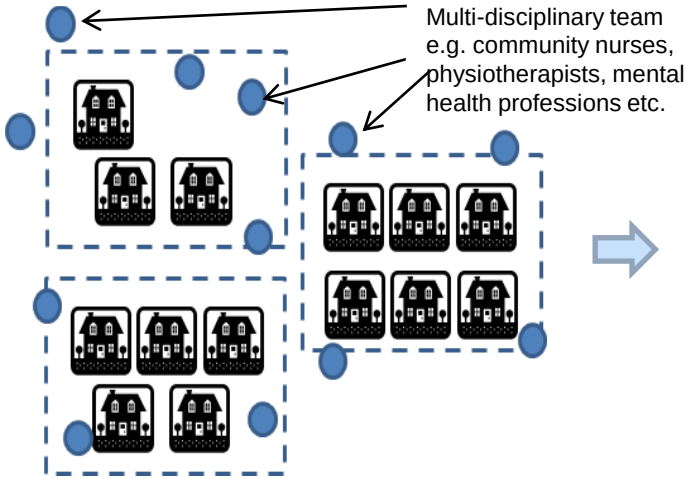
4. Delivering the vision for primary care in Harrow

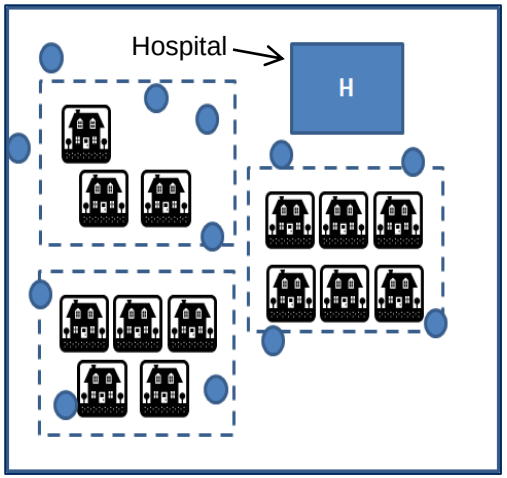
NHS Harrow Clinical Commissioning Group

Objective 2) Care redesign and service integration

The following diagrams show our vision for the evolution of primary care at scale towards a fully integrated healthcare system.







Stage 1. Primary care comes together into "at scale" networks, geographically aligned with populations.

Working arrangements across organisations established.

Core General Practices continue to provide continuity of care for their registered list

Stage 2. The network structures evolve into the Primary Care Home model to deliver integrated care. Multidisciplinary working is established. Sharing of skills and experience to benefit patients is routine.

Community services, social care and voluntary sector services are wrapped around the Primary Care networks to enable a true integrated approach to delivering care.

Stage 3: A borough level integrated care partnership, bringing together all care that is provided in Harrow.

Principles of joint working are well established.

Integration of services around people is extended across health and social care

One budget, one approach.

Objective 3: Workforce development and reduction of workload

To deliver these ambitious changes, the General Practice workforce will need to be strengthened and remodelled, with developments underpinned by the Ten High Impact Actions for General Practice. By the end of 2018/19, we will produce Harrow's Strategic Workforce Plan. This plan will focus on two timeframes:

1. Short to medium term (to 2020). This will cover our immediate plans to improve our Recruitment, Retention and Return amongst the Primary Care Workforce, in line with "Building the Workforce - The New Deal for General Practice". Much of this work will include workflow re-direction within practices and supporting transformation through the adoption of the Releasing Time to Care programme.

A programme of up skilling reception and clerical staff has already commenced to develop greater skills in supporting the process of coding and identifying clinical streaming of information – supported by a national funding stream. There has also been work commenced on up skilling the non-medical workforce through education and apprenticeships, and attracting nurses into primary care in Harrow.

2. Longer term strategic future (to 2023). This will set out the skills, capacity and clinical/caring roles that will be needed to deliver. It will be timed to guide HEENWL and Harrow CEPN in the design of their future education and training courses, to ensure that the staffing complement we require is available in a timely way.

> "There is arguably no more important job than that of the family doctor […] if general practice fails, the whole NHS fails" Simon Stevens, Chief Executive, NHS England, 2016

In the development of our new Primary Care Contracting arrangements and Enhanced Service Contracting, we will ensure that we address the workforce needs to deliver. We will include robust guidance on training and competency requirements within service specifications and commissioning the associated training required to deliver them through the Community Education Provider Networks (CEPNs).

In addition, we will focus on the workforce development needs arising from the implementation of the North West London Outpatient Transformation Programme, a programme which seeks to support General Practice to manage patients in a primary care setting, who would traditionally have been referred to outpatient services. This will involve the standardisation of referral templates, provision of primary care guidelines, clinical triage, advice and guidance for primary care, virtual clinics and appointments, reduction of follow up through application of standard criteria, virtual review and patient education.

Our developments in workforce and workload will focus across the whole Practice team, and wider community service workforce to fully support the integration of services, as well as new ways of working.

Objective 4: Improving Access to General Practice

In response to this important priority area for patients and clinicians, commissioning additional consultation capacity, increasing the use of digital technology in the delivery of care and ensuring equitable access for all to the local improvement services offered in Harrow.

Harrow CCG is committed to ensuring that all patients in Harrow have excellent access to General Practice services, both in and out of core hours. Patients have told us that they want accessible and easy to book appointments, with greater control over the length of time of that appointment, based on their needs. We heard strongly from local patients that whilst good access is a key priority, so is continuity of care from a GP of their choice for particular conditions or at particular times in their lives.

Where Practices are not offering the core hours services they are required to (8am to 6.30pm), we will take action in our delegated commissioner role. For extended hours access, we will enhance our monitoring of take-up of pre-bookable appointments, at a Practice level, to ensure there is equity in how these additional consultations are being applied across the borough. We will continue to work with our Patient Participation Groups (PPGs), patient groups established within General Practice, to understand how our initiatives to improve access are being experienced on the ground.

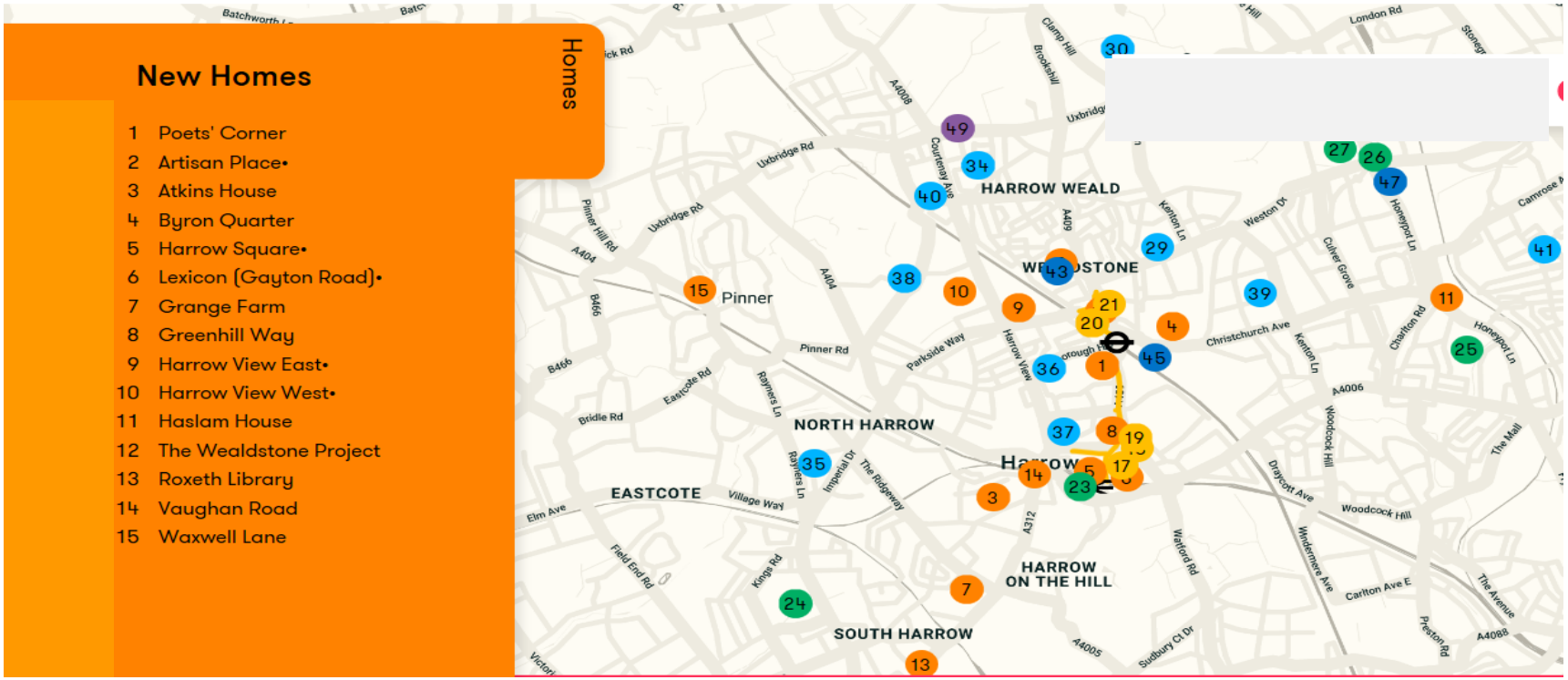
We will also be working closely with the Local Authority over the five years of this Strategy to ensure that our local primary care services are equipped to respond to the significant population increases that we will see in a borough in future years (see slide 24). We will look for opportunities to expand the capacity of our existing providers were possible and secure new premises for delivery of General Practice services where this is needed.

Central to our objective to improve access not only relates to access to GP appointments, but also **equity of access** to enhanced services that are provided within General Practice. Our commissioning intention is for 100% population coverage of all services that are commissioned through General Practice services (Enhanced Service Contracts). To achieve this, in 2019/20 we will move to commissioning enhanced primary care services through our GP “at scale” arrangements, rather than with individual practices, to ensure that 100% population coverage is achieved. This may mean patients accessing services outside of their registered practice.

Objective 4: Improving Access to General Practice

The map below shows the location of the 15 main development sites in Harrow over the next 10 years. The areas of regeneration are not equally spread across the borough. Both the highest number of sites and the largest developments are in the Greenhill and Marlborough wards (i.e. Town centre to Wealdstone area). Most wards show an increase over the coming 15 years with the most dramatic increases occurring in Greenhill and Marlborough wards .

As a CCG, we will be working closely with Harrow Council in relation to these developments to ensure adequate primary care provision as a result of these developments.



Objective 5: Robust delivery of Harrow CCG's delegated commissioning role

To ensure strong delivery of our primary care commissioning function and realising the opportunities it has presented to fully align primary care development to wider system transformation.

Harrow CCG fully recognises the opportunities that are afforded through delegated commissioning responsibilities to strategically align primary care developments with those in the wider healthcare system. With the delegated commissioning responsibilities, also comes the role of ensuring robust management of the Contracts that are held within General Practice.

We will ensure that every Practice in Harrow receives a visit relating to their Core Contract at least once every three years; more often if needed. We will take a data driven approach to identifying Practices who would benefit from a visit, based on what we know about challenges they may be facing. These visits will be supportive in nature.

In relation to enhanced services commissioning, we will ensure that the NHS Standard for commissioning enhanced services in future. The contracting approach will be flexible in order to incorporate other strategic primary care priorities, i.e. whether to contract with at scale providers or individual practices.

We will ensure that we work closely with our primary care colleagues in North West London in developing new Contracts to build on their learning. The contracting vehicle will need to "wrap around" existing national contracts and could include QOF indicators and investment in the future. NWL CCGs are in general moving towards at scale, capitated contracts in order to fit with the model of Integrated Care Systems.

In addition, Harrow CCG will work with our local LMC to complete the review of PMS Contracts in 2018/19 and use the funding released from this review to ensure equity of access to additional primary care services across the whole of Harrow.

From the funding released through the review of PMS Contracts, Harrow CCG will commission the following services in addition to core Contract activity over the next five years:

- Improving uptake of childhood immunisations;
- Improving support that is provided to carers in General Practices;
- Reducing the number of frequent A&E attenders;
- Delivering health checks for people with Learning Disabilities.

Objective 6: Improving outcomes and reducing variation

To increasingly focus on an outcomes based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access. Our outcomes based approach to the commissioning of primary care services will focus around four key areas:

The delivery of preventative services to support people to stay well (immunisations, health promotion services). It is recognised that the CCG could undertake further work to support public health prevention initiatives and improve performance in these areas. As a result, we will build relationships further with member practices, and review potential mechanisms for increasing this support. There will be further encouragement for all practices to provide additional services, including immunisations, contraceptive services and child health surveillance.	**Proactive identification and management of long-term conditions** (addressing the prevalence gap). Our prevention Local Incentive Scheme will be the key mechanism for proactive identification of patients and reducing the prevalence gap in Harrow. We know that early identification of patients and supporting early interventions is the most effective intervention that can be made to prevent exacerbation of complications experienced from long-term conditions.
Personalised care planning for people with complex needs (with a focus on preventing non-elective hospital admissions). Following a review in 2018/19 of our Whole Systems Integrated Care approach, we will redefine what is commissioned through General Practice in relation to a care planning approach for our most complex patients, with a focus on preventing non-elective admissions to hospital. In addition, and working with our North West London colleagues, we will have a set of common standards for the management of long-term conditions in primary care.	**Supporting people to self-care where possible**. Harrow CCG will enhance Structured Patient Education programmes that support patients to self-care, as well as ensuing effective sign-posting to services that can offer support through initiatives such as social prescribing. As part of the Diabetes Transformation Programme, the CCG is committed to ensuring that by 2021, 40% of newly diagnosed, and 30% of existing, people with diabetes, receive approved diabetes education.

Over the next five years, we will strengthen our commissioning approach to focus increasingly on the outcomes that are delivered through primary care services, which will be commissioned at a Primary Care Network (locality) level. Through shifting the way we Contract for services from activity based payments, to outcomes based payments, we will show the real potential that General Practice has to further reduce demand for hospital services. Data tools such as a GP dashboard that is being developed to highlight practice-level referral information into secondary care specialties will be rolled out in 2018/19 to support Practices to work collaboratively to deliver healthcare system change.

5. The enablers for delivery

Patients and the public as partners in care

Patients, carers and the public play a central role in both supporting their own care and in shaping and improving local healthcare services.

Patients recognise the key role that they play in supporting their own health, but will need support from their primary care team to enable them to self-care. To support effective self-management in Harrow, we will take a Practice based approach; through training and education of the Practice team to support care, as well as by commissioning self-care education programmes for patients with long-term conditions.

We also recognise the key role that the voluntary and community sector can play in supporting patients to manage their own health and accessing support services that address wider wellbeing rather than medical needs where this would be appropriate. We see social prescribing as the ideal model to deliver this support to patients, as well as providing a more streamlined approach for practices to unlock the potential of the voluntary and community sector as partners in care. We will actively seek to develop a robust social prescribing programme for Harrow.

Harrow CCG will ensure continuous patient engagement in the development and monitoring of services, strategy development, our out of hospital commissioning intentions and development of the integrated care approach for Harrow. Both Healthwatch and Harrow Patient Participation Network, amongst other organisations, are key partners for us to work with in the co-development of our commissioning plans. We will also support the effective development and functioning of Patient Participation Groups (PPGs) at a Practice level.

5. The enablers for delivery

Fit for purpose estates

To deliver our ambitious programme for primary care, our estates and the facilities within them will need to improve and / or change.

We recognise that not every GP Practice in Harrow will have the ability to deliver extended services due to the constraints of the buildings they are in. Our Strategy therefore is for "hub" services to develop in three locations across the borough: The Pinn Medical Centre, Belmont Health Centre and Alexandra Avenue. These locations align to the three localities of General Practice in Harrow.

The purpose of developing our services around these hubs is:

- To provide more care closer to home so people can get easier and earlier access to care;
- To enable a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes.

As well as supporting the development of the three hubs, Harrow CCG is committed to ensuring that all GP Practices are fit for purpose to deliver core General Practice services. Through the Practice Infrastructure Funding, we will support and endorse viable schemes that will increase the capacity within Practices in Harrow, allowing us together (GPs and the CCG) to respond to the population increases. We will also work with Practices to address any premises concerns that may have been raised through CQC inspections.

Alexandra Avenue Health & Social Care Centre

In addition to maximising the space opportunities from our current estate in Harrow, we recognise the need to increase the number of premises in Harrow from which General Practice Services are delivered, in order to respond to the significant population increase that we are expecting to see in Harrow over the next 5, 10 and 15 years.

To address this, we will work closely with Harrow Council to ensure that we maximise the opportunities from the flexibilities of the Section 106 funding which is secured as a result of the new building developments, for investment in health premises and services in the Borough.

Technology and a digital primary care offer

Technology has the potential to provide solutions to the challenges that are currently faced in General Practice. As a CCG, we need to support Practices to embrace these opportunities.

In 2018/19, the Electronic Referral Services (eRS) has been introduced Nationally. As well as streamlining the referral process and making it paper free, the service has significant potential in the future to better support GPs to access advice and guidance from hospital consultants to support patient management in primary care.

From a Practice perspective, we are accelerating the roll-out of the technology offer to Practices so that by 2023:

- All patients will be able to book GP appointments online;
- Access to approved apps to support self management and to book GP appointments;
- All patients will be able to order repeat prescriptions online; and,
- All Practices will have the functionality to offer online consultations to their patients.

In addition, all GP Practices in Harrow will have their websites refreshed, which will incorporate comprehensive sections on self-care and patient signposting on the homepage.

Online triage services are being designed that will enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional, according to their needs.
The adoption of this technology will support self-care and self-management for patients and their carers; help to reduce workload in Practices; help Practices who want to work together to operate at scale; and support greater efficiency across the whole system.

We will also support practices to take up opportunities for introducing new technology from at scale working for technology. By combining resources, General Practice will be able to invest in new digital technology – for example new ways for patients to book appointments or to support record management in Practices.

We will continue to focus on technology as an enabler for integrated care and the sharing of healthcare records across health and social care professionals.

Finally, we will continue to encourage and support data analytical processes in General Practice, including:

- Using the WSIC dashboard, to better manage and anticipate population health needs;
- Producing forecast data about clinical capacity and demand across their population, supported by a North West London workforce tool, which will enable Practices to look at the skills sets within their teams, benchmark and address any gaps.

6. Conclusion

General Practice at the heart of the healthcare system, The Primary Care Strategy for Harrow CCG confirms the commitment we have to meeting the challenges set by the General Practice Five Year Forward View.

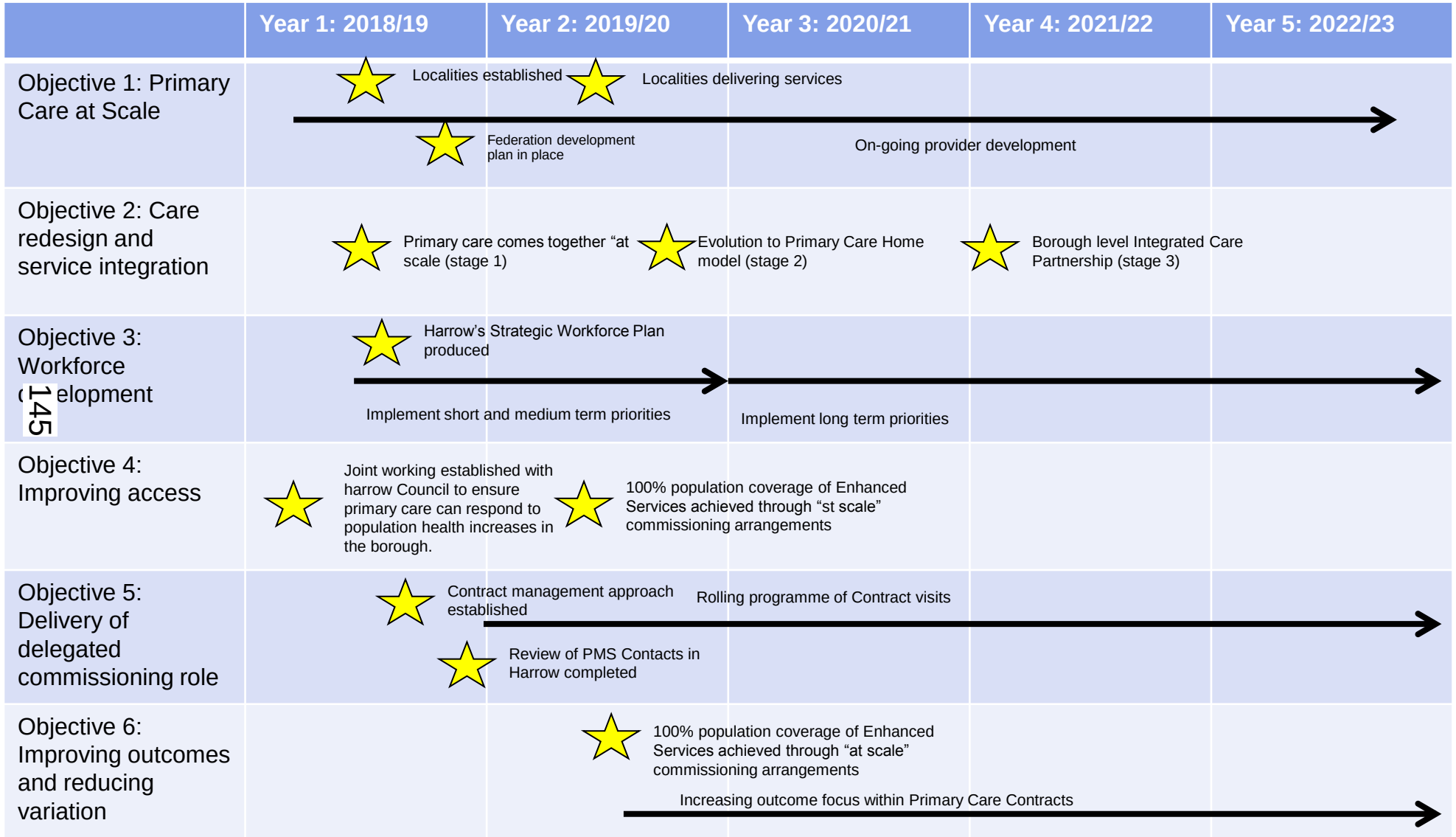
While acknowledging the challenges the local system has faced in terms of the performance, this Strategy provides solutions to the attainment of a recovered and sustainable future model of care. This model is set in the context of the emerging themes of the North West London Health and Care Partnership.

Although described in separate sections, the totality of our plans are co-dependent, driving service and workforce development towards a model of sustainable, high quality services and working in a truly integrated partnership. By coming together, as organisations and individuals, and making fundamental shifts in our perception of models of service delivery and whole system engagement ,this approach aims to deliver a local health and care service that engenders equality, improvement, independence and engagement.

We look forward to working with all of our partners in the delivery of this vision.

High level implementation plan

NHS Harrow Clinical Commissioning Group



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Glossary

Acronym	Definition
CCG	Clinical Commissioning Group
CEPN	Community Education Providers Network
CHC	Continuing Health Care
CQC	Care Quality Commission
CSU	Commissioning Support Unit
CVD	Cardiovascular disease
CVS	Community and Voluntary Sector
CYP	Children and Young People
EPS	Electronic Prescription Service
FFT	Friends and Family Test
GP	General Practitioner
GPwSI	General Practitioner with Special Interest
GPFV	GP Forward View
ICS	Integrated Care System
IG	Information Governance
IT	Information Technology
KPI	Key Performance Indicator
LIS	Local Improvement Service
MESH	Messaging Exchange for Social Care and Health
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NICE	National Institute for Health and Care Excellence

Acronym	Definition
NWL	North West London
OOH	Out of Hours
PPG	Patient Participation Group
READ codes	Clinical terminology system used in General Practice
SCR	Summary Care Record
SDM	Shared Decision Making
SMT	Senior Management Team
SNOMED CT	An organised collection of medical terminology providing codes for use in clinical reporting
STP	Sustainability and Transformation Plan
WSIC	Whole Systems Integrated Care

List of Appendices

Number	Title
Appendix A	Where we are now: Local Strategic Context
Appendix B	Where we are now: Primary care in Harrow
Appendix C	Additional funding made available to primary care 2016/17 to 2018/19
Appendix D	Potential commissioning arrangements for primary care at scale structures
Appendix E	Impact of the Strategy for primary care in Harrow on other Operating Plan areas
Appendix F	Primary Care Strategy High Level Implementation Plan (years 1-3)
Appendix G	Engagement report on the Primary Care Strategy
Appendix H	List of stakeholder engaged in the development of the Strategy

Appendices for the Primary Care Strategy

Appendix A: Where we are now: Local Strategic Context

It is essential that in delivering this Primary Care Strategy, we consider the wider strategic context in which it will be implemented.

Sustainability and Transformation Plan

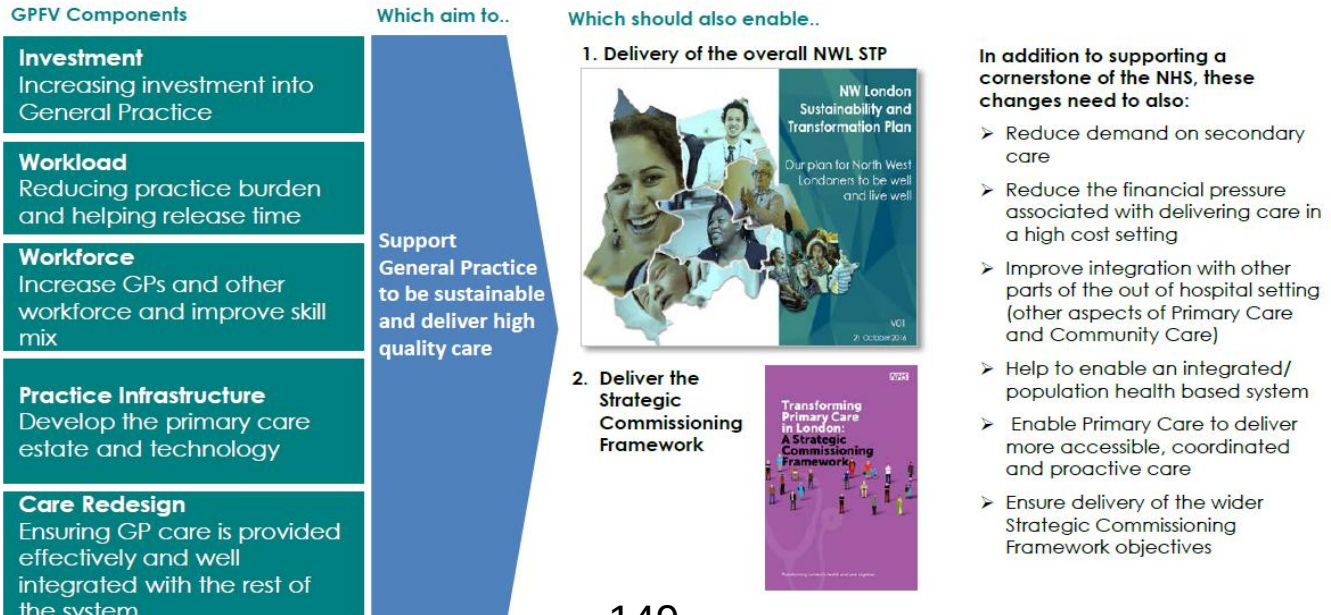
We recognise that the system is challenged and that we have much to improve, and we are committed to delivering short-term recovery whilst laying the foundations for longer term models of care and sustainable high quality health services for the future. Harrow CCG is part of the North West London Sustainability and Transformation Plan (STP) footprint, which is home to over 2 million people. Within this footprint, care is provided by 30 separate organisations.

Our aspirations for longer-term transformation and delivery of national strategies will be delivered through the North West London STP footprint, to respond appropriately to local needs. The North West London STP footprint is comprised of the 8 CCGs. Together, we have a collective vision to develop a system of healthcare that is less reactive and less hospital bed-based; one that is led by primary care.

Strategic Commissioning Framework & NW London GP Forward View Implementation Plan

Locally, our transformational changes will be delivered through the Harrow Primary Care transformation programme (underpinned by the Strategic Commissioning Framework for Primary Care in London and the NW London GPFV implementation plan). This places primary care at the heart of the healthcare landscape in the borough.

Within this model, the system will become more sustainable and resilient, and it is anticipated that



there will be a reduction in health inequalities and premature deaths as a result.

The GPFV for NW London, comprises of four key elements; (1) workforce development, (2) practice infrastructure, (3) GP practice development and, (4) extended/improved access. In addition, the Strategic Commissioning Framework for Primary Care in London, advocates the need for **accessible**, **proactive** and **coordinated care**.

The GPFV agenda for delivery is significant. To ensure that the available support and resources available through the GPFV best meet the needs of NW London practices, CCG Heads of Primary Care, in collaboration with the NW London Local Services Team, are collaborating across four key areas of focus to tailor support to local requirements.

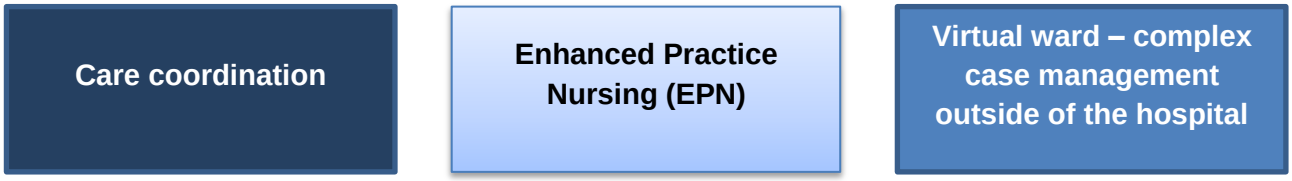
- **Workforce Development**: to increase the number of primary care clinical staff in general practice, extend skill mix and ensure effective utilisation
- **Practice Infrastructure**: to develop the primary care technology, including online consultations and improve estates
- **GP Practice Development**: to work with practices to improve their sustainability, operating processes and at scale working – ultimately to improve quality of care
- **Extended & Improved Access**: to improve access to general practice and extend its availability to improve patient choice

An emerging Integrated Care System and Integrated Care Partnership in Harrow

The development of integrated, community based care is viewed nationally, and locally in Harrow as the model of care that will allow us to respond to challenges currently faced by NHS and social care services. It is clear that simply working our current models of care with GP's, community teams and hospitals overwhelmed with demand, is not the answer. In the NHS Five Year Forward View 2014 NHS England stated, "Our aim is to use the next several years to make the biggest national move to integrated care of any major western country".

Harrow has a strong foundation to build from, as an organisation already part of the collective Pioneer initiative across North West London to deliver Whole Systems Integrated Care (WSIC). In 2012 with funding from the Better Care Fund, the objective was, "to create better coordinated care and support, empowering people to maintain independence and lead full lives as active participants in their community."

In Harrow this led to the development of three service components for people aged over 65 years:



Harrow CCG recognises the importance of continual review of these complex programmes of work, and has therefore commissioned an independent review of the full Whole Systems Integrated Care Programme to ensure that the aims and outcomes for the Programme continue to be achieved. This review will commence in July 2018.

Our approach towards integrated care delivered also needs to evolve in relation to wider system transformation. To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View called for new care models to achieve better integration 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. The vision is for new models of care where providers work collaboratively across organizational boundaries under a single contract, a shared and single set of outcomes to be delivered and single funding stream for the services delivered.

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.

Harrow has set out the vision, the objectives, process, resources and programme plan for the development of Integrated Care, working within the footprint of the NW London STP and their commitment to support and progress the development of integrated care across NW London. Key principles for the emerging Harrow Integrated Care Programme are:

- A focus on the delivery of outcomes, across a care pathway
- Longer term contracts (for example, 10 year contracts)
- Capitated budgets that support providers in working together to meet the needs of a population
- Risk share and gain arrangements

The priority groups for the Integrated Care approach in Harrow have been agreed as:

We are well on the journey towards integrated care in Harrow and as at July 2018, work to develop the models of care is emerging.

Harrow CCG Operating Plan 2017-2019

The Harrow CCG Operating Plan forms the basis of delivery for years one and two of our strategy. We have used the RightCare Approach to identify the areas with greatest opportunity for improvement and these form the basis of our pathway redesign projects. In addition the plan focusses on the themes of addressing the performance and quality issues that we face currently and laying the foundations for the delivery of the new models of care.

The Operating Plan is structured around the 'Must Do's' as set out in the Planning Guidance. Each section outlines the STP and place-based objectives and quantifies the Harrow contribution to their delivery through system wide change and the delivery of local improvement. In addition, each section sets out how we will restore performance to the expected levels and the timescales for doing so.

Appendix B: Where we are now - Primary care in Harrow

Our primary care landscape

Harrow has 33 practices providing services to over 265,000 citizens across numerous surgery sites. Of our member practices that have been rated using the most recent system; 2 were rated outstanding, 27 were rated as good by CQC, while 2 require improvement and 2 are inadequate.

Out of the 33 Practices, 19 hold PMS contracts, 13 hold GMS contracts and 1 holds an APMS contract. In the last 2 years, we have had one practice closure and 2 practices have merged. We continue to collaborate with the NHS England regional team to support affected patients.

Primary care access

All patients in Harrow have access to pre-bookable General Practices services 12 hours a day, 7 days a week. Patients can access primary care services through:

- Their registered Practice through core hours: which contractually are required to be open from 8am to 6.30pm. Currently, 21 practices provide services between 8am – 6.30pm, the others fall into the categories of closing half day, closing in excess of 4 hours or providing essential services over 45 hours or less over the course of a week.

- Their registered Practice through the extended hours scheme, where Practices open until 8pm on later to see their patients. Currently, 28 Practices in Harrow are signed up to this service.

- Through a **General Practice access hub**. Access to these hubs from 6.30pm to 8pm on weekdays and 8am to 8pm on weekends are open to all patients who are registered with a Harrow GP practices. These services are provided at **Alexandra Avenue** and the **Belmont Health Centre**. Practices can book their patients directly into these pre-bookable slots, as can the 111 service. These services will provide an additional 22,600 primary care appointments per year in Harrow. In addition, Walk-in Centres services are provided at The Pinn Medical Centre, 8am to 8pm, 7 days a week. Harrow has developed a “Health Help Now” app, which also supports patients in accessing these services.

- Through out of hours GP services. In Harrow, 2**4 Practices are opted in to provide their own out of hours** care and **9 are opted out**, where the CCG commissions the out of hours care on their behalf. Out of hours care in Harrow is delivered through Care UK (for both opted in and opted out Practices).

According to the 2017 National GP Survey, the CCG is rated:

- ‘Good’, although below the national average (of 68%) regarding the ‘ease of getting through to a GP surgery on the phone.’ The CCG is however reported as above the national average (of 36%) for the online booking of appointments.

- ‘Good’, at 67%, but below the national average (of 73%) for the overall experience of obtaining an appointment.

- ‘Good’ and in line with the national average of 76% satisfaction with Practice opening hours.

- ‘Good’ in the patient experience satisfaction rating for out of hours care and below the national average (of 66%), currently standing at 59%. In contrast, the patient experience satisfaction rating for GP Practices (in hours care) is rated ‘good’ at 81%.

This patient feedback confirms our need to continually keep a focus on access to primary care arrangements.

In addition to opening hours, we recognise the opportunities that **new technology** presents to support our population in accessing primary care services in new ways that are more convenient for them. Online consultation capabilities will enable practitioners and clinicians to hold consultations and assessments remotely with patients.

Harrow CCG is working with GP Practices to improve access and the quality of services for local Residents to ensure we make best use of our general practice capability, capacity and resources. This includes the development of new methods for consultation including online consultations as outlined in the General Practice Forward View (GPFV).

The NHS England Five Year Forward View and Five Year Forward (5YFV) View Next Steps strategic documents make clear the aim to be paperless by 2020, enabling 100% of appointments to be bookable online. The Five Year Forward View Next Steps also states work will be done to design online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional, according to their needs.

For General Practice in Harrow the adoption of this technology will support self-care and self-management for patients and their carers; help to reduce workload in Practices; help Practices who want to work together to operate at scale; and support greater efficiency across the whole system. All Practices in Harrow will have their websites refreshed, with comprehensive sections on self-care and patient signposting on the homepage. The capability for online consultations will also be included.

A number of Practices have will be running **online consultation schemes** in order to test the system prior to wider roll-out across the Borough. It is anticipated that in line with our Local Digital Roadmap and Harrow CCG Digital Delivery Plan, the capability for online consultations will have been rolled out across the Borough by quarter 4 2018/19. Throughout this process, we will share learning with other organisations within the STP footprint.

Enhanced service provision within primary care

We commission a range of Local Improvement Services within primary care in conjunction with health partners, through Contracts with individual Practices. The table below details the services commissioned through Local Incentive Schemes in 2018/19.

	Details of service commissioned
HEROS (Referral Optimisation Service)	As a result of accelerating referral growth trends in primary and secondary care, a Referral Optimisation Service (ROS) was commissioned which will handle the booking and clinical triage of all non-urgent referrals. Since implementation of the enhanced service, there are now approximately 6k referrals a month
Primary Care	This LIS is intended to support a standard level of engagement and

Standards	affirms minimum level standards the CCG would expect a Practice to operate at in order to be eligible to participate in Local Incentive Schemes
LTC Prevention and Management	This LIS is designed to provide additional resources to primary care in order to prevent, and encourage, self-management of long term conditions. Four elements have been included Type 2 Diabetes Prevention, Stroke Prevention (AF), Asthma and COPD.
Care Co-ordination	This (part year) LIS is part of the WSIC programme and provides support for people with LTC or at risk of hospital admission. Using a risk stratification tool practices will identify those patients that will benefit from a long term and coordinated approach to improving health and wellbeing using care plan templates. This LIS looks at patients 65 & over recently discharged from hospital with 2 or more unscheduled admissions, 65 & over living in residential or nursing home, on palliative care or CMC register, diagnosed with dementia; Q admissions score over 50. Through the LIS, approximately 2,000 care plans completed (Oct – March 2018)
Prescribing Quality & Savings 18/19	This LIS reward improvements in patient care and efficient use of resources. The scheme is designed to support financial stability without compromising patient care should encourage practices to consider how patients can be supported to get the best from their medicines, and how they can benefit from clinically and cost-effective prescribing.
Phlebotomy	To provide phlebotomy services for practices own registered patients or provide a CCG wide service for all Harrow registered patients.
Rheumatology DMARDS	The aim of this service is to enable key Disease Modifying drugs to be prescribed and monitored safely in primary care through shared care arrangements with secondary care for stable rheumatology patients. Currently 272 patients are on the shared care pathway.
Enhanced Practice Nursing Scheme	The Whole Systems Programme is supported by Enhanced Practice Nurses (EPNs), currently employed by GP practices. EPNs are fully integrated within the WSIC programme focussing primarily on providing case management and care coordination as part of the care planning process.

Due to some Practices not opting in to provide these enhanced services, these services are not offered to all registered patients in Harrow. The numbers are small, but are indicative of an important inequity of access to enhanced primary care services.

	Number of Practices (out of 33) not providing
HEROS (Referral Optimisation Service)	0
Primary Care Standards	0
LTC Prevention and Management	3
Care Co-ordination	3
Prescribing Quality & Savings 18/19	0
Phlebotomy	7
Rheumatology DMARDS	6
Enhanced Practice Nursing	6

Provision of enhanced services in primary care

Workforce

General Practice in Harrow is under considerable pressure. Recent years have seen high volume and complexity of workload, and rising running costs, while the workforce and investment have not kept pace with other parts of the NHS.

Locally issues include:

- Traditional working methods, systems and approaches are buckling under the pressures of patient demand (especially due to an aging population)
- Senior & Principal GP's are reaching retirement age
- Younger & salaried GP's not willing to take on partnerships
- A cohort of transient clinicians that move to other Boroughs

The 'Making Time' study points to the fact that there is much GP Practices can do to help address their workload pressures. Practices have said that it is often difficult to learn about promising innovations that could benefit them and their patients, or that implementing change is difficult or risky. Harrow Community Education Provider Network (CEPN) helps to spread knowledge of successful innovations as well as supporting Practices to adopt them.

Practices in Harrow have supported the Health Education England North West London (HEENWL) GP Workforce Tool, to inform our knowledge regarding workforce capacity and skills gaps. The 2016 autumn data identified;

- 20% of GP's in Harrow are over the age of 60 years
- 28% of Practice Nurses in Harrow are over the age of 60 years

Our approach to support this has been:

a) A focus on retention of the existing workforce
b) A focus on recruitment of the workforce that we need into Harrow

c) Developing a new skill mix within the General Practice team

a) A focus on retention of the existing workforce

Harrow CCG is working on providing peer support which aims to value and support GPs in the pre-retirement years. There is evidence that helping GPs avoid burnout and providing opportunities for new challenges helps prevent premature departure from general practice. The group's objectives are:

- To establish peer support for older GPs including scoping what this might look like
- To gather examples of opportunities for older GPs through peer networking which may provide new challenges/opportunities
- To consider how to best link in with resources for older GPs which are being developed centrally

The wisdom and skills of older GPs is precious and much needed by the system, hence supporting the needs of the older workforce is the hallmark of a caring system which the CCG aspires to.

b) A focus on recruitment of the workforce that we need into Harrow

Harrow CEPN has promoted a number of opportunities to encourage practices to consider ways to contribute to the growth of the workforce, either by supporting an apprenticeship, hosting a student or investing in existing staff. This can be broken down into the following four initiatives;

- Creating opportunities to attract people to the healthcare profession e.g. Work Experience Placements, Business and Administrative/Health Care Apprenticeships
- Creating opportunities to attract existing health professionals who may never have considered a career in Primary Care e.g. Pre-Registration Nursing Students, Medical Students, FY2's, Pharmacy students, Paramedic Students
- Attracting people back to the profession e.g. Return to Nursing Campaign, placements for return to practice nurses (one has already been employed), Return to Medicine/General Practice/Retainer Scheme, Physician Assistants
- Providing opportunities to up-skill present staff, so they can extend their sphere of practice and take on more responsibility e.g. Advanced Nurse Practitioner BSc, Health Care Assistant Foundation Degree.

In addition, a key commitment in the General Practice Forward View (GPFV) is to strengthen the workforce which includes recruiting suitably qualified overseas doctors into General Practice. The programme will initially focus on doctors from the European Economic Area (EEA) whose training is recognised in the UK under European law and who get automatic recognition to join the General Medical Council's (GMC) GP Register. Harrow CCG is participating in the International GP Programme with 5 Practices initially expressing an interest in the programme.

c) Developing a new skill mix within the General Practice team

The transformation of primary care services in Harrow focuses very much on transforming the workforce that we have, to ensure that the people with the right skills, working at the right level are operating within General Practice.

The use of pharmacists within a General Practice setting provides an excellent opportunity to introduce a new skill set into General Practice and alleviate some of the pressure GPs are experiencing. In Harrow, we have 5 Clinical Pharmacists working in our surgeries, who are part of phase one of the NHS England Pharmacists in GP surgeries pilot. We are exploring the potential

of practices to apply for more pharmacists in further phases. In addition we have a team of 5 staff (4 pharmacists plus 1 technician) to support our practices in managing long term conditions, conducting medication reviews, delivering QIPP and reducing waste.

The up-skilling of other roles and outcomes being competency based, not based on role titles. Continuing to introduce and develop newer roles into Primary Care such as Clinical Pharmacists, Physiotherapists, Physician Associates and Paramedics. Exploring current workforce issues in Harrow and how these roles could potentially help address them

"New" and additional clinical roles are essential to both the delivery of new models of care within NW London and the wider sustainability of the primary care system moving forwards. They are seen as essential to combating current recruitment and retention issues alongside helping to free up clinical time for GPs and general practice nurses. Within NW London uptake of new roles has been highly varied, with the greatest consistency experienced amongst clinical pharmacists as this is a nationally run scheme. There has also been considerable focus on the recruitment, training and development of HCAs with elements of best practice sharing occurring across the patch.

General Practice education and training

Harrow CCG established the Education Forum in accordance with the CCG Constitution and have worked with Health Education England (North West London) (HEENWL) to form the Harrow Community Education Provider Network (CEPN). The role of Harrow CEPN is to identify workforce and training needs and to respond and deliver on these. This is recognised by HEENWL as being an important step in sustaining and transforming primary and community care.

Managing workload: implementing the "ten high impact" areas

In collaboration with the local Community Interest Company (CIC), the CCG submitted an application for the Time to Care programme and supported practices to enrol in the programmes (Productive General Practice Quickstart Programme, Fundamentals of Change – local leadership sessions etc.) with the help of an assigned NHS England Facilitator. This work involved changing working environments and the way in which routine tasks are carried out through implementation of appropriate High Impact Actions, building on the workflow re-direction work that is already underway locally.

Training in Active Signposting and Correspondence Management commenced last year, and it is envisaged that all frontline staff within Harrow will have completed this by quarter 4 of 2018. On completion of this work, practices and staff will be in position to signpost for services alongside the Releasing Time for Care programme and the wider workflow re-direction.

Care Integration and pathway redesign

As part of our alignment to the General Practice Five Year Forward Plan, we will be re-designing services to improve outcomes and ensure sustainability going forward.

A key enabler of care integration will be **scaled-up working** between primary, community, mental health and social care services to bridge workforce and capacity gaps in our General Practice community which is a major obstacle to care model transformation. Going forward, at-scale primary care networks will be supported to evolve into a new model or models of care (as per the Care Model and Contractual Framework published in July 2016). As an enabler to this, we are reviewing community sector contracts and re-scoping services to align with this vision. With an eye to the

evolution of the system in this way, the 8 CCGs have agreed on shared methodology and primary care objectives and principles. To ensure consistency of approach and quality, these 8 CCGs will jointly commission the legal and contracting support necessary for these new organisational models across the STP footprint.

Integral to this plan for care re-design is the underpinning intention to continue **empowering and supporting** our citizens to self-care and the commissioning of **preventative care services**. This includes the roll-out of the High Impact Action signposting, the Social Prescribing project and supporting self-care through local initiatives such as the Health Help Now smartphone app in order to alleviate general practice capacity issues. Additionally, through our Care Co-ordination Programme, patients will be offered the opportunity to create a personalised self-management plan with the relevant health professionals, which could include access to medicines management support and use of telecare/telehealth.

Healthwise Harrow initiated the provision of a **social prescribing** team in Harrow in June 2017, funded by the Department for Communities and Local Government & Harrow Council, as a Social Prescribing pilot and has been providing a service over the last year.

At first this service offered solutions to six surgeries in Harrow for health issues such as dementia, hypertension, diabetes, healthy eating and falls prevention, in addition to signposting to advocacy and advice and wellbeing activity. This was later extended to all GPs in Harrow. Since its launch, the social prescribing service has engaged 1,962 patients, achieving outcomes for 1,777 people (mainly from referrals from health professionals), saving £680,101.80 of extra spend had the service not been in place (Source: Healthy London: North west London Social Prescribing Dashboard for Harrow). The long term commissioning intentions for this social prescribing service now need to be established.

The Long Term Conditions Prevention and Management Local Improvement Scheme (LIS), March 2018 – March 2019, was designed to provide additional resource to primary care in order to prevent, and encourage self-management of, long term conditions. There are four elements:

- Element 1 – Type 2 Diabetes Prevention
- Element 2 - Stroke Prevention (AF)
- Element 3 - Asthma
- Element 4 - COPD

Recent developments in North West London Whole Systems Integrated Care (WSIC) Dashboards, have made it possible for practices to facilitate prevention and self-management in ways that have not previously been possible. Practice sign-up to these dashboards, including active data flow and user registration, was a pre-requisite of signing up for this LIS. Practices had the opportunity to sign up to this LIS via two different options; either as an individual Practice or as a collective Peer Group (through the current 6 Peer Groups structure within NHS Harrow CCG). None of the practices chose to sign up as a collective Peer Group.

A key focus in Harrow in relation to care pathway redesign has been the transformation of the diabetes care pathway. NHS Harrow CCG published its strategy for diabetes transformation in May 2017, and is implementing this through the vehicle of the multi-disciplinary Harrow Diabetes Strategy Implementation Group (HDSIG).

The diabetes transformation programme, which is part of the overall NWL diabetes transformation programme, comprises four main outcomes-based project groups:

1. Increasing patient attendance at structured education / supported self-management
2. Improving the achievement of the three treatment targets (HbA1c, Blood Pressure, Cholesterol)
3. Reducing foot complications
4. Type 2 Diabetes Prevention

Projects 2 and 3 are particularly focussed on integrated care and pathway redesign, and examples of this in Harrow include the introduction of a streamlined referral system for primary care to access community support for its patients, and a focus on access to the three hubs in order for patients to receive more timely care to that provided through practice-based clinics. These hubs will also provide multidisciplinary care, including talking therapy support to address the high incidence of depression and anxiety amongst people with diabetes.

Improving outcomes and addressing variation

To support the delivery of new models of care and mitigate the pressures on the system and workforce the CCG has worked with Public Health colleagues to assess the needs of our local communities and map them against local community assets, including general practices and voluntary organisations.

We are aware that there are key areas where General Practice can play a central role in improving health outcomes for our local population, including:

- The delivery of preventative services to support people to stay well (immunisations, health promotion services such as stop-smoking services)
- Proactive identification of long-term conditions (addressing the prevalence gap)
- Personalised care planning for people with complex needs (with a focus on preventing non-elective hospital admissions)
- Supporting people to self-care where possible

General Practice is well recognised in Harrow as the essential part of the healthcare system that supports people to stay well and **cared for in a community setting**. It is important that we build on this strong foundation to improve health outcomes even further and address the variation that we are seeing within our borough in key indicators such as non-elective admissions, first out-patient appointment rates and A&E attendances.

We are working with Peer Groups and individual practices to enhance their understanding of the impact of referral rates on patient experience by sharing the outputs from the referral optimisation service. These bespoke reports are shared with practices and provide benchmarked activity by provider and specialty. Through structured support provided by our Clinical Directors (Peer Group Chairs) we will actively seek to improve referral behaviours and reduce variation.

Practice infrastructure

The CCG is developing a local digital roadmap (prioritising interoperability) and estates strategy to support new models of care, and will support roll-out of the nationally procured IT system.
Also, we will support the General Practice pilot of the Extraction Programme Invitation and will develop a database of all services (including building and contract needs) for use by practices.
Currently, the clinical estate is comprised of the estate portfolios held by NHS Property Services, London North West Healthcare University Trust and GP practices. Generally services are provided

within these estates although some services are commissioned to operate in other providers' estates in order to facilitate increased integration (for example Better Care work streams).

a) Estates

The NW London STP plan outlines how Estates are key enable in driving transformation across all areas:

- Deliver Local Services Hubs to enable more services to be delivered in a community setting and support the delivery of primary care at scale.
- Increase the use of advanced technology to reduce the reliance on physical estate.
- Develop clear estates strategies and borough based shared visions to maximize use of space and proactively work towards 'One public Estate'.
- Deliver improvements to the sustainability and condition of Primary Care Estate through an investment fund of up to £100m and Minor Improvement Grants.
- Improve and change our hospital estates to consolidate acute services and develop new hospital models to bridge the gap between acute and primary care.

Over the forthcoming years, integrated working will increase with **improved space utilisation and co-location of services** to deliver joint health and social care outcomes in clinical estates. As a result, there will be more joint strategic working across health and social care and all General Practice premises will be of a high quality standard, enabled by the Primary Care Transformation Fund. In addition, hub and spoke models will be used more for improved service delivery, and out of hours working will become more frequent to better utilise assets and meet the needs of the population.

Previously, organisations have been responsible for managing their own footprint and estates operational costs which led to a fragmented approach to the management of void space. There have been advances on sustainability measures, but metrics on shared space and indirect measures (such as impact on staff health and wellbeing) are at an embryonic stage. In 2017-2019, investment will need to be maximised through rationalisation of estate that is poor value for money or under-utilised and savings may be required to invest in other estate elsewhere. Flexible deployment and cultural change aligned to communities of practice will enable more intensive use of a higher quality yet reduced footprint. An audit is being undertaken to review estates performance and impact on staff wellbeing.

b) Information technology

Digital technology is a key enabler of the North West London Sustainability and Transformation Plan. The North West London Local Digital Roadmap aims to:

- Ensure there is a digital component to all appropriate transformation initiatives
- Take advantage of technology to support new care delivery models
- Take advantage of existing national and local investments in technology to maximise the benefit from those investments
- Support local strategic decisions, prioritisation and investment, and exploitation of funding opportunities
- Exploit potential for common approaches to deliver underpinning infrastructure and solution architecture
- Develop programme plans, deployment schedules and a design and procurement process that identify economies of scale opportunities within the footprint
- Facilitate national investment prioritisation and supplier product roadmap development

- Ensure robust governance of delivery

The LDR identifies key digital programmes to underpin delivery of the STP including a shared digital care record, system-wide Citizen Relationship Management, citizen portal, urgent care technology stack (as part of the 111 procurement) and shared infrastructure.

The CCG is expected to make early progress with clear momentum in 2018/19 towards delivering the ten nationally defined universal capabilities focusing on the following:

- The requirements of the GP IT Service Operating Model
- Mobile technology
- Wireless connectivity for primary care professionals and service users
- Ubiquitous network access giving primary care professionals access to the digital solutions they need, regardless of where they are providing care.

Health and Care professionals will need to **access and share information**, alert, task and notify other relevant professionals across care settings. Data sharing agreements in accordance with GDPR will be put in place for any new instances of information sharing happening under this plan, which are not a part of direct care.

Digital technology approaches will continue to be used to support new models of care and improvement in access, including the risk stratification tool to identify patients at risk of losing independence and hospital admission and the introduction of the shared care record to all practices by the end of 2018/19. In addition, the CCG will continue to develop a digital roadmap in 2018/19 and the GP dashboard will be shared with member practices.

The Standard Contract for 2018/19 requires the full use of the **NHS e-Referral Service** (e-RS) for all consultant-led first outpatient appointments. From 1st October 2018, providers will only be paid for activity resulting from referrals made through e-RS. The Paper Switch Off programme (PSO) has been launched to provide support for the health communities in readiness for the contract change. This will allow General Practice staff to book appointments directly with instant access for patients.

The NHS e-Referral Service is about Primary and Secondary care service redesign to improve the patient experience. The benefits of e-RS include:

- cost and time savings
- fewer missed appointments
- fewer inappropriate referrals
- shorter referral to treatment times
- choice of hospital or specialist
- choice of appointment date and time

The NHS e-Referral Service creates benefits throughout the referral process for patients and the NHS. It results in a better patient experience due to greater certainty of appointment, and a better experience throughout the NHS. A more efficient referral system eliminates much of the paperwork and time lag associated with non-electronic referrals.

Appendix C: Additional funding made available to primary care 2016/17 to 2018/19

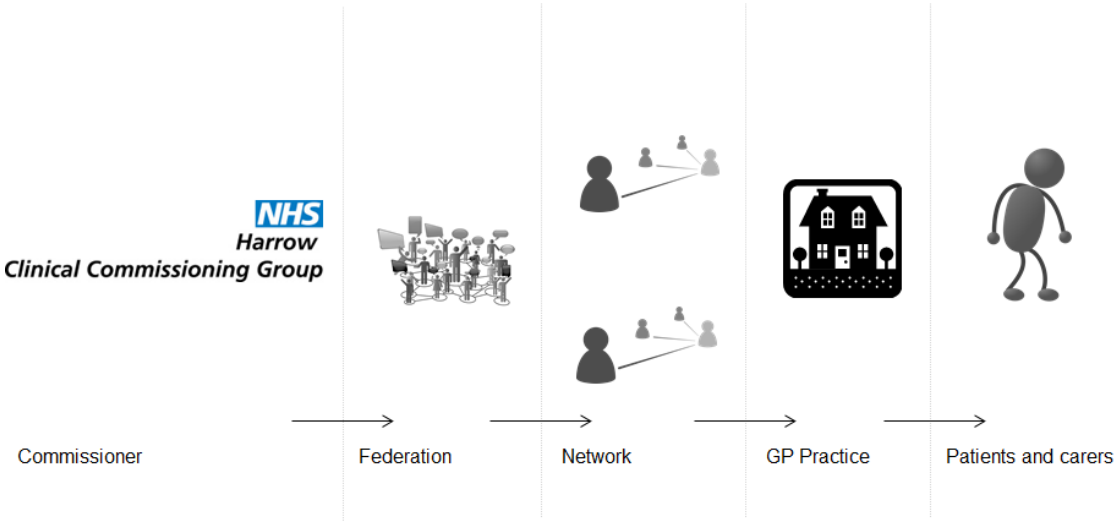
Area of Spend	Availability of funding	Source of funding	16/17- £'000	17/18 - £'000	18/19 - £'000
£3/head of population Transformational Support	Non-Recurrent. Can be spent in 17/18 or spread across 17/18 and 18/19. To come from CCG allocations	CCG Allocation, as per Operational Planning and Contracting Guidance 2017-2019	N/A	0	798
On line consultation software systems	Available in 17/18 and 18/19	NHSE to devolve, as per Operational Planning and Contracting Guidance 2017-2019, amount calculated from ONS spreadsheet per NHSE instructions	N/A	45	68
Care Navigators/Medical Assistants	Available in 16/17, 17/18 and 18/19	NHSE to devolve, as per Operational Planning and Contracting Guidance 2017-2019, amount calculated from ONS spreadsheet per NHSE instructions	NHSE Hold	45	45
GP Resilience Programme	Available in 16/17, 17/18 and 18/19	Held Centrally/ Local Area team, as per Operational Planning and Contracting Guidance 2017-2019	0	54	60
Prime Ministers' Challenge Fund/GP Access Fund	Recurrent. £6/weighted patient as of 17/18		611		
Improved Access funding (for CCGs not receiving PMCF/GPAF	Recurrent. £3.34/weighted pt as of 18/19 and £6/weighted pt as of 19/20		STP allocation- may not come directly to CCG	460	460
ETTF – successful bids	Dependent on individual bids				
Winter Access	Non-recurrent			N/A	N/A
Any other local funding for General Practice (e.g. for Federations, workforce)				0	0
Any other local or national funding that will support General Practice (Pharmacists in General Practice, practice-based mental health therapists etc)	Non-recurrent	GP wi-fi early adopters GP Development programme Reception and clerical training	105 23	0	0

Area of Spend	Availability of funding	Source of funding	16/17- £'000	17/18 - £'000	18/19 - £'000
GPFV Implementation Funding	Recurrent and non-recurrent in 16/17, recurrent in 17/18 and 18/19				
Total			**739**	**604**	**1,431**

Appendix D: Potential commissioning arrangements for primary care at scale structures

New primaray care at scale structures will mean that we commission services in different ways and at different levels. These are shown in the diagrams below:

Example one: commissioniong across the whole spectrum of primary care



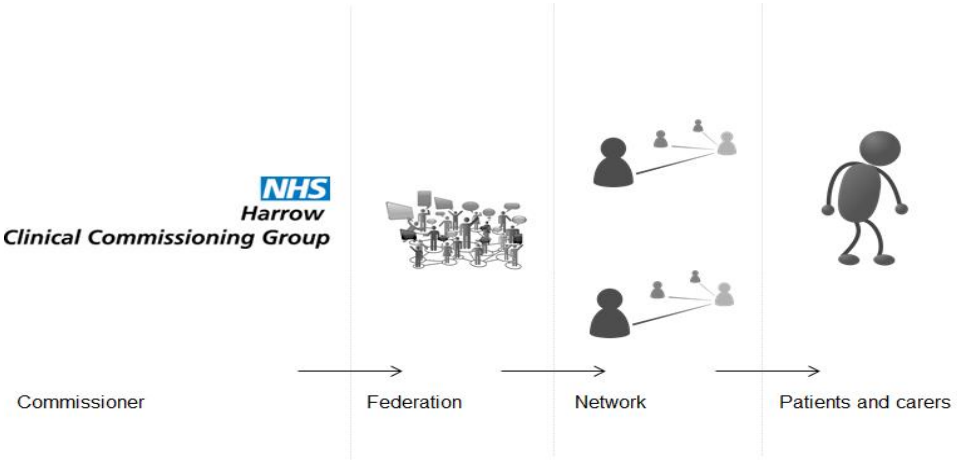
Example one: commissioniong across the whole spectrum of primary care

In this example, the CCG will commission services through a federation. They will hold agreements with local networks to deliver services, who will then hold agreements with their local practices to deliver these services for patients. These would be types of services that all patients should be able to access through their local General Practice services.

An example of this might be identification of patients at risk of diabetes.

- The commissioner would Contract with the federation focusing on the outcomes for diabetes care that it wishes to see; for example, the percentage of patients identified as at risk of diabetes;
- The Federation would then put agreements in place with local networks for how this will be delivered, and how the outcome will be achieved;
- Networks of General Practice will collaborate, support, share best practice and hold each other to account through agreements they have in place to deliver the outcome.

Example two: commissioning through a federation to deliver services at a network level for patients

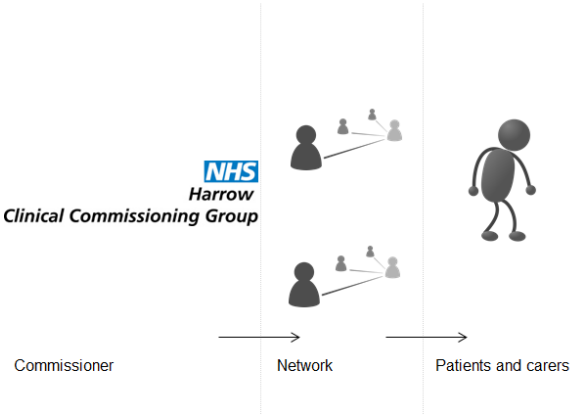


In this example, the CCG may wish to commission services through a federation to be delivered at a network level, rather than through individual GP Practices. This is when it is not viable for every GP Practice to provide a service due to smaller numbers of patients who would be accessing it, when these services would be best delivered to population of 30,00 – 50,000. Examples of these types of services are:

- Phlbotomy services (taking blood)
- Anti-coagulation initiation and monitoring
- Extended access to General Practice (weekend and evening GP appointments)

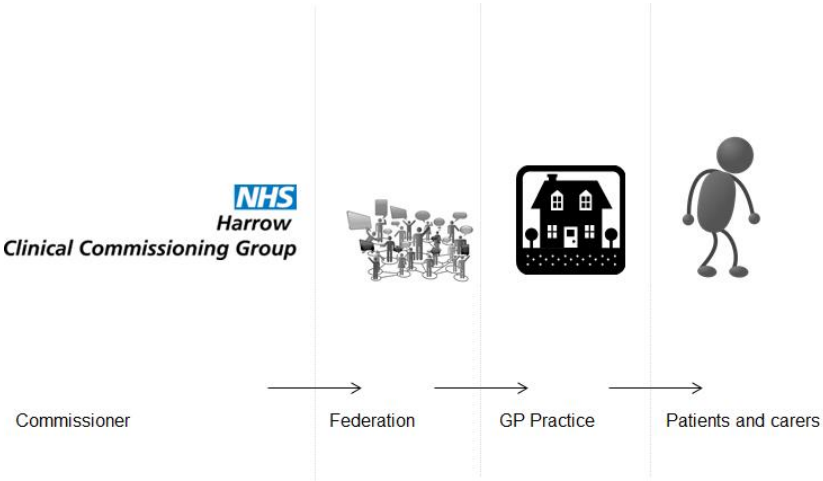
In this example, the CCG would hold an overarching Contract with the federation to deliver services. The federation would then Contract with local networks to deliver these services for their patient groups.

Example three: commissioning of services directly to networks



The reasons for commissioning at this level and the types of services that would be commissioned are the same as the ones given in example two. In this example though, the CCG would commission through a Contract directly with networks, not through a federation, to deliver services for a 30,000 – 50,000 population. This arrangement would be most likely at a time a federation was emerging and be an interim solution until they were able to take on oversight of services at a borough level.

Example four: Commissioning with a federation only



There will be instances where a federation is best to deliver services once for all services within Harrow on behalf of local Practices. These are less likely to be clinical services and more likely to be infrastructure functions for Practices; for example Contracts for Practice websites and on-line consulting capabilities.

We will secure the strategic voice of primary care for these developments through a General Practice federation for Harrow, ensuring that the system we design and the new models of care that emerge support the central role of General Practice in their delivery.

Appendix E – Impact of the Strategy for primary care in Harrow on other Operating Plan areas

The potential impact of this Strategy on the main areas of the operating plan has similarly been assessed and is contained in the following table:

	Impact area assessed					
Objective	**Community services**	**Urgent Care**	**Planned Care**	**Children's Services**	**Mental Health Services**	**Medicines Management**
Objective 1: Primary Care at Scale	Scaled up services					
	A broader range of services will be available in the community	Provider networks may choose to enhance their urgent care offer	A GP federation may increasingly become a provider of planned care services			Prescribing budgets may move to a network level allocation
	Contribution to the proactive care QIPP through risk stratification	Enhanced access arrangements should lead to a reduction in urgent care activity	Primary care networks may increasingly become providers of planned care services			
Objective 2: Care redesign and service integration	Greater integration of primary and community services in geographically based teamas	Should see a reduction in urgent activity through increased integrated support in the community				
Objective 3 Workforce development and reduction of workload	Deployment of funding for training of reception and clerical staff in sign-posting may impact the workload of other services.					Network pharmacists will continue to support practices to manage long term conditions, conduct medication reviews etc, which will contribute to the Medicines Management QIPP.
						There may be a reduction in medicines prescribing due to the

						social prescribing High Impact Action
Objective 4: Improving Access to General Practice		Improved access to General Practice should result in a reduction of urgent care activity				
		Universal coverage of enhanced primary care services should result in a reduction of acute activity				
Objective 5: Robust delivery of Harrow CCG's delegated commissioning role			Implementation of the PMS review may impact utilisation of some planned care services where these were previously delivered in General Practice			
Objective 6: Improving outcomes and reducing variation	The Prevention LIS will increase referrals to the community service.	The Ambulatory Care Pathway will reduce emergency admissions related to hypertension.	Due to improved management of hypertension patients, the Ambulatory care Pathway may reduce the RTT backlog.		The Management of SMI patients in Primary Care will increase referrals to Mental Health services due to screening of people with long term conditions for depression.	The Ambulatory Care Pathway will avoid unnecessary anti-hypertensive medication prescriptions, contributing to the Medicines Management QIPP.
	A Wound Care LIS may reduce community appointments	The Prevention LIS will reduce emergency re-admissions within 30 days of discharge.				The Management of LTC patients in the Prevention LIS will increase medicine reviews and therefore may contribute to Medicines Management QIPP
	Participation in local/national awareness and					

	screening campaigns may lead to increased referrals, in addition to early detection efforts.					

Appendix F – Primary Care Strategy High Level Implementation Plan (years 1-3)

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Objective 1: Primary Care at Scale												
General Practice to develop their plans for Primary Care Networks	EOIs received											
Implementation of Primary Care Networks through £3 per head funding		Primary Care Networks to form										
Establish GP federation for Harrow		Confirm federation for Harrow	Maturity assessment completed and action plan in place									
New commissioning arrangements for at scale primary care		Confirm intentions	New commission-ing of services at scale to commence	Align 19/20 LIS's with at scale offer								
Development of Out of Hospital Contracts for delivery in primary care												

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Objective 2: Care redesign and service integration												
Implement practice resilience programme	Identify Practices		Monitoring and on-going evaluation									
Development of new models of care (TBC)												
Develop digital roadmap to support the new models of care (TBC)												
Whole Systems Integrated Care approach		Complete review of current WSIC programme	Agree new model of care		Implementation of new service model							
Objective 3: Workforce development and reduction of workload												
Reception and clerical staff training			Care navigators and medical assistants									
Link funds for Time to Care, workforce and technology investment	Implement first wave programme											
Care navigation / receptionist training and active signposting												

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Public health role in primary care												
Social prescribing												
Self-care												
Workflow optimisation												
Productive General Practice quick-start programme												
Leadership programme												
Objective 4: Improving access to General Practice												
Implement online general practice consultation software	Planning		Implementation									

	2018/19				2019/20				2020/21			
Actions	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Year round access planning	Learning from 17/18 to be captured	Planning to meet enhanced access standards										
Winter planning												
Review usage of extended primary care access at practice level												
Objective 5: Robust delivery of Harrow CCG's delegated commissioning role												
Implement a rolling 3-year programme of Contractual monitoring	Develop programme	Implement three year rolling programme for Contractual monitoring										
Complete review of PMS Contracts	Engagement		Offers to Practice, negotiation and new Contracts implemented									
Objective 6: Improving outcomes and reducing variation												
Primary care network level, outcome based Contracts for General Practice		Development of new approach	Engagement with Practice	New Contracts issued	New Contracts issued, increasing the shift from activity to outcomes over the three year period							
Primary care networks increasing their role in monitoring outcomes and addressing variation		Agree approach with Networks	Ensure IT systems are in place to support									

Shaping the future of General Practice in Harrow: Findings and next steps from Harrow CCG's Engagement Event – 29 October and 1 November 2018

Introduction

Our Primary Care Strategy

Harrow Clinical Commissioning Group (CCG) is developing a strategy and implementation plan to address the demographic, quality and financial challenges facing Primary Care.

Harrow CCG's vision is to have strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow. This vision will be delivered through:

- Primary care at scale
- Care redesign and service integration
- Workforce development and reduction of workload
- Improving access to General Practice
- Robust delivery of Harrow CCG's delegated commissioning role
- Improving outcomes and reducing variation

All underpinned by strong practice estate and IT infrastructure to deliver:

- 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

Engagement Events

On 29 October 2018 and 1 November 2018, Harrow CCG held public engagement events at Belmont Community Hall and Harrow Baptist Church. 60 people attended the two events from a variety of perspectives, including patients, GPs, Healthwatch, commissioners and workers from different parts of the healthcare system. **Appendix 1** contains detailed notes from the event, while **Appendix 2** contains a list of all attendees. Evaluation forms showed that overall, attendees were satisfied with the organisation of the day, found the discussions useful, were happy with the speakers at the tables and are very likely to attend a similar event in future, although were less satisfied by the set-up at the Belmont Community Hall.

The events focused on how people want to experience General Practice services in Harrow, drawing on the experiences of participants as patients, GPs, members of practice teams, or in other parts of the healthcare system working with General Practice. The aim of the sessions were for Harrow CCG to understand what people wanted to experience, and what needed to change to enable this to happen.

Group discussion 1: Setting the vision

The first group discussion focused on setting the vision for the future. Participants were given the following question:

It is October 2023 (5 years' time). The implementation of our primary care strategy in Harrow has been a resounding success. Tell us what primary care is like:

- **As a patient:** what is it like to make an appointment with your practice, what is the building like, how do you experience a consultation with your GP now, how does your GP support other services that you need to support your care, how are you referred to hospital?
- **As a clinician working in General Practice:** what is it like to work as a GP in Harrow in 2023? How do you feel travelling to work in the morning? How have your consultations with patients changed? How has the support the wider health and care system provides to you changed?
- **As a commissioner or someone working elsewhere in the system:** what is it like to work with General Practice? How are primary care services planned and delivered in collaboration?

The feedback from participants was as follows:

Accessibility and appointments

- **Appointments should be easy to book**. It should be possible to book online, but also by telephone for patients who do not have access to technology. It should also be possible to access a walk-in centre, or to communicate with a doctor in other ways (e.g. via an app or an email), if an appointment was not necessary.
- **Appointments should be accessible**. It should also be possible to access appointments in the evenings, at weekends, and out-of-hours. Appointments should be accessible for all patients, including those who have a disability or for whom English is not their first language.
- **Appointments should be flexible**. Practices should offer different appointment lengths, from 10 minutes to 30 minutes. Practices should offer different ways of accessing appointments, such as telephone or Skype appointments, as well as face-to-face.
- **There should be continuity of care**. It should be possible to book an appointment with a GP of your choice, and to see someone who knows your medical history.
- **Borders should be invisible**. Patients should be able to book an appointment with any GP within a given area, rather than just those at a specific practice.

Services provided in General Practice

- **GPs should take a proactive, preventative approach.** GPs should proactively manage the care of their patients and encourage and enable patients to self-care, rather than responding and reacting when patients present with a problem.
- **The role of GP practices should be extended.** More services should be accessible at GP practices, such as pharmacy, occupational therapy, physiotherapy, social workers, mental health, practice nurses, blood tests, radiography and X-rays. GP practices should have a Multidisciplinary Team, and it should be possible to book appointments with practice nurses or other professionals.
- **Services should be integrated.** General Practice should be a gateway to all other services, including social care, should act as "healthcare hubs" and should provide more holistic care – not just healthcare.

Estates and facilities

- **Premises should be fit for purpose.** Health centres should be large, modern, purpose built and accessible, with plenty of parking and good transport links. Harrow should look ensure more purpose built GP surgeries are built as part of the regeneration work.
- **Practices should make better use of technology**. There should be a single care record which can be accessed by all healthcare professionals across different organisations, and practices should be paperless organisations. Practices should make better use of technology to manage health, e.g. apps and telemedicine.
- **Practices should be at the heart of the community**. GP surgeries should physically be at the centre of the population they serve, but should also act as a holistic community 'hub', linking to other services which are wider than healthcare. Smaller practices should amalgamate and come together.

Working as a GP

- **Working as a GP in Harrow should be an attractive position.** Demand should be managed to ensure GPs are not working excessive hours, there should be increased investment in General Practice, and there should be more networking between practices in Harrow.

Group discussion 2: Setting out the actions

The second group discussion focused on setting out the actions needed to achieve this vision of the future. Participants were given the following question:

You have discussed where you want to be. What is needed to move us from where we are to where we are to where we want to be?

Think about the themes that you have picked up in your discussions when developing this as a way of framing the actions, for example they may have been:

- How people access appointments
- Appointment length
- Range of health and care professionals working in General Practice
- General Practice buildings and facilities

Improve accessibility

- Provide further training and induction for receptionists to enable them to be a positive first point of contact for patients, and potentially perform a triage function.
- Provide more information to patients about different services and what is available.
- Offer more flexibility when booking an appointment, such as providing appointments up to 30 minutes and offering telephone or Skype appointments.

Integrate services

- Up-skill nurses and other healthcare professionals, who may be able to act as a 'health coach' or see patients with specific needs
- Combine the organisation and management of services (and budgets), particularly for elderly patients, where there is a lot of overlap.
- Develop data sharing agreements so that care records can be accessed by anyone.
- Encourage practices to work together and network to learn from each other and expand the range of services available

Use Technology

- Ensure all practices have online booking systems in place, and have the technology to offer telephone or Skype appointments
- Create portable patient records that any GP will be able to access. Also enable patients to access their own records.

- Introduce a document management system that is shared with other practices to share information and reduce repetition,
- Use technology to triage patients (e.g. ask patients to fill in an online questionnaire).

Manage demand

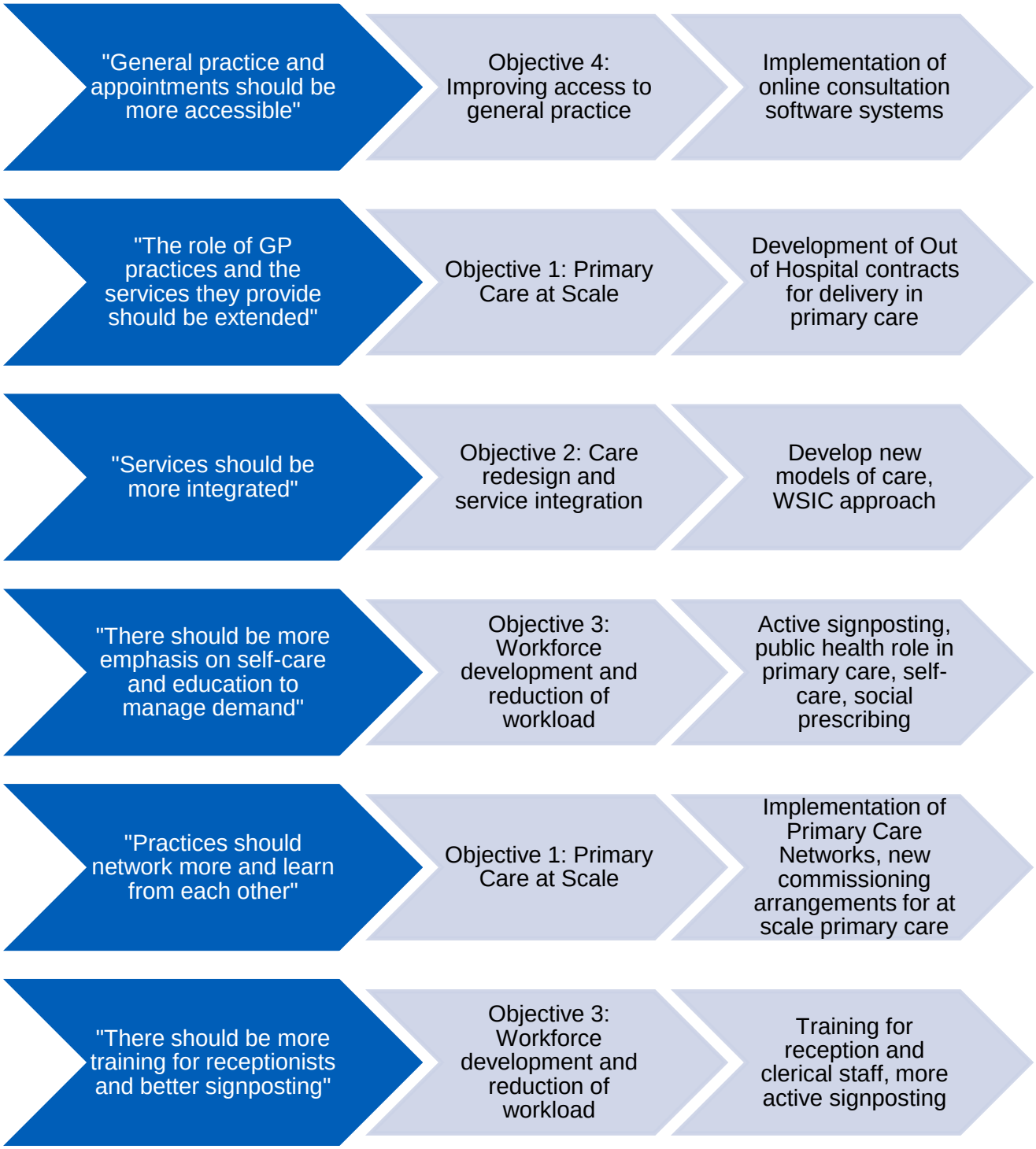
- Provide education to patients on self-care and self-management of conditions, as well as on the impact of waste in the NHS. Include structured education for managing long term conditions. Introduce education for young people in schools.
- Signpost people to the right services and healthcare information through the internet and at GP practices.
- Introduce social prescribing, so that patients are referred for exercise, physical activity and complementary therapies, rather than just medicine
- Fine patients who do not attend appointments.

Continue to learn

- Learn from other areas, such as different models in Europe and the UK, and ensure there is collaboration between GPs and networking between practices.
- Train staff in empathy, communication and customer service

Next Steps

Many of the ideas that were discussed at the events reflect Harrow CCG's current direction of travel and align with the Primary Care Strategy, as shown below:



Additional ideas that came through strongly at the engagement event but are not specifically addressed by the current strategy or implementation plan include:

Ensuring all practices offer an online booking system, which allows patients some choice in which doctor they see	• Aligns to Objective 4 (Improving Access to General Practice) • Enable joint working to share learning between practices (as part of locality and network development) to encourage the use of online booking systems across primary care
Ensuring practices make better use of technology: there should be a shared care record, and better access to telephone appointments, skype and telemedicine.	• Aligns to Objective 2 (Care redesign and service integration) • Consider introducing telephone and skype appointments when implementing online general practice consultation software • Development of shared care record and consider other ways technology can be used to improve services
Develop a directory for patients, provide more information on what services are available and how the system works	• Aligns to Objective 4 (Improving Access to General Practice) • Develop social prescribing options and ensure these are communicated effectively • Encourage GP practices to market existing services and existing directories (e.g. Health, Help, Now)
Upskill nurses and other staff who may be able to act as 'health coaches' or see patients with specific needs, and consider the role of pharmacists working in general practices	• Aligns to Objective 3 (Workforce development and reduction of workload) / Objective 1 (Primary Care at Scale) • Ensure the role, skills and potential of nurses, pharmacists and other staff are considered in the development of integrated care services and primary care 'hubs'
Make the most of opportunities and develop new premises as part of Harrow regeneration work	• Aligns to objective 1 (Primary Care at Scale) and Objective 2 (Care redesign and service integration) • Work with Harrow Council and North West London Estates team to make best use of resources and opportunities, establishing new, suitable premises for primary care services where possible

Appendix H – List of stakeholders engaged

Harrow Practices	
Harrow Health CIC	
CLCH	
CNWL	
Social Services – Harrow	
NHS England Primary Care	
Harrow CEPN	
NWL Primary Care Team	
London Borough of Harrow	
Age UK	
Mind in Harrow	
Harrow Comms & Engagement Team	
Practice PPGs	
Harrow Carers	
Public Health	
Harrow CCG	

Acorn Youth Club ADHD & Autism Support Afghan Association of London (Harrow) Afghan Association Paiwand Age UK Harrow Angolan Civic Communities Alliance ARDO (Afghan community)	Gurkha Community Harrow African-Caribbean Association (HACAS) Harrow and Wealdstone Scouts Harrow Association for the Blind Harrow Association of Disabled People (HAD) Harrow Association of Somali Voluntary Organisations (HASVO) Harrow Association of Somali Voluntary

Asian Elderly Group (Harrow) Asian Women Cancer Group Aspire (Association For Spinal Injury Research Rehabilitation And Reintegration) Association of Senior Muslim Citizens Bipolar UK Support Group, Harrow Breathe Easy Group (COPD) Brookside Close Tenants and Residents Association Cancer Black Care Brent and Harrow Cancer Support Group Carramea Community Resource Centre Cedars Youth & Community Centre Citizens Advice Bureau Crossroads Care Harrow Diabetes UK Diabetes UK (Harrow and District Group) Eastcote Lane Tenants and Residents Association Glebe Tenants and Residents Assoc Harrow Offering Parents Encouragement (HOPE) Harrow Petanque Club Harrow Refugee Forum Harrow Rethink Support Group Harrow Sheltered Residents Association Harrow Special Educational Needs and Disability Information Advice and Support Service (Harrow SENDIAS) Harrow Stroke Club Harrow Tamil School Association	Organisations (HASVO) Harrow Bengali Association Harrow Bereavement Care Harrow Book Club Harrow Carers Centre Harrow Central Mosque Harrow Civic Residents' Association Harrow Churches Homeless Association Harrow Community Action Harrow Federation of Tenants and Residents Associations Harrow Gateway Harrow Heart Support Group Harrow Humanist Society Harrow Inter-faith Council Harrow Kingfisher Swimming Club for Disabled People Harrow Mencap Harrow Patinet Participation Network (HPPN) Harrow NCT Loud and Clear Mind In Harrow National Gurkha's Veterans Association North Harrow Stroke Group Pakistan Society Of Harrow Pakistan Women's Association Pinnerhill Community Tenants and Residents Association Roxeth And Harrow Y Team

Harrow United Deaf Club Harrow User Group (HUG) Harrow Voluntary and Community Sector (VCS) Forum Harrow Weald Tenants and Residents Association Harrow Wheelchair User Group Harrow Womens Centre Headstone Residents' Association Healthwatch Harrow Honeybun Tenants and Residents Association Husseini Islamic Centre (Stanmore) Leaseholders Support Group Light Seekers Chapel Little Stanmore Tenants and Residents Association Livability	Sevacare Shiva Community Volunteers Shree Swaminarayan Temple (Stanmore) Siddhashram Centre (Wealdstone) Somali Educational & Cultural Association South Harrow and Roxeth Residents Association Sri Lankan Muslim Cultural Centre (Wealdstone Mosque) Stanmore Bowls Club St Luke's Hospice Stonegrove Gardens The Pinner Association The Salaam Centre The Salaam Centre The Stanmore & Canons Park Synagogue Eruv The Wish Centre Third Sector Potential Voluntary Action Harrow Wealdstone Youth Centre Weald Village Tenants and Residents Association Welldon Activity Group Why Me The Jemma Kate Foundation - Dreams Can Come True Wiseworks Woodcraft Folk Woodlands Tenants and Residents Association Woodlands Tenants and Residents Association Workers Togther With Him

	Yad B'Yad (Pinner) Yitzchak Rabin Lodge (Stanmore) Youth Parliament

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	10 January 2019
Subject:	**INFORMATION REPORT –** Draft Revenue Budget 2019/20 and Medium Term Financial Strategy 2019/20 to 2021/22
Responsible Officer:	Paul Hewitt, Interim Corporate Director People, Harrow Council
Exempt:	No
Wards affected:	All
Enclosures:	December 2018 Cabinet Report and Appendices

Section 1 – Summary

The Board is requested to note the report detailing Harrow Council's Draft Revenue Budget 2019/20 and Medium Term Financial Strategy 2019/20 to 2021/22, as reported to the Council's Cabinet on 6 December 2018.

The budget and MTFS will return to Cabinet in February 2019 for final approval and recommendation to Council.

FOR INFORMATION

Section 2 – Report

The Government continues to reduce its funding to Local Government as part of its nationwide austerity programme. In their publication 'Local Government Funding – Moving the conversation' (June 2018) the Local Government Association shared a number of their key statistics including:

- New analysis indicates that local services face a funding gap of £7.8billion by 2025 of which £6.6 billion relates to Adults social care and Children's services.

- By 2020, local authorities will have faced a reduction to core funding from central Government of nearly £16 billion over the preceding decade.

The draft budget set out in the attached report shows an updated MTFS with a number of changes which Cabinet were asked to note. The changes achieve a balanced budget position for 2019/20 and budgets gaps of £13.5m and £9.3m for 2020/21 and 2021/22 respectively.

The MTFS will be subject to further adjustments following the provisional Finance Settlement which was due to be announced on 6 December 2018 but delayed pending further parliamentary debates. The final settlement is expected to be agreed no later than the end of January 2019.

Whilst it is intended that Members will approve the MTFS in February 2019, this is subject to a number of assumptions in relation to grant settlements, council tax income, legislation and demographics. The Council will still be required to review the Council's budget on a yearly basis; however approval of the MTFS will allow officers to progress a number of important projects.

Any adjustments will be reported to Cabinet and Council in February as part of the annual budget and council tax setting process.

Section 3 – Further Information

See attached report.

Section 4 – Financial Implications

Financial implications are integral to the attached report.

Section 5 - Equalities implications

See attached report.

Section 6 – Council Priorities

See attached report.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Sharon Daniels	x	on behalf of the Chief Financial Officer
Date: 10th December 2018		

Ward Councillors notified:	**NO, as it impacts on all wards**

Section 7 - Contact Details and Background Papers

Contact:

Sharon Daniels
Head of Strategic Finance and Technical Finance (Deputy s151)
Email: sharon.daniels@harrow.gov.uk

Background Papers:

None

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REPORT FOR: CABINET

Date of Meeting:	6 December 2018
Subject:	Draft Revenue Budget 2019/20 and Medium Term Financial Strategy 2019/20 to 2021/22
Key Decision:	Yes
Responsible Officer:	Dawn Calvert, Director of Finance
Portfolio Holder:	Councillor Adam Swersky, Portfolio Holder for Finance and Resources
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	**Appendix 1A** – Proposed savings and growth 2019/20 to 2021/22(New proposals) **Appendix 1B** – Proposed savings and growth 2019/20 to 2020/21 to be agreed from 2018/19 and 2017/18 MTFS **Appendix 2** - Medium Term Financial Strategy 2019/20 to 2021/22 **Appendix 3** - Schools Budget 2019/20 **Appendix 4** - Draft Public Health Budget 2019/20

This report sets out the draft revenue budget for 2019/20 and draft Medium Term Financial Strategy (MTFS) for 2019/20 to 2021/22. The budget and MTFS will be brought back to Cabinet in February 2019 for final approval and recommendation to Council.

Recommendations:

Cabinet is requested to:

1) Approve the draft budget for 2019/20 and the MTFS 2019/20 to 2021/22 for general consultation as set out in Appendices 1a, 1b and 2 so that Cabinet may later consider the budget in light of the consultation responses and the equality impact assessments before it is referred to Council in February 2019.

2) Note the addition of £2.627m to the Social Care Reserve as set out in paragraph 1.7.

3) Note the balanced budget position for 2019/20, and the budget gaps of £13.5m and £9.3m for 2020/21 and 2021/22 respectively (table 2).

4) Note the proposal to increase Council Tax by 2.99% in 2019/20 (Table 2 and paragraphs 1.23 to 1.24).

5) Note the proposal to increase Council Tax by 2.0% in 2019/20 in respect of the Adult Social Care Precept (Table 2 and paragraph 1.25).

6) Note there are no changes to schools funding for 2019/20 as set out in Appendix 3 and paragraphs 1.45 to 1.48.

7) Note the assumed funding for the protection of social care in 2019/20 through the BCF as set out in paragraphs 1.52 to 1.54.

8) Approve the draft Public Health budget for 2019/20 as set out in Appendix 4.

9) Authorise the Director of Finance, following consultation with the Portfolio Holder for Finance and Resources, to agree Harrow's 2019/20 contribution to the London Borough's Grant Scheme (paragraph 1.57).

10) With regard to the London Business Rates Pooling Pilot agree 11 and 12 below:

11) Approve participation in the second year of the London Business Rates

Pilot Pool with effect from 1 April 2019 (to 31 March 2020) and delegate to the Director of Finance, in consultation with the Portfolio Holder for Finance and Resources, and the Monitoring Officer, to finalise the details for the continuation of the pilot pool.

12) Delegate to the Director of Finance, in consultation with the Leader of the Council, Portfolio Holder for Finance and Resources and the Monitoring Officer the authority to consider such consultative reports as the Lead Authority may circulate and to respond on behalf of the authority with regard to any recommendations and in particular, proposals for projects to be approved for funding from the Strategic Investment Pot.

Final approval will be sought from Cabinet and Council in February 2019.

Reason: (for recommendations)

To ensure that the Council publishes a draft budget for 2019/20 and a draft 3 Year MTFS to 2021/22.

Section 2 – Report

INTRODUCTION

1.0 The Government continues to reduce its funding to Local Government as part of its nationwide austerity programme. In their publication 'Local Government Funding – Moving the conversation' (June 2018) the Local Government Association shared a number of their key statistics including:

- New analysis indicates that local services face a funding gap of £7.8billion by 2025 of which £6.6 billion relates to Adults social care and Children's services.

- By 2020, local authorities will have faced a reduction to core funding from central Government of nearly £16 billion over the preceding decade.

Table 1: Revenue Support Grant 2013/14 to 2019/20

	RSG	Annual Reduction	Cumulative Reduction
	£'000	£'000	%
2013/14	52,100		
2014/15	42,628	9,472	18%
2015/16	32,034	10,594	39%
2016/17	21,935	10,099	58%
2017/18	13,019	8,916	75%
2018/19	7,332	5,687	86%
2019/20	1,566	5,766	97%

1.1 Harrow has therefore seen its Revenue Support Grant reduced by 97% over a 7 year period, reducing the grant to £1.566m by 2019/20. This has translated into budget gaps that the Council has needed to fund over the seven year period 2015/16 to 2021/22 to achieve a balanced budget. In addition to the £40m reduction in RSG, further funding has been required to fund growth as a result of increasing demand pressures, inflation, capital financing costs and other reductions in specific grants such as the Education Support Grant.

1.2 To set this figure into context, Harrow Council does not have large cash reserves. Its general fund balances stand at £10m and remain within the lower quartile when benchmarked with other local authorities and spending them is not a responsible way to offset lost revenue. Harrow Council's gross budget for 2018/19 is £570m. A significant proportion of this funding is ring fenced for services such as housing benefit, schools and public health. The Council's net controllable budget is £168.8m in 2019/20 and this is the element of the budget that the Council can exercise more control over and from where savings must be found.

1.3 The draft budget set out in this report shows an updated MTFS with a number of changes Cabinet are asked to note. The changes achieve

a balanced budget position for 2019/20 and budgets gaps of £13.5m and £9.3m for 2020/21 and 2021/22 respectively. The MTFS will be subject to further adjustments following the provisional Finance Settlement due to be announced on 6 December 2018 with the final settlement being agreed no later than the end of January 2019. Whilst it is intended that Members will approve the MTFS in February 2019, this is subject to a number of assumptions in relation to grant settlements, council tax income, legislation and demographics. The Council will still be required to review the Council's budget on a yearly basis; however approval of the MTFS will allow officers to progress a number of important projects.

BACKGROUND

1.4 The budget process is designed to ensure that it is priority led so that resources are aligned with council priorities and statutory responsibilities including equalities implications. The Harrow Ambition Plan 2020 sets out the ambitious council vision of 'Working Together to Make a Difference for Harrow.' Between now and 2020 the Council's Strategy to deliver its vision is to:

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

The Council's values, developed by staff, are also a key part of the Harrow Ambition Plan:

- Be Courageous
- Do It Together
- Make It Happen

EXTERNAL FUNDING POSITION

1.5 Harrow Council is one of the lowest funded councils in London. In 2015/16 Harrow's revenue spending power per head was £159 (or 17.3%) lower than the London average which ranked Harrow 26th out of 32 London Boroughs. A similar comparison with the England average shows Harrow's revenue spending power per head was £127 (or 14.3%) below average and ranked Harrow 105th out of 120 local authorities. Subsequent financial settlements have done little to address the balance on Harrow's funding position. The revenue spending power per head analysis was updated and concluded that Harrow's core spending power per head in 2019/20 is estimated to be £170 lower than the London average and £75 lower than the rest of England average.

1.6 The 2019 Budget did announce additional funding for local government. The three key areas in terms of additional funding and impact on the Councils 2019/20 draft budget are social care, pot holes and Disabled Facilities Grant:

1.7 **Social care** – Additional funding of £240m was announced for adult social care in 2019/20. London Councils have estimated London's share to be £37m and Harrow's share to be £970k based on the relative needs formula. A further £410m will be made available to

support both adult and children's social care in 2019/20.Once again London Councils have estimated London's share to be £63m and Harrow's share to be £1.657m. This provides estimated additional funding of £2.627m for Harrow in 2019/20. Whilst this is a helpful contribution to social care demand pressures, there is concern that this funding is for one year only with no announcements post 2019/20. For this reason the funding cannot be built into the base budget and this report recommends holding the funding in a Social Care Reserve.

1.8 **Pot Holes** - £420m of new funding will be made available across England for pot holes. Harrow's share is £509k and it will be considered alongside current capital programme plans.

1.9 **Disabled Facilities Grant (DFG)** – An additional £55m of DFG funding will be allocated in 2018/19 to provide home aids and adaptions for disabled children and adults on low incomes. Harrow's share is estimated at £270k and is being considered alongside current capital programme plans. This additional funding has not been built into the draft Capital Programme elsewhere on the agenda.

1.10 Whilst additional funding is well received, there remains significant concern that the funding announced is for 2019/20 only and will not address the low funding baseline for Harrow Council and how it manages its budget on a sustainable basis moving forward.

1.11 The last Spending Review (SR15) was followed by a four-year offer to councils to set Settlement Funding Assessment levels (SFA) between 2016/17 to 2019/20. This provided a degree of certainty over core funding from government. In light of the RSG reduction of 93% over the four year period, leaving a balance of £1.559m by 2019/20, the Council did not apply to accept the offer along with 8 other Councils. The risk of not accepting and being subject to the existing annual process for the financial settlement has not materialised and the Council has continued to receive its RSG settlement in line with the four year offer.

1.12 2019/20 is the final year of the four year settlement and local government finance is undergoing a period of significant change that brings with it growing uncertainty for the sector. The coming months will see three major external events that will change the amount of funding every local authority receive from 2020 onwards:

- The next **Spending Review (SR)** will set the overall quantum of central government funding to local government when it sets government departmental expenditure limits for the next few years. The period the SR will cover, timelines for submission and the date of SR announcements all remain unknown.

- The **Fair Funding Review** will set the new needs baseline in April 2020 and will therefore determine the distribution of core central government funding to local government. Further consultation is expected later this calendar year and in summer 2019 as work is progressed. Arrangements are expected to be

finalised in autumn 2019. Transition arrangements remain unknown.

- The **75% business rates retention scheme** will start in 2020-21. This will involve establishing new business rates baselines, setting new parameters regarding the level of risk/reward and, therefore, the ability of each local authority to benefit from growth, as well as the time period over which growth will be retained.

DELIVERY OF THE 2018/19 BUDGET

1.13 Delivery of the 2018/19 budget is critical to maintaining the Council's financial standing and to do everything possible to protect front line services. The 2018/19 revenue budget includes a challenging savings target of £8.801m. At Quarter 2 (as at 30 September 2018) performance against the savings target is good in light of the increasingly challenging fiscal and demand led environment:

- £6.146m of savings (70%) are already achieved or on course to be achieved (rated Green)
- £1.632m of savings (18%) are partially achieved or risks remain (rated Amber)
- £1m of savings (12%) will not be achieved (rated Red)

This position is an improvement on financial performance against budget savings at this stage in the year compared to 2018 when 63% of savings were rated green, 21% rated amber and 16% rated red.

1.14 The Quarter 2 forecast, subject to a separate report elsewhere on the agenda, indicates a directorate overspend of £4.050m net, the key pressures relating to pressures within Adults Services and Environment and Culture as detailed below:

Adults Services is forecasting an overspend of £5.022m, reduced to £3.446m after applying one off grant income received from central Government, announced after the 2018/19 budget was set. The Adult Social Care support grant yields £606k for Harrow and is being applied to fund care provider inflationary uplifts. At the beginning of October 2018 funding of £240m was made available to councils to pay for social care packages for winter 2018/19 and Harrow's share of the funding was £970k. Both these funding streams are one off in 2018/19 and therefore have not been built into the base budget. The pressures forecast by Adult Services relate to increases in demand for social care placements which have continued to increase throughout the year.

The Environment & Culture division is forecasting to overspend by £710k as a result of pressures from dry recycling disposal, food waste collection, demand pressures increasing staffing costs in Clean & Green and challenges in achieving include targets across Civic Amenities and Public Protection.

1.15 Despite these pressures, financial management of the budget has remained robust throughout the year to ensure overall planned

services are delivered within resources and an underspend is delivered to contribute towards the 2019/20 budget gap:

- Period 2 (as at May 2018) financial performance was reported to Cabinet in July 2018 which estimated directorate pressures of £2.7m. Spending controls were immediately implemented across the organisation to generate £1.1m of mitigation actions which have been maintained throughout the year.

- Both the Resources directorate and Children's division are reporting forecast underspends totalling £932k.

- Robust management has prevented, to date, the need to call upon the contingency for unforeseen items (£1.248m). Corporate actions such as tight monitoring of cash balances to reduce the need to borrow and holding all external income received post budget setting corporately, has yielded underspends on corporate budgets.

The result of these actions is a forecast underspend of £2.2m for 2018/19 which will carried forward and contribute towards the budget gap for 2019/20.

1.16 Unlike other London Borough's, Harrow Council does not hold large reserves. During the audit of the 2017/18 financial statements external audit reported on the general level of reserves across London as a percentage of expenditure. Reserves ranged from 4% to 43% with Harrow being third from lowest at 8%. In light of these low levels of reserves, it is crucial that the Council is prudent and overall delivers services within budget or delivers an underspend to contribute towards future budget gaps and prevents a call on reserves.

BUDGET PROCESS 2019/20

1.17 The Council has a statutory obligation to agree and publish the budget for 2019/20, and approval for this will be sought in February 2019. In preparing the 19/20 budget, and rolling forward the MTFS to cover the three year period 2019/20 to 2021/22, the current MTFS (approved by Council in 2018) has been the starting point for the process.

1.18 For clarity the key assumptions underpinning the starting point for the updated 3 year MTFS are summarised. The MTFS approved in February 2018 assumed a budget gap of £17.636m for 2019/20 and £16.061m for 2020/21. This is the starting point for the refreshed 3 year MTFS. Its important to note that this starting point assumes achieving directorate savings of £3.4m in 2019/20 and £977k in 2020/21.

1.19 As the Council's financial position is dynamic and is affected by a number of financial uncertainties and adjustments that will impact upon its financial position over the long and medium term, in preparing the draft budget for 2019/20 the existing MTFS has been refreshed and rolled on a year and the adjustments are summarised in table 2 below, followed by an explanation of the more significant adjustments

Table 2: Changes to MTFS (Prior to Local Government Settlement on 6 December 2018)

	2019/20	2020/21	2021/22
	£'000	£'000	£'000
Budget gap at February 2018 Council Report	**£17,636**	**£16,061**	**£0**
Implications of Rolling the Budget forward to include 2021/22			
Capital Financing Costs from the current Capital Programme			**£1,900**
Pay Inflation and General Inflation			**£3,100**
One off actions			
Use of £2m from the budget planning reserve (2017/18 underspend)	-£2,000	£2,000	
2018/19 Forecast underspend to be used for 2019/20	-£2,200	£2,200	
Revised budget gap	**£13,436**	**£20,261**	**£5,000**
Saving proposals:			
Resources	-£643	-£595	-175
Children's	-£831	£0	
Community	-£300	-£553	-643
Growth proposals:			
Resources	£400	£95	140
Children's	£315	£0	0
Adults	£995	£971	652
Community savings proposals requiring Capital financing Growth	£286	£330	244
Revised budget gap after savings and growth proposals	**£13,658**	**£20,509**	**£5,218**
Council Tax changes			
Collection Fund Surplus	-£2,200	£2,200	
Increase in core Council Tax - 4.99%	-£3,584		
Increase in core Council Tax - 1.99%		-£2,513	
Budget Gap assumed 2.5% precept but limited to 2%	£599		
Increase in Band D taxbase from 85,946 to 86,250	-£445		
Revised gap after Council Tax adjustments	**£8,028**	**£20,196**	**£5,218**
Technical Adjustments			
Removal of MRP budget assigned to Regeneration (one off) 2019//20	-£1,000	£1,000	
Removal of MRP budget assigned to Regeneration (one off) 2020//21		-£1,000	£1,000
Use of Capital Flexibilities	-£800	£800	
2018/19 Business Rates Pool	-£3,500	£3,500	
2019/20 Business Rates Pool		-£2,625	£2,625
Additonal S31 funding 2018/19	-£779	£779	
Additional New Homes Bonus income from growth	-£962	£300	
Removal of Budget assumed to fund Public Health Grant reduction	-£487		
Gayton Road - 72 affordable units	-£500		£500
Revised gap after savings, growth and Council Tax changes	**£0**	**£22,950**	**£9,343**
Removal of Directorate growth		**-£4,000**	
Assumption that Improved Better Care Fund continues		-£5,467	£0
Revised gap assuming IBCF continues	**£0**	**£13,483**	**£9,343**

1.20 **Implications of rolling budget forward to include 2021/22:**
Set out below are the explanations for the figures in Table 2. This is also set out in Appendix 2 along with Adjustments included within the previous MTFS agreed as part of the 2018/19 Budget process:

- **Capital Financing Costs from the current Capital Programme**- when the Capital Programme was agreed in February 2018, there were capital financing costs in relation to 2021/22 which were not included as this year was outside of last year's MTFS period which only extended as far as 2020/21. Therefore these costs of £1.9m are included now for 2021/22. There is no inclusion of additional capital financing costs beyond the current existing capital programme as reported in the Capital Programme Report elsewhere on the agenda.

- **Pay Inflation and General Inflation** – A 2% pay award has been provided for in 2019/20 as this was agreed as part of a 2 year pay award for 2018/19. There is no information as to what the 2020/21 pay award will be, therefore 2% has also been assumed in the budget for 2020/21 which equates to approximately £2m. The remaining £1.1m is provided for general inflation.

- **One off actions** – The 2017/18 outturn achieved an underspend of £3.2m of which £2m was allocated to the Business Planning Reserve as a contribution to the 2019/20 budget gap. As this is a benefit in 2019/20, it is reversed out of the MTFS in 2020/21. The 2018/19 Revenue and Capital Monitoring as at 30 September 2018, which is a separate report elsewhere on this agenda, reports an estimated underspend in 2018/19 of £2.2m which is ear marked as a one off contribution to the 2019/20 budget gap.

1.21 **Savings identified as part of the 2019/20 Budget process**
The 2019/20 budget setting process has identified additional savings of £3.740m and additional growth of £4.428m over the three years. These are summarised in table 4 and detailed in Appendix 1A.

1.22 **Council Tax Adjustments**
There is a report elsewhere on the agenda that estimates the surplus / deficit on the Collection Fund for 2018/19. The report details an overall net estimated surplus as at March 2019 of which Harrow's share is £2.2m which is now reflected in the budget for 2019/20. As this is a one off benefit it must be reversed out in 2020/21.

1.23 The increase in the core Council tax is proposed at 4.99%. This is split 2.99% for the core council tax and 2% for the adult social care precept. In addition the Council tax base has increased to 86,250 from its 2018/19 base of 84,466. The increase in the tax base alone (without any increase in council tax), will generate additional income of £2.488m. A 4.99% increase in council tax on the revised tax base of 86,250 generates additional council tax income of £6.003m.

1.24 In total this amounts to additional council tax income of £8.491m. The assumptions in the existing 2019/20 budget gap agreed in Feb 2018, already assumed additional Council tax income of £5.061m, therefore an additional £3.430m is included in this report.

1.25 In terms of the Adult Social Care precept, there is no information as to whether the Social Care precept will continue beyond 2019/20, therefore no assumptions are made beyond 2019/20. Harrow applied a 3% precept in 2017/18, 0.5% in 2018/19 with and 2% assumed in 2019/20, which brings the total to 5.5% over the 3 years. (The maximum allowance was 6%).

Technical Adjustments

1.26 **Removal of Minimum Revenue Provision (MRP) budget assigned to Regeneration –**Following a review of the Regeneration Programme, the capacity allocated to fund the revenue costs of the existing programme during the development period has been reduced £2m and this capacity has been transferred to support the general fund.

1.27 **Use of capital Flexibilities** – a further £800k of capital flexibilities will be utilised in 2019/20**.** This is a one off benefit and so needs to be reversed in 2020/21. Paragraphs 1.42 to 1.44 set out more detail on the scheme and application in previous years.

1.28 **Funding from the 2018/19 Business Rates Pool** - Harrow joined the 100% business rates retention pilot proposal for 2018/19 covering all London Boroughs. Harrow will receive a proportion of the collective growth in London arising from the pool and the no detriment clause agreed by central Government guarantees that no Council could be worse off than it would have been had the pilot not been put in place. Currently, the no detriment clause is in place for the first year only and discussions are ongoing to extend the London Pilot Pool for a second year to 2019/20.

1.29 At the time of preparing the 2018/19 budget, no indicative figures were available for potential growth from the pilot pool therefore, as a prudent measure, no benefit was built into the final budget. Early indications are that Harrow could benefit from an estimated £3.5m of one off income in 2018/19 which will be applied in the 2019/20 budget.

1.30 **Additional Section 31 Funding 2018/19** - the budget assumes £779k additional one off income in the form of section 31 grant funding for 2019/20.

1.31 **New Homes Bonus (NHB)** – there were changes made to the scheme as part of the 2017/18 settlement, which saw the introduction of a national baseline for housing growth of 0.4%. This meant that there would be no benefit in terms of NHB payments until the 0.4% is exceeded. The payment period was also reduced, so for 2017/18 NHB payments were made for five, rather than six years, and that payment period was reduced again to four years from 2018/19.

1.32 In 2018/19 the NHB grant is £3.482m. Any changes to the scheme for 2019/20 will not be announced until the December Finance Settlement although there is speculation that the 0.4% baseline for growth will be increased. In estimating the additional income from the NHB in 2019/20, growth of 942 homes has been factored in and also the assumption that the 0.4% baseline will increase to 0.6%. This should provide for a NHB grant of £3.091m. The current budget assumes £2.129m of income, so an increase of £0.962m. The budget for 2020/21 was reduced as part of last year's budget. This £962k increase in 2019/20 needs to be reduced by £300k in 2020/21 so that the budget aligns with the estimated grant income for 2020/21.

1.33 Once the figures are received as part of the Finance settlement, any adjustments required will be made for the Final Budget to be agreed by February Cabinet.

1.34 **Public Health Grant Reduction –** a sum of £487k was included in the budget to fund any reductions in the Public Health Grant. However this will be removed and any shortfalls in grant will be funded from the Public Health reserve.

1.35 **Gayton Road Income** – there are 72 units at Gayton Road currently being used for temporary accommodation in the Housing General Fund. There is a saving in the budget to reflect a £500k reduction in temporary accommodation costs by using these units in 2019/20. The working assumption is that these units will be transferred to the HRA in exchange for a capital receipt at which point (estimated to be 2021/22) the £500k revenue saving will not accrue to the General Fund. No benefit is assumed for the impact of the capital receipt. There are options in terms of applying capital receipts and the impact will be built into the MTFS when the benefit can be quantified.

1.36 **2020/21 Growth** - An allowance of £4m was included in the 2020/21 budget for Directorate growth based. This allowance has been removed and replaced by quantified growth as detailed in Appendix 1A.

1.37 **Improved Better Care Fund** - The 2015 Spending Review announced £2.4 billion as part of an improved Better Care Fund over the three years to 2019/20. The spring 2017 budget announced additional funding of £2 billion for adult social care .Over the period 2017/18 to 2020/21, the Council received funding of £13.7m. Funding of £4.643m has been received in 2018/19 and £5.467m in 2019/20. In February 2018 it was assumed that the iBCF would not continue beyond 2019/20. However, is it felt unlikely that the Government could remove such a significant amount of funding given the pressures on adult social care and the assumption has now been made that the current level of funding of £5.467m continues on a permanent basis.

Budget Refresh, Growth & Savings

1.38 There is a commitment to refresh the three year MTFS annually to ensure it remains reflective of the changing Harrow and Local Government landscape. All savings in the current MTFS for 2019/20

and 2020/21 have been reviewed to ensure that they can either be taken forward or removed as part of this draft budget.

1.39 There are no savings that require reversal in 2019/20 or 2020/21 in respect of savings put forward in previous years. The following table summarises the total savings and growth put forward either in as part of the 2018/19 or 2017/18 budget setting process for 2019/20 and 2020/21. Table 3 shows total savings of £4.394m between 2019/20 and 2020/21 and growth of £0.395m, so net savings of £3.999m. The detail is set out in Appendix 1B.

Table 3:Savings and Growth from 2018/19 and 2017/18 Budget setting

Directorate	2019-20	2020-21	Total
Savings	£'000	£'000	£'000
Resources	(180)	0	(180)
Adults	(1,251)	0	(1,251)
Children's Services	(150)	0	(150)
Community and culture	(1,441)	(977)	(2,418)
Housing	(395)	0	(395)
Total Savings	**(3,417)**	**(977)**	**(4,394)**
Growth			
Resources	530	-	530
Adult	(90)	(90)	(180)
Community and Cultural services	20	25	45
Total Growth	460	(65)	395
Net Savings / Growth	**-2,957**	**-1,042**	**-3,999**

1.40 Table 4 sets out the total savings and growth proposed as part of the current 2019/20 budget process. Table 4, shows savings of £3.740m and growth of £4.428m over the three year period 2019/20 to 2021/22. Overall there is net growth in the budget of £688k over the 3 year period. The detail of these savings and growth is set out at Appendix 1a.

Table 4: Savings and Growth 2019/20 to 2021/22 from the 2019/20 process

Savings	2019-20	2020-21	2021-22	Total
	£000	**£000**	**£000**	**£000**
Resources	(643)	(595)	(175)	(1,413)
Children's	(831)	-	-	(831)
Community	(300)	(553)	(643)	(1,496)
Total Savings	(1,774)	(1,148)	(818)	(3,740)
Growth				
Resources	400	95	140	635
Children's	315	-	-	315
Adults	995	971	652	2,618
Total Directorate Growth	1,710	1,066	792	3,568
Corporate Growth - Capital Financing Costs	286	330	244	860
Total Growth	1,996	1,396	1,036	4,428
Net Savings/Growth	222	248	218	688

1.41 Table 5 sets out the summary of all savings and growth submitted as part of this year's budget and previous years budgets which give the total savings and growth for both 2019/20, 2020/21 and 2021/22. This is the combined total of Tables 3 and 4 which shows total net savings of £3.311m over the three years; the detail is set out in appendices 1a and 1b.

Table 5:Summary of Savings and Growth 2019/20 to 2021/22

Directorate	2019-20	2020-21	2021-22	Total
Savings	**£000**	**£000**	**£000**	**£000**
Resources	(823)	(595)	(175)	(1,593)
Adult	(1,251)	-	-	(1,251)
Children's	(981)	-	-	(981)
Community and Culture	(1,741)	(1,530)	(643)	(3,914)
Housing	(395)	-	-	(395)
Total Savings	**(5,191)**	**(2,125)**	**(818)**	**(8,134)**
Growth				
Resources	930	95	140	1,165
Children's	315	-	-	315
Adults	905	881	652	2,438
community and Culture	20	25	-	45
Total Directorate Growth	**2,170**	**1,001**	**792**	**3,963**
Capital Financing	286	330	244	860
Total Growth	**2,456**	**1,331**	**1,036**	**4,823**
Net Savings/Growth	**(2,735)**	**(794)**	**218**	**(3,311)**

CAPITAL RECEIPTS FLEXIBILITY

1.42 In the Spending Review 2015, it was announced that to support local authorities to deliver more efficient and sustainable services, the government will allow local authorities to spend up to 100% of their fixed asset receipts on the revenue costs of reform projects. This flexibility was initially offered for the three years 2016/17 to 2018/19, but has been extended as part of the 2018/19 Finance settlement for a further 3 years from 2019/20 to 2021/22.

1.43 The Council signified its intent to make use of this flexibility in its final budget report to Cabinet and Council in February 2016.

1.44 In terms of the required reporting requirements, DCLG recommend each authority disclose the projects that will be funded or part funded through capital receipts to full Council. This requirement can be satisfied as part of the annual budget setting process. In November 2016, Cabinet approved a number of asset disposals and the capital receipts from these disposals are being applied within the new flexibilities. In 2017/18 capital receipt flexibilities of £3.039m were applied and the draft budget for 2018/19 assumes further capital receipt flexibilities of £2.7m. For 2019/20 a further £800k is assumed as part of this draft budget report and will be reported to February Cabinet and finally approved by full Council in February 2019.

SCHOOLS BUDGET 2019/20

1.45 In 2018-19 the government introduced a new National Funding Formula (NFF) for Schools, High Needs and the Central Schools Services Block. For the Schools Block this meant that LAs are funded on the basis of the total of the national funding formula for all schools, academies and free schools in its area. However the final formula for distribution is determined by each Council following consultation with schools and Schools Forums.

1.46 There will be a 'soft' NFF in place up to 2021. This means that LAs will be funded on the basis of the aggregate of the NFF for all schools, academies and free schools in its area but the final formula for distribution will be determined by each LA following consultation with schools and Schools Forums. This will come to Cabinet in February 2019 for approval.

1.47 The LA carried out a consultation in Autumn 2017 which sought views on whether the LA should continue to use the Harrow Schools Funding Formula or introduce the National Funding Formula from 2018/19. 76% of schools responded to the consultation and 89% voted in favour of introducing the National Funding Formula from 2018/19. This was approved by Cabinet in February 2018 and school budgets were set for 2018/19 based on the National Funding Formula. There are no proposed changes to the structure of the formula for 2019/20.

1.48 In 2021 the Government intends to implement the NFF 'hard' formula which means that school allocations will be determined by the DfE rather than LAs. This is a year later than originally planned.

PUBLIC HEALTH FUNDING

1.49 Following the comprehensive spending review in November 2015, Public Health England wrote to local authorities detailing average real terms savings of 3.9% each year to 2020/21.

1.50 The draft Public Health commissioning intentions detailed in Appendix 4 of £10.523m are based on the indicative grant allocation notified by Public Health England in December 2017 and requires a contribution from the public health reserve to deliver statutory duties.

1.51 The Council consider that this level of funding enables the Council's overarching statutory duties (including equality duties) to be maintained, taking account of the joint strategic needs assessment.

BETTER CARE FUND (BCF)

1.52 The 2015 Spending Review set out the Government's intention that, by 2020, health and social care will be more fully integrated across England. BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services.

1.53 NHS guidance is awaited in relation to the 2019/20 BCF plan which is likely to be linked to the anticipated NHS 10 year plan. It is expected

that this will require extended integrated working and increased pooling arrangements across health and social care. The 2019/20 BCF plan will be signed off by the Health & Wellbeing Board ahead of submission to, and assurance by, NHS England.

1.54 The 2019/20 Adults budget continues to assume that funding for the Protection of Social Care through the BCF will remain at £5.889m

RESERVES AND CONTINGENCIES

1.55 Reserves and contingencies need to be considered in the context of their need to protect the Council's good financial standing and in the context of the overall risks that the Council faces during a continuing period of economic uncertainty. The MTFS reflects the Council's need to ensure an adequate level of reserves and contingencies which will enable it to manage the risks associated with delivery of the budget including equalities impacts and unforeseen events. As at the time of writing this report general fund non earmarked balances remain at £10m and those for specific purposes are detailed:

- Unforeseen contingency £1.248m –this is an on going revenue budget.
- Budget Planning contingency £4.184m remaining after applying £2m towards 2019/20 budget.
- MTFS Implementation Costs - The revenue and capital monitoring report as at Quarter 2 shows an estimated carry forward balance of £2.086m against this reserve. This is set aside to fund redundancy costs for the MTFS period to 2021/22

1.56 The Director of Finance will report on the adequacy of the Council's reserves as required in the budget setting report in February.

LONDON BOROUGHS GRANTS SCHEME

1.57 Harrow's contribution to the London Borough's Grant Scheme was £190k in 2018/19. At the time of writing this report the Council has not been notified of the recommended contribution for 2019/20. To ensure that the Council can respond to London Council's when contribution rates are notified, its is recommended that Cabinet authorise the Director of Finance to agree Harrow's 2019/20 contribution to the London Borough's Grant Scheme, in consultation with the Portfolio Holder for Finance and Commercialisation. The contribution rate will be reported to Cabinet in February 2019 as part of the final budget.

BUDGET PROCESS 2020/21 AND 2021/22

1.58 This report sets out a balanced budget position for 2019/20. However achieving this balanced position has proved a very difficult challenge in light of continued financial austerity and increasing demand pressures in adults and children's social care and homelessness. The Council has limited general fund reserves and has shown restraint in not applying these 'one off' balances to address the budget shortfalls.

1.59 There is a good track record of containing revenue expenditure within the annual budget envelope despite continued demand pressures. In 2017/18 an underspend of £3.2m was achieved and in the current

financial year an underspend of £2.2m is forecast. The Council has increased Council Tax in line with the referendum limits and applied the Adults Social Care precept. Yet despite all these responsible actions, the Council is finding it increasing difficult to set a balanced budget and achieving long term financial sustainability. The Council appreciates the additional funding that has been received for social care in both 2018/19 and 2019/20 but the funding is non recurrent which does not assist the Council in addressing the key pressures on its budget in a sustainable manner.

1.60 Whilst a draft balanced budget position has been set for 2019/20, it is acknowledged that a number of one off items have been applied which have to be reversed out in 2020/21. The draft 3 year MTFS therefore shows a budget gap of £13.483m for 2020/21 and £9.343m for 2021/22.

1.61 In light of this positon, the Council must now focus on its future financial position to ensure:

- Council services can be afforded and new sources of income are generated to fund core services
- Value is delivered from the Regeneration Programme, Project Infinity and other significant capital schemes
- The Council can operate safely and within the law
- The Council continues to support the argument for a fair funding settlement for Harrow residents

1.62 The progress of addressing the future direction of the Council will be regularly reported to Cabinet.

2.0 CONSULTATION

2.1 As a matter of public law the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in 4 circumstances:

- Where there is a statutory requirement in the relevant legislative framework;
- Where the practice has been to consult or where a policy document states the council will consult then the council must comply with its own practice or policy;
- Exceptionally, where the matter is so important that there is a legitimate expectation of consultation and
- Where consultation is required to complete an equalities impact assessment.

Regardless of whether the council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:

- Comments are genuinely invited at the formative stage;
- The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response;

- There is adequate time given to the consultees to consider the proposals;
- there is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision;
- The degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting and;
- The consultation is clear on the reasons and extent to which alternatives and discarded options have been discarded.

2.2 Public consultation on the overall budget for 2018/19 will commence after 6 December 2018 before the final savings are recommended to Full Council on the 28 February 2019.The public consultation will give residents an opportunity to comment on the 2019/20 overall budget before final decisions are formalised in the council's annual budget.

2.3 In terms of service specific consultations, the council has a duty to consult with residents and service users in a number of different situations including where proposals to significantly vary, reduce or withdraw services. Consultation is also needed in other circumstances, for example to identify the impact of proposals or to assist with complying with the council's equality duties. Where appropriate, separate service specific consultations have already taken place or are currently taking place for the 2019/20 savings.

3.0 PERFORMANCE ISSUES

3.1 The in-year measurement of the Council is reported in the Strategic Performance Report. The Corporate Plan, which will be developed alongside the Budget Report, will have measures within it which will set out how Council delivery in 2019/20 will be measured and this again will be reported through the Strategic Performance Report.

3.2 In terms of financial performance, Cabinet are updated regularly throughout the financial year of forecast spend against the agreed budget and achievement of savings built into the budget.

4.0 RISK MANAGEMENT IMPLICATIONS

4.1 Financial risk is covered in the Council's Corporate Risk Register:

- Inability to provide services within budget
- Inability to manage demand for services in Adults Social Care

5.0 LEGAL IMPLICATIONS

5.1 Section 31A of the Local Government Finance Act 1992 requires billing authorities to calculate their council tax requirements in accordance with the prescribed requirements of that section. This requires consideration of the authority's estimated revenue expenditure for the year in order to perform its functions, allowances for contingencies in accordance with proper practices, financial reserves and amounts required to be transferred from general fund to collection fund.

5.2 Local authorities owe a fiduciary duty to council tax payers, which means it must consider the prudent use of resources, including control of expenditure, financial prudence in the short and long term, the need to strike a fair balance between the interests of council tax payers and ratepayers and the community's interest in adequate and efficient services and the need to act in good faith in relation to compliance with statutory duties and exercising statutory powers.

5.3 Cabinet is approving these proposals for consultation after which a cumulative equalities impact will be drafted. These proposals will be referred to Council so that Council can approve the budget envelope and set the Council Tax. There will be contingencies within the budget envelope so that decision makers have some flexibility should any decisions have detrimental equalities impacts that cannot be mitigated.

5.4 The Secretary of State has the power to designate two or more "relevant authorities" as a pool of authorities for the purposes of the provisions of Schedule 7B of the Local Government Finance Act 1988 (as amended by the Local Government Finance Act 2012).Paragraph 45 (Interpretation) of Schedule 7B defines a "relevant authority" as a billing authority in England, or a major precepting authority in England. The list of billing authorities at Schedule 5, Part 1 of the Non-domestic Rating (Rates Retention) Regulations 2013/452 includes the GLA and the London Boroughs as billing authorities and the GLA is also a precepting authority pursuant to section 39 (1) of the Local Government Finance Act 1992. In relation to the project, the participating local authorities have implicit powers to enter into arrangements with each other for the purposes of fulfilling the requirements of Schedule 7B for obtaining an order of the Secretary of State authorising the establishment of a business rate pool.
Local authorities have a power to enter into arrangements between them including under section 111 of the LGA 1972: "Without prejudice to any powers exercisable apart from this section but subject to the provisions of this Act and any other enactment passed before or after this Act, a local authority shall have power to do any thing (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions".

6.0 FINANCIAL IMPLICATIONS

6.1 Financial Implications are integral to this report.

7.0 PROCUREMENT IMPLICATIONS

7.1 There are no procurement implications arising from this report.

8.0 EQUALITIES IMPLICATIONS / PUBLIC SECTOR EQUALITY DUTY

8.1 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are

developed. Consideration of the duties should precede the decision. It is important that Cabinet has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, 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.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) Tackle prejudice, and

(b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- *Age*
- *Disability*
- *Gender reassignment*
- *Pregnancy and maternity*
- *Race,*
- *Religion or belief*
- *Sex*
- *Sexual orientation*
- *Marriage and Civil partnership*

8.2. Directorate proposals will be subject to an initial equalities impact assessment followed by a full assessment where appropriate. These

will be published along with the final budget and MTFS report to February Cabinet. An assessment will also be carried out on the whole budget, when all proposals have been identified, to ensure that decision makers are aware of any overall equalities impact on the protected characteristics listed above..

9.0 COUNCIL PRIORITIES

9.1 The Council's draft budget for 2019/20 has been prepared in line with the Council's vision:

Working Together to Make a Difference for Harrow

- 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

Name: Dawn Calvert	x	Chief Financial Officer
Date: 27/11/18		
Name: Jessica Farmer	x	on behalf of the Monitoring Officer
Date: 26/11/18		

Section 3 – Procurement Clearance

Name: Nimesh Mehta	x	Head of Procurement
Date: 27/11/18		

Ward Councillors notified:	**No, as it impacts on all Wards**

EqIA carried out:	**To be reported on as Part of the Feb Budget report**
EqIA cleared by:	**n/a**

Section 4 - Contact Details and Background Papers

Contact: Dawn Calvert, Director of Finance, tel: 0208 4209269, dawn.calvert@harrow.gov.uk

Background Papers:
Final Revenue Budget 2016/17 and MediumTerm Financial Strategy 2016/17 to 2019/20 - report to Cabinet 18th February 2016

Call-In Waived by the Chairman of Overview and Scrutiny Committee	**NO – CALL IN APPLIES**

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
Resources Directorate									
1	RES 2019-20 S1-4	Reduction in Customer Channels (A) - closing telephony & email channels across Planning & Building Control, Public Realm, Education & Allotments and only accepting on-line applications following the release of new on-line services by April 2019.	(75)	(135)		(210)	Y appropraite mitigation will be put in place for service users	Y	Affected services
2	RES 2019-20 S1-5	**Reduction in Customer Channels (B)** - closing telephony & email channels across Council Tax, Housing Benefits, Business Rates and Council Tax support and only accepting on-line applications following the release of new on-line services by April 2020.		(175)	(175)	(350)	Y appropraite mitigation will be put in place for service users	Y	Affected services
3	RES 2019-20 S1-6	**Review of Business Support for Children's Services** - Lean review of Children's' Services and associated business support.	(80)	(20)		(100)	N back office saving	Y	Staff will be consulted via the usual Hr procedures
4	RES 2019-20 S1-9	**Printing Savings:** ongoing reductions in print volumes have permanently reduced costs and savings can be taken.	(70)			(70)	N	Y	
6	RES 2019-20 S1-13	**Additional Legal Hours 'Growth** of £530k was added to the budget for 2019/20 in connection with additional usage within Harrow of legal services. Only 50% of this growth is required in 2019/20 and the remaining 50% can be fully removed in 2020/21.	(265)	(265)		(530)	N this is the reversal of 2017/18 growth	N	None
7	RES 2019-20 S1-14	**Delete a Category Officer post** - A cashable saving can be made by deleting one of the four Category Officer posts.	(53)			(53)	N as this is a vacant post	Y	None

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
8	RES 2019-20 S1-15	**Reduction in the Contribution to the Insurance Fund.** The further reduction of £100k of the General Fund contribution to the Insurance Fund takes the annual contribution to the minimum required based on the claims history.	(100)			(100)	N as this is a back office saving	N	N
		Resources Total	**(643)**	**(595)**	**(175)**	**(1,413)**			
People Services									
Children's Services									
9	PC01	**Children's Placements & Accomodation and other client related spend** Continued reduction of cost of placements through frequent tracking panels and step down through Keeping Families Together (KFT) as well as reduction in requirement for placements through KFT prevention of care and reunification. This includes other client related spend and associated legal costs	(831)			(831)	N - this is not a cut to services this is reversal of growth. The needs of young people will be reviewed on a case by case basis	N - this is not a cut to services this is reversal of growth. The needs of young people will be reviewed on a case by case basis	N - this is not a cut to services this is reversal of growth. The needs of young people will be reviewed on a case by case basis
		Children's Services total	**(831)**	**-**	**-**	**(831)**			

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
Community									
12	COM_19.20S01	**Review of Libraries Service** Review of operational arrangements to revise opening hours of libraries to meet public demand.	(50)	(50)		(100)	Y	N	Y - Public and staff consultation done in September
13	COM_19.20S02	**Increase in Planning fees Income** Following a 20% national fees increase in early 2018, the income for planning applications is anticipated to increase if the number of applications remains at a similar level. However, this needs to be balanced against the additional costs of running the planning service. For 19/20, the income is supplemented by strategic development coming forward, and greater use of planning performance agreements to manage the planning process. In light of this, it is possible to make a one-off contribution to the MTFS in 19/20 and the projected net additional income is reduced to £50k in 20/21.	(100)	50		(50)	N - It is a national change		
14	COM_19.20S03	Commercialisation of Building Control Service, subject to a business case.	(20)			(20)	N		

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
15	COM_19.20S04	Redevelopment of the Vernon Lodge Homelessness Hostel and the Atkins House Site The maximisation of the assets to increase the homelessness provision at Vernon Lodge while providing capacity to generate additional income at both Vernon Lodge and Atkins House, following Cabinet approval of the redevelopment work in July 18. Gross savings.	(130)	(80)	(643)	(853)	Y		Y for any planning application
16	COM_19.20S05	**Redevelopment of Central Depot (Additional areas)** **F**urther maximisation of the use of the depot site to deliver additional areas for commercial income generation, following Cabinet approval of the increase in capital programme for the site in July 18.	-	(473)	-	(473)	Y		Y for any planning application
		Community's total	**(300)**	**(553)**	**(643)**	**(1,496)**			
		Total Savings	**(1,774)**	**(1,148)**	**(818)**	**(3,740)**			

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
Growth									
1	RES 2019-20 G1-2	The Housing Benefit Admin Grant reduces annually due to year on year efficiency cuts to DWP funding under SR2007 & SR 2013 efficiency directives re settlements to DWP funding. The DWP efficiency targets in place impact on the HB Admin Grant annually, reducing future grants by approximately 10% cumulatively (7% + 3%). As a minimum we will have a cut of around £100k (although this will not be confirmed until the proceeding December before the new year starts)	100	95	90	285	N	N	N
2	RES 2019-20 G1-3	Growth is required to replace cuts in both DWP Administration grants to the Local Authorities and for overpayments of compensation payments from DWP to Harrow. This is due to both imposed cuts to the LA admin grant by the DWP due to their own savings strategy and due to the fact that as we will administer less cases over time (due to the migration of new cases to Universal Credit), there will be less overpayments and therefore less compensation awarded to Harrow which reduces the income in the revenue budget.			50	50	N	N	N

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
3	RES 2019-20 G1-10	The original reductions in the Communications Budget have not been matched by demand for the service. This proposal would enable the Team to respond to all core requirements, as well as support other communications and marketing activity to help the organisation to make additional savings and also commercial income, by enabling the Council to be fully supported.	300			300	N	N	N
		Resources Total	**400**	**95**	**140**	**635**			
People Services									
	PC02	**Keeping Families Together workers** Growth for 3fte KFT workers. These workers are pivotal in further reducing the demand for placements and enabling young people to step down or return home where it is safe to do so. Currently funded by Together With Families grant funding which ceases March 2019. These workers will significantly contribute to further efficiencies/savings/demand management	155			155	N - Equality implications will be considered on a case by case basis	N	N
5	PC05	**SEN Case Workers** Growth is required for 4fte SEN case workers to manage increased demand for Education Health & Care Plans and to enable the delivery of the SEND strategy to reduce spend on SEND.	160			160	N - Equality implications will be considered on a case by case basis	N	N

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
		Children's Total	**315**	**-**	**-**	**315**			
Adult									
6		Growth in the transition budget and Personal Budgets over the next 3 years which will increase the transitions budget by a total of £1.4m and Personal Budgets by £1.218m. **'Growth 2019-20.** This relates to £650k for transitions funding (addtional 24pa) and £345k for personal budgets (addtional 1 per week). **Growth 2020-21.** This relates to £450k for transitions funding (based on further 15) and £521k personal budgets (assumes a further 1 new PB every other week in addition to the 2019/20 increase) **Growth 2021-22** - this relates to £300k for transitions (assumes additional 10 pa) and £352k for Personal Budgets (a further 1 new PB every other week)	995	971	652	2,618	N	N	N
		People Total	**1,310**	**971**	**652**	**2,933**			
		Directorate's Total	**1,710**	**1,066**	**792**	**3,568**			

Total Savings and Growth - 2019/20 Budget Process									Appendix 1A
Item No	Unique Reference No.	Headline Description re: saving / reduction	2019-20	2020-21	2021-22	Total	EQIA Required Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
			£000	£000	£000	£000			
Corporate									
7		Capital Financing costs associated with the capital investment of the redevelopment of the Vernon Lodge and Atkins House site	221	140	244	605	N	N	N
8		Capital Financing costs associated with the additional capital investment of the redevelopment of the Central Depot site.	65	190	-	255	N	N	N
		Corporate Total (financing Cost)	**286**	**330**	**244**	**860**			
		Growth Total	**1,996**	**1,396**	**1,036**	**4,428**			
		Net Savings/Growth	**222**	**248**	**218**	**688**			

Savings and Growth Savings 2017/18 and 2018/19 MTFS									Appendix 1B
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
Resources									
1	RES_01	Customer Services and IT	Increase Helpline Income Developing a robust multi-channel marketing plan to build the brand and promote the Helpline service to generated additional income through the existing service.	100		100	N	Y	N
2	Res 18.19 01	Customer Services	Review of Postal Process - the post room will sort in bound post but services will need to collect post from the Post Room. The post room will frank and send post out but services will be responsible for delivering mail to post room.	30		30	Y	Y	Y
3	RES_16	Strategic Commissioning	VCS funding - This saving reduces community grants and transfer funding from the emergency relief fund, to support the information and advice strategy as the December cabinet report.	50		50	Y	Y	Y- separate report to December 2016 Cabinet
			Resources Total	**180**	**-**	**180**			
People Services									
Adults									
4	PA05	Adult Social Care	Adult Services - Home In Harrow	1,251	-	1,251	Y	N	Y
			Total Adults	**1,251**	**-**	**1,251**			

Savings and Growth Savings 2017/18 and 2018/19 MTFS									Appendix 1B
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
Children's Services									
5	PC28	Cross Service	Non-pay inflation	150		150	N	N	N
			Total Children's Services	**150**	**-**	**150**			
			People Services Total	**1,401**	**-**	**1,401**			
Community									
Community and Culture									
6	COM	Commissioning & Commercial	Income from expansion of Central Depot	246	681	927	Y	N	N
7	COM_S12	Environment & Culture	Route Optimisation on food waste collection This saving is predicated on the availability of a food waste transfer facility in a closer proximity. The latest update from West London Waste Authority is that the new facility is unlikely to be ready and in operation until Oct 2018, which means route optimisation is delayed to achieve cost efficiencies.	75		75	Y	N	N

Savings and Growth Savings 2017/18 and 2018/19 MTFS									Appendix 1B
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
8	CC_2	Environment & Culture	Library Strategy Phase 2 - delivery of network of libraries and library regeneration The original saving relates to the relocation of Gayton Library and Wealdstone Library. The new town centre library that replaces Gayton Library will be built by the developer as part of the redevelopment of 51 College Road. The latest timescale suggests that the new library will become operational no later than March 2020. Therefore the saving relating to Gayton Library (£159k) needs to be re-profiled to 2020/21 at the earliest. Wealdstone Library is likely to remain in Wealdstone Centre, and therefore the saving of £50k will not be achieved.		159	159	Y	N	Y
9	COM18.19_S03	Environment & Culture - Waste Services	Changes to the Household Recycle & Reuse Centre (HRRC) at Forward Drive 1. Restrict access for non residents to HRRC by introducing a charging regime for non residents. 2. Introduce charges for non household waste (e.g. building waste) deposited at HRRC by residents / non residents 3. Upgrade trade waste controls	20		20	Y	N	Y

Savings and Growth Savings 2017/18 and 2018/19 MTFS							Appendix 1B		
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
10	COM18.19_S04	Environment & Culture - Harrow Arts Centre	Reduce subsidy to the arts centre	150	137	287	Y	N	Y
11	COM18.19_S05	Environment & Culture - Waste Services	Waste Services Review - implementing waste management strategy to include the following: 1. Introduction of food / dry recycling in Flats 2. Review collection regime and resources Total target saving of £500k, subject to detailed proposals to be developed as part of Waste Review and requisite Cabinet approval. One-off implementation costs anticipated and estimated at £150k, leading to a net saving of £350k in 19/20 and £150k in 20/21.	500		500	Y	N	Y
12	COM18.19_S07	Commissioning & Commercial - Contracts Management	Savings from contract re-procurement	250		250	N	N	N
13	COM18.19_S10	Commissioning & Commercial Division	Phoenix projects - Indicative net saving from the commercialisation of CCTV operations, subject to a business case.	200		200	Y	N	Y
			Total Commissioning, Environment and Culture	**1,441**	**977**	**2,418**			
						-			

Savings and Growth Savings 2017/18 and 2018/19 MTFS							Appendix 1B		
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
Housing						-			
14	COM_G05.3	Housing	Homelessness - Extension of Property Purchase Initiative (Additional 50 homes) - Purchase of a further 50 homes for use as TA to reduce pressure on B&B.	225		225	N	N	N
15	COM_G05.3	Housing	Reversal - 'Homelessness - Extension of Property Purchase Initiative (Additional 50 homes) -The initiatives were included in the MTFS on the basis there would be a net saving against the B & B accommodation budget as a result of moving residents from B & B accommodation into the 150 homes. The savings against the B & B budget were originally intended to cover the capital financing costs incurred to purchase the properties and still make a positive contribution to the MTFS. However as a result of increased demand across the housing needs budget and the impact of the Homelessness Reduction Act, achieving a net saving against the B & B accommodation budget is no longer viable. In terms of the 50 homes, a gross saving of £948k is included in the MTFS. Capital financing costs are assumed at £573k leaving a net contribution to the MTFS of £375k	153		153	N	N	N
16	CH_9	HGF	Property purchase initiative - net benefit to Council of proposals to purchase 100 homes, per Cabinet report appendix. Homelessness savings are part of the equation.	42		42	N	N	N

Savings and Growth Savings 2017/18 and 2018/19 MTFS									Appendix 1B
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
17	CH_9	HGF	Additional income - 'Property purchase initiative - net benefit to Council of proposals to purchase 100 homes, per Cabinet report appendix. Homelessness savings are part of the equation.	(4)		(4)	N	N	N
18	CH_9	HGF	Reversal - 'Property purchase initiative - proposal to purchase 100 homes. - The initiatives were included in the MTFS on the basis there would be a net saving against the B & B accommodation budget as a result of moving residents from B & B accommodation into the 150 homes. The savings against the B & B budget were originally intended to cover the capital financing costs incurred to purchase the properties and still make a positive contribution to the MTFS. However as a result of increased demand across the housing needs budget and the impact of the Homelessness Reduction Act, achieving a net saving against the B & B accommodation budget is no longer viable. In terms of the 100 homes a gross saving of £1.192m is built into the MTFS. £435k of this can be achieved through additional rental income leaving £757k non achievable which is now being reversed out of the budget, £736k in 2018/19 and £21k in 2019/20.	(21)		(21)	N	N	N
			Total Housing	**395**	**-**	**395**			
			Community Total	**1,836**	**977**	**2,813**			
			Total Net Savings	**3,417**	**977**	**4,394**			

Savings and Growth Savings 2017/18 and 2018/19 MTFS								Appendix 1B	
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
Growth									
1		Legal Services	Due to significantly increased demand upon the legal service from the across the organisation caused by increased child protection, adult safeguarding, regeneration, commercialisation and environmental protection activities growth of £530k is required from 2018/19. This pressure can be contained within current resources for 2018/19 but has been built into the MTFS in 2019/20	(530)		(530)	N	N	N
			Resources Total	**(530)**	**0**	**(530)**			
2	PA01	Adult Services	Growth to reflect existing demands in Adult Social Care and to reflect anticipated demographic pressures in 2018/19		90	90	N	N	N
3	Adults	Adults	Growth - reinstatement of an operational budget for The Bridge to be phased out over a three year period so that by 2020/21, the service can be provided at nil cost.	90		90	N	N	N
			Adult's Total	**90**	**90**	**180**			

Savings and Growth Savings 2017/18 and 2018/19 MTFS									Appendix 1B
Item No	Unique Reference No.	Specific Service Area	Headline Description	2019/20	2020/21	Total	EQIA Required and in file Y/N	Does this proposal impact on another directorate Y/N	Key Stakeholders to consult 'Yes/No Completed
				£000	£000	£000			
4		Environmental Services	The growth in population and households in the borough over the last few years has placed additional pressures on Waste Services. The additional workload arising from the increasing number of new housing developments can no longer be absorbed within the existing number of waste rounds	255		255	N	N	N
5	COM18.19_G01	Libraries Service	Contract Indexation uplift for the Libraries contract. The contract is subject to an indexation uplift every 2nd anniversary of the contract. The first uplift was applied in Sept 15 and the second one in Sept 17. Current pressure is being offset by one-off libraries reserve	(175)	(25)	(200)	N	N	N
6	COM_G01	Environment & Culture	West London Waste Authority (WLWA) - increase in disposal levy arising from waste growth and population growth	(100)		(100)	N	N	N
			Environment Total	**(20)**	**(25)**	**(45)**			
			Growth Total	**(460)**	**65**	**(395)**			
			Savings and Growth Total	**2,957**	**1,042**	**3,999**			

MEDIUM TERM FINANCIAL STRATEGY 2019/20 to 2020/21

	2019/20	2020/21	2021/22
	£000	£000	£000
Budget Requirement Brought Forward	168,917	168,780	167,760
Corporate & Technical	2,598	13,257	9,125
People	-1,012	881	652
Community	-2,116	-1,505	-643
Resources & Commercial	107	-500	-35
Corporate Growth - capital financing	286	330	244
Total	**-137**	**12,463**	**9,343**
FUNDING GAP	**0**	**-13,483**	**-9,343**
Total Change in Budget Requirement	**-137**	**-1,020**	**0**
Revised Budget Requirement	**168,780**	**167,760**	**167,760**
Collection Fund Deficit/-surplus	-2200		
Revenue Support Grant	-1,560	0	0
Top Up	-22,245	-21,977	-21,977
Retained Non Domestic Rates	-16,480	-16,975	-16,975
Amount to be raised from Council Tax	**126,295**	**128,808**	**128,808**
Council Tax at Band D	**£1,464.29**	**£1,493.43**	**£1,493.43**
Increase in Council Tax (%)	**4.99%**	**1.99%**	**0.00%**
Tax Base	86,250	86,250	86,250
Collection rate	98.00%	98.00%	98.00%
Gross Tax Base	87,700	87,700	87,700

MTFS 2018/19 to 2020/21 – Proposed investments / savings

TECHNICAL BUDGET CHANGES			
	2019/20	**2020/21**	**2021/22**
	£000	**£000**	**£000**
Capital and Investment			
Capital financing costs and investment income Increased Minimum Revenue Provision costs of the capital programme and interest on balances changes	4856		
One off MRP underspend	4000		
On going MRP underspend			
25%reduction	-355	-45	0
Reductions following review of capital bids in December	-816		
Application of Capital Receipts to reduce borrowing costs	350		
Capital Investment reversed		500	0
Capital Financing costs increasing 2020/21 for depot		681	0
2018/19 implications in 2021/22			1900
Use of Regen MRP Provision 2019/20	-1000	1000	
Use of Regen MRP Provision 2020/21		-1000	1000
Total Capital and Investment Changes	**7,035**	**1,136**	**2,900**
Grant Changes			
New Homes Bonus Estimated Grant changes	1000	940	0
Additional New Homes Bonus - December 2017 Settlement	353		
New Homes Bonus 2018	-962	300	
Better Care Fund *Estimated additional grant announced Dec 2017*	*24*	*33*	*0*
Improved Better Care Fund 2018/19 one off grant assumed	4643	0	0
Improved Better Care Fund 2019/20 one off grant assumed	-5467	5467	0
Assumed BCF continues beyond 2019/20 on permanent basis		*-5,467*	
Education Support Grant. Projected reduction in grant received	144	0	0
New NNDR Multiplier Inflation compensation grant	-399	1194	0
Section 31 Grant	-500	500	
Business Rates Pool 2018/19	-3779	3779	
Business Rates Pool 2019/20		-2625	2625
Public Health Grant Reduction	487		
Removal of budget to fund PH Grant reduction	-487		
Total Grant Changes	**-4,943**	**4,121**	**2,625**
Other Technical Changes			
Freedom Pass Levy increase. Cost of Freedom passes charged to Harrow by Transport for London		500	0
Amendment 2016/17 review - extension to 2019/20	414		
Budget planning contingency.	-2,000	2,000	
One off use from 2018/19	-2,200	2,200	
corporate adjustment	*-108*		
Total Other Technical Changes	**-3,894**	**4,700**	**0**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

TECHNICAL BUDGET CHANGES			
	2019/20	**2020/21**	**2021/22**
	£000	**£000**	**£000**
Pay and Inflation			
Pay Award @ 2% pa	2,300	2,000	2,000
Employer's Pension Contributions lump sum increases agreed with actuary Required to reduce the pension deficit	700		
Inflation on goods and services @ 1.3% p.a.	0	500	1100
Total Pay and Price Inflation	**3,000**	**2,500**	**3,100**
OTHER			
Gayton Road Income	-500	0	500
Estimated Directorate Growth		0	0
Capital Receipts Flexibility	2700		
Capital Receipts Flexibility	-800	800	0
Total Corporate & Technical	**2,598**	**13,257**	**9,125**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

PEOPLE DIRECTORATE			
	2019/20	**2020/21**	**2021/22**
	£000	**£000**	**£000**
Children & Families			
Proposed Savings - see appendix 1a	-831	0	0
Proposed Growth - see appendix 1a	315	0	0
Proposed Savings - see appendix 1b	-150	0	0
Sub total Children & Families	-666	0	0
Adults			
Proposed Savings - see appendix 1a	0	0	0
Proposed Growth - see appendix 1a	995	971	652
Proposed Savings - see appendix 1b	-1,251	0	0
Proposed Growth - see appendix 1b	-90	-90	0
Sub total Adults	-346	881	652
Public Health			
Proposed Savings - see appendix 1a	0	0	0
Proposed Growth - see appendix 1a			
Proposed Savings - see appendix 1b	0	0	0
Sub total Public Health	0	0	0
Total People Directorate	**-1,012**	**881**	**652**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

COMMUNITY			
	2019/20	**2020/21**	**2021/22**
	£000	**£000**	**£000**
Community and Culture			
Proposed Savings - see appendix 1a	-300	-553	-643
Proposed Growth - see appendix 1a	0	0	0
Proposed Growth - see appendix 1b	-1,441	-977	0
Proposed Savings - see appendix 1b	20	25	0
Sub total Environmental Services	-1,721	-1,505	-643
Housing - General Fund			
Proposed Savings - see appendix 1a	0	0	0
Proposed Growth - see appendix 1a	0	0	0
Proposed Savings - see appendix 1b	-395	0	0
Sub total Housing General Fund	-395	0	0
Total Community	**-2,116**	**-1,505**	**-643**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

RESOURCES & COMMERCIAL			
	2019/20	2020/21	2021/22
	£000	£000	£000
Resources & Commercial			
Proposed Savings - see appendix 1a	-643	-595	-175
Proposed Growth - see appendix 1a	400	95	140
Proposed Savings - see appendix 1b	-180	0	0
Proposed Growth - see appendix 1b	530	0	
Total Resources & Commercial	**107**	**-500**	**-35**

Introduction

1. The Dedicated Schools Grant (DSG) is a ring-fenced grant of which the majority is used to fund individual school budgets in maintained schools, academies and free schools in Harrow. It also funds Early Years nursery free entitlement places for 2, 3 and 4 year olds in maintained council nursery classes and private, voluntary and independent (PVI) nurseries as well as provision for pupils with High Needs including those with Education Health & Care Plans (EHCPs) in special schools and special provision and mainstream schools in Harrow and out of borough. The DSG is split into four blocks: schools block, central services block, early years block and high needs block.

School Funding for 2019-20

2. In 2018-19 the government introduced a new National Funding Formula (NFF) for Schools, High Needs and the Central Schools Services Block. For the Schools Block this meant that LAs are funded on the basis of the total of the national funding formula for all schools, academies and free schools in its area. However the final formula for distribution is determined by each Council following consultation with schools and Schools Forums.

3. This will be a transitional NFF in up to 2021. This means that LAs will be funded on the basis of the aggregate of the NFF for all schools, academies and free schools in its area but the final formula for distribution will be determined by each LA, subject to prescribed limits, following consultation with schools and Schools Forums.

4. The LA carried out a consultation in Autumn 2017 which sought views on whether the LA should continue to use the Harrow Schools Funding Formula or introduce the National Funding Formula from 2018-19. 76% of schools responded to the consultation and 89% voted in favour of introducing the National Funding Formula from 2018-19. This was approved by Cabinet in February 2018 and school budgets were set for 2018-19 based on the National Funding Formula.

5. There are no proposed changes to the structure of the formula for 2019-20.

6. In 2021 the Government intends to implement the NFF formula in full which means that school allocations will be determined by the DfE rather than LAs. This is a year later than originally planned.

Table 1 – Funding Formula Factors

National Funding Formula Factors
Basic per pupil entitlement
Deprivation Free School Meals
Deprivation Free School Meals Ever 6
Deprivation Income Deprivation Affecting Children Index (IDACI)
English as an Additional Language (EAL)
Mobility
Low Prior Attainment
Lump Sum
Business Rates

7. The NFF maximises the proportion of funding allocated to pupil-led factors compared to the current system and increases the total spend on the additional needs factors in the NFF. Whilst the base factor rates are standard across the country LAs will receive an Area Cost Adjustment (ACA) to recognise the higher salary costs faced by some schools especially in London. This uses the hybrid ACA methodology which takes into account variation in both general and teaching labour markets.

8. All the funding in the schools block has to be passed to schools apart from some limited flexibility which allows local authorities to transfer up to 0.5% of the schools block funding into another block with the approval of schools forum following consultation with all local maintained schools and academies.

Transitional Protection

9. The NFF builds in an overall funding floor so that no school would face a reduction of more than 3% per pupil (over two years) as a result of the NFF. LAs may also set a minimum funding guarantee for schools between plus 0.5% and minus 1.5% per pupil. This is subject to consultation but the level the LA will set will ultimately depend on the overall affordability of the formula.

Consultation

10. The LA undertook a consultation with all schools, academies and free schools in Harrow to seek views on aspects of school funding for 2019-20. The consultation closed on Friday 19th October 2018. There was a 44% (26/59 schools) response rate.

11. The full outcome of the consultation, proposed final funding formula and final DSG allocations will be reported to Cabinet in February 2019 for approval.

Central Services

12. The Central Services Block funds the following services:
    - Co-ordinated Admissions
    - Servicing of Schools Forum

    Schools Forum has agreed to continue to de-delegate funding in respect of Trade Union Facilities Time.

Additional Class Funding

13. Schools Forum agreed to continue to maintain a ring fenced Growth Fund from the DSG in order to fund in year pupil growth in relation to additional classes in both maintained and academy schools but not Free Schools, which create additional classes at the request of the local authority.

High Needs Funding

14. High Needs funding is designed to support a continuum of provision for pupils and students with special educational needs (SEN), learning difficulties and disabilities, from their early years to age 25. The following are funded from the High Needs Block:

    - Harrow special schools & special academies
    - Additional resourced provision in Harrow mainstream schools & academies
    - Places in out of borough special schools and independent special schools
    - Education Health & Care Plans (EHCPs) in mainstream schools & academies
    - Post 16 SEN expenditure including Further Education settings
    - SEN Support services and support for inclusion
    - Alternative provision including Pupil Referral Units and Education Other than at school

15. The Government introduced a National Funding Formula for High Needs from 2018-19. High Needs funding has previously been based on historical allocations plus small annual amounts of growth. In order to manage increasing growth for demand and complexity annual funding transfers from the schools block into the high needs block have been approved by Schools Forum.

16. In 2018-19 the schools block is ring-fenced and transfers to the High Needs block are limited to 0.5% of the overall Schools Block. For Harrow this equates to around £850k. This decision is still the responsibility of Schools Forum and Schools Forum agreed to the transfer in 2018-19.

17. Table 2 shows the formula factors for the high needs NFF.

Table 2 – High Needs National Funding Formula Factors

<table>
<tr><th colspan="2">Formula Factors</th><th></th><th>Other factors & adjustments</th></tr>
<tr><td colspan="2">Basic entitlement: basic unit of funding for pupils and students in specialist SEN institutions</td><td rowspan="8"></td><td rowspan="3">Area Cost Adjustment (ACA)</td></tr>
<tr><td colspan="2">Population Factor</td></tr>
<tr><td rowspan="2">Health and disability factors</td><td>Disability living allowance</td></tr>
<tr><td>Children in bad health</td><td rowspan="2">Import/export adjustments</td></tr>
<tr><td rowspan="2">Low Attainment factors</td><td>KS2 low attainment</td></tr>
<tr><td>KS4 low attainment</td><td rowspan="2">Funding floor factor</td></tr>
<tr><td rowspan="2">Deprivation Factors</td><td>Free school meals</td></tr>
<tr><td>IDACI</td><td rowspan="2">Hospital education factor</td></tr>
<tr><td colspan="2">Historic spend factor – 50% of 2017-18 baseline funding</td></tr>
</table>

18. The implication for Harrow is that there is a shortfall in funding compared with the 2017-18 budget of approximately £2.9m. This is because there was an overall shortfall in the DSG in 2017-18 which was funded by the use of a schools brought forward contingency.

This means that the funding baseline on which 50% of the allocation in 2018-19 is based is lower than the actual budget available to spend in 2017-18. Schools Forum agreed in November 2018 to fund the 2018-19 deficit from remaining schools forum reserve The pressure on the High Needs Block in 2018-19 estimated at £2.1m

19. Under the revised regulations the LA is still permitted to transfer 0.5% of the overall Schools Block into the High Needs Block for 2019-20. This is subject to Schools Forum approval. In November 2018 Schools Forum, informed by the outcome of the consultation with local maintained schools and academies, did not agree a transfer from the Schools Block to the High Needs Block for 2019-20. The LA will therefore make an application to the Secretary of State to override the Schools Forum decision.

20. The DfE guidance states that at the end of the financial year the central expenditure element of the schools budget may be under or overspent. If the local authority overspends on the central expenditure component of the schools budget there are three options:

    1) The local authority may decide to fund all the overspend from its general resources in the year in question;
    2) The local authority may decide to fund part of the overspend from its general resources in the year in question and carry forward part to the schools budget in the next or subsequent year; or
    3) The local authority may decide not to fund any of the overspend from its general resources in the year in question and to carry forward all the overspend to the schools budget in the next or subsequent year.

21. Where a local authority decides it wishes to carry all or some of the overspend forward it needs to obtain the consent of the schools forum, or failing that the Secretary of State, to fund this deficit from the schools budget.

22. Once the final DSG allocations are announced in December 2018 the LA will be in a better position to understand any financial implications for future years. In the meantime the LA will continue to drive down costs and improve efficiencies to minimise future pressures. The DfE is currently consulting on the treatment of DSG deficits in local authority accounts.

Early Years Funding

23. Funding for Early Years relates to free 15 hour nursery entitlement for all 3 and 4 year olds in maintained nurseries and nursery classes as well as private, voluntary and independent providers (PVI). From September 2017 this was extended to 30 hour nursery entitlement for eligible 3 and 4 year olds. It also funds free 15 hour nursery entitlement for disadvantage 2 year olds.

24. A national funding formula for Early Years was introduced in 2017-18. Cabinet approved the structure of the Harrow formula for the distribution of funding to providers in January 2018. At this stage there are no proposed changes in respect of Early Years funding for 2019-20.

Draft Public Health Funding 2019-20 **Appendix 4**

Mandatory Services	£000	
Sexual Health (incl Family Planni	2,642	
0-19 Services	3,536	
Health Checks	175	
		6,353
Discretionary Services		
Drug & Alcohol Misuse	1,946	1,946
Staffing & Support Costs		
Staffing	603	
Non-Staffing	37	
Overheads	163	
		803
Health Improvement	38	
Wider Determinants of Health	1,651	
		1,689
Total Expenditure		**10,791**
Funded by		
Contribution from PH Reserve	-270	
Department of Health Grant	-10,521	
Total Income		**-10,791**

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	10 January 2019
Subject:	**Information Report :** Harrow Safeguarding Children Board – Annual Report
Responsible Officer:	Produced on behalf of the Independent Chair of HSCB, Chris Miller
Public:	Yes
Wards affected:	Not applicable
Enclosures:	HSCB Annual Report

Section 1 – Summary and Recommendations

Information Report

Government guidance in 'Working Together' 2016 required Local Safeguarding Children Boards to publish their annual reports and submit these to (amongst other specified bodies and persons) the chair of the Health and Well-being Board. This guidance has been superseded by 'Working Together 2018' which does not include the same reporting requirement, but the report covers work undertaken by the HSCB for the period covered by the preceding guidance.

Recommendations:

The Annual report does not make recommendations, but the report is shared to help ensure that local strategic partnerships inform and support each other's priorities and objectives.

Section 2 – Report Attached.

Financial Implications/Comments

The LSCB budget is included at Appendix 2 of the Annual Report. There are no financial implications arising as a result of this report

Legal Implications/Comments

None

Risk Management Implications

None

Equalities implications

Was an Equality Impact Assessment carried out? No

If no, state why an EqIA was not carried out. LSCB' are not public bodies.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

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

The HSCB works to the multi-agency agreed priorities.

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

Name: Jo Frost	x	on behalf of the Chief Financial Officer
Date: 29 November 2018		

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Coral McGookin, Business Manager, Harrow Safeguarding Children Board

Background Papers: N/A

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HARROW SAFEGUARDING CHILDREN BOARD
ANNUAL REPORT 2017 - 2018

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Appendices:

Foreword by the Independent Chair

The Harrow Children's Safeguarding Board (HSCB) is an alliance of all those public service agencies and some third sector bodies in Harrow, whose staff come into contact with children. Our role as a board is to ensure that we coordinate the delivery of our services to protect children from harm and promote their welfare. We have a two-year business plan and this report explains what progress we have made in the past year to achieve our plan and what we have learnt on the way.

The role of the HSCB is to ensure that its members cooperate in their efforts to protect children from harm and promote their welfare and to offer each other appropriate challenge and scrutiny. As chair, I work closely with HSCB partners as they carry out their responsibilities. I have included a section in this report which describes my overall assessment of the HSCB. I find it to be a successful, cooperative Board whose activities have helped keep Harrow's children safe and well.

What I do find whenever I meet the staff and their managers who are involved in front line services is enthusiasm, dedication and determination to do the best for children. In 2019, the way in which the partners to the HSCB organise themselves is going to change following a change in the law that governs our partnership processes. Whatever the new formal arrangement for the HSCB, safeguarding and promoting the welfare of children will still need committed workers, who are well led and operating to a set of planned and thought out priorities. The picture in Harrow shows that its children's workforce is high quality and is up to this challenge.

Chris Miller - HSCB Independent Chair

Independent Chair's Evaluation of the Board's effectiveness

Enquiry and Challenge

This is a strength of the HSCB. An audit group drawn from a number of agencies have reviewed some of the processes of the Multi Agency Safeguarding Hub (MASH) and the Multi Agency Sexual Exploitation Panel (MASE). The group identified some ways in which improvement was needed. In each case colleagues provided a good response to the challenge.

Understanding of the impact of practice

The HSCB has enquired into how

- information is shared in a domestic abuse context
- the risk in child sexual exploitation cases is managed
- decisions are made in relation to placing children on Child Protection Plans

The professional response has varied appropriately according to the issues discovered.

Understanding performance information

We continue to make progress in this area. The restructure of the Metropolitan Police has made analysis of their data difficult. However, we have a comprehensive performance data set, an active performance analysis group and a partnership that responds well to queries and challenges raised by this group and the wider HSCB.

Understanding early help and child protection thresholds

This service has been restructured in the past two years. Our data on children who are in need, on child protection plans and who are looked after give us information on trend and need. These data are subject to insight and analysis along with children centre registration and attendance data. Through this we have a picture of which children are accessing early help services and how they progress thereafter.

Learning from reviews and incidents

We have not published a serious case review (SCR) in the past twelve months but we have sought to learn from reviews in other local authority areas as well from our own local learned lessons reviews. We have a standing SCR sub group which has recently contributed to an SCR commissioned in another area and as result of that, some early lessons have been learned and practice improvement identified.

Our robust audit regime regularly brings to light partnership challenges. The HSCB has been good at responding to these challenges and improving practice.

Working strategically with other partnership boards

We have improved our links with the Harrow Safeguarding Adults Board in the past year and we work with Safer Harrow on shared issues like knife crime. The HSCB chair is a member of the Health and Wellbeing Board. There is still more we can do in this area and as a set of new freedoms emerges following the enactment of the Children and Social Work Act we will explore better join up internally in Harrow and with neighbouring partnership groups.

General Commitment of Partners

The HSCB is well attended and the sub groups receive regular support from colleagues across a wide range of agencies. Health, Police and Education Colleagues have assumed chairing responsibility for a number of areas of multi-agency work and have taken on responsibility for the multi-agency partnership. Together with the Local Authority the Partnership in Harrow is a cooperative and effective one. The HSCB also benefits from a strong input from independent lay members.

Resourcing Commitment of Partners

Safeguarding is a complex business and an LSCB requires resources to function. Harrow's LSCB is funded below the London average. The regulations that established LSCBs invites partners to make financial contributions but do not require them to do so beyond the exhortation that the burden should not fall disproportionately on any one member more than another.

The funding for the Harrow LSCB however falls disproportionately on Harrow Council and the approach of some of the partners is not fair to Harrow Council and needs resolving by those with seniority to do so. The Metropolitan Police funds the HSCB at levels well below other urban metropolitan forces and together the health commissioners and providers in Harrow fund the HSCB well below the London average provided by their "Health peers" in other Authority Areas.

Next year we move to a new Safeguarding Partnership Arrangement. This will provide an opportunity for contributions of partners to be aligned proportionately with their responsibilities.

Conclusion

The HSCB has many areas of strength. It needs its partners to contribute resources equitably and it still needs to get maximum benefit from its data (particularly police data) by improving some of its analysis and commentary. However, it is an effective board which offers constructive and insightful challenge and as a result helps make things better for children in Harrow.

Harrow's Population

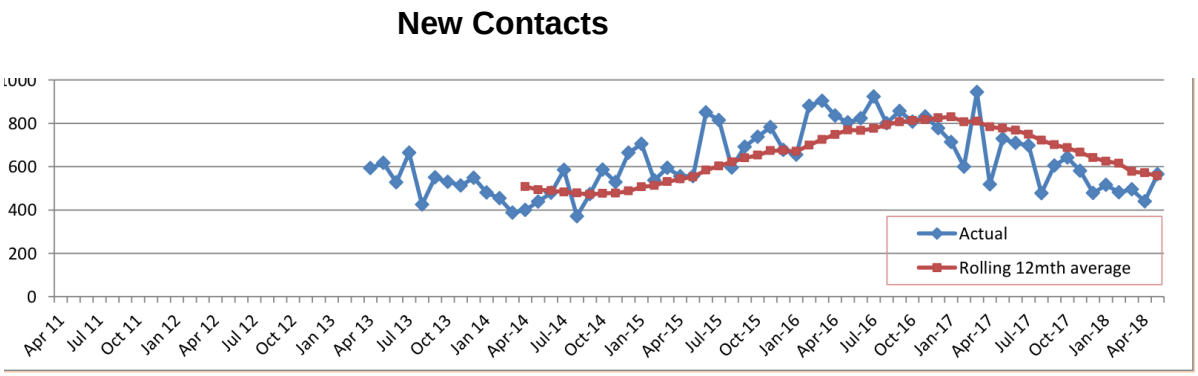
The population of London Borough of Harrow is 249,000[1] with 58,000 children under 18[2]. The population which has grown by over 12% in ten years is diverse with 70% saying they belong to a minority ethnic group; 37% being of South Asian heritage. The borough is also religiously one of the most diverse in England and Wales.

In relation to deprivation Harrow is ranked 213th out of 326 Districts[3] in England where first is the most deprived. Most deprivation is in the centre of the borough, with pockets of deprivation in the south and east.

Most children in Harrow flourish in their family environment and they also attain good results in Harrow's excellent schools[4] where at Key Stage 2 they perform better than the national average despite high numbers having English as a second language.[5]

[1] ONS Mid-Year projection 2017
[2] Ditto
[3] Based on the Indices of Multiple Deprivation (2015) published by Communities and Local Government.
[4] Out 77 Harrow schools the 57 that have a current grading recorded on the Ofsted website every school is graded good or outstanding.
[5] 66% of primary and 60% of secondary pupils have English as an additional language compared with respective national averages of 20% and 16%

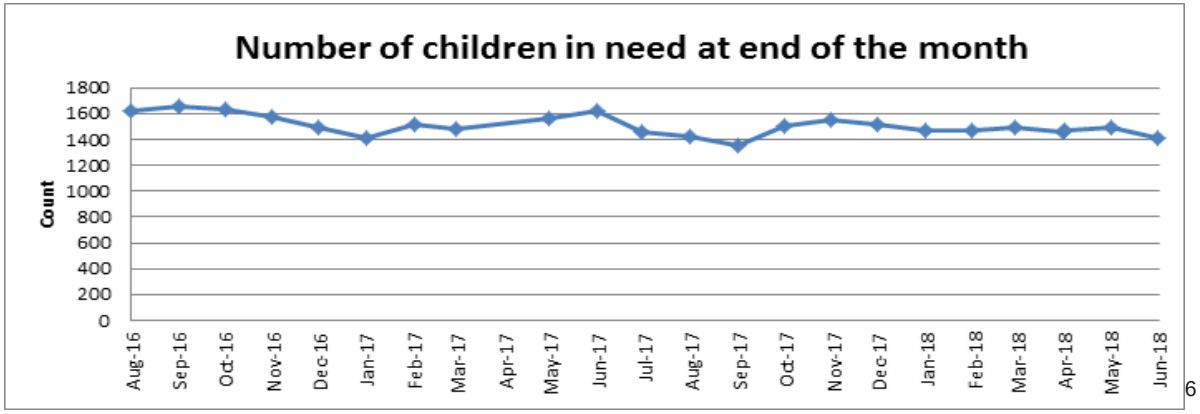
Early Help



Where families struggle to provide fully for their children's needs we are keen to offer early help to prevent a difficult situation getting worse. When we receive a new contact about a child where there are welfare concerns we aim to ensure that our response is both timely and proportionate to the need assessment. The chart (left) shows that since October 2016 the number of new contacts has been declining.

Children in Need

Usually most of these contacts can be resolved by directing families to the help they need from what is generally available in the community. In some circumstance, more is required to help children thrive or to keep them safe. In 30% of cases (right) Harrow council conducts an assessment. Sometimes this results in the child being designated as a child in need (CIN)[6]. In Harrow we have about 1,500 CIN. The trend in this has been slightly down over the past two years.



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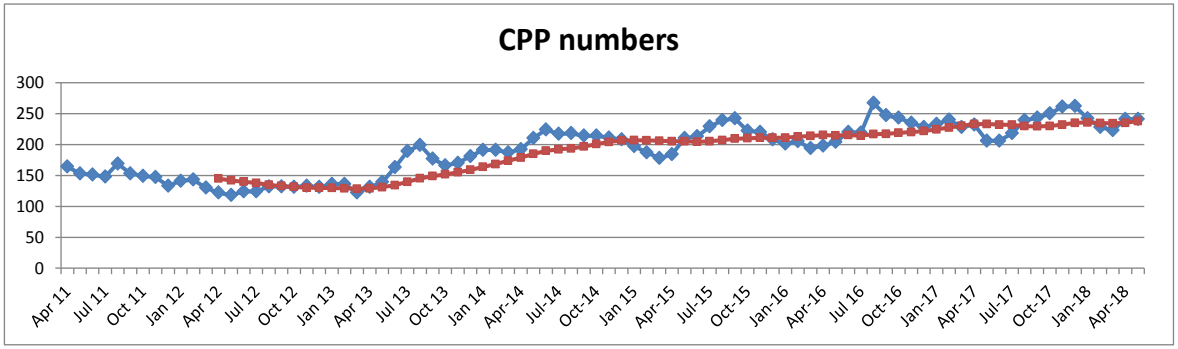
[6] Under section 17 Children Act a child in need is a child who requires local authority services to achieve or maintain or prevent a deterioration from a reasonable standard of health or development, or is disabled.

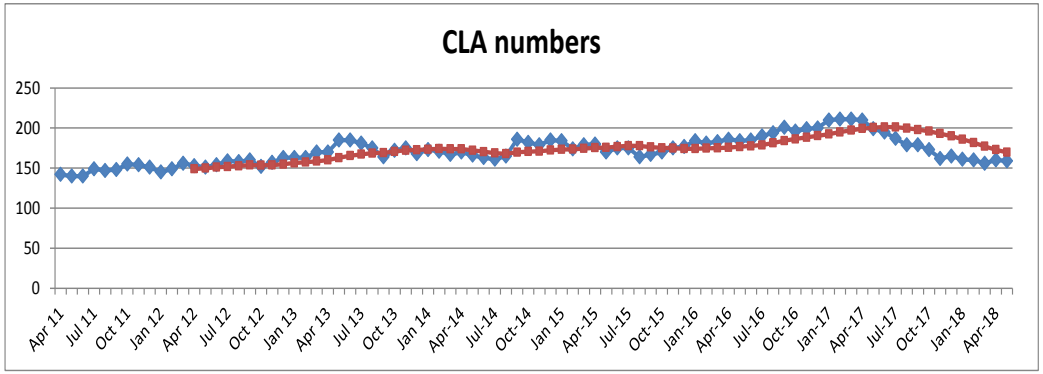
Child Protection Plans



Being a child in need brings additional help and support for the child and the families who care for them. However sometimes the judgement of the professionals supporting a family is that the child is not just in need but is at risk of suffering harm. In those circumstances the family are required to comply with a protection plan for a limited period of time which is designed to keep safe any children to whom it applies. This is called a Child Protection Plan (CPP). The figure (left) shows a steady increase in the numbers of Harrow children placed on such plans over the past five years.

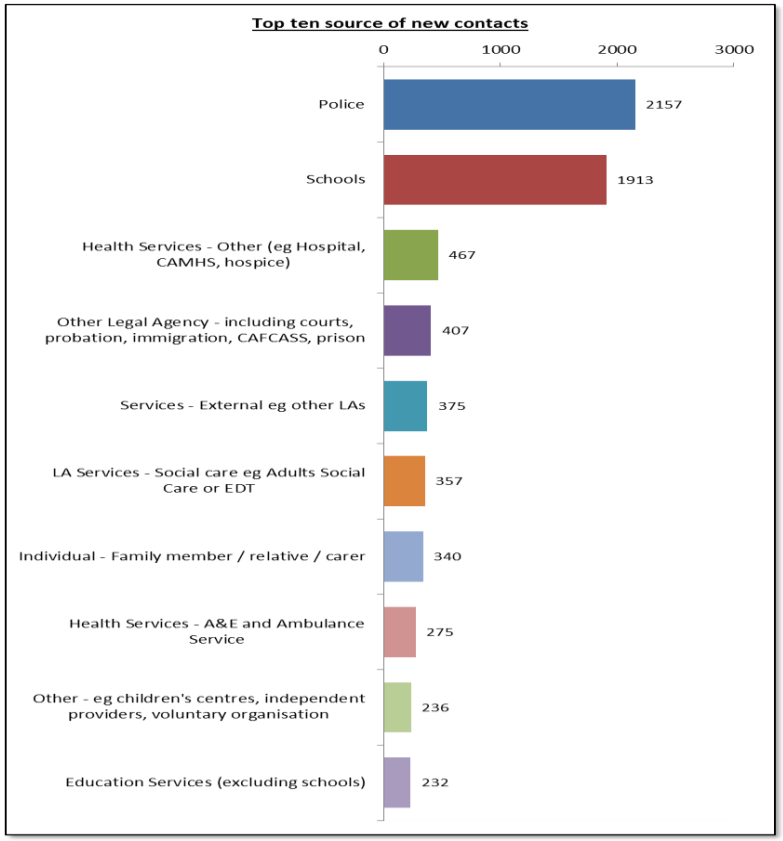
Children Looked After

When a plan does not work in its function of keeping children safe then the Local Authority and its partners have to step in and take those children into their care. These are called Children Looked After (CLA). Following a five-year period where these numbers had been noticeably rising that rise has been halted and now for two years it has been falling. Set against a rising child population and an increase in the numbers of children on CPP that represents good news. It suggests that the Harrow partnership's CPP efforts to keep children safe in their homes is having an effect; keeping children safely in their homes is clearly a sought for outcome.



Key presenting issues and who raises them

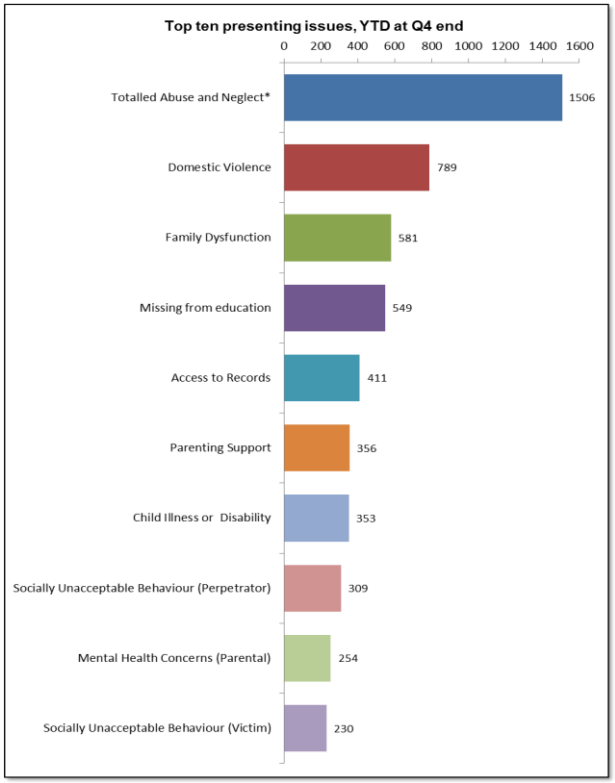
The Harrow Multi-agency Safeguarding Hub (MASH) receives referrals and requests for consultation from a wide range of agencies, voluntary organisations and the public when concerned about a child's safety or welfare; emphasising that this is everyone's responsibility. The top ten sources of new contacts are shown (left).



Police and schools remain the largest referrers.

The top ten reasons for these contacts being made are shown (right).

These are the presenting reasons only and in many cases there will be other issues for families, which may include more significant ones once their circumstances have been assessed.



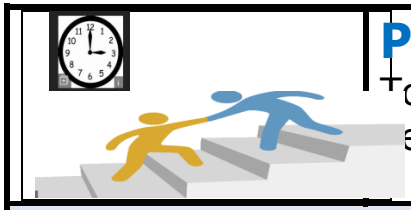
Important Issues

The HSCB's role in being presented with the data is to ensure that HSCB partners are coordinating their efforts as well as they can to protect children and promote their welfare. In addition to remaining vigilant about the overall numbers of children in these various categories the HSCB has taken a particular interest in the following more detailed issues;

- The number of CLA who get caught up in the criminal justice system
- The number of children leaving care who go on to be not in employment, education or training
- The number of CLA who go missing from their home placements or from education
- The number of children living on a CPP for long periods or who having been discharged from such a plan (because they were deemed to safe from harm) then return to such a plan.

Of course, in many such cases professionals are doing a good job in managing what are often difficult sets of issues. But the extra vigilance and oversight played by the HSCB ensures that important questions are asked and that the services that are here to protect children and promote their welfare are open to constructive challenge and scrutiny.

HSCB Priorities 2017-19



Priority 1: Early Support:

To ensure a clear understanding of what help is available across the partnership, where it is delivered and how to access it.

- ***Developing and implementing a communication strategy to promote a clear understanding of the referral process and the range of services available***
- ***Monitoring and evaluating front-line practice in relation to the identification, referral and impact of early support – Drawing upon regular single and multi-agency data analysis and auditing***

What was achieved?

- The HSCB's Thresholds Document was regularly reviewed in the light of learning from reviews and disseminated across the partnership through the HSCB's training programme and communications activities;

- The referral process in to MASH for Early Support was strengthened with a new referral form – the development of which was informed by extensive multi-agency and voluntary sector consultation;

- All HSCB audits and relevant individual agency reports submitted for scrutiny by the HSCB include Early Support performance information, with specific focus on the quality of new arrangements for the delivery of health visitor and school nursing, mental health provision for young people via Harrow New Horizons and the impact of Early Support on addressing domestic abuse.

Priority 2: Understanding Risk:

To achieve a reliable understanding of the risks faced by children and young people in Harrow, so that preventative and responsive actions are informed by up to date and relevant information.

- ***Reviewing the focus and breadth of the HSCB's data set and identifying priority areas for further scrutiny***
- ***Compiling problem profiles and ensuring they are continually fed by data and intelligence from the whole partnership***
- ***Identifying best practice in preventing and addressing risk; drawing upon local learning from reviews and audits - and evidenced based practice (local and national)***

What was achieved?

- The HSCB conducted a review of its existing dataset. We conducted a gap analysis against new areas of priority. As a result we introduced new data and intelligence about knife crime and youth violence for HSCB analysis and scrutiny. Now we also scrutinise the effectiveness of a couples' perpetrator programme for domestic abuse and the application of the revised Neglect Toolkit.

- HSCB undertook an audit of the Multi-agency Sexual Exploitation (MASE) process to see whether the findings of previous audits had been enacted with regard to compliance with the London CSE Protocol: undertaking risk assessments and identifying themes and patterns to inform strategic planning (See section Violence, Vulnerability and Exploitation). We also audited the application of child protection categories to see whether and if so why Harrow was different to other similar local authorities in the way it identified risk factors for children on Child Protection Plans.

- The HSCB's Review Sub-committee drew learning from other LSCBs' Serious Case Reviews into youth violence and knife crime - to apply to new local initiatives to address this growing area of concern for Harrow and its neighbouring authorities.

Priority 3: Engagement:

To ensure that the work of the Board is regularly informed by children, young people and their families – and to harness new support from the wide range of communities in Harrow

- ***Broadening the methods of communication with children, young people and families – and furthering their involvement in service development and evaluation***
- ***Seizing opportunities to involve local communities in safeguarding and promoting the welfare of children***

What was achieved?

- We now ensure that all safeguarding reports from agencies submitted to the HSCB's Quality Assurance scrutiny process include evidence of how the views of service users have been obtained. We want to know their views on the quality of services they receive to help identify good practice and areas for development. To achieve this we use questionnaires and on-line surveys. The Quality Assurance process also seeks evidence of how each agency has reacted to the views of their service users.

- Agency reports provide findings from workforce surveys covering a range of feedback e.g. relating to training, supervision, confidence in management. The HSCB obtains direct feedback from delegates attending all learning events such as training, lunchtime forums and conference. The Quality Assurance process and strategic Quarterly Safeguarding Meetings scrutinise all relevant feedback and triangulate this with management reports on workforce recruitment, retention and sickness rates.

- The HSCB draws upon feedback from consultations with young people, community groups via its voluntary sector commissioned arm: ***Voluntary Action Harrow***; and from its regular ***Designated Safeguarding Leads Forum*** for schools, to gain their experience and perspectives on relevant and emerging themes for Harrow – in particular, exploitation and violence.

Priority 4: Effective collaboration:

To ensure that the priorities of the HSCB are supported by other strategic partnerships within Harrow and that relevant collaborative work takes place with other LSCBs

- ***Building on existing collaboration with other strategic partnerships and identifying new external alliances to strengthen practice and achieve efficiencies***
- ***Ensuring that the HSCB promotes robust scrutiny, transparency and accountability in all of its monitoring activity***
- ***Developing 'in-house' auditing and reviewing skills to ensure efficient allocation of HSCB's financial resources***

What was achieved?

- The strategic partnerships, HSCB, Harrow Safeguarding Adults Board (HSAB) and the Safer Harrow Partnership ensure a cross-over of representation and the sharing of strategic plans and priorities. This has helped to build on existing collaboration and avoid unnecessary duplication, especially in relation to data and intelligence on Violence, Vulnerability and Exploitation, Domestic Abuse, FGM, Forced Marriage, Trafficking and Modern Day Slavery and radicalization.

- Continuing with the HSCB's focus on 'Think Whole Family', many training courses, learning events and conferences are delivered jointly with the HSAB, so that both the children and adult's workforces can learn together and build stronger working relationships (see section on Learning and Development).

- Collaboration with other LSCBs: Brent and Harrow LSCB's continue to explore shared learning opportunities; the HSCB invited Enfield LSCB to present learning from a number of their serious case reviews into youth violence; and has initiated a joint review with Lewisham into the serious injury of a young child (see section on Reviews); and the HSCB has been active in setting up collaborative arrangements with all north-west London boroughs to review child deaths (see section on Child Death Overview Panel).

The HSCB evaluates the effectiveness of local partners in safeguarding and promoting the welfare of children and young people in Harrow through the work of our Quality Assurance Sub-committee. This is a well-represented multi agency group and in the past year it has instigated a number of multi-agency audits; focusing on our priorities. The group meets frequently to scrutinise individual agency data and their internal safeguarding activity reports:

Ensuring that all partners participate in providing safeguarding reports for external scrutiny

We have significantly improved the participation of our partner agencies over the past year. We now have a full and comprehensive reporting calendar (see Appendix 1). So, all services for children and young people, whether provided directly by Harrow partners or commissioned from other organisations are scrutinised both for safeguarding quality and for inter-agency cooperation.

Domestic Abuse

We have focused heavily on understanding the impact that domestic abuse has on children. Our audit of our work in this area has improved multi-agency understanding of the need to consider the needs and risks for the whole family. There has been progress since the previous year's annual conference on 'Domestic Abuse – A journey through life' which promoted our **Think whole Family** approach. We found improvements in risk assessments, the quality of supervision, engaging both parents and instigating early intervention and capturing the voice of the child **(see Domestic Abuse Information page for more detail).**

MONITORING AND EVALUATION

Multi-Agency Sexual Exploitation (MASE) Audit

The HSCB undertook a follow up audit of the MASE Panel to see whether our findings from a previous independent audit had led to improvements in compliance with the London Protocol on risk assessment. The London Protocol as well as standardising the way that risk to children is calculated is also intended to enable the MASE Panel to identify local patterns and themes to inform strategic and operational planning.

The follow up audit identified that further progress was required, and so a repeat audit was set for Spring 2018.

Child Protection Categories Audit

Annual analysis of the HSCB's dataset revealed that the ratio of child protection categories in Harrow remained significantly different to both national and statistical comparators. Harrow has a much lower proportion of children on child protection plans for physical and sexual abuse compared to the proportions for emotional and neglect. We wanted to understand the reason for this and undertook an audit to explore from a multi-agency perspective whether practitioners agreed with the category applied in each case and whether any dissent was effectively noted and taken into account.

60 practitioners who attended recent conferences were surveyed and they confirmed their agreement with the categorisation in each case. The HSCB remains curious and is seeking other lines of enquiry to help us understand why Harrow seems to be different from other apparently similar areas.

The HSCB's Monitoring and Evaluation Activity (continued):

Allegations against Staff and Volunteers in the Children's Workforce

The Designated Officers annual report found that the HSCB's Allegations Management Procedures were better understood by local partners than had been the case in previous years.

- Thresholds for consulting the Designated Officer are appropriate and suggest no under reporting. The quality of training has supported this.
- Timescales for completing enquiries and investigations are very good and therefore help to reduce the stress to everyone affected.

Disability Service Audit Actions

The 0 to 25 Years Disability Service reported on actions taken in response to the findings HSCB's Independent Audit:

- New training from the specialist organisation Triangle had been organised for local staff.
- Following consultation with Kingsley High School, new toolkits have been purchased to assist staff in gaining the views and feelings of children with more limited communication abilities.
- Random sampling of cases confirms impressive and creative use of new tools.

MONITORING AND EVALUATION

Monitoring of Health visiting new contractual arrangements

Baseline data was reported prior to the new commissioning arrangements for the health visiting service. 99% of new birth visits were being held within 14 days. Harrow has one of the highest breastfeeding rates in the country.

Children Looked After (CLA) Health Report

There has been a steady increase in Children Looked After over the past 3 years with an associated increase in initial and review assessments. The JSNA data says that the number of CLA have gone down in the past year.

Successful partnership working resulted in 100% of initial assessments being completed within the required 20 working days and 93% meeting targets for review assessments.

Early Support Service

The effectiveness of the re-designed Early Support Service offer is kept under scrutiny by the Quality Assurance Sub-committee to ensure early identification of issues and preventative work.

Developments include:

- Clinics held within primary and secondary schools.
- A bespoke programme for parents regarding the harm of physical chastisement – adapted for different communities from the Working with Families Model.
- New Performance data systems support the collation of information relating to outcomes and impact measures – including feedback from young people and families.

The HSCB's Monitoring and Evaluation Activity (continued):

Virtual School

Children Looked After by the Local Authority receive support for their education via the Virtual School Service.

- Where placement changes are necessary, new methods of teaching have been introduced to ensure continuity of education.
- Asylum seeker children are provided with proficiency assessments to assist them and their school/college with strategies developed for their unique needs.

HMIC Inspection of Safeguarding arrangements in the Metropolitan Police

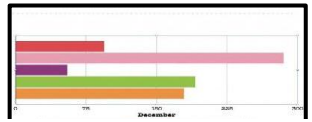
The HSCB sought regular updates on the action plan which followed the HMIC's comprehensive inspection in 2016. This resulted in 71 actions.

By November 2017, 50% of the actions had been completed and a further 33% were on track to meet the timeline set.

A new set of data was agreed by the Metropolitan Police (MPS Dashboard) to support internal and external scrutiny of safeguarding activity. Next steps involve ensuring local analysis of this data takes place for Harrow.

The number of victims aged under 18 is lower in Harrow than the London average Around 20% of all crime reports in the borough have a Domestic Abuse element.

MONITORING AND EVALUATION



Substance Misuse

Compass (children's service) and **Westminster Drugs Project** (adult's services) are commissioned by Public Health to work with those affected by substance misuse – a key area of concern when safeguarding children both within the family and with regard to exploitation relating to criminality, including 'County Lines' activity.

Their engagement has ensured that treatment interventions are regularly and robustly evaluated, with a clear focus on identifying risks and needs of affected children, including interventions for early help. Both services are actively involved in multi-agency operational groups (MARAC, MASE, Child Protection Conference, Core Groups, and Risk Meetings) and provide regular training to other services to raise awareness of identification and referral processes.

Success rates in relation to interventions with parents with alcohol and non-opiate related misuse are higher than the national average (**50%** compared with **39%** respectively).

School Exclusions

Harrow has a low number of exclusions compared to national and statistical neighbours. The number of Children Looked After being excluded is also relatively low.

The number of children with special needs being excluded is falling

The additional risks of exploitation and youth violence for excluded children are recognised. Harrow schools are inclusive and operate a good pastoral process; working hard to keep pupils engaged.

The HSCB's Monitoring and Evaluation Activity (continued):

Children in need of Protection

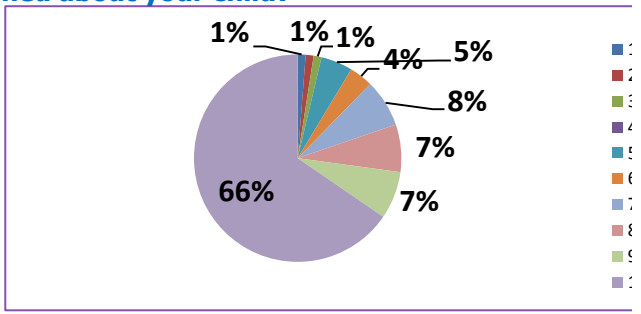
There were **995** Child Protection conferences in Harrow in 2017-18. These are multi-agency meetings that decide whether a child needs a protection plan or when a child has one whether s/he needs to remain with an existing one.

During the year there was only one child that required a plan for two years or more. This indicates that most child protection plans had been successful in improving outcomes for children within the family or that necessary alternative care arrangements took place to prevent them experiencing prolonged significant harm.

Performance: the majority of Case Conferences are held within required timescales; any practice issues are escalated via the Chairs' monitoring form which require confirmation of resolution within five days.

Child Protection Conferences – What families say:

Did the social worker help you to understand why people are concerned about your child?



A large majority responded positively (above score of 8)

HSCB Child Protection Practice Panel:

– Preventing drift for every child

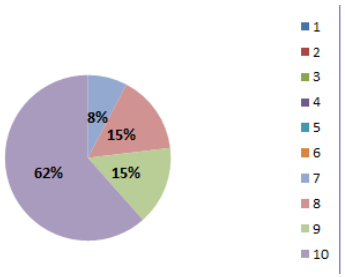
This is a bi-monthly meeting of multi-agency professionals who meet to analyse cases involving protection plans that reach 15 months or cases where the child becomes subject to a protection plan for a second or subsequent time. **These circumstances affected 56 children during 2017-18.**

The panel acts to challenge any unnecessary drift for each child and to draw out key learning points that will assist practitioners in other similar cases.

MONITORING AND EVALUATION

What families say:

Are you clear about what needs to change or happen for the conference to be able to end the Child Protection Plan?



A very large majority of 92% felt the plan was clear about what needed to change.

(worried about me because) "my parents having a fight"

"No, I don't think I need a social worker…I am fine… things are improving at home"

"Teachers are worried if I miss school…mum hurt me with the slipper"

What Families say:

Has the Child Protection Plan helped your family achieve positive changes?

83% responded positively.

The HSCB's Monitoring and Evaluation Activity (continued):

Children Looked After

The annual report for the overview of Children Looked After covers the preceding year (2016 to 2017) showing a slight increase from **184** to **211** children.

The largest group of children and young people who started to be Looked After during this year were in the **10 to 15** age bracket **(35%).**

13.7% were under **1** year old; **7.1%** were aged **1 to 4 ; 19.6%** were aged **5** to **9**; and **24.6%** were aged **16.**

40 Reviews for Children Looked After involved children and young people with a disability - amounting to **6.5%** of the total.

Permanency Outcomes:

The majority of children and young people looked after returned home to live with parents or another person with parental responsibility **(37.4%).** A smaller number were adopted **(3.7%).** Those moving into independent living amounted to **9.2%.**

Performance of Independent Reviewing Officers (IROs)

A total of **605** Reviews were Chaired by IROs during the year.

IRO caseloads sit within national recommendations, allowing balanced workloads which take into account the complexity and the geographical distance of each placement.

98% of Reviews took place within statutory timescales.

MONITORING AND EVALUATION

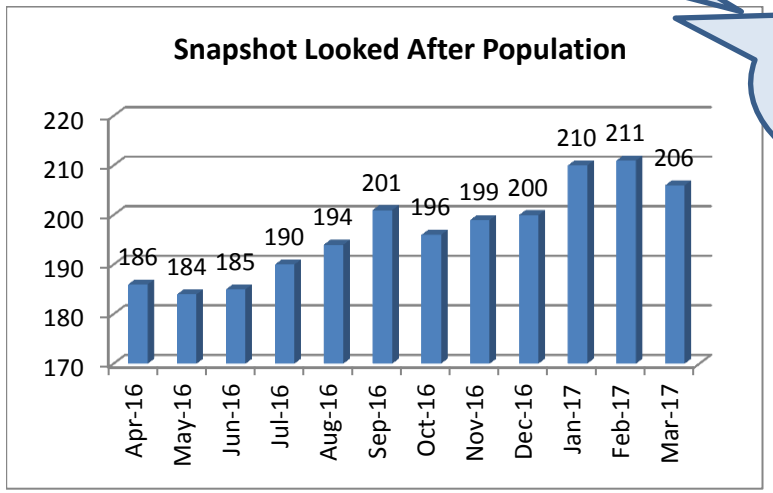
Feedback from children and young people:

"I said in the Review I want to go home but I'm still here"

"My IRO listened to me and then we talked about my worries in the meeting"

"I was being bullied at school and we talked about this in my meeting which helped"

"The Review meeting helped me understand what will happen when I move in to independent living"



Participation in Reviews:

96.5% of children and young people aged over 4 years participated in their own Review (attending or sharing their wishes and feelings through other means e.g. Young Person's Consultation Form).

LEARNING FROM REVIEWS

Local Serious Case Reviews

No new Serious Case Reviews (SCRs) were initiated by the HSCB during this financial year. However, the HSCB continued to embed the learning from and receive feedback on a number of previously completed SCRs. Key learning points were incorporated into a number of HSCB's training programme, its Thresholds Document and into revisions for relevant policies and procedures. We have

- expanded the indicators for neglect and physical abuse to include feeding methods;
- raised awareness of additional vulnerabilities for mobile families;
- worked more creatively to engage fathers in assessments and planning;
- developed a new HSCB training course on engaging fathers

Learning from deaths or other serious incidents

The HSCB's Review Sub-committee receives notifications of serious incidents involving children and young people within the borough. Where these do not meet the criteria for an SCR the committee will consider by what other means we can extract learning to strengthen local practice. Individual agency management enquiries were undertaken relating to:

- an inappropriate placement of a young person with mental health needs on an adult ward –leading to procedural changes for the hospital concerned
- the death of a young person due to epilepsy - leading to new guidance for schools and a challenge to an external hospital
- the death of a young child with asthma who died unexpectedly at school – leading to the circulation of guidance to all schools
- non-compliance with procedural requirements (for Rapid Response – the immediate multi-agency response to an unexpected death) – leading to revised agreements with the London Ambulance Service and Metropolitan Police.

Learning from National Research

The Review Panel analysed the findings of the **NSPCC's** report on SCRs relating to **Deaf and Disabled children (2017**) – ensuring that the barriers to identification and disclosure of abuse are included in the HSCB's learning programme.

Learning from External Reviews

The HSCB's Reviews Committee received a number of notifications of knife crime and youth violence, sometimes involving our neighbouring authorities. The Committee invited Enfield LSCB to come and present the findings of three of their SCRs which related to knife crime. In all cases, the importance of identifying and responding to the vulnerabilities for each young person at an earlier stage was emphasised. This message has reinforced the Early Support response in Harrow and informed the HSCB's new priorities for 2018-19.

New model for Local Learning Reviews

The HSCB participated in the London Safeguarding Board's Development Day looking at how the future Safeguarding Partnerships can introduce a new model for carrying out local learning reviews. Opportunities for collaborating with other London Safeguarding Partnerships are encouraged by the HSCB, both in terms of carrying out reviews into shared themes and in relation to London-wide learning events based on the findings of each review.

HSCB'S MULTI–AGENCY DOMESTIC ABUSE AUDIT

The HSCB's audit spanned both children and adult services and focussed on cases with domestic abuse as a key factor.

Strengths found in local practice:

- Effective supervision in place for all agencies/services.
- Strengthened recording practices since a previous audit.
- Evidenced learning from previous SCRs regarding pre-birth assessments.
- Better evidence of engaging both parents in assessment and planning.
- Good examples of inter-agency challenge found.
- A good range of examples of how the voice of children were captured.
- Good flow of information from children to adults services during transitional period for young people.

What we need to promote further:

- All agencies need to ensure that their chronologies are kept up to date and include all key events.
- Risk to children should not be 'downgraded' purely because the perpetrator is female.
- The history of older siblings, including those who have become adults or have moved away from the family household, should be taken into account in risk assessments for young siblings.
- Those working in child focussed services should be familiar with the existence and purpose of the Adult Risk Panel, so that the impact of action taken to safeguard a child can be carefully managed for the parent too e.g. child's removal from a parent who is a vulnerable adult.

268

789 Referrals were made to Harrow MASH with Domestic Abuse being the presenting factor 2017-18

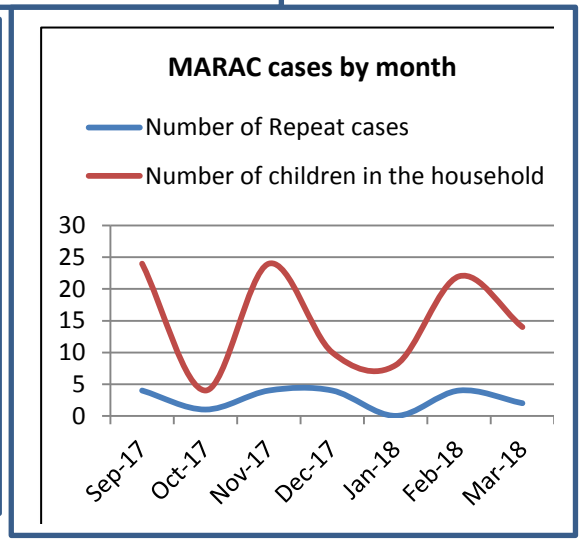
DOMESTIC ABUSE

The number of children in the households considered by MARAC rose to 44 at the end of March 2018.

Multi-Agency Risk Assessment Conference (MARAC)

MARAC is a multi-agency victim-focussed meeting which shares information on the **highest risk** cases of domestic abuse. The HSCB's particular focus is on those households which include children, especially where there are repeat referrals.

One third of all referrals to MARAC come from the police.



PERPETRATOR PROGRAMMES

HSCB'S THEMED DISCUSSIONS ON DOMESTIC ABUSE

The HSCB held two board level discussions on the range and quality of local services available to support victims and their families. Information was received from the Domestic Violence and Strategy Group and a range of services including Hestia, IDVAs, Housing, Compass, Young Persons Advocacy, Harrow Shield, WISH, Health and Social Care.

Key areas for further development were identified as:

- To explore the effectiveness of perpetrator programmes and in particular receive progress reports on Harrow Couples Domestic Violence Programme (a collaboration between Tavistock Relationships and Children's Social Care).
- To explore the need for adopting a new process for alerting schools about their pupils following a police call to domestic abuse incidents in their home.

DOMESTIC ABUSE

PROGRESS ON HARROW COUPLES DOMESTIC VIOLENCE PROGRAMME (TAVISTOCK PROJECT)

This project was set up as a collaboration between Tavistock Relationships and Harrow Children's Social Care to work with parents whose domestic abuse was occasional.

The programme is designed to help couples understand what triggers abuse and help them to develop techniques to avoid or better respond to those situations. The programme assists them in understanding the full impact of exposure to domestic abuse on their children.

For the couples who took part during the feasibility study; No further police notifications were received and no further reporting of violence by others.

- Relationship improvements (measured by clinical tools).
- Some children were removed from child protection plans and their outcomes improved (measured through Strengths and Difficulties Questionnaires).
- Parents reported improved relationships with their children.

"We are shouting less and talking more… normally he would storm off & we were quite mean to one another, but now we sit in silence for a while & we kind of break the ice because of what we've worked on in the sessions one of us breaks the ice quite easily"

VIOLENCE, VULNERABILITY AND EXPLOITATION

Trafficking and Modern Day Slavery

In line with national developments, Harrow's approach to trafficking and modern day slavery ensures that where people get involved with crime but are also identified as victims of trafficking, they are not simply treated as criminals.

The HSCB and HSAB (Harrow Safeguarding Adults Board) provide shared training for the children's and adult's workforces in recognition of the mutual and overlapping risk.

IMPACT: The National Referral Mechanism (NRM) is the UK wide process for identifying and supporting trafficking and slavery victims. We made **8 NRM referrals** in the year 2017/18 for potential child trafficking. This was a significant increase on previous years.

Six of these were made in relation to concerns of child criminal exploitation (i.e**. County Lines drug trafficking**), suggesting an increase in child criminal exploitation in Harrow.

Building capacity: To improve our local response to trafficking and slavery, Harrow Council has instigated a pilot partnership with **ECPAT** (Every Child Protected Against Trafficking) to raise awareness and improve practice, ensuring a better understanding of the links with other risks such as Child Sexual Exploitation and County Lines.

Harrow figures 2017 to 2018: Three referrals for concerns of trafficking.

Female Genital Mutilation (FGM)

and other forms of gender based violence

Harrow figures 2017 to 2018: **8** referrals regarding concerns of a child thought to be risk of FGM

Important steps in the prevention of FGM and protection of girls and women at risk

Harrow saw a rise in referrals immediately following the introduction of new duties placed on specified professionals to report FGM introduced by the **Serious Crime Act 2015**. Its introduction was supported by a programme of FGM briefings across Harrow – reaching health professionals, teachers and social workers. Given the diverse nature of Harrow's population, we recognise the need to remain vigilant in identifying girls at risk so that preventative action, including education for the family, can take place.

IMPACT: The statistics over the last year showed a fall in referrals from across the partnership, so the HSCB set up a Task and Finish Group to examine the quality of training provided across key agencies and to identify further action to raise awareness both for practitioners and for the wider community. In addition, the Local Authority commissioned an FGM Advisor from Barnardo's to help boost local awareness.

The HSCB plans an FGM audit in 2018 to measure the impact of local initiatives led by health, education, police and the local authority.

VIOLENCE, VULNERABILITY AND EXPLOITATION

Child Sexual Exploitation (CSE)

We have improved our ability to develop problem profiles. We also use real time information to help us improve the identification of **'hot spots'** for CSE. As a result we can target our response better. The cooperation of a number Licensing Bodies (e.g. taxis and alcohol) now help the police to pursue perpetrators of CSE.

All HSCB member agencies have one or more trained CSE Champion who disseminates training and provides updates on developments in CSE within their organisations.

As part of the **CSE national Awareness Day**:

- HSCB organised special briefings for schools and foster carers, focussing on on-line exploitation.
- The WISH Centre ran a social media campaign to raise awareness and signpost young people to available help.
- Police undertook unannounced spot checks on hot spot areas and on known offenders.
- CSE resources were re-circulated to key partners

Referrals to Harrow **MASE** Panel 2017 to 2018: **21 (20 female & 1 male)**

Violence, Vulnerability and Exploitation (VVE) Team

This team was set up in 2016 to strengthen **intelligence sharing** and the **coordination of our** response to a range of vulnerabilities. It includes lead officers for **CSE**, **Missing Children** and **Gangs/Youth Violence.** They work closely through **daily VVE meetings** with key partners including the police, community Safety, Youth Offending, and a Channel Panel representative (prevention of radicalisation). These meetings enable agencies to respond more swiftly and collectively to emerging issues for young people in Harrow.

8 referrals made by Harrow to the National Referral Mechanism (NRM), **6** were in relation to child criminal exploitation (i.e. county lines drug trafficking).

Youth Violence & Knife Crime

Knife crime is lower in Harrow than most London boroughs but there has been a noticeable increase over the past year. So we have taken action locally to help prevent its escalation and related anti-social behaviour.

- We have improved collaboration with the business community to help identify and deter perpetrators.
- We have enhanced CCTV coverage while limiting free Wi-Fi in identified establishments (hot spots) to discourage anti-social behaviour and drug related crime.

'County Lines'

"County Lines", is the term now used where organised drug-selling gangs who are based in urban areas use vulnerable young people to traffic drugs to smaller towns and rural areas.

Harrow remains proactive in combatting this activity. Its local multi-agency operational groups work in collaboration with neighbouring authorities and beyond to help identify young people at risk and to pursue perpetrators.

HSCB POLICY, PROCEDURE AND GUIDANCE

Developing and Revising Guidance

The HSCB's Policy and Procedures Sub-Committee leads on the development and revision of local guidance, where required, in addition to the Pan-London Procedures. This work is normally identified through local audits and reviews that identify a particular need or emphasis for Harrow – or to reflect a unique service provided.

This has been a very active year where most of the existing procedures and guidance tools have been reviewed and where necessary, updated to include new research or arrangements.

The Committee has also been involved in supporting the development of a **new referral form** the Multi-Agency Safeguarding Hub, ensuring engagement of all partners in the consultation ocess. Plans to review its effectiveness take place in the new financial year. It has also been actively overseeing the introduction of the national **Child Protection Information System (CP-IS)** in Harrow. This will provide health professionals with the ability to check whether children (including unborn children) have child protection plans or are Looked After by any area across England.

The Committee has also scrutinised and endorsed a range of safeguarding policies for local organisations, contributed to local and national consultations on new guidance e.g. Licensing/Gambling Protocol; Working Together; Keeping Children Safe in Education; NHS England Joint Protocol for Children's Social Care and Substance Misuse – as well as initiating awareness briefings to promote new guidance.

HSCB WEBSITE

The Policy and Procedures Sub-Committee oversees the maintenance and development of the HSCB's website. This provides up to date guidance for all practitioners and links to the Pan London Safeguarding Procedures.

In addition, the website provides guidance and assistance for children, young people and their families on a range of topics – and signposts them to services and additional guidance, both local and national.

The website links to the HSCB's training programme and its NEWS page promotes upcoming events and new developments.

The Committee scrutinises 'traffic reports' which show how often the website is accessed and which pages attract most interest. This helps to inform the HSCB about the impact of learning events and where practitioners and the public might seek more assistance e.g. CSE, the availability of training and pathways to referral 'The Golden Number'.

LEARNING AND DEVELOPMENT ACTIVITY

HSCB LEARNING EVENTS AND TRAINING PROGRAMME

The HSCB ran another year's programme of core safeguarding courses for introductory and advanced levels. In addition, a range of specialist courses were provided to strengthen knowledge in key areas of existing concern or for emerging themes, both local and national e.g. domestic violence, child sexual exploitation, youth violence, and substance misuse.

Lunchtime forums operate to give briefing sessions that are more accessible to those with more flexibility at that time of day e.g. to help embed learning from reviews and to provide 'tasters' for other learning events.

The HSCB also runs a termly safeguarding forum for Designated Safeguarding Leads in schools and colleges. Attendance is good and continues to grow, showing a strong commitment from our local schools and colleges to fulfilling their safeguarding responsibilities. The HSCB is grateful to **John Lyons' School** for supporting these events in providing the much needed venue and for their hospitality.

IMPACT

All courses run by the HSCB and the annual conference require delegates and their managers to report back on how they have embedded the learning from the event they attended.

Responses have shown that key messages have been absorbed and applied to practice. Feedback also shows that delegates have been proactive in sharing their new knowledge further at team meetings and through supervision.

Challenges: There has been a decline in attendance on some of the specialist courses and the HSCB has seen a reduction in the number of trainers available from across the partnership. This is largely due to resourcing and capacity pressures for each agency and has led to a re-design of how learning events with be provide in 2018 to 2019. The new learning event programme will be evaluated for the Safeguarding Partnership at the end of this period.

ANNUAL CONFERENCE

Sexual Abuse within the Family

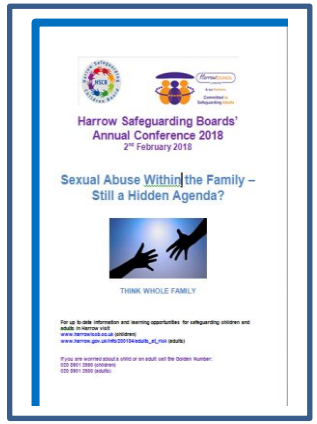
'Still a hidden agenda'

Harrow Arts Centre – venue for HSCB Annual Conference 2018

Following the success of its previous year's joint conference with Harrow Safeguarding Adults Board, the HSCB repeated this collaboration with another signficant and shared topic: Sexual Abuse within the Family'. Key topics spanned the whole spectrum of this type of abuse impacting on young children through to vulnerable to vulnerable elderly victims. The focus of the day also drew out additional vulnerabilities for those of all ages with disabilities.

This important topic attracted a high number and wide range of practitioners across both the adults and children's workforce, including our partners in the voluntary sector. This mix of delegates enriched the day by encouraging shared perspectives and supporting our '**Think Whole Family'** agenda.

Key note speakers included:
Dr Hannah Bows, Senior Lecturer in Criminology at Teesdie University focussed on sexual crimes against older woman and how policy and conceptual barriers work against recognition of this abuse.
Clinical Psychologist **Elly Hanson** gave a useful overview of the disclosure process obstacles faced by victims of all ages.
Psychotherapist **Mark Linington** spoke about the impact of this area of work on practitioners and the importance of identifing and accepting effective lines of support.



CHILD DEATH OVERVIEW

The Child Death Overview Panel (CDOP) is an inter-agency forum that meets regularly to review the deaths of all children normally resident in Harrow. Child death is a very sensitive issue of crucial importance. Our panel is committed to learning from every such incident and where possible, identify preventable factors and to inform action that can be taken to reduce the number of child deaths in the future. The Panel held 3 meetings during 2017 to 2018 in which **20** cases were discussed (compared with 26 in 2016).

Gender: Between 2011 and 2017 more deaths were of males than females. in accord with this trend in 2017 **55%** were male.

Unexpected Deaths: Over the past 7 years**, 20%** of child deaths were classified as unexpected. In the past two years this proportion is higher as many of the neonatal deaths were previously classified as expected.

Almost all of the unexpected deaths had a Rapid Response meeting (the process by which a multi-agency team explore the cause of death and offer support to the family).

Ethnicity: The number of child deaths annually in Harrow is small. Therefore the pattern of deaths varies by ethnic group from year to year. On average over the past 11 years, the number of deaths of black and minority ethnic children is slightly higher than might be expected given the demographics of Harrow.

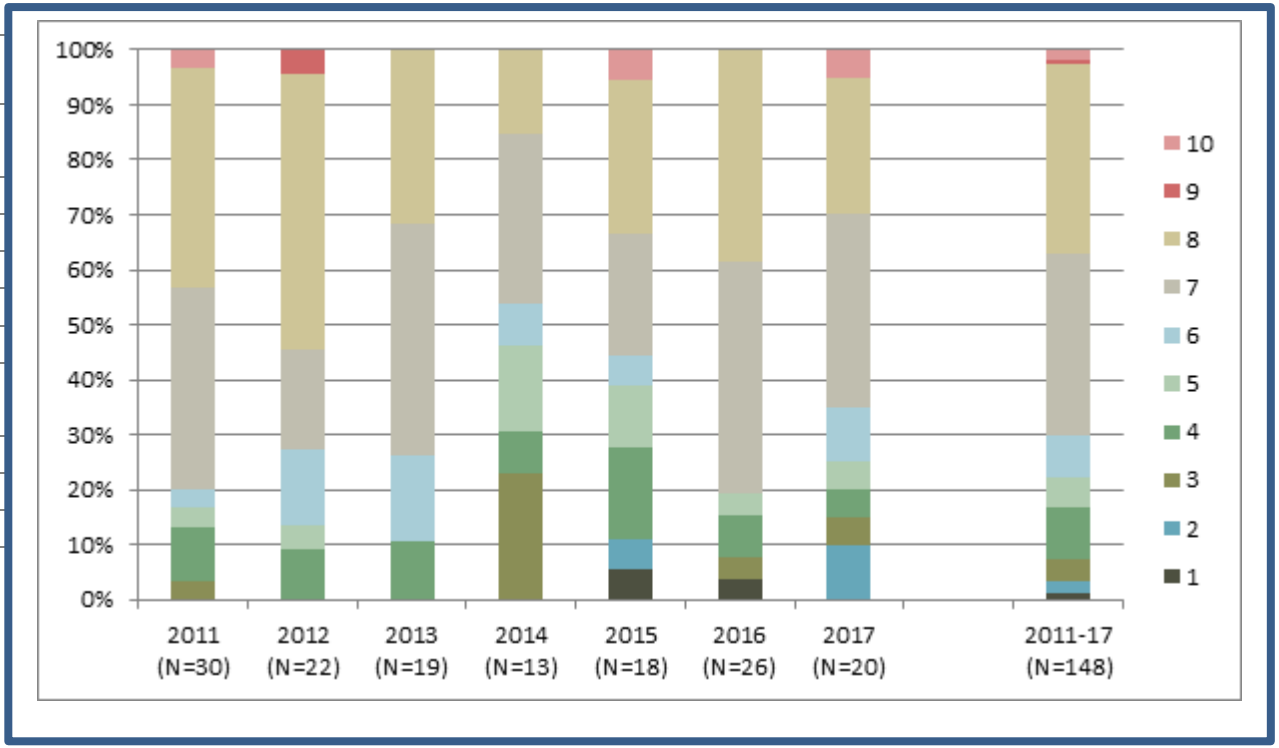
Modifiable Factors:

The role of the Child Death Overview Panel is to determine which category each case falls into and to determine if there were any modifiable risk factors. These are factors which may have contributed to the death of a child and which through local or national interventions could be modified to reduce the risk of future child deaths.

The panel considered that there were four deaths with modifiable risk factors in the cases examined in 2017.

Category	Name & description of category
1	Deliberately inflicted injury, abuse or neglect.
2	Suicide or deliberate self-inflicted harm
3	Trauma and other external factors
4	Malignancy
5	Acute medical or surgical condition
6	Chronic medical condition
7	Chromosomal, genetic and congenital anomalies
8	Perinatal/neonatal event
9	Infection
10	Sudden unexpected, unexplained death

Due to the small number of deaths in Harrow further Information related to individual cases cannot be made available.



Lessons Learned:

Asthma continues to be an area of concern. Training took place in 2016 as a result of lessons learned on a death from asthma and this work will continue in order to embed good practice.

CDOP has continued to have a good relationship with The Lullaby Trust and training on safe sleeping and reducing the risk of SUDI/cot deaths has been undertaken within the past year.

Appendix 1

MONITORING AND EVALUATION Multi-agency Reporting Calendar –

Including Key Developments within agencies

What was identified – agency or issue?	What was achieved?
Analysis of FGM data identified low consultation and referral rate across Harrow given demographics	HSCB set up an FGM Task and Finish Group with local FGM Lead Officers and School to promote greater awareness Local Authority commissioned an FGM specialist from Barnardo's to provide training and advice to practitioners – with FGM audit planned for 2018 to measure impact.
Royal National Orthopaedic Hospital presented a comprehensive and robust annual safeguarding report for scrutiny	Significant evidence provided of strengthened safeguarding arrangements, including new policies and robust training programme
LNWUHT safeguarding report presented for scrutiny	Confirmation and evidence of good supervision and practice. Robust action plans have been put in place to bring safeguarding training up to targets and good progress is being made towards this.
Alignment of HSCB Dataset with new priorities	In addition to routine referral and activity reporting, the dataset has been expanded to provide information on key areas of focus for early support, domestic abuse, violence – vulnerability and exploitation, health visiting service and mental health provision for young people.
Reports from WDP indicated need for further training on CSE and Domestic Abuse	WDP have built in new targets for future reporting.
The lengthy restructuring of the Metropolitan Police Service (MPS) contributed to a lack of analysis accompanying their data reports. This became a priority in the light of the findings of the HMIC Inspection Report on MPS Safeguarding arrangements	The HSCB maintained a challenge to the MPS locally and via the London Safeguarding Board. A new MPS Dashboard is now available (providing a wide range of data relating to

	safeguarding activity). Analysis of local data is being pursued.
Children Looked After Health Report presented for scrutiny	Good range of performance confirmed and contributions to the Multi Agency Sexual Exploitation Panel (MASE) and Children At Risk Meetings was seen as a particular strength.
COMPASS performance and practice report presented for scrutiny	Comprehensive reporting covering internal performance and strong multi-agency engagement – including robust response to areas for development e.g. collaboration with local A&E services.
Adults Social Care – reporting on action plan since section 11 Audit following merger with Children with Disabilities Team	Along with the HSCB's independent audit of the new 0-25 Disability Service, the internal section 11 audit showed good progress on all actions and confirmed Adult's Social Care's commitment to the shared 'Think Whole Family' Approach. Cases auditing confirmed appropriate referrals to MASH
Virtual Schools – Annual Report presented to QA sub-committee to monitor continuity of care and education plans, especially for children placed out of Harrow.	Annual Report confirms improvements to service following learning from serious case review and evidence of higher educational attainment for certain Key Stages.
School Exclusions – data was scrutinised for any correlation with violence, vulnerability and exploitation	Data improvements included a breakdown of behaviours e.g. exclusions for carrying a weapon.

Appendix 2

HSCB Budget Summary 2017-18

INCOME	
Harrow Council (inc Business Support)	125,681
HEALTH SECTORS (combined *)	33,000
Metropolitan Police Service	5,000
CAFCASS	550
Probation / CRC	1,000
Training Income	16,690
Sale of USBs	190
External Consultancy	5,400
Total Income	**187,511**

EXPENDITURE	
LSCB Chair	25,865
Professional Support (BM & L&D co-ordinator)	95,449
Training Admin (.5 FTE)	11,799
SCRs and Independent Auditing	325
Voluntary Outreach work	3,100
Staffing & consultancy expenditure Total:	**146,538**
Council charges	20,514
Annual Conference	5,940
Training Providers	4,635
Venue Hire	1,222
LSCB Website & 3 year Chronolator™ Licence	1,520
Publications, Printing, USB Production	584
Catering & Misc	5,705
Delivery Costs Total:	**40,120**
Total Expenditure:	**186,658**

*see page 8

Appendix 3 HSCB Board Membership and Attendance* - April 2017 to March 2018

Representing Organisation	Title	Attended total of
HSCB	Independent Chair	4/4
Lay Member	Deputy Chair	4/4
Political Accountability	Lead Member Children & Young People	3/4
Director of Children's Services	Corporate Director, People Services	1/3
Harrow Council, People Services	Divisional Director, Children & Young People Services	4/4
Harrow Council, Public Health	Director of Public Health	4/4
Harrow Council, Education	Professional Lead	3/4
Harrow Council, Children with Disabilities	Service Manager, 0-25 Disabilities Service	3/4
Harrow Council, Housing & Resident Services	Senior Professional	3/4
Metropolitan Police	Harrow Superintendent or representative	4/4
Metropolitan Police CAIT	Detective Chief Inspector or representative	3/4
HSCB Chair, Quality Assurance Sub Committee	Service Manager, Quality Assurance (LA)	2/4
HSCB Chair, Case Review Sub Committee	Associate Director, Safeguarding & Safety, CNWL	3/4
HSCB Chair, Learning & Development Sub Committee	Lead for Special Needs – Shaftesbury School	4/4
HSCB Chair, VVE Sub Committee	Head of Service, Children's Access Team	3/4
HSCB Chair, Policy &Procedure Sub Committee	Quality Assurance Officer	1/4
Harrow CCG	Chief / Assistant Operating Officer	1/4
Designated Nurse	Designated Nurse	3/4
Named GP	Named GP	3/4
Central North West London Healthcare Foundation Trust	Associate Director, Safeguarding & Safety	3/4
North West London Healthcare Trust, Acute Services	Director of Nursing or representative	4/4
North West London Healthcare Trust, Community	Service Manager, Children's Services	1/4

Services		
Royal National Orthopaedic Hospital	Deputy Director of Nursing or representative	3/4
Compass Drug & Alcohol Services	Service Manager	1/2
Sexual Health Services	Consultant Doctor	2/4
NHS England	NW London Area	0/4
Voluntary Sector	Director, The WISH Centre	2/4
High Schools	Headteacher, Kingsley High School	4/4
Infant & Nursery Schools	Headteacher, Kenmore Park Infant & Nursery School	3/4
Independent Schools	Safeguarding Leads, Harrow School and John Lyon School	3/4
Sixth Form Colleges	Safeguarding Lead, Stanmore Sixth Form College	1/2
National Probation Trust	Assistant Chief Officer	2/4
London Community Rehabilitation Company	Head of Stakeholders & Partnerships	0/4
Lay Member	Healthwatch	1/3
Cafcass	Head of Service	1/4
London Ambulance NHS Trust	Deputy Station Officer	0/4
Adviser to the Board	Senior Solicitor, Harrow Legal Services	4/4
Adviser to the Board	HSCB Business Manager	4/4
Adviser to the Board	HSCB Learning & Development Officer	4/4

*** The Board met on 22nd May; 2nd October; 11th December and 6th March.**

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Harrow Safeguarding
HSCB
Children Board

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	10 January 2019
Subject:	**INFORMATION REPORT – Non-Cancer Screening Update**
Responsible Officer:	Kathie Binysh, Head of Screening NHS England (London)
Exempt:	No
Wards affected:	All
Enclosures:	Non

Section 1 – Summary

This report sets out the performance of the adult non-cancer screening programmes for the Harrow population. These services are commissioned by NHS England

FOR INFORMATION

Section 2 – Report

Adult Non-Cancer Screening Programmes

- Abdominal Aortic Aneurysm Screening Programme (AAASP)
- Diabetic Eye Screening Programme (DESP)

1. Abdominal Aortic Aneurysm Screening Programme

1.1. Background

The NHS AAA screening programme was introduced in England between 2009 and 2013 following the MASS (Ashton et al 2002) study which found that offering men ultrasound screening in their 65th year could reduce the rate of premature death caused by a AAA rupture, by up to 50 per cent.

Men are automatically invited for screening in the year they turn 65. Men who are older than 65 that have not been screened can opt-in through self-referral. Men with a screen detected aneurysm of 5.5 cm and above are referred into the local vascular network centre for surgery. Men with smaller aneurysms measuring between 3.0 and 5.4 cm are monitored and managed through the quarterly or annual surveillance screening pathway by the AAASP.

1.2. *Commissioning and Service Provision*

The North London AAASP (NLAAASP), provided by InHealth, commenced on 1st April 2018 following re-procurement by NHS England London region. The new programme incorporates the three previous north London AAA Screening Programmes (NWL, NCL and NEL) and includes 20 CCGs and 19 local authorities.

The key stakeholder relationships for AAA Screening programmes are the designated Vascular Network referral and treatment centres, in North London, these are Barts Health, The Royal Free and for North West London, Imperial College Healthcare NHS Trust. The new NLAAASP has maintained the existing, established and nationally approved referral and treatment pathways for screen detected AAAs. Men with screen detected aneurysms in North West London continue to be referred to the NWL Vascular service at Imperial, unless they exercise their choice to be referred to an alternative vascular service.

1.3. *Performance*

Context

The London-wide procurement of the AAA programmes sought to improve workforce resilience, ensure equitable funding across London and provide contract stability (previously contracts were only being offered on a year to year basis). Stable contracts allow service providers to plan and deliver meaningful programmes of continual service improvement.

It is an unfortunate consequence that any change programme of this scale, brings periods of uncertainty. During these periods it is not uncommon that people working within services may choose to seek alternative employment. Performance of AAA screening programmes has been impacted in the 2017/18 reporting year due to the programme of procurement.

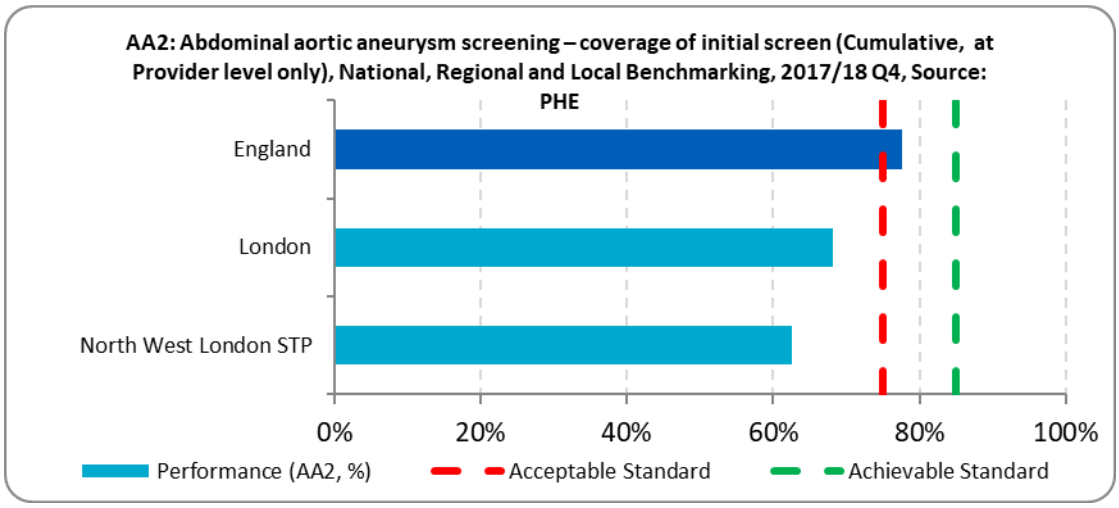
A consequence in NW London was that the previous NWL AAA programme had been unable to invite the full eligible cohort within the expected timescale. The new provider has addressed this and all men have now been invited and screening invitations are back on track.

Current performance

The Public Health England Quality Assurance visit reports stated that in 2016/2017, uptake was 71.1% compared to a slightly higher 72.5% in 2015/2016. Aortic abdominal aneurysms (AAA) detection rate for North West London is similar to London average (0.8%) but lower compared with the national average (1.1%).

As previously mentioned, London uptake during the 2017/18 screening year suffered because of workforce capacity challenges brought about by the procurement. Figure 1 shows uptake of AAA screening at the end of the year for NWL, London and England. However, we anticipate that these will be back to pre-procurement levels in 2018/19.

Figure 1:



Source: NHSE Business analytics Screening KPI performance data report

Table 1 shows a summary of coverage performance, plus the two additional KPIs that measure attendance for the at-risk group of men who have been placed on an aneurysm surveillance programme (AA2 = annually, AA3 = quarterly), at Q4 2018/18.

Table 1: Adult screening programme KPIs: Q4 2017 to 2018

Abdominal aortic aneurysm screening (41 local programmes)			
	AA2	**AA3**	**AA4**
	Acceptable ≥ 75.0%	Acceptable ≥ 85.0%	Acceptable ≥ 85.0%
	Achievable ≥ 85.0%	Achievable ≥ 95.0%	Achievable ≥ 95.0%
	Coverage of initial screen (%)	Coverage of annual surveillance screen (%)	Coverage of quarterly surveillance screen (%)
England	77.6	92.5	91.2
London	68.2	89.0	93.2
NWL AAASP	**62.5**	94.1	100.0

Source: PHE Screening: Q4 2017-18 KPI data submissions (01 January to 31 March 2018)

Managing performance

NHSE commissioners worked closely with the exiting provider to ensure the impact of reduced capacity on the service offered was minimized. However, on completion of the NWL AAASP in March 2018 there were 2,300 invitations (first and second) that had not been issued, due to a planned reduction of offered letters, ensuring pathway delivery for those attending remained safe and of high quality. This activity was transferred to the new NL AAASP in April 2018.

**Men who had previously been identified as requiring further surveillance were prioritised and all were offered appointments in a timely manner.*

InHealth

InHealth began providing AAA service across North London from April 2018, although there was a period of down time at the start of the contract to support handover, staff induction and initial administrative scheduling. 2,300 appointments, outstanding from the previous NWL AAASP, were identified as priority activity. As of October 2018, all men from this group have now been offered two invitations to attend AAA screening as per national recommendations.

2018/19 data is currently under review by NHSE commissioners, London region PHE Quality Assurance leads and the service provider. Recovery management plans have provided assurance that the full 2018/19 cohort will have received invite no later than June 2019, as per the requirements of the service specification.

Improvement plans will be developed following full recover and completion of the first contract year.

2. Diabetic Eye Screening Programme

Background

Evidence shows that early identification and treatment of diabetic eye disease could reduce sight loss. Public Health England coordinate nationally the delivery of a diabetic eye screening programme (DES) that offers annual (or more frequently where clinically necessary) screening to the eligible population.

The eligible population for DES is all people with type 1 and type 2 diabetes aged 12 or over.

People already under the care of an ophthalmology specialist for the condition are not invited for screening.

The national diabetic eye screening programme offers pregnant women with type 1 or type 2 diabetes additional tests because of the risk of developing retinopathy.

Screening gives people with diabetes and their primary diabetes care providers information about very early changes in their eyes.

Early warnings allow people to take preventative action to stop serious retinopathy developing.

Untreated diabetic retinopathy is one of the most common causes of sight loss. When the condition is caught early, treatment is effective at reducing or preventing damage to sight.

2.1. *Commissioning and Service Provision*

The NHS DESP Screening Programme is coordinated and led nationally by Public Health England.
NHS England (London) commission the provision of an end-to-end screening service for the eligible population of the national DESP. In London, this currently comprises of five Provider organisations delivering to an eligible population of approximately 500,000 patients per year. The organisation responsible for the population of North West London is Health Intelligence.
Within London, providers are paid a standard tariff and have a five-year contract, with an option to extend for a further two years. The contract is for delivery of the national service specification, which includes three national KPIs and several screening pathway standards. Assurance is received through quarterly multi-disciplinary Programme Performance Boards that are facilitated and chaired by the commissioning team.

Treatment centres and pathways are commissioned by CCGs.

2.2. *Performance*

Figure 2 shows how uptake of diabetic eye screening is better in London than in any other commissioning region in England. In North West London, uptake is 90.5%, the highest of all STPs in the region.

Figure 2: Uptake of diabetic eye screening by STP, region and national

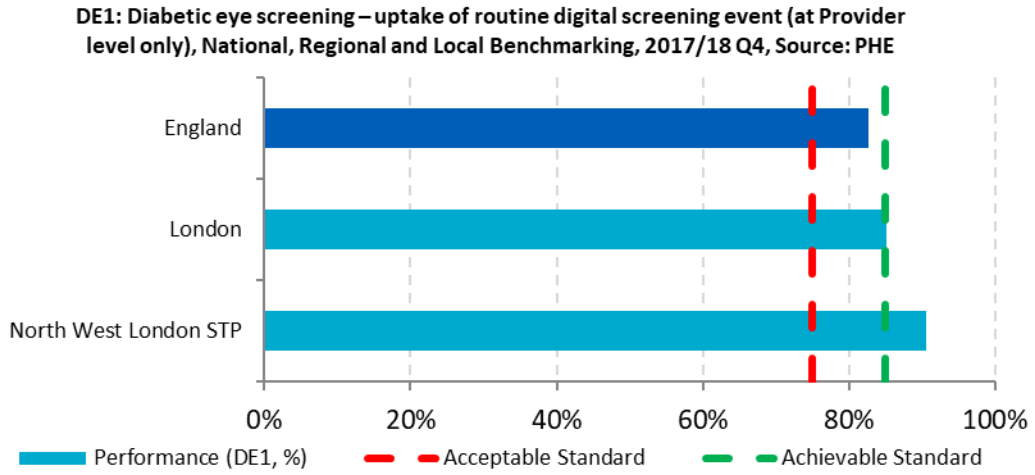
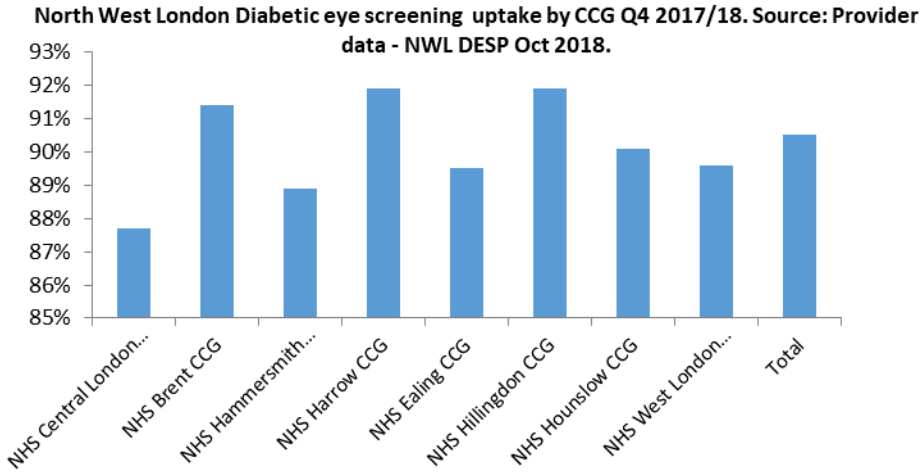


Figure 3 shows that within NWL STP, Harrow and Hillingdon have the highest uptake in their diabetic population, both achieving a 92% uptake rate for screening following invite.

Figure 3: Uptake of diabetic eye screening by CCG within NWL STP



2.3. Health Inequalities

NHS England (London) commissioners are seeking to commission the development of a health inequalities reporting function to be included in the DESP screening programme software. This aims to support the provision of high quality, multi-source data at programme, CCG, LSOA and GP practice level.

The reporting function will look at service performance data and other data sources simultaneously, allowing us to develop an understanding of what wider determinants are impacting a patients' likeliness to attend for screening

when invited. A targeted health inequalities strategy will then be developed and delivered by the screening programme and their stakeholders.
It is anticipated that the reporting function will be available by Q2 2019/20.

Section 3 – Financial Implications

NHS England is responsible for commissioning screening programmes.

Section 4 - Equalities implications

Was an Equality Impact Assessment carried out? No

Section 5 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

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

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not applicable

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Kathie Binysh Kathie.binysh@nhs.net

Background Papers: None

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