

Health and Wellbeing Board Agenda

Date: Tuesday 21 March 2023

Time: 10.00 am

Venue: Meeting Room 4, First Floor - Harrow Council Hub, Forward Drive, Harrow

Membership (Quorum 5)

Chair: Councillor Paul Osborn

Voting Members:

Members of Council Nominated by the Leader of the Council:

Councillor Ghazanfar Ali
Councillor Hitesh Karia
Councillor Pritesh Patel
Councillor Norman Stevenson

Reserve Members:

Councillor David Ashton
Councillor Marilyn Ashton
Councillor Chetna Halai
Councillor Anjana Patel
Councillor Simon Brown

Representatives of North West London Integrated Care Board:

Dr Radhika Balu (VC)
Isha Coombes
Vacancy

Reserve: Hugh Caslake

Representative of Healthwatch Harrow:

Yaa Asamany

Reserve: Marie Pate

Representatives from the NHS:

James Benson
Simon Crawford

Reserves: Jackie Allain
James Walters

Non Voting Members:

Director of Public Health	Carole Furlong
Chief Officer, Voluntary and Community Sector	John Higgins
Senior Officer of Harrow Police	Inspector Edward Baildon
Chair of the Harrow Safeguarding Children and Adult Board	Chris Miller
Managing Director of Harrow Borough Based Partnership	Lisa Henschen
Corporate Director People / Director of Adult Social Services, Harrow Council	Senel Arkut
Director of Children's Services, Harrow Council	Peter Tolley

Contact: Alison Atherton, Senior Professional Democratic Services
Tel: 07825 726493 E-mail: alison.atherton@harrow.gov.uk

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You will be admitted on a first-come-first basis and directed to seats.

Please:

- (1) Stay seated.
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- (3) Put mobile devices on silent.
- (4) Follow instructions of the Security Officers.
- (5) Advise Security on your arrival if you are a registered speaker.

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Agenda publication date: Monday 13 March 2023

Agenda - Part I

1. **Attendance by Reserve Members**
To note the attendance at this meeting of any duly appointed Reserve Members.
2. **Declarations of Interest**
To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from all Members present.
3. **Minutes** (Pages 5 - 10)
That the minutes of the meeting held on 17 January 2023 be taken as read and signed as a correct record.
4. **Petitions**
To receive petitions (if any) submitted by members of the public/Councillors.
5. **Public Questions**
To receive any public questions received.

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, Thursday 16 March 2023. Questions should be sent to publicquestions@harrow.gov.uk
No person may submit more than one question].
6. **Deputations**
To receive deputations (if any).
7. **Health and Wellbeing Strategy - Healthy People Delivery Plan** (Pages 11 - 48)
Report of the Director of Public Health
8. **Launch of Our Way Forward: Strategy for London North West University Healthcare NHS Trust** (Pages 49 - 158)
Report of the Deputy Chief Executive London North West University Healthcare NHS Trust
9. **Any Other Business**
Which cannot otherwise be dealt with.

Agenda - Part II - Nil

Data Protection Act Notice

The Council will record the meeting and will place the recording on the Council's website.

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



Health and Wellbeing Board

Minutes

17 January 2023

Present:

Chair: Councillor Paul Osborn

Board Members:

Councillor Simon Brown	Harrow Council
Councillor Hitesh Karia	Harrow Council
Councillor Pritesh Patel	Harrow Council
Councillor Norman Stevenson	Harrow Council
Dr Radhika Balu (VC)	North West London Integrated Care Board
Jackie Allain	NHS (Reserve)
Yaa Asamany	Healthwatch Harrow
Hugh Caslake	North West London Integrated Care Board (Reserve)

Non Voting Members:

Senel Arkut	Corporate Director, People	Harrow Council
Carole Furlong	Director of Public Health	Harrow Council
Lisa Henschen	Managing Director	Harrow Borough Based Partnership
John Higgins	Voluntary Sector Representative	Voluntary and Community Sector
Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council

In attendance: (Officers)

Johanna Morgan	Divisional Director, People Services Strategy; Commercialisation & Regeneration
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In attendance virtually:	Isha Coombes Alicia Thornton Lawrence Gibson	North West London Integrated Care Board Health Security Agency
Apologies received:	Jason Antrobus Peter Tolley	
Absent:	Inspector Edward Baildon Simon Crawford	

22. Attendance by Reserve Members

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

Ordinary Member

Councillor Ghazanfar Ali
James Benson

Reserve Member

Councillor Simon Brown
Jackie Allain

23. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

24. Minutes

RESOLVED: That the minutes of the meeting held on 22 November 2022 be taken as read and signed as a correct record.

25. Public Questions, Petitions and Deputations

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

Resolved Items

26. Winter Pressures Update

The Board received a report and presentation which set out the current winter pressures and vaccination uptake rates.

The Board were advised of the headlines in summary and that Northwick Park remained one of the busiest hospitals in the country with typically more

patients than beds available at the start of each day. Numbers attending appeared to be stabilising but patients had an increased complexity of needs and support due to the aging population.

In terms of the table setting out the Escalation status at Northwick Park Hospital, the Board were advised that, after the status of critical incident, the full capacity protocol (purple) was the second most serious situation meaning that there were zero available beds but a number of patients awaiting admission and that this did have an impact on staff working under consistent pressure. It was usual to stay in an escalation period (black) during the winter.

The Board received details of the discharge pathway and whilst the Covid rates had not been as high as expected there had been high numbers of flu and respiratory illness cases and also children being brought to A & E due to concerns about Strep A.

The Board were advised of the good take up rates of vaccinations in relation to both flu and Covid, the Public Health work on Making Every Contact Count and also the programme around vaccination hesitancy. There had been additional funding put in to the system to deal with the responses to winter pressures.

In response to a question about the additional 24 beds that had been funded at Northwick Park Hospital it was clarified that these were winter escalation beds but that instead of medical staff looking after 4 patients in a bay they would be caring for 5 with the additional infrastructure having been put in to enable this. This did place additional pressure on staff and it was sometimes necessary to employ agency staff as well as stepping down elective work to expand capacity in wards. At the end of the winter it was planned to de-escalate and close these beds down.

A Member expressed concern in relation to the volume of requests for adult social care and also the number of vacancies in primary care and questioned what measures were being put in place to address the shortfall in staff. The Board were advised that the demand on adult social care from patients being discharged from hospital was huge and included support, advice and reablement. In terms of staffing, this was a challenge at a national level but work was being done with Harrow College to encourage people to work locally and also to see what could be done to attract people to work in Harrow. Retention of trained staff was key. Work was also being done in terms of recruiting internationally.

Following a comment that residents regularly complained about the length of time it took to be discharged from hospital as a result of having to wait to see a consultant and or receive medication to take home, the Board were advised that this was an issue in every hospital and that it was a balance between keeping a patient safe and allowing the patient to be discharged. The latest figures could be provided to the Board.

The Chair thanked the officers for all their work in what was a difficult situation.

RESOLVED: That the report be noted.

27. NWL ICB Health Inequality Funding

The Board received a report which set out the approach being taken by the Harrow Borough Based Partnership to address health inequalities following receipt of funding from the North West London Integrated Care Board. The report summarised the programme and expected outcomes as a result of non-recurrent and recurrent funding until March 2023/24.

The Director of Public Health outlined the content of the report and advised that the £492,000 recurrent funding was to be used to tackle health inequalities. A proposal had to be put to the Integrated Care Board (ICB) for the use of that funding and, due to being a considerable way through the year a bid for nonrecurrent funding had also been made.

In response to a question as to whether bids could be made for the innovation funding, the Director of Public Health confirmed that organisations could make a bid for this funding to address health inequalities. The bid would have to meet certain criteria and be considered by an ICB Panel.

In terms of questions in relation to Warm Hubs, one of the initiatives being funded by this programme, the Board were advised that there were 27 Hubs and that the expected footfall was expected to be 20-40 people visiting once a week. Help Harrow were the partners in terms of the Hubs but Harrow Community Kitchen and Harrow Carers also offered Warm Hubs. Hubs were based in a variety of venues and people had been quite innovative in terms of what was offered and this demonstrated the strong voluntary sector in Harrow. A member of the Board suggested that it would be helpful to have the relevant data so this work could be built on, not just in the winter, but for the future.

A Member sought clarification in terms of the allocation of funding for Warm Hubs and the Board was advised that the Hubs could either bid for a £2,000 flat rate towards their costs or submit a specific bid to the ICB Panel. There were currently 35 Hubs in operation and the remaining funding was being allocated that week.

RESOLVED: That the Partnership approach to tackling health inequalities in Harrow be noted.

28. Adults Discharge Funding 2022-23

The Board received a report which provided details of the additional funding announced by the Department of Health and Social Care to support timely discharges from hospital.

The Corporate Director, People, outlined the content of the report and appendix and advised that a condition of the funding, in the case of Harrow £1.808m, was that a report was to be provided to the government every two weeks on the use of the money.

In response to a question, the Corporate Director advised that in terms of discharges from hospital, the additional funding had provided some relief but that the hospital was still under considerable pressure. The Board were informed that the wait for beds in nursing homes were not necessarily capacity driven as there were other factors, such as family preference, involved. Reablement was also key in terms of discharge from hospital.

The Corporate Director outlined the risks of a shortfall in funding including that there would be an increase in the number of people in 24 hour care and the number of people remaining in hospital beds and also any bought in step down beds. The increasing frailty of the population put pressure on the long term care home budget.

The Board were advised that the recruitment of social workers, in competition with neighbouring boroughs, was also an ongoing challenge. Recruitment exercises both internationally and locally was being carried out as well as work to ensure that Harrow was competitive.

Members of the Board noted that the additional funding was only for two years and questioned the projection for the third year, noting that funding in care homes was key. Adult social care was a key enabler of hospital discharge. The Corporate Director confirmed that there was currently no commitment from the Government to fund from 2025 and there would be a substantial deficit without this continuation of funding.

The Chair requested that future reports include a risk section as the main risk was that lack of additional funding from 2025. The Council's Section 151 Officer had made repeated requests for this.

RESOLVED: That (1) the funding allocations be noted;
(2) the schemes detailed in Appendix 1 to the officer report be agreed.

29. Health Protection Update

The Board received a report and presentation which provided an update on health protection in Harrow.

The Board welcomed Alicia Thornton, Health Security Agency, who outlined the content of the presentation and highlighted the following:

- Group Strep A – there had been an unprecedented number of notifications, as had been reported in the press, and also of scarlet fever which was a notifiable disease. There had been considerable communications work on this including visual hygiene messages. Children were more susceptible to scarlet fever but no longer contagious after receiving 24 hours of antibiotics.
- Acute Respiratory Infection – in the period up to Christmas higher levels on incidents of flu had been seen but now appeared to be decreasing. Covid rates had been relatively low but were increasing. A new Omicron variant was spreading across the United States. There

had been changes in the testing regime for those passengers arriving at Heathrow from China.

- Avian Influenza – there had been unprecedented outbreaks in birds and work with the local authority on the potential risks to the public was ongoing.
- Diphtheria – there had been outbreaks in several asylum seeker communities within centres, predominantly Syrian, Afghan and Iraqi. Whilst the risk to the general public was low there was concern for other asylum seekers housed in these centres as their vaccination status was unknown.
- MPox – Cases had now reduced from approximately 300 a week to 5 per week which was due to a combination of vaccination and behavioural change.
- Polio – there was ongoing surveillance work and Becton Sewage works and no clinical cases had been seen in hospitals. There had been a booster campaign for children aged 1 – 9 across London.

RESOLVED: That the report and presentation be noted.

30. Proposal for a Health and Wellbeing Board Development Offer

The Board received a report which set out a proposal to commence a development programme for the Harrow Health and Wellbeing Board which would be supported by the Local Government Association (LGA).

The Board were advised that it would be useful to have external support, particularly due to the major changes in health and social care. The LGA had proposed an initial diagnostic exercise for Board Members and, as a result of this exercise, a programme of support would be put in place to deliver a number of objectives set out within the report.

The Board welcomed the proposal, expressed support for the programme and noted that the LGA would shortly be carrying out a peer review of the Council and had also provided mentoring to Cabinet Members. The Chair commented that as the Board comprised a number of senior officers he was keen to add value by making decisions rather than just noting information reports.

RESOLVED: That the development programme be progressed.

(Note: The meeting, having commenced at 10.00 am, closed at 11.21 am).

(Signed) Councillor Paul Osborn
Chair



Report for: Health and Wellbeing Board

Date of Meeting:	21 st March 2023
Subject:	Health and Wellbeing Strategy – Healthy People delivery plan
Responsible Officer:	Carole Furlong. Director of Public Health.
Public:	Yes
Wards affected:	All wards
Enclosures:	<ul style="list-style-type: none">• DRAFT Harrow Health and Wellbeing Strategy• Health and Wellbeing Strategy delivery plan – Healthy People• Draft indicators – Healthy People

Section 1 – Summary and Recommendations

This paper summarises how the commitments from the Health and Wellbeing strategy will be delivered, with a focus on the Healthy People domain. This includes a delivery plan and draft indicators to be discussed and endorsed.

Recommendations:

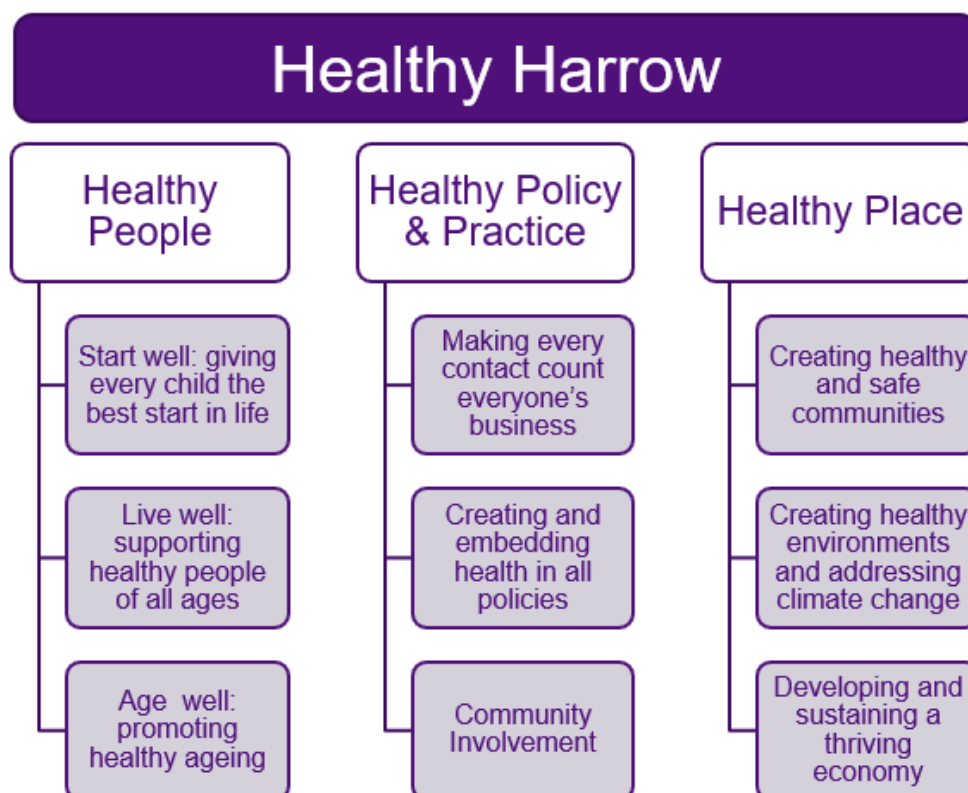
The Board is requested to

- Discuss and endorse this approach to delivery on the health and wellbeing strategy
- Endorse and agree SROs for the three strategy domains

Section 2

Background

Harrow's Health and Wellbeing Strategy was endorsed at the Health and Wellbeing Board in November 2022. The strategy set out plans to report on each of the domains, Healthy People, Healthy Policy & Practice and Healthy Place, once a year.



For this quarter, the board is presented with:

- The Health and Wellbeing Strategy delivery plan for Healthy People: what we're committing to, what actions are being taken, by when, and who has ownership
- The draft Health and Wellbeing Strategy – Healthy People domain indicators: facilitating how the board can monitor the health and wellbeing of the boroughs population over time, in addition to evaluating the impact of the strategy over time.

The actions presented within the delivery plan focus on key programmes of work that address the needs of Harrow's population. At present, these programmes are focussed on delivery over the next 2-3 years. The delivery plan will be reviewed and updated on an annual basis to reflect the need for flexibility to address changing needs and demands, adapting over the span of the strategy until 2030.

We propose that an example of a programme of work is presented alongside the delivery plan and indicators. This will provide the Board with a tangible view of what is being done to address a commitment within the strategy.

Additionally, we will also monitor the progress and success of the overall strategy against the following overarching outcomes:

- Survey infant and child mortality deaths, and act accordingly to ensure rates do not increase.
- Ensure that people can enjoy healthier, and more independent years of life by 2035, while narrowing the gap between the experience of the wealthiest and poorest areas.
- Narrow the life expectancy gap between people in our poorest neighbourhoods and those in the wealthiest areas.
- Residents access the right care, in the right place at the right time (*Measured by hospital admissions for people with long term conditions that may be avoidable*).
- Survey and monitor mortality rates of people aged under 75 where deaths are considered preventable through effective public health and primary prevention.
- Increase community engagement in the implementation of the joint health and wellbeing strategy (as measured by personal pledges).

Both the Health and Wellbeing strategy delivery plan and indicators sit alongside the Harrow Borough Based Partnership's delivery plan and outcomes framework. Both plans complement each other and are aligned to consider short term and long-term priorities for the borough.

We are also proposing that a Senior Responsible Officer (SRO) for each of the strategy domains is identified. The expectation for the SRO leading a domain of the strategy will include:

- overall accountability and responsibility for the delivery plan to address the strategies commitments,
- responsibility for coordinating the annual report to the health and wellbeing board
- responsibility for reporting back to the health and wellbeing Board

Ongoing conversations are taking place to identify the most appropriate SROs with existing portfolios, aligning to the strategy domains.

For the Board to consider and agree:

- this approach to delivery on the health and wellbeing strategy
- SROs for the three strategy domains

Financial Implications/Comments

There are no costs associated with developing the health and wellbeing strategy.

Whilst there are no additional direct financial implications arising from this report, the prioritisation of strategy through the borough-based partnership will need to be contained within existing partner resources, which includes the annual public health grant.

Legal Implications/Comments

Section 116A of the Local Government and Public Involvement in Health Act 2007, stipulates that it is the responsibility of the local authority and integrated care boards to prepare a local health and wellbeing strategy.

The Health and Social Care Act 2012 provides responsibility to the Health and Wellbeing Board for the oversight of the local health and wellbeing strategy.

A key responsibility of the Health and Wellbeing Board is to therefore have oversight and accountability of the proposed strategy.

Risk Management Implications

The health and wellbeing strategy does not present any risks, or suggest any mitigation.

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.
n/a

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

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

Statutory Officer:

Signed on behalf of the Chief Financial Officer

Donna Edwards

Date: 02/03/23

Statutory Officer:

Signed on behalf of the Monitoring Officer

Sharon Clarke

Date: 03/03/23

Chief Officer:

Signed by the Corporate Director

Senel Arkut

Date: 03/03/23

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Contact: Seb Baugh, Consultant in Public Health,
sebastien.baugh@harrow.gov.uk

Background Papers: DRAFT Harrow Health and Wellbeing Strategy; delivery plan for Healthy People; Draft indicators – Healthy People

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |

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2022 - 2030

Harrow Health and Wellbeing Strategy

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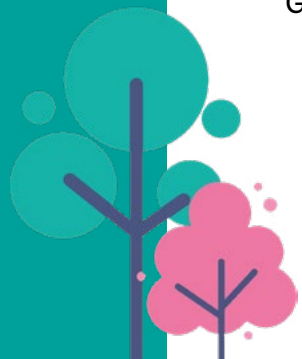


Working together to ensure Harrow residents feel secure and supported when they need it, enabling them to prosper and develop flourishing relationships and communities, allowing residents to thrive and live longer healthier lives.

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Acknowledgements

Thank you to all our partners, staff at the Council, elected members, and to all the residents who helped to shape, and are committed to delivering this strategy



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Foreword

Councillor Paul Osborn

Chair of the health and wellbeing board
Leader of Harrow Council



This Health and Wellbeing strategy has been developed in collaboration with a range of partners from across the system, including our residents. Working together to develop and commit to delivering this strategy is key to putting our residents first and ensuring that we prioritise improving the health of our population. It has the potential to make a real difference and improve the lives for everyone that lives in our Borough, and it will rely on effective partnership working, as this cannot be achieved

by one organisation alone.

We are currently facing unprecedented challenges and challenges for our communities. The impact and aftermath of the pandemic, and the cost-of-living crisis, have led to a perfect storm of pressures and challenges for our health and care services. Over recent years, we have not seen the usual seasonal variations in demand for health and care services (e.g. less demand during the summer months), and with an ageing population within our Borough, this sustained pressure on our services is likely to continue.

The actions we've committed to within this strategy, provides our residents with the opportunity to make the right decisions about their health, leading to healthier lifestyles, a reduction in the burden of disease and consequently demand on our services. When residents do require help from health or care services, they must be supported to access the right care, in the right place, at the right time - ensuring Harrow is a place where those in need are supported. Through delivering on this strategy across the partnership, we can enable people to reach their full potential, and I look forward to supporting to make this a reality.

Dr Radhika Balu

Vice-Chair of the health and wellbeing board, GP & Medical
Director for Harrow, NWL ICB



I am delighted to introduce our long-term vision and strategy for health and wellbeing in Harrow. We know that access to high quality healthcare is only one part of what makes us healthy. Having access & opportunity for good education provides our children and young people with the essential skills required for later life, Being in a stable job provides people with a minimum income for healthy living, having a home that is warm and secure ensures that people can stay safe and healthy, and

access to social networks enable people to remain socially connected within their communities and families. It is these building blocks and opportunities that have the biggest impact on our lives and keep us healthy. Unfortunately, they also play a role in creating and widening inequalities. We must ensure that addressing inequalities is at the heart of everything we do.

Our strategy is built around three areas of focus to enable a healthy Harrow - keeping people healthy, making our borough a healthy place to live & work, and creating/embedding healthy policy and practice. These areas of focus address the building blocks of good health and I am pleased that this strategy calls upon the system to consider what we can do in partnership to address some of the significant challenges we face now and will face in the next few years.

Finally, an exciting priority for this plan is to ensure we do more to hear the voice of our communities, putting them at the heart of this plan. I look forward to working together with residents and communities to create services that really meet the needs of our population.

Introduction

What is the joint local health and wellbeing strategy?

20 Joint local health and wellbeing strategies are a statutory requirement, jointly owned by the local authority and integrated care boards. It aims to meet the population needs identified in Harrow's Joint Strategic Needs Assessment, and the Health and Wellbeing Board has responsible oversight.

Harrow's previous strategy was planned for 2020 - 2025, however, due to the pandemic and the impact on our population, the Health and Wellbeing Board have decided to publish a new strategy, which takes into account the challenges that have been brought into focus by the pandemic such as the backlog of demand for health and care services, the cost of living, and the need to reduce inequalities in health outcomes.

This strategy is an eight-year plan that aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It provides leadership and strategic direction across Harrow to tackle the issues that influence health and wellbeing, including wider issues and building blocks of good health such as housing and education. It also aligns with Harrow Borough Based Partnership Delivery Framework.



What are the building blocks for good health?

There are many factors that determines a person's health - and these factors can be regarded as the building blocks to good health¹. This includes:

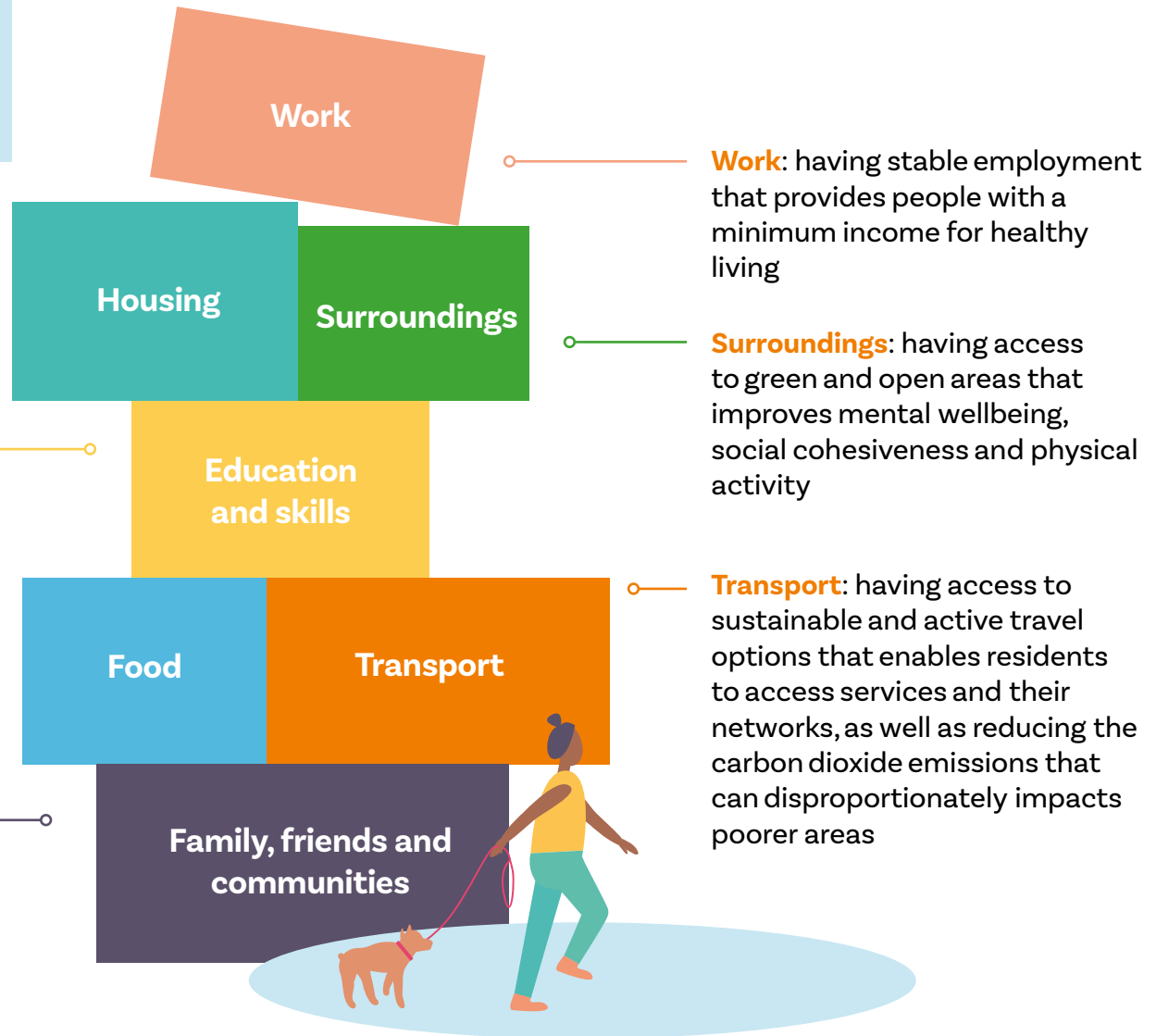
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Housing: having a home that is warm, energy efficient, safe and secure

Education and skills: having the chance to learn and develop skills that provides children and young people require later in life, as well as educating & upskilling adults to seek stable employment

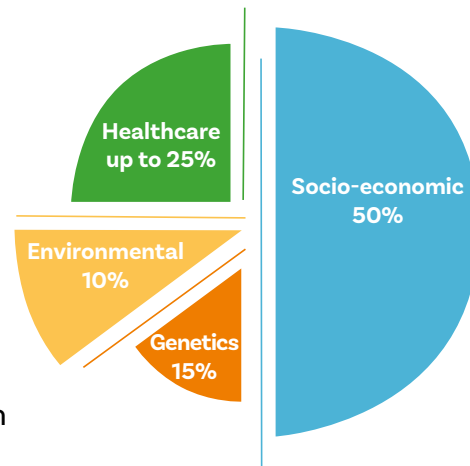
Food: having access to healthy, affordable and sustainable food

Family, friends and communities: Access to networks that enable people to remain socially connected within their communities and families.



¹ [How to talk about the building blocks of health](#); The Health Foundation

Experts have quantified the impact of these building blocks, leading to estimations that up to 75% of the health of our population is determined by non-healthcare factors, such as socio-economic circumstances (50%) environmental (10%) and genetic (15%) factors². This really demonstrates the impact of the building blocks of health on the population of Harrow. When we have unstable employment and we don't have what we need to heat our homes, buy healthy food and are constantly worrying about making ends meet, it can lead to chronic stress, poor health and lives being cut short.



Canadian Institute of Advanced Research (2012)

The effect of poverty on health and wellbeing

The links between poverty and health are well documented and evidenced³. For example, if someone has insecure or irregular work, it may mean that they find it harder to afford good quality housing. Living in cold, damp housing can result in respiratory problems and other health issues. Having concerns and worrying about having enough money to pay the rent and rising energy bills can also lead to chronic stress, anxiety and or depression.

“People in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow”

This can ultimately lead to poor physical and mental health and wellbeing. People in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow. Individuals with significant vulnerabilities, such as rough sleepers, will die considerably younger still.

In the current context of the cost of living crisis, there will be a further impact on people's health. The system and partnership across Harrow needs to advocate for our most vulnerable residents and communities that will be affected by these challenges in the coming years.

22 Impact of the pandemic

The COVID-19 pandemic has had wide reaching impacts and implications on our residents and communities. For example, it has impacted our children and young people and their ability to attend school; impacted the economy with businesses having to close and people losing jobs; and impacted the mental wellbeing of our population due to lockdowns and isolation. Additionally, parts of our community have experienced disproportionate impacts of the pandemic from rates of infection and mortality rates as a result of COVID being higher among Black



and Asian ethnic groups. It is clear that tackling the impact of the pandemic is going to be a long-term issue, creating significant demands on the capacity of the system to improve to health and wellbeing of the population.

² Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch; (2012) Healthy places: Councils leading on public health. London: New Local Government Network

³ Poverty and health: How do our money and resources influence our health? Health Foundation, 2018

Policy and place context

There have been a number of white papers that have been published over the last couple of years, that recognise the need to provide an integrated health and care system, and one that is responsive to local needs with a particular focus on marginalised communities or groups.

The Levelling Up United Kingdom policy paper was published in February 2022, providing an overview of the causes of economic and social disparities across the UK⁴. It's four objectives included addressing boosting productivity, pay, jobs and living standards, spreading opportunities and improving public services to reduce geographical variation, a focus on housing, community and reducing crime, as well as harnessing local leadership.

Health and social care integration: joining up care for people, places and populations was also published early in 2022⁵.

This white paper looks to build on the integration work to date, through improving population health and reducing health disparities, as well as formally setting up the governance and accountability infrastructure of integrated care systems and boards.



“Working with children, families and communities in Harrow to support better care and healthier lives”

A new Health and Social Care Bill came into effect in July 2022⁶. As a result, Integrated Care Boards and Integrated Care Partnerships have been established across England, which has formalised the arrangements that were mostly already in place for North West London. The focus of the

changes to the act are around the delivery of more joined up care between health and social care.

Within Harrow, the Harrow Borough Based Partnership brings together our NHS organisations, Harrow Council, our GPs, and local Voluntary & Community Sector. This strong partnership that operates within the Integrated Care System for North West London and works to both support delivery of the wider system objectives. This includes a range of statutory and non-statutory partners. The partnership has agreed its mission as: “Working with children, families and communities in Harrow to support better care and healthier lives”.

The Harrow Borough Based Partnership’s delivery framework for 2022/23 sets out a three-year plan for the partnership, which aligns with this health and wellbeing strategy for a longer-term

vision for the borough. The aspiration is for this strategy to influence the strategies and delivery plans of all partners across the system, including statutory organisations and bodies, and the community and voluntary sector.

⁴ [Levelling Up the United Kingdom; HM Government \(Feb 2022\)](#)

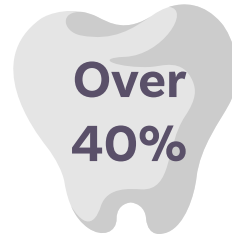
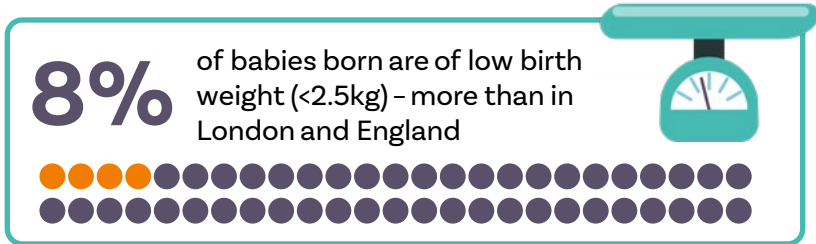
⁵ [Health and social care integration: joining up care for people, places and populations; HM Government \(Feb 2022\)](#)

⁶ [Health and Care Act 2022; UK Public General Acts 2022 c. 31](#)

The health and wellbeing, inequalities and disparities in Harrow

Healthy People

Children and Young People



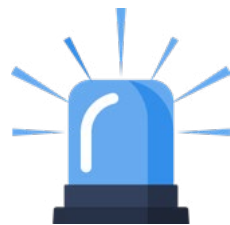
Over **40%** of young children have visible dental decay - a worse rate than in London and England

More than 2,000 children are referred to secondary mental health services each year - the mental health impact of the pandemic was worse than in adults

1 in 5 children are an unhealthy weight on starting Primary School, rising to 1 in 3 by Year 6

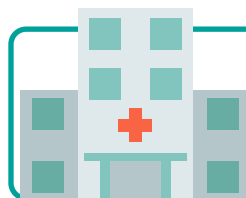
24 Adults

10% of residents have been diagnosed with diabetes



High rate of hospital admissions due to falls in older adults

C Breast, bowel and cervical cancer screening uptake is low



Over 200 hospital admissions for intentional self-harm in adults each year



Cardiovascular disease and cancer are the most common causes of death. Covid-19 has become the next most common.

Healthy Policy and Practice

31% of the total burden of ill-health is caused by **tobacco, hypertension, inactivity, alcohol, and obesity**



Almost 1 in 4 people aged 40-74 who are eligible for an NHS Health Check have received one

Coverage of many childhood **vaccinations** is below the London average

Most adults would be regarded as **overweight or obese** (BMI≥25)

Though smoking rates continue to fall, tobacco remains a major cause of ill health and early death



A third of adults are physically inactive (<30 mins activity per week) - among the worst in London

25

Healthy Place

H **More than 100** hospital admissions due to violent crime each year

Housing affordability and overcrowding are significant problems

8% of people cycle to work - nearly half the London rate

1 in 8 children live in families which are income deprived



Over 6% of deaths in Harrow are caused by particulate air pollution



28 large parks and other green spaces - green space is more limited in poorer parts of the borough



Almost **1 in 5** over 60s in are income deprived

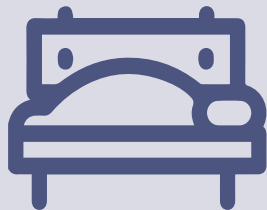


Healthy Inequalities

Poverty is a key determinant of health outcomes in Harrow - parts of Harrow are in the **most deprived 20% nationally**.



Harrow is culturally diverse with **most residents coming from an Asian or Black background**. Many health outcomes are linked to ethnicity.



People in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow. Those with significant vulnerabilities, such as rough sleepers, may die much younger still.

Encouraging community participation and control

The focus of the health and wellbeing strategy is to react to the health and wellbeing needs of the Harrow community. The Joint Strategic Needs Assessment is the key evidence base for collecting these needs.

The needs will include those that are easily quantified and those which are expressed through narrative with residents and patients directly.

As a key enabler of the strategy, the JSNA will need to continue to reflect the needs of Harrow residents. The JSNA will become the building block of a positive relationship with communities and will ultimately strengthen trust with the community.

As a system we have learnt a great deal from our engagement with communities during the pandemic, especially valuing the reach that our residents and community organisations have into our borough, to give communities a voice.



This has also led to us talking and engaging on health and wellbeing matters, and wider issues, with communities we had not previously heard from. We wish to build on this learning and experience, to further develop and strength our community-based approach.

Engagement and communication is a specific programme within the Health and Wellbeing Strategy, understanding the motivation of individuals and communities will enable more meaningful engagement, which in turn will help create community led initiatives to improve the health and wellbeing.

Our approach to developing this strategy and priorities

A range of partners across Harrow have contributed to this strategy, to support identifying priorities and the actions that will be taken to address these challenges.

This includes from across the Harrow Borough Partnership, as well as residents and communities that we have heard from during the engagement process.

The next section sets out the importance of each priority for Harrow, as well as the key actions that will be taken and how we will measure whether we know these actions are having impact.

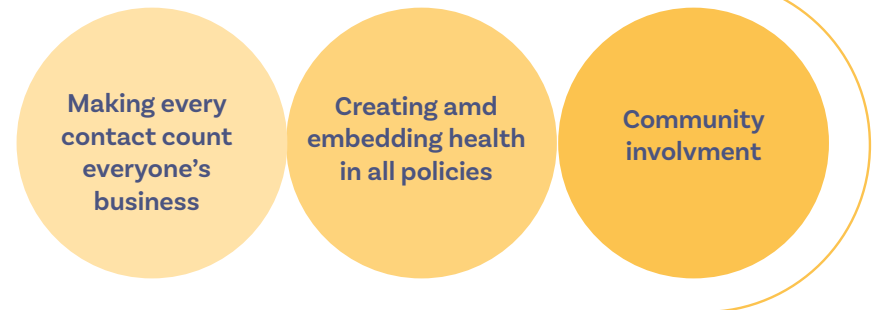
This strategy will focus on the building blocks of good health, preventing ill health, and improving health and wellbeing through main three domains and nine priorities:

Healthy Harrow

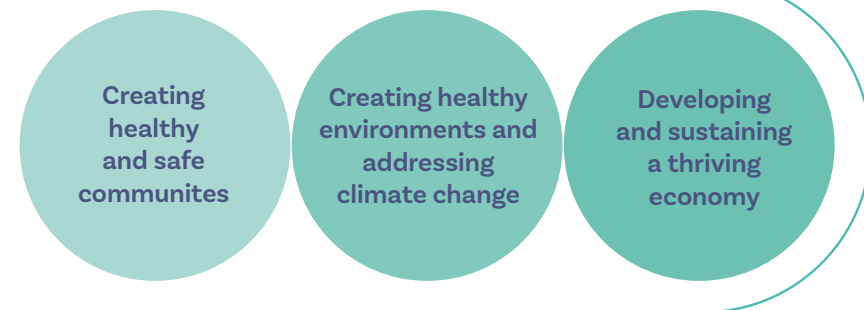
1 Healthy People



2 Healthy Policy & Practice



3 Healthy Place



1. Healthy people

Priority Start well by giving every child the best start in life

Transition to parenthood and the first 1000 days from conception to age two is widely recognised as a crucial period that will have an impact and influence on the rest of the life course, where the foundations of a child's development are laid. So giving each child the best start in life and keeping them safe is essential. The negative impacts that experiencing adverse events in childhood can have on a person's neurological, emotional and social development are now well documented. Some of the determinants that influence and drive this include poverty, the environment, education, the communities we live in and the support available to children, young people and families.

Children and Young people aged 0-19 years make up around a quarter of the population of Harrow, and those 0-4 years making up the largest proportion within this group. **This population will continue to grow over the next 10 and 20 years** ⁸ **reasing by 4% and 9% respectively.**

Inequalities exist across the borough. Infant mortality, neonatal mortality and

perinatal mortality rates have come down in recent years, but the key risk factors that still need to be addressed in Harrow include reducing children in poverty; reducing homelessness in families with children and in pregnant women; reducing overcrowding; reducing late antenatal booking; and increasing vaccination rates by 1 year of age. Additionally, children or young people being cared for by the local authority often experience inequalities such as higher rates of mental health problems and unemployment.

The rate of tooth decay in young children is higher than the London average.

This is amenable to preventative action to reduce pain, discomfort and need for tooth extraction under anaesthetic. The MMR (measles mumps and rubella) immunisation level does not meet recommended coverage (95%), by age two, 82.3% have had one dose. Harrow's rate of A&E attendances for children four years and under remains higher than the regional average. Our HAY Harrow survey revealed that some of our young people are struggling with emotional wellbeing and poverty, having a direct impact on their mental health.

Who will have oversight for this?

Harrow Safeguarding Children Board | Children and Young People Integrated Health and Care board

We have committed to:

- Work together to ensure that children and families are safe
- Develop models of care for children and young people that meet their needs and focuses on early support and prevention
- Ensure that schools, health and social care develop stronger working partnerships
- Ensure that physical activity is promoted in all children and young people's settings
- Address challenges that families in Harrow are experiencing through closer working with families & communities in Harrow.

Some of the indicators we will measure are:

- Percentage of children 5 and under with visual obvious tooth decay
- Rate of children deemed to be school ready by age
- Rate of A&E attendances for children under 4
- Uptake of childhood immunisations
- Hospital admissions for mental health conditions
- Proportion of children overweight or obese in reception and year 6
- Percentage of care leavers in suitable accommodation or not in education, employment or training.

⁷ [Fair society, Healthy Lives: The Marmot review 2010](#)

⁸ [Adverse Childhood Experiences in London, Greater London Authority, 2019](#)

1. Healthy people

Priority Live well - Healthy Adults of all ages

The behaviours that can maintain and protect health and wellbeing can be most easily set at an early age. However, adults of all ages may become concerned with their health and wellbeing, therefore embedding and encouraging healthy behaviours among our communities and residents is necessary to preventing the risk of people developing disease and becoming unwell.

In certain communities and parts of Harrow, **smoking rates are twice as high as the average across the Borough. Only 6 out of 10 adults in Harrow do enough physical activity each week, and this lower than the London and national average.** Addressing the building blocks of good health alongside this, such as employment, education and housing, is also critical. These factors are considered in healthy policy & practice and place domains.

The focus of mental health work is to keep Harrow residents feeling good and functioning well. We know that **over 30,000 residents aged 16 or over have**

common mental health disorder (e.g. anxiety or depression) The partnership is encouraged to focus on the prevention of mental health issues, working with key stakeholders to ensure it is embedded across the system. This includes addressing factors such as raising awareness and anti-stigma campaigns, as well as supporting people with mental health problems to stay well.

When residents need more support, it is not usually unforeseen, and it is crucial to appreciate and react to those risks that threaten the ability of people to live independently. The role of carers is of paramount importance in this space, understanding, supporting and valuing the role of carers is an important training need for all our staff. To appropriately engage with residents will help to define their choices and give them control over their services, having access to new technology may also support this. To increase quality of life, we must increase resilience and our services and support need to be there at the right place and time.

Who will have oversight for this?

Health and Wellbeing Board | Harrow Borough Based Partnership Joint Management Board | Adult Social Care Governance

We have committed to:

- Embed approaches that focus on people's strengths and community assets
- Provide a range of preventative services that focuses on the health & wellbeing of our population, especially those impacted by health inequalities
- Support access to physical activity opportunities for people who do little exercise
- Develop models of care that better support managing long-term conditions
- Develop and improve our ways of working together to address the mental health and wellbeing needs of residents.

Some of the indicators we will measure are:

- Percentage of eligible people receiving an NHS Health Check per year
- National screening programme coverage rates
- Percentage of residents using physical activity programmes
- Percentage of people setting a quit date and successful quitters
- Vaccination and immunisation rates by vulnerable cohorts
- Emergency hospital admissions for intentional self-harm

⁹ [Prevention is better than cure: our vision to help you live well for longer; HM Government](#)

1. Healthy people

Priority Age well - Promoting Health Ageing

The population of Harrow is growing and aging. **By 2041, there is expected to be a 38% increase in people aged 65 and over in the borough.** This will continue to put sustained pressures on services across the system.

As people age, there is an increased risk of frailty and falls, a higher prevalence of dementia and other long-term conditions, and a greater need for carers and the subsequent support needs for the carers themselves. In Harrow, there is a prevalence of dementia of just under 4% for those aged 65 and over, and in 2020/21, **2,380 people were admitted to hospital due to falls. Around 10% of people aged over 65 live with frailty, which can lead to a greater reliance on health and care services.** The NHS Long Term Plan¹⁰ set out plans to deliver models that identify and provide proactive support to older people living with frailty in the community.

O The last census in 2011 identified **4,700 unpaid carers in Harrow.** This figure is likely to be much higher. Carers play a major role in supporting an aging population and those managing complex and long-term conditions, reducing demand on health and care systems.

Who will have oversight for this?

Health and Wellbeing Board | Harrow Borough Based Partnership Joint Management Board | Adult Social Care Governance

We have committed to:

- Embed approaches that focus on people's strengths and community assets
- Increasing volunteering and engagement activities to increase social inclusion and reduce social isolation
- Support carers and their cared for in specific areas such as stress and coping with dementia.
- Improving the coordination of services for residents when leaving hospital or supporting people in the community to avoid a hospital admission
- Develop a frailty model that meets the needs of older people who are at highest risk of poor outcomes such as falls, disability, admission to hospital, or the need for long-term care
- Enable better coordination between health and care for End of Life care provision.

¹⁰ NHS England - [The NHS Long Term Plan](#)

¹¹ OHID - [Fingertips profile](#)

Addressing social isolation is an important part of ageing well. **1 in 5 adults in Harrow feel lonely at least some of the time¹¹.** Evidence shows that loneliness leads to greater pressure on public services through increased GP visits, longer hospital stays, increased likelihood of entering residential care and the costs of associated conditions such as depression and diabetes.

When people need extra support, whether that be on leaving hospital following an admission or struggling to cope in the community, intermediate care services provide support for a short time to help people recover and increase their independence. We know that there is a fragmented intermediate care service offer in Harrow, leading to poor communication between these services, with people ending up in long-term care even when it could have been prevented. Monitoring who dies and where is important in delivering high quality palliative and end of life care. Harrow has relatively high proportions of people dying in hospital aged 65 and over, when compared to some London Boroughs. More can be done in Harrow to support better understand the needs for palliative care in the borough, integrating services and making sure people are dying in the preferred place of death.

Some of the indicators we will measure are:

- Hip fractures in people aged 65 and over
- Adult social care users and carers who reported that they had as much social contact as they would like
- Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement or rehabilitation services
- Percentage of people dying in their preferred place of death
- Percentage of adults who feel lonely often / always or some of the time
- Number of citizens reporting positive experience of care.

2. Healthy Policy and Practice

Theme Making Every Contact Count everyone's business

Across Harrow, people in our poorest neighbourhoods are dying around six years earlier than people in the wealthiest areas. Many of the reasons for this premature mortality are entirely preventable.

The interactions that our staff and partners have with residents, friends and family are opportunities for us to understand our resident's motivations and be able to support them make choices that will reduce premature mortality, should they want to discuss it. Making every contact count (MECC) is an evidenced approach to behaviour change to enable these supportive conversations to take place. MECC in Harrow will bring together the resources for some of the most relevant areas in Harrow and offer a training package and approach for all partners to utilise. The resources will be packaged concisely, and training will be brief with an associated evaluation framework.



Who will have oversight for this? Live well - Healthy Adults of all ages

Health and Wellbeing Board | Harrow Borough Based Partnership Joint Management Board

We have committed to:

- Identifying which communities and neighbourhoods within Harrow that would benefit from the MECC programme through a population health management approach
- Working with the community and voluntary sector to embed the MECC approach
- Developing MECC training for the Harrow workforce, as well as community groups
- Ensure the prevention behaviours learnt during COVID are not forgotten to minimise the impact of future infectious disease outbreaks.

Some of the indicators we will measure are:

- To monitor the number of participants for the MECC training programme
- Number of staff trained on MECC approach
- Number and percentage of positive evaluations received for the MECC application in resident facing roles.

2. Healthy Policy and Practice

Theme Community involvement and engagement

Community involvement and engagement is more than consultation.

Involvement and engagement is to systematically highlight the known issues to the communities that they matter to the most, to explore motivations and barriers and to create ownership and enable residents to take some control in their health and wellbeing choices.

Health and Care partners will need to initially coordinate this activity, based on the priorities arising from the JSNA and to initially propose which issues are most appropriate to approach the community with.



Who will have oversight for this?

Health and Wellbeing Board

We have committed to:

- Produce a systematic basis for engagement topics and corresponding schedule of involvement and engagement themes with the community
- Identify who are broad and specific stakeholder groups are and ensure an appropriate level of engagement
- Access to venues and resources (e.g. Children's Centres, Family Hubs, Drop-In Cafes)
- Encouraging volunteering - including micro-volunteering, working as and with local employers
- Joining up support in the community (e.g. around CAB and debt support)
- Prioritising and investing long-term in what we have (JOY social prescribing platform and other digital transformation).

Some of the indicators we will measure are:

- Our broader engagement reach across Harrow communities
- Specific resident feedback through events, engagement and digital opportunities
- Feedback from resident's survey
- Case studies collated as part of the engagement approach to involvement of communities.

2. Healthy Policy and Practice

Theme Creating and embedding Health in All Policies

The Health and Wellbeing Strategy outlines a wide range of determinants (building blocks) of health and wellbeing including education, housing, transportation and economic productivity. Each of these building blocks of health will have separate policies directing their activity, and as such, it is important that these policies all demonstrate an understanding on how they can positively impact health and wellbeing. This concept is referred to as Health In All Policies (HIAP).

The Health and Wellbeing Strategy crosses many organisational boundaries. Each Health and Wellbeing member organisation will ensure that the strategy, aims, and principles are reflected in their own Corporate Objectives.

Core20PLUS5 is an approach and policy to support the reduction of health inequalities at both national and system level. It is an example of a 'Population Health Management' (PHM), to improve the population's health by data-driven planning and delivery of proactive care to achieve maximum impact. Core20PLUS5 defines a target population cohort and identifies '5' focus clinical



areas requiring accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. The target population cohort is focussed on the most deprived 20% of the nation's populations, plus any specific local needs identified locally in Harrow. Embedding a PHM approach will support tackling inequalities through a whole population approach.

Who will have oversight for this?

Health and Wellbeing Board

We have committed to:

- Embed a health in all policies approach throughout the system
- Supporting staff to understand how they can influence health and wellbeing through their policies
- Agree and standardise the approach to Health Impact assessments throughout the borough
- Support the delivery of Core20PLUS5 programme through primary care
- Embed Population Health Management as an approach across the system.

Some of the indicators we will measure are:

- Examples and case studies of HIAP in practice and impact
- Reach, effectiveness, adoption, implementation & maintenance of the policy
- Number of staff that have attended or engaged with HIAP training and resources
- Evaluation of how effective staff groups feel a HIAP approach is
- Core20PLUS5 impact across 5 focus clinical areas.

3. Healthy Place

Theme Creating healthy and safe communities

The building blocks that lead to healthy and safe communities include quality housing, work, our friends, family and social community networks.

Harrow has around 60% of residents from Black, Asian and multi-ethnic backgrounds and a fast-growing Eastern European community. This makes it a hugely diverse borough, which benefits from positive levels of community cohesion. The relationships built through our conversations and engagement on responding to the pandemic will continue to be strengthened, as well as the focus on growing community cohesion through celebrating heritage in the borough and visibly supporting our communities' continued integration and values. There is strong evidence supporting community-centred approaches to improve the health and wellbeing of communities. Harnessing these strong networks and communities should be a focus in supporting the creation and development of healthy and safe communities. In Harrow, housing affordability is a significant problem, **whilst 1 in 8 children live in families that are income deprived.** Good

quality housing can have an impact on preventing disease, increasing people's quality of life, reducing poverty and helping to mitigate climate change.

There is clear evidence that good work improves health and wellbeing across people's lives, not only from an economic standpoint but also in terms of quality of life. Living and working in an environment that you feel safe, supported and connected to creates a culture that allows physical and emotional health to flourish. Workplaces in Harrow, from anchor institutions to small and medium enterprises, play a role in supporting their workforce to enable this.

Harrow remains one of the safest boroughs in London but there is still much to do to bring down crime levels and improve community safety. Everyone should feel safe within the borough and our town centres throughout the day and at night. Children and young people should be able to grow up safely and without fear of abuse or exploitation.

Who will have oversight for this?

Safer Harrow Partnership | Health and Wellbeing Board | Harrow Borough Based Partnership Joint Management Board

We have committed to:

- Supporting events that encourage and continue integration among our communities
- Promoting good physical and mental wellbeing in the workplace
- Committing to increasing the quality of new and existing affordable homes
- Developing a refreshed community safety strategy
- Developing and building the capacity and leadership of community groups in Harrow to support them to address the issues that matter to them.

Some of the indicators we will measure are:

- Number of households in temporary accommodation
- The number of rough sleepers in the borough, based on the rough sleeper's survey
- Number of community champions recruited and their impact on local communities
- Number of staff wellbeing champions recruited
- Residents perceptions around community cohesion
- Crime and fear of crime levels in Harrow
- Number of staff reporting satisfaction in their work.

¹² [A guide to community-centred approaches for health and wellbeing; Public Health England; 2015](#)

¹³ [World Health Organization. WHO housing and health guidelines. Geneva: World Health Organization; 2018.](#)

¹⁴ [Good Work: The Taylor Review of Modern Working Practices](#)

3. Healthy Place

Theme Creating Healthy environments and addressing climate change

The environment we live in is one the building blocks for a healthy life. Thriving green spaces that afford access to nature and allow physical exercise help to protect our mental health and encourage us to be more active.

Climate change, which is closely linked to changes in land use and a major decline in biodiversity within the UK and abroad, is affecting many aspects of our lives. These include threats to public health and food supplies from extreme weather events such as heatwaves and flood, local air quality impacts from fossil fuel transport emissions, and increases in energy costs associated with finite supplies of oil and gas, which are forcing more people into fuel poverty. It is clear that we all need to live in a more sustainable way, which will also enable significantly improved public health outcomes.

35

Who will have oversight for this?

Climate Change and Sustainability Board

We have committed to:

- Embed the health impact assessment approach for all major developments
- Develop and implement a new waste management strategy
- Audit public owned land to identify suitable sites for planting initiatives and opportunities to increase biodiversity
- Address issues such as fly-tipping, improving parks, toilets, lighting, communal spaces for engagement
- Expand the electric vehicle public charging infrastructure in the borough.



Some of the indicators we will measure are:

- Borough wide CO2 emissions, particularly those associated with fossil fuel transport within the borough
- Recycling rates and reductions in residual waste volumes
- Biodiversity and new areas of habitat created in Council parks and open spaces
- Visitor numbers to parks and open spaces
- Improvements in air quality
- Number of council homes retrofitted to deliver energy efficiencies and affordable warmth.

3. Healthy Place

Theme Developing and sustaining a thriving economy

A thriving economy, as well as money and resources available for local people are a key building block to good health. There is strong evidence that:

- poverty and deprivation have a detrimental impact on health, with residents living in poorer areas dying years earlier than residents in wealthier areas;
- poorer health of our residents has a negative impact on the economy, affecting productivity and therefore economic growth¹⁵

The pandemic has exacerbated unemployment and poverty among Black, Asian and multi-ethnic residents, young people, families, and disabled people, particularly in the most deprived areas. We recognise this challenge and want to work with residents to improve their social mobility by breaking down barriers to learning, training and employment.

 Harrow's residents experience a difference in earnings, with **those working in**

the borough on average earning £519 per week and those working outside of the borough earning £727. Economic activity among Harrow's male population (86%) is higher than the London average (83%). However, **economic activity among the female population (72%) is lower than the London average (76%).**

Our ambitions in creating 15-minute neighbourhoods across the borough is to help high streets and independent businesses flourish and prosper, making it easier for residents to live, work and enjoy their local surroundings. This localised approach will enable the borough to deliver improved air quality, more liveable neighbourhoods, improved accessibility to town or district centres and increased opportunities for active travel – reducing reliance on car journeys. These improvements will deliver healthy streets, improve access for disabled people, and facilitate a balanced use of our town centres between retail, employment, living accommodation and leisure.

Who will have oversight for this?

Harrow Council Economy and Culture Service | Economic Strategy Steering Group | Economic Strategy Stakeholders Group

We have committed to:

- Stimulate the growth of businesses in Harrow
- Work with partners to develop high street action plans
- Promote Harrow as a place to live and work
- Reduce digital exclusion
- Support stakeholders, SMEs, and the voluntary sector to provide apprenticeships and training opportunities
- Facilitate the entry of young people into the labour market
- Work with partners to sustain our high business survival rates, support business growth and raise local earning levels for Black, Asian and Multi-Ethnic residents.

Some of the indicators we will measure are:

- The survival rates of businesses relative to the London average
- Number of new jobs created
- Percentage of residents earning London Living Wage
- Percentage difference of Harrow and London Claimant Count
- Percentage of young people (aged 16-17) Not in Education, Employment or Training (NEET)
- Percentage of Harrow residents with access to full fibre
- CO2 emissions (tonnes per Capita).

¹⁵ [Nobody left behind: Maximising the health benefits of an inclusive local economy; Local Government Association; 2019](#)

Supporting our commitments into action

To deliver on the actions within this strategy requires a shift to a system wide commitment and approach to address the health and wellbeing of the Harrow population.

The Harrow Health and Care Executive and Joint Management Board, including representation from the community and voluntary sector and all statutory organisations in Harrow, came together to consider some of the longer-term action required to achieve this system wide commitment.



- **Relating and communicating**
- **Leading and visioning**
- **Delivering**

Each area of focus was discussed by all participants attending, and a summary of some of the key actions that need to be delivered on is in the highlighted box. Many of the actions focussed around achieving system wide behaviour change overlap with the key actions

to enable the delivery of the strategy.

As a system, we will remain focussed around these key actions to achieve change. We will revisit these key areas of focus on an annual basis, and capture progress, including the barriers and facilitators to enabling these

A system leadership behaviours framework was used to develop a deeper understanding of the kinds of behaviours needed to enable effective system leadership across Harrow¹⁶.

The main areas of focus for the workshop discussions were around:

The key actions are:

- **Reviewing our collective approach to community engagement, including engaging people “where they are”**
- **Engaging with council departments and stakeholders across Harrow around our approach to ensuring health and wellbeing is part of everyone’s plans**
- **Improving the accessibility of support and services, including streamlining referrals, improving access to home-based support and aids, and putting services such as social prescribing into our acute hospitals**
- **Developing our approach to supporting and expanding Harrow’s voluntary and community sector as delivery partners**
- **Raising awareness of what exists already, across all communities**
- **Focussing on the next 6 months – what specific, “bite-sized” changes can we make and how will we ensure these are making a real difference to our communities?**

¹⁶ [System leadership behaviours framework, NHS Leadership Academy – North West](#)

The next steps in delivering this plan

We will develop a delivery plan, including actions and an outcomes framework to track our progress in delivering the strategy.

The delivery plan will be reported back to the Health and Wellbeing Board three times a year (e.g. Q1 – healthy people, Q2 healthy place, Q3 healthy policy and practice). As a system, we commit to

coming together annually to consider our approach for the following year.

Indicators linked to each of the domains will be aligned with the Harrow Borough Based Partnership outcomes framework.

We will monitor the progress and success of the overall strategy against the following overarching outcomes below:

Health and wellbeing strategy overarching indicators

CO

- Survey infant and child mortality deaths, and act accordingly to ensure rates do not increase
- Ensure that people can enjoy healthier, and more independent years of life by 2035, while narrowing the gap between the experience of the wealthiest and poorest areas
- Narrow the life expectancy gap between people in our poorest neighbourhoods and those in the wealthiest areas.
- Residents access the right care, in the right place at the right time (Measured by hospital admissions for people with long term conditions that may be avoidable)
- Survey and monitor mortality rates of people aged under 75 where deaths are considered preventable through effective public health and primary prevention.
- Increase community engagement in the implementation of the joint health and wellbeing strategy



Pledge from the Health and Wellbeing Board

We, the members of the health and wellbeing board, pledge to deliver this strategy, working in collaboration and partnership to achieve this.



North West London
Integrated Care Board



London North West
University Healthcare
NHS Trust



Central London
Community Healthcare
NHS Trust



Central and
North West London
NHS Foundation Trust



Glossary

Term	Description
3 conversations	an innovative approach to needs assessment and care planning. It focuses primarily on people's strengths and community assets
anchor institutions	the term 'anchor institutions' is used to describe large organisations, connected to their local area, that use their assets and resources to benefit the communities around them
building blocks of good health	a diverse range of social, economic and environmental factors which impact on people's health
Community assets	collective resources which individuals and communities have at their disposal
Community Champions	active community members who draw on their local knowledge, skills and life experience to promote health and wellbeing or improve conditions in their local community
community resilience	sustained ability of a community to use available resources to respond to, withstand, and recover from adverse situations
community-centred approaches	an approach that mobilise assets within communities, encourage equity and social connectedness and increase people's control over their health and lives
Expert Patient Programme (EPP)	a peer-led self-care support programme for people living with any long-term condition, their carer and families
Harrow Borough Based Partnership (BBP)	brings together health, social care, wider Local Authority services and Harrow's voluntary and community sector, working alongside local communities to help the people of Harrow thrive; aspiring to improve health and wellbeing and reduce inequalities
Harrow Health and Care Executive	an operational committee attended by system leaders for Harrow Borough Based Partnership
Health and Wellbeing Board	a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government
Health Impact Assessment	a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups
Health inequalities / Health disparities	avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality which can include differences in: life expectancy, access to care, experience of care, access to jobs or quality housing
Index of Multiple Deprivation	a measure to classify the relative deprivation of small areas within the UK
Integrated care boards (ICB)	a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
Integrated Care System (ICS)	a statutory partnership of organisations who plan, buy, and provide health and care services in their geographical area. The organisations involved include the NHS, local authorities, voluntary and charity groups, and independent care providers

Term	Description
Joint Strategic Needs Assessment (JSNA)	a process by which local authorities and ICBs assess the current and future health, care and wellbeing needs of the local community to inform local decision making
Maternal Early Childhood Sustained Home visiting (MESCH)	a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes
Mental health concordat	an agreement that facilitates local and national action around preventing mental health problems and promoting good mental health
mortality rate	a measure of the number of deaths in a particular population
NHS Health checks	a health check-up programme for adults in England aged 40 to 74
population health management	improving population health by data-driven planning and delivery of proactive care to achieve maximum impact
Screening programmes	a type of secondary prevention that targets people to find out if they have a higher chance of having a health problem, so that early treatment can be offered, or information given to help them make informed decisions.
social prescribing	when health or care professionals refer patients to support in the community, in order to improve their health and wellbeing
social value	the difference an organisation or project can make to the community they are operating within
socio-economic deprivation	refers to the relative disadvantage an individual or a group experiences in terms of access and control over economic, material or social resources and opportunities
Tier 2 child weight management service	delivered by local community weight management services, that provide community-based diet, nutrition, lifestyle and behaviour change advice, normally in a group setting environment



Healthy People

theme	Commitment in published HWB strategy	Delivery plan, what we are doing:	Owner	By when	Measure
Start well: giving every child the best start in life	work together to ensure that children and families are safe	Implementation of all strategies relating to violence against women and girls, youth offending and adolescent safeguarding. New Multi Agency Safeguarding Hub building and front door at Gayton Road to include additional service co-location of the homelessness and adult safeguarding teams.	Director of Children's Services & Adult's and Children's Safeguarding Boards	March 2024 Mobilised by May 2023	Implementation of strategy and delivery plan Hub operational & examples of improved partnership working
	develop models of care for children and young people that meet their needs and focuses on early support and prevention	Upgrade the Council's 10 Children Centres into Family Centres, which will deliver more integrated services for residents which includes early years and health. Widening the social work offer and supporting the first 1000 days	Director of Children's Services	CYP integration plan for family hubs - March 2024	Project deadlines met Reach of family hubs Demand of Children in Need, Children with Protection plans & Children looked after
	address challenges that families in Harrow are experiencing through closer working with families & communities in Harrow	The Community Champions maternity workstream will deliver a community centred approach to addressing health inequalities. This will include a commissioned community provider addressing agreed priorities within community groups that are often less engaged with. Through our community connections there is also the opportunity to work in partnership to identify other groups that can support reaching out to these communities.	Borough Based Partnership	Community champions maternity project to mobilise by summer 2023	Project deadlines met Community reach
	ensure that schools, health and social care develop stronger working partnerships	Deliver an additional 4 GOLD level healthy schools and 5 GOLD level healthy early years settings, supporting the development of whole school approaches Continue to hear the voice of children and young people, including the How Are You Harrow survey, with a focus on how we are responding to issues raised as a system.	Director of Public Health	April 2024 through 2023/24	number of schools signed up to healthy school and early year approach Feedback from children and young people
	ensure that physical activity is promoted in all children and young people's settings	The Street tag programme will continue to target improving walking and cycling levels of children and young people and families. There are plans to trial a leader board to target those children and families on low incomes All schools are encouraged to develop travel plans to promote and encourage safe, active and sustainable travel on the school journey, using the TFL STARS accreditation programme	Director of Public Health Communities Directorate	targetted approach - by Summer 2023 through 2023/24	% of schools actively participating and number of people collecting tags around the borough Active travel journeys to school
Live well: Healthy Adults of all ages	embed approaches that focus on people's strengths and community assets	Move towards strength and asset based social care practice, increasing visibility in the community, through a reflective based learning and development approach Transform our neighbourhood resource centres into true adult social care and well-being hubs. Conversation café to be delivered via a range of models, to reach out to residents and focus on people's strengths and community assets	Director of Adults Social Care	March 2024 March 2024 April 2023 and beyond	Citizens transitioning to the long term service / citizens being seen by social care services Workplan and agreed timelines in place Conversation café engagement with residents
	provide a range of preventative services and approaches that focuses on the health & wellbeing of our population, especially those impacted by health inequalities	Re-model delivery of health checks to include taking a Population Health Management approach to target people whose uptake of the health checks offer is low, consequently having an impact on health outcomes. Re-introduce a tobacco alliance to address tobacco control issues across Harrow (e.g. Shisha use, high smoking levels in some communities)	Director of Public Health	March 2024 March 2024	Health check invites/ uptake / completed checks in targetted populations tobacco alliance in place with agreed workplan
	support access to physical activity opportunities for people who do little exercise	Create safe and secure cycle parking at Harrow on the Hill station, encouraging more active travel and healthier lifestyles. Development of a procurement specification for a new leisure contract for the Council's 3 leisure facilities, ensuring this includes targetting residents who would benefit from access Development of a new physical activity directory, including engagement and communication of the directory	Communities directorate	May 2024 August 2024 July 2023	Workplan and agreed timelines in place / % of residents cycling in Harrow Workplan and agreed timelines in place Dissemination and community engagement
	develop models of care that better support managing long-term conditions	Prioritise hypertension, taking a population health approach to ensure people with undiagnosed hypertension are identified, people are appropriately treated and managed in the community, avoiding the risk of cardiovascular events. This will be supported through: - an embedded prevention focus across all community and care pathways - community pharmacies taking more of an active role in identifying people with hypertension - primary care's management and treatment of their patients with hypertension - community champions raising awareness within their communities	Borough Based Partnership	Agreed workplan in place by May 2023 Further timelines to be determined from workplan	Gap between estimated and actual prevalence Patients with recorded hypertension treated to target
	develop and improve our ways of working together to address the mental health and wellbeing needs of residents	The Mental Health concordat, pledging the system's commitment to addressing mental health and wellbeing, signed by all partners Population health management approach taken to address variation in outcomes and experience of Young black men in inpatient mental health settings Training for staff included in the MECC approach focused on basic MH awareness	Director of Public Health and TBC	March 2024 Summer 2023 Autum 2023	Signed concordat workplan to address variation in outcomes of young black men - with a focus on prevention Number of staff trained in MECC
	g Health Ageing	To identify volunteering and engagement activities to provide older people with a greater social role and opportunity to share their experience with residents and staff. Opportunities will be voluntary roles within the community, and roles in scrutinising and advising working groups on service redesign.	Community Development and Social Prescribing roles supporting to develop understanding the needs of the community and what is currently being delivered. This will include a workshop to start the conversation across the partnership - with possible outcomes to include the development of a network / community of practice Mobilisation of a directory of services platform to identify and share what is available for residents	Director of Public Health / Voluntary and Community Sector	Workshop in March 2023 - followed by action plan Directory mobilising by Summer 2023
To acknowledge and support the feasible recommendations from the Carers strategy review. To support carers and their cared for in specific areas such as stress and coping with dementia.		Deliver on the key themes from the strategy including: - Identifying unpaid carers (focus in primary care) - reaching out to carers with appropriate and high quality information (e.g. refresh of the Harrow carers guide, accessible in a range of languages) - providing a robust infrastructure to support carers including commissioning training and development that focus on prevention of physical and mental - Carers have a voice and are involved in decisions and planning for their care	Borough Based Partnership / Director of Adults Social Care	targets in place up to 2026 (strategy 2023 - 26)	Number of carers / unpaid carers - recorded on GP Practice systems - identified in hospital - registered with Harrow Carers

Age well: Promoting

Intermediate Care and Social Care. To acknowledge and support the work mapping the integration of services for residents recovering from hospital treatment and manage their on-going care needs	Mobilisation of a fully integrated model of intermediate care, including the agreement of an MoU between Central London Community Healthcare and the local authority to provide a single management structure for the team. Resulting in an intermediate care coordination team, single point of access into the service and single assessment process.	Borough Based Partnership / Director of Adults Social Care / Central London Community Healthcare	Mobilised by April 2023; monitoring between April 23- March 24	Readmissions to hospital, and emergency admissions to hospital Citizens achieving their identified and agreed goals
To develop and deploy a comprehensive frailty model for Harrow, to identify those people at risk of falling and enable them to reduce their risk of further falls	A three-tier frailty model to be mobilised within primary care to support case-finding, care planning and managing deterioration and complex frailty. This will include development of a frailty dashboard to support applying a population health management approach when managing / planning for this cohort. Develop a partnership wide falls strategy and delivery plan, particularly focussed on evidence based preventative measures for falls.	Borough Based Partnership / Integrated Care Board	Mobilisation of service - COMPLETE (Feb 2023) Frailty dashboard completed by June 2023 Falls strategy completed by September 2023	Contract and performance meeting measures Completed strategy and action plan
To review End of Life Care provision in Harrow and enable better coordination between health and care services.	Quality improvement project to understand the palliative care cohorts that have multiple non-elective admissions - with the aim of developing a solution to address these issues. This includes NWL palliative care work to standardise the approach and seek feedback from	Integrated Care Board	September 2023	Non-elective admissions

Indicator	Unit	Period	Harrow						NWL value	London value	England value	Source
			Progress since 2019	Count	Value	Compared to NWL	Compared to London	Compared to England				
Harrow Health and Wellbeing Strategy Outcomes 2022-2030												
<i>HEALTHY PEOPLE - Start well by giving every child the best start in life</i>												
Achieving a good level of development at the end of Reception	Percentage	2021/22	→	2,158	70.4%	n/a	●	●	n/a	67.8%	65.2%	<i>Fingertips (OHID)</i>
1 ⁴⁵ 17 year olds not in education, employment or training (NEET) or whose activity is not known	Percentage	2021	→	109	1.9%	n/a	●	●	n/a	3.4%	4.7%	
Year 6: Prevalence of overweight (including obesity)	Percentage	2021/22	→	1080	39.6%	n/a	●	●	n/a	40.5%	37.8%	
5 year olds with visually obvious dental decay	Percentage	2018/19	↑	n/a	42.4%	n/a	●	●	n/a	27.0%	23.4%	
A&E attendances (0-4 years)	Rate per 1,000	2019/20	→	15,150	849.1	n/a	●	●	0	787.7	659.8	
Dtap IPV Hib (2 years old)	Proportion	2021/22	↓	2,851	86.8%	n/a	●	●	n/a	87.2%	93.0%	
MMR vaccination for one dose (2 years old)	Proportion	2021/22	↓	2,684	81.8%	●	●	●	81.7%	79.9%	89.9%	
Hospital admissions for mental health conditions (<18 yrs)	Rate per 1,000	2020/21	→	40	66.7	n/a	●	●	n/a	61.3	87.5	

Significantly improved Better than comparator
 No significant change No significant difference
 Significantly worsened Worse than comparator

Indicator	Unit	Period	Harrow						NWL value	London value	England value	Source
			Progress since 2019	Count	Value	Compared to NWL	Compared to London	Compared to England				
Harrow Health and Wellbeing Strategy Outcomes 2022-2030												
<i>HEALTHY PEOPLE - Live well - Healthy Adults of all ages</i>												
NHS Health Check uptake (annually)	Percentage	2021/22	→	4,273	6.2%	n/a	●	●	n/a	5.8%	3.5%	Fingertips (OHID)
Bowel screening coverage	Percentage	2021	↑	23,163	61.4%	n/a	●	●	n/a	59.3%	65.2%	
Bi ₅ screening coverage	Percentage	2021	↓	15,046	55.3%	n/a	●	●	n/a	55.2%	64.1%	
Cervical screening coverage	Percentage	2021	→	32,527	56.5%	n/a	●	●	n/a	59.1%	68.0%	
Emergency Hospital Admissions for Intentional Self-Harm	Age standardised rate	2020/21	↑	220	89.2	n/a	●	●	n/a	82.7	181.2	
Smokers setting a quit date	Rate per 100,000	2019/20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3,173	3,512.0	
Smokers that have successfully quit at 4 weeks	Rate per 100,000	2019/20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1,665	1,808	
COVID (booster) vaccination	Percentage	2022/23	n/a	133,723	48.0%	●	●	●	42.0%	n/a	n/a	WSIC
Flu vaccination	Percentage	2022/23	n/a	66,731	42.0%	●	n/a	n/a	33.0%	n/a	n/a	WSIC
Percentage of residents using physical activity programmes	Percentage											

Significantly improved Better than comparator

 No significant change No significant difference

 Significantly worsened Worse than comparator

Indicator	Unit	Period	Harrow						NWL value	London value	England value	Source
			Progress since 2019	Count	Value	Compared to NWL	Compared to London	Compared to England				
Harrow Health and Wellbeing Strategy Outcomes 2022-2030												
<i>HEALTHY PEOPLE - Age well - Promoting Health Ageing</i>												
47 Hip fractures in people aged 65 and over	Age standardised rate	2020/21	→	175	396	n/a	●	●	n/a	428	529	Fingertips (OHID)
Social isolation: Adult social care users who have as much social contact as they would like (18+)	Percentage	2019/20	→	1180	40%	n/a	●		n/a	43%	46%	
Percentage of people dying in their usual place of residence	Percentage	2021	n/a	859	47.5%	n/a	n/a	n/a	n/a	48.0%	54.7%	
Percentage of adults who feel lonely often / always or some of the time	Percentage	2019/20	n/a		22.8%	n/a	●	●	n/a	23.7%	22.3%	
Older people (65 and over) still at home 91 days after discharge from hospital into rehabilitation services	Percentage	2021/22	n/a	489	85.6%	n/a	●	●	n/a	85.1%	81.8%	WSIC
Citizens and staff reporting positive experience of care	New metrics - Starting reporting in 2023 (currently no historical data available)										Harrow Council	

Significantly improved Better than comparator
 No significant change No significant difference
 Significantly worsened Worse than comparator

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Report for: Health and Wellbeing Board

Date of Meeting:	21 st March 2023
Subject:	Launch of Our Way Forward: Strategy for London North West University Healthcare NHS Trust (LNWH)
Responsible Officer:	Simon Crawford, Deputy Chief Executive, London North West University Healthcare NHS Trust
Public:	Yes
Wards affected:	All
Enclosures:	LNWH Our Way Forward Report LNWH Our Way Forward Health and Wellbeing Board Supporting Slides

Section 1 – Summary and Recommendations

Executive Summary

Our Way Forward will shape LNWH's work for the next five years, setting a clear vision for the future: to put quality at our HEART.

We started work on Our Way Forward in spring 2022. During its development, we had over 3,000 inputs from valued partners, patients, and colleagues: we can truly and proudly say it's been a real team effort.

Just as we've worked with you to develop Our Way Forward, we will only realise our vision by continuing to work together as a collaborative, as a sector, and as a system.

Over the next five years, we will put quality at our HEART by working together to:

1. provide high-quality, timely and equitable care in a sustainable way
2. be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers
3. base our care on high-quality, responsive, and seamless non-clinical and administrative services
4. build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities.

High-quality partnerships

Building effective and purposeful partnerships working relationships is needed to improve health of our communities. These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services.

Our sub-priorities for partnership working include:

- 4.1 Working with our partners to improve the quality of incoming referrals, discharge processes and support patients with mental health needs
- 4.2 Support the standardisation of best practice support services, training, care pathways and specialist services across the north west London acute provider collaborative
- 4.3 Support our partners to deliver their neighbourhood and placed-based health priorities
- 4.4 Explore and create mechanisms to communicate our quality of care to our local population

What this will mean for our partners:

- Improved clarity in our working relationships
- Improved access to our specialist expertise
- New levers and opportunities to improve care of our population
- Improved signposting to community services

What this will mean for our local authorities:

- Increased acute presence in place-based and neighbourhood team meetings
- More access to acute resource (e.g., data) to drive local authority health priorities

What else is changing

We have extended our definition of quality care from safe, effective and patient centred to include equity, timeliness and sustainability

We have taken a focus to improve our non-clinical and administrative support services. Over the years we have focused so heavily on clinical care that our supporting services and systems have fallen behind. This results in inefficiency and harms patient experience. We are committing to improving these services, improving the experience of both our patients and employees.

We will emphasise our role as an anchor organisation, including by supporting current staff and future recruits from our local communities grow and develop their careers at LNWH. For example, closer work with local education providers will offer additional routes to employment, reduce vacancies and support high quality care.

We look forward to working closely with you to deliver Our Way Forward.

Recommendations:

The Board is requested to:

Note and share the report.

Section 2 – Report

Our Way Forward Report is attached.

Our Way Forward summary slide pack is attached

Financial Implications/Comments

None

Legal Implications/Comments

The Health and Well Being Board's terms of reference include that 'The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes'

Risk Management Implications

Risks associated with delivering the strategy are managed by LNWH

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **Yes**

The relevant risks contained in the register are attached/summarised below.
No, strategy programme risks can be found in the strategy report

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

If no, state why an EqIA was not carried out. – information report.

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

Statutory Officer:

Signed by the Chief Financial Officer

Dawn Calvert

Date: 03/03/23

Statutory Officer:

Signed on behalf of the Monitoring Officer

Sharon Clarke

Date: 03/03/23

Chief Officer:
Signed by the Corporate Director
Senel Arkut
Date: 03/03/23

Mandatory Checks

Ward Councillors notified: No

Section 4 - Contact Details and Background Papers

Contact: Simon Crawford, Deputy Chief Executive, London North West University Healthcare Trust (simon.crawford1@nhs.net)

Background Papers: None

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | No |
| 2. Priorities | No |

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London North West
University Healthcare
NHS Trust



Our Way Forward

Strategy 2023 to 2028

This information in different languages and formats

The information in this report is available in large print by calling 020 8869 5118. If you would like a summary of Our Way Forward, please call 020 8869 5118 and state clearly in English the language you need, and we will arrange an interpreter to speak to you.

إذا كنت ترغب في الحصول على ملخص عن طريقنا إلى الأمام ، فيرجى الاتصال بالرقم 020 8869 5118 وذكر بوضوح باللغة الإنجليزية اللغة التي تحتاجها ، وسنرتب مترجمًا فورًا للتحدث إليك.

જો તમને અવર વે ફોરવર્ડનો સારાંશ જોઈતો હોય, તો કૃપા કરીને 020 8869 5118 પર કોલ કરો અને તમને જોઈતી ભાષામાં સ્પષ્ટપણે અંગ્રેજીમાં જણાવો અને અમે તમારી સાથે વાત કરવા માટે દુભાષિયાની વ્યવસ્થા કરીશું.

Jeśli chcesz otrzymać streszczenie Our Way Forward, zadzwoń pod numer 020 8869 5118 i jasno określ język, którego potrzebujesz, a my zorganizujemy rozmowę z tłumaczem.

ਜੇਕਰ ਤੁਸੀਂ ਸਾਡੇ ਵੇਅ ਫਾਰਵਰਡ ਦਾ ਸਾਰ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ 020 8869 5118 'ਤੇ ਕਾਲ ਕਰੋ ਅਤੇ ਤੁਹਾਨੂੰ ਲੋੜੀਂਦੀ ਭਾਸ਼ਾ ਅੰਗਰੇਜ਼ੀ ਵੱਲੋਂ ਸਪਸ਼ਟ ਰੂਪ ਵਿੱਚ ਦੱਸੋ, ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।

Dacă doriți un rezumat al Our Way Forward, vă rugăm să sunați la 020 8869 5118 și să precizați clar în engleză limba de care aveți nevoie, iar noi vom organiza un interpret pentru a vă vorbi.

Haddii aad rabto in la soo koobo Jidkayada Hore, fadlan wac 020 8869 5118 oo si cad ugu sheeg Ingiriisi luqadda aad u baahan tahay, waxaan kuu diyaarin doonaa turjubaan kugula hadlo.

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Foreword from our chair and CEO



I am proud to present **Our Way Forward**, a new five year strategy for London North West University Healthcare NHS Trust (LNWH).

LNWH is uniquely placed to care for our local population with a highly skilled and passionate workforce that truly represents our diverse communities.

Our Way Forward will play an important part in improving the health of our population, helping us deliver even better care locally and across the evolving north west London healthcare system.

Through our acute provider collaborative our research and education teams will take a leading role in sharing excellent practice in north west London and beyond, strengthening our ties to our wider healthcare system.

By placing **quality at our HEART**, we stand to create an organisation, a collaboration, and care system that delivers outstanding quality of care."

► Matthew Swindells
Chair



Our Way Forward does more than provide direction to outstanding. It sets out our commitment to our local communities, partners, and people.

We've listened to thousands of people – colleagues, patients, and partners – to develop **Our Way Forward**. In this spirit, the themes of co-creation, teamwork, and equity are deeply embedded throughout.

The feedback was clear: our healthcare professionals can only provide outstanding, life-saving, and sustainable care with the help of responsive, highly-skilled, and well-invested non-clinical services.

To do so, we need to become a high-quality, local employer that works in partnership with our wider health and social care colleagues.

I'm proud of the work our teams do every day, and I'm looking forward to putting **quality at our HEART**."

► Pippa Nightingale
Chief Executive



Introducing Our Way Forward

Our Way Forward is an ambitious strategy for 2023-2028.

We aim to:

- ▶ maximise the opportunities offered by working more closely with our NHS and social care partners across north west London, through the new integrated care system and acute provider collaborative
- ▶ build on the strengths that helped us through the acute phase of the Covid-19 pandemic
- ▶ shape how we meet the challenges we face now and in the future.

Everything has changed

Our world has changed since we last published our strategy in 2017.

Covid-19

The Covid-19 pandemic has left us with exhausted employees, patients who have been waiting longer for care, and patients whose needs have become more complex.

Our local communities were among those most affected by the first and second waves of the pandemic, which acutely demonstrated the terrible impact of health inequalities on real lives.

Yet at the same time, our teams responded with extraordinary dedication and, at times, inspiration. The pandemic massively

accelerated the transformation of care, from innovative treatments and research practices to the development of virtual wards and video appointments.

Less visible, but equally vital, was the strengthening of our relationships with our partners, and the empowerment of our front line.

A new board in common

In 2022, the four acute Trusts in north west London appointed a Chair in Common and established a single board in common as part of forming a new acute provider collaborative. It will strengthen our collaborative decision-making and help us to make the best use of our collective resources across all our boroughs.

The north west London acute provider collaborative

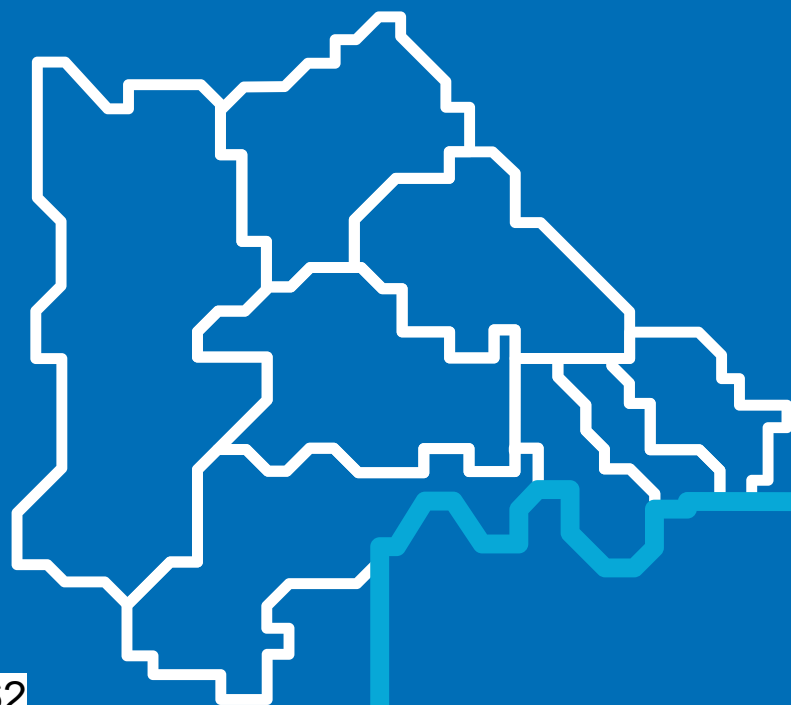
The north west London acute provider collaborative is a collaborative body between four NHS acute hospitals in our region:

- ▶ Chelsea and Westminster Hospital NHS Foundation Trust
- ▶ Imperial College Healthcare NHS Trust
- ▶ London North West University Healthcare NHS Trust
- ▶ The Hillingdon Hospitals NHS Foundation Trust

The collaborative aims to better equip the four trusts to face the challenges in our future, and to build an exceptional healthcare system.

We share seven collaborative principles:

1. a commitment to delivering a step change in quality and financial and operational performance across our system
2. a commitment to treat everyone fairly and inclusively
3. maximising the benefit of our collective resources by improving coordination and avoiding duplication
4. collective decision-making for the benefit of our patients, communities and staff
5. transparency of our data, information and decisions
6. a commitment to join up our strategies and planning
7. respect for the continuing statutory roles of our respective trust boards and councils of governors (in the case of foundation trusts).



A new system

The North West London Integrated Care System (NWL ICS) changes how all our NHS services are funded, are organised, and how they work together. We will work as part of the NWL ICS as it develops its new strategic priorities and creates new connections and opportunities across health, social care, and the wider north west London community.

Changing our strategy

Because of all this change, we've taken a dramatically different approach to the way we've produced our strategy in the past.

In particular, we have made crucial changes, including:

- ▶ expanding our definition of quality to include equity of access to care, sustainability and timeliness
- ▶ a greater focus on supporting our people, drawing on learning from the Covid-19 pandemic
- ▶ reflecting the feedback from our teams about the vital importance of non-clinical and administrative services running effectively and efficiently
- ▶ looking up and out from our own organisation to connect and collaborate more effectively with partners in our communities and work better together.

Harnessing change

With so much rapid change in our recent past, it has become ever more important to set out a new strategy for our future. Our new vision and objectives will offer a guiding light in an ever-shifting world and help us harness change in the interests of our colleagues and communities.

Co-creating our strategy

We put patient, community, partner and employee engagement at the heart of developing our strategy.

Over the six month process, we heard from:

- ▶ 2,314 employees
- ▶ 887 members of our local community
- ▶ 42 representatives of partner institutions.

We sought engagement from the very start of the process so that we could truly co-create our strategy, and we worked closely with our communities throughout the development and drafting process.

This engagement has taken place both face-to-face and online, including stakeholder forums, online workshops, and questionnaires available in seven languages.

The development of the strategy has been led and managed by eight employees seconded from roles right across the Trust, including doctors, nurses, allied health professionals, administrators, and management colleagues.

The process has been governed through a dedicated steering group including:

- ▶ operational, clinical, administrative, and corporate employee representatives
- ▶ leaders from partner organisations across our boroughs
- ▶ members of our local communities.





Building our strategy

We built our strategy in three phases, following best practice:

- ▶ **Diagnosis:** identifying both the critical challenges facing our organisation and what strengths we can build upon
- ▶ **Focused response:** designing an approach that best overcomes the challenges we identified in our diagnosis
- ▶ **Actions:** defining the objectives that represent our focused response, and the actions we need to take to achieve them.

This strategy is therefore supported by:

- ▶ detailed analysis that describes the context in which LNWH works
- ▶ insights from our engagement
- ▶ detailed action plans supporting each of our objectives.

This analysis is available separately at lnwh.nhs.uk/OurWayForward.

Read more about building our strategy in **appendix III, page 70**.

Forging a bright future

In Our Way Forward, we've considered our past, and the changes that are coming about as we write.

We've extensively researched the health and socio-economic reality of our communities and asked our patients and local people what they want most from us.

We've listened to our teams and colleagues on the issues that have a direct impact on their working lives and challenged them to work with us on exciting new answers.

Throughout, it embodies a belief and a promise: that by working together, we can forge a better future than we can working alone.



Our diagnosis

We're proud to offer truly excellent services in many areas. But we also recognise that everyone should be entitled to the same high standards of care, employment and opportunities that we offer when we're at our best.

Our diagnosis shows us where we are right now and sets out the socio-economic context that inevitably impacts the way we work.

Our communities

We serve about one million people, primarily in the boroughs of Brent, Ealing and Harrow.

Our communities are highly ethnically diverse: three in five people in our boroughs are from an ethnic minority background.

We also know that they experience health inequalities, both in outcomes and sometimes in service provision. These inequalities:

- ▶ are significant when compared with regional and national data
- ▶ affect our patients and people who may need our care in the future
- ▶ affect our 8,200 employees and their loved ones, many of whom live locally
- ▶ are not compatible with either the NHS's founding principles or our own HEART values, which include equity.

Health needs

Our communities have different health needs to other parts of London and the UK.

They have the highest diabetes and childhood dental decay prevalence in England, and diabetes disproportionately affects our Asian and Asian British communities.

Cancer is the largest cause of preventable mortality across our local boroughs, followed by cardiovascular disease.

Although other long-term conditions such as hypertension, depression, dementia and stroke are still prevalent, their incidence is lower in our local communities than the London or national average.

Health behaviours

Behaviours that influence health present several challenges for our local population: particularly obesity, alcohol and violence.

Ealing has the highest alcohol related hospital admissions in London, and Brent and Ealing have the highest hospital admissions per capita for violence, including sexual violence, in London and in the country.

While obesity incidence is below the London average, it remains prevalent in our local communities, with three in five adults and one in five ten-year-olds in Brent, Ealing and Harrow overweight or obese.

Fewer than one in twelve people smoke in Ealing and Harrow, while Brent is in line with the London and England average of one in nine people.

Wider determinants

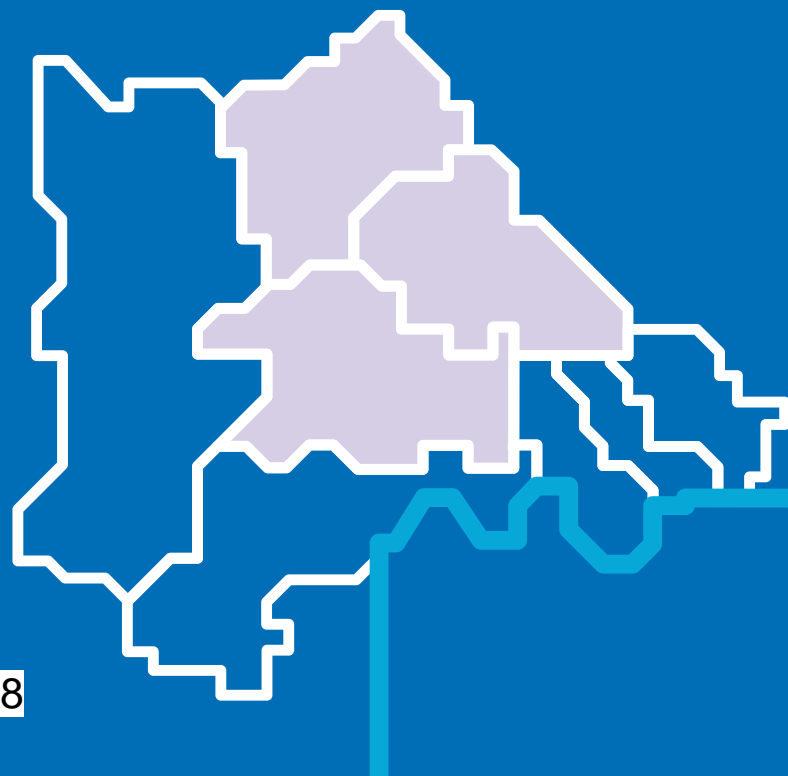
Our catchment area has some of the highest fuel poverty, homelessness and unemployment levels in the country.

In Brent, 17.3% of people experience fuel poverty, which is the sixth highest prevalence in London, while Ealing and Harrow are substantially above the national average.

Brent and Ealing have some of the highest prevalence of homelessness in London.

Three in ten people in Harrow and Brent are unemployed, with two of the highest unemployment levels in the country.

Data sourced from the Office for Health Improvement and Disparities Public Health Profiles^[1].



1: Office for Health Improvement and Disparities; Public Health Profiles. [online] Available at fingertips.phe.org.uk [Accessed 10 July 2022]

Our role

Our role is to provide acute care for our local communities. This includes working with local partners to support healthier, happier lives.

We must therefore prioritise the following areas:

- ▶ providing timely access to our services seven days a week
- ▶ sustaining core expertise and capacity in emergency care, diagnostics, paediatrics, maternity, and planned care, including cancer
- ▶ measuring and reducing inequities in our services.

Our pathways, and especially our emergency pathways, are a major touch point with our under-served communities, so we must work with partners to intervene and act on wider health determinants at these points.

Our people, skills, facilities, and scale mean that we can contribute more than just acute care. We have influence as a major employer, educator, research hub, voluntary hub, and a voice in our communities.

Our services

We must develop our services based on what our local population need and want. This means:

- ▶ offering timely access to diagnostics and planned treatments to reduce and eliminate long waiting times made worse by the Covid-19 pandemic
- ▶ supporting better prevention and management of long-term conditions, especially diabetes, dementia, chronic kidney disease, and respiratory and cardiovascular conditions
- ▶ supporting the diagnosis and treatment of cancers and cardiovascular diseases, which make up the leading causes of premature mortality in our communities

- ▶ developing effective pathways to support patients with mental health needs, both in an emergency and in the longer term, to address poorer physical health outcomes among people who have a mental health condition
- ▶ providing tailored access for communities that may be unregistered with other NHS services or are historically under-served
- ▶ meeting patient preferences for having access to the latest treatments and pathways, arranging follow-up appointments when patients need them, and organising tests and results during one visit wherever possible.



Our starting point

Our strengths

LNWH has many considerable strengths, and it is vital that we build upon these areas of excellence in determining how we can best contribute to our communities.

They include:

- ▶ the sheer volume of activity we deliver in caring for more than one million people every year
- ▶ some of the busiest emergency pathways nationally, as well as significantly sized planned care services with a range of complex specialist services
- ▶ the high quality of our care, along with the clinical skills and caring nature of our employees
- ▶ the significant diversity of our population and staff, offering deep connections with our communities
- ▶ an unusual breadth of skills, experiences, career and research opportunities
- ▶ our multiple sites, which allow us to tailor our services to reflect local community needs and develop centres of excellence
- ▶ our collection of nationally and regionally leading specialist services – notably St Mark’s Hospital, which has an international profile
- ▶ our strong teamwork, and the ambition of our teams to provide exceptional care for our local communities
- ▶ local partnerships with our communities: we strengthened our partnerships during the Covid-19 pandemic, and they continue to grow in momentum
- ▶ closer working within the north west London acute provider collaborative, which will influence the way we design and provide our services
- ▶ our forthcoming adoption of the Cerner electronic patient record, which will mean that all four acute trusts in north west London share one record and are better able to coordinate patient care.



Our challenges

Our employees most often cite workforce as our biggest challenge.

We know that:

- ▶ we have gaps in some specialist clinical and non-clinical skillsets among our employees that can affect our productivity and performance, and have affected the time we have available to make longer-term improvements
- ▶ we have ways of working, explaining decisions, digital systems, processes, and culture that can frustrate both patients and employees, and lead to weaknesses in how we can collect, analyse, and use the information we need
- ▶ our ability to recruit and retain colleagues and attract new people is affected by a range of factors, including burdensome ways of working and historic challenges to our reputation.

We must also be prepared to address other challenges, including:

- ▶ the legacy of Covid-19, with a triple impact of exhausted employees, many patients who have been waiting longer for care, and patients whose needs have become more complex
- ▶ historic challenges for our reputation, including our current CQC rating of requires improvement
- ▶ our financial deficit situation before the pandemic, including years of low capital investment. This has led to an aged estate and digital system limitations
- ▶ the need to strengthen the working relationships and collaborative systems outside of acute providers (such as primary care and community care)
- ▶ an exceptionally challenging environment: we expect no major increase in our resources, while at the same time facing the need to support pressures and associated health inequalities arising from climate change and the rising cost of living among our communities and our employees.

Many of these internal barriers are symptoms of a wider root cause. In the past, we have focussed on our strength in prioritising clinical care. We have, therefore, undervalued, and under-invested in supporting skills and systems that underpin modern healthcare. This leads to gaps in wider skills, inefficient processes, and the ineffective use of digital systems.

Extra investment is not enough. We need to change our culture to value these skills and processes in the same way that we celebrate clinical care, from high data quality, to booking and administration, to effective communication.





Northwick Park Hospital

i hello my name is
Clare
Staff Name

Our vision, values, and objectives

Our vision is **quality at our HEART** ♥

Quality...

Delivering quality means consistently meeting requirements and exceeding expectations.

We strive to deliver quality in everything we do – from the clinical care we provide to the support services and systems that underpin our care.

And in delivering high-quality clinical care, we mean services that are safe, effective, offer a good patient experience, are timely, equitable, and sustainable.

...at our HEART

By placing **quality at our heart**, everything we do as an organisation should further our ability to deliver quality.

This includes the people we hire, the skills our employees develop, the behaviours we celebrate, how we think and act, the investments we make, our systems and processes, and our organisational values.

Our vision also encompasses our HEART values, which were shaped and developed in 2017 by more than 2,500 employees as well as many patients.

Our HEART values are:

- ♥ **Honesty:** we're truthful, we're open, and we speak up
- ♥ **Equity:** we're kind and caring, we act with fairness, and we're understanding
- ♥ **Accountability:** we're professional, we strive for excellence, and we improve
- ♥ **Respect:** we're attentive and helpful, we're appreciative, and we act with empathy
- ♥ **Teamwork:** we involve others, we support our colleagues, and we set clear goals.

Our objectives

Our objectives set out how we plan to realise our vision. They offer our employees, partners and our communities clarity about what we will do.

We will provide high-quality, timely and equitable care in a sustainable way

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Quality at our HEART





Objective 1:

We will provide high-quality, timely and equitable care in a sustainable way

Improving quality is the core focus of Our Way Forward. We define quality through six attributes.

- 1. Safe:** we will avoid harming patients when providing the care intended to help them.
- 2. Effective:** we will achieve leading clinical outcomes by providing services based on scientific knowledge to everyone who could benefit from them and refraining from providing services to people who are unlikely to benefit (avoiding underuse, misuse, and unwarranted variation).
- 3. Patient-centred:** we will respect and respond to individual patient preferences, needs, and values and ensure that patient values guide all our clinical decisions.
- 4. Timely:** we will reduce waits and sometimes harmful delays for those who receive care.
- 5. Equitable:** we will provide care that is consistent in quality regardless of personal characteristics such as gender, ethnicity, disability status, geographic location, and socioeconomic status.
- 6. Sustainable:** we will avoid waste, including waste of equipment, supplies, ideas, time, talent, resources, money, and energy.



Our definition of high quality care

● **Safe, effective, and patient-centred** are taken from our previous definition of quality.

● **Timely, sustainable, and equitable** have been added to form our expanded definition of quality.

What we'll do

Digital care record

We will use our digital patient care records and systems to transform the quality of care we provide.

We will proactively lay the foundations for our services to thrive when the new electronic patient care record goes live in August 2023. After its launch, we will use our shared domain to develop innovative pathways across the acute hospitals in north west London with resulting benefits to quality and productivity.

Our pathways

We will make our planned care, cancer and emergency pathways work as efficiently and effectively as possible and strive for consistency across the north west London acute provider collaborative.

Caring for patients who need a hospital admission is at the core of what we do: we will provide this care in a patient-centred, safe, timely and effective way.

As one of the largest providers of emergency care in the NHS, we will build on our track record of innovation and continuous quality improvement. We will further develop our emergency pathways so that we can help people go home both swiftly and safely. This will include expanding triage and signposting services, same day emergency care

and virtual wards as appropriate alternatives to a hospital stay.

We will improve the speed with which our patients can access planned care and save them time with a smoother experience. We will do this by expanding:

- ▶ one-stop shops for cancer pathways, where patients can have several investigations and appointments at one time and in one place
- ▶ patient-initiated follow-up appointments, so patients with certain long-term conditions can access care when they need it, rather than an arbitrary scheduled point
- ▶ virtual ward early supported discharge, so patients who are well enough can recover at home sooner and more comfortably, while remaining under the care of our clinical teams.

We will also work with our partners to improve the quality of incoming referrals and discharge processes and support those of our acute patients who need mental health care.

Quality improvement

We will empower our employees to continuously improve our services and invest in comfortable, safe environments. We will build new ways for our employees to help us choose the quality priorities we focus on each year and create structures so that we are consistently using our resources to deliver these priorities.





Our sites

We must use all our sites to their full potential.

We will:

- ▶ make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- ▶ further increase the amount of low complexity planned care that we provide at Central Middlesex Hospital and offer better facilities for patients and employees
- ▶ refresh our site strategy for Ealing Hospital so we can improve its use by:
 - ▷ creating gynaecology and general surgery centres of excellence
 - ▷ expanding and re-configuring its emergency department
 - ▷ building strong links with the community diagnostic centre.

Combating inequity

We are committed to reducing the inequities that exist within our services. We will improve how we measure and identify them.

As this aim is shared by the other members of the north west London acute provider collaborative, we will explore ideas that we can develop in common. One example is exploring the creation of a Chief Equity Officer to define and put in place policies and ways of working that reduce inequities in all our services.

We will also support our local partner organisations in delivering their broader health priorities, as described later in this strategy.



Out of hours care

The care we provide outside core working hours is not always consistent, and this is referred to as unwarranted variation.

Our ambition to achieve seven days working is hard to achieve, given the current pressure on our colleagues and our financial constraints.

Therefore, we will lay the foundations for targeted seven days working by:

- ▶ identifying areas where the quality of care we provide varies out of hours
- ▶ proactively aligning local policies with seven-day working models.

We will deliver targeted seven day working in our services where the benefits to quality offer positive returns.

Sustainability

We will manage our money so that our services are financially sustainable. We will do this by:

- ▶ making our work more consistent and removing variation that doesn't have a justifiable cause
- ▶ continuing to make local efficiency savings by transforming our services and improving our use of resources
- ▶ delivering efficiencies of scale through the north west London acute provider collaborative for both clinical and non-clinical areas.

We will also improve the environmentally sustainability of our services through our Green Plan.



Goals and priority actions

Goal 1.1: We will make the most of our new digital care record (Cerner) to get the best from our services

We will:

- ▶ provide resources to ensure that both clinical and non-clinical services are prepared and engaged ahead of our Cerner launch
- ▶ deliver our Cerner implementation plan, with a launch in Autumn 2023, after which we will embed its use and make use of its long-term benefits
- ▶ make the best use of our shared electronic patient record to improve care and efficiency across the acute collaborative (see goal 4.2, page 52)
- ▶ advocate for Cerner capabilities that align with our definition of quality, including equity.

Goal 1.2: We will make our emergency and planned pathways work as effectively as possible, both locally and across the acute collaborative

We will:

- ▶ develop pathways that get people home as quickly and safely as possible, focusing on optimal triaging, same day emergency care, and using virtual wards as an appropriate alternative to admission
- ▶ create and enhance planned care pathways that improve our productivity, such as advice and guidance, targeted support for frailty, cancer one-stop shop services, and patient-initiated follow up appointments
- ▶ work with colleagues across the acute collaborative to standardise and consolidate pathways
- ▶ work with community partners to improve the quality of incoming referrals, discharge processes, and support mental health (see objective 4, page 49).

Goal 1.3: We will make best use of our estates to improve quality

We will:

- ▶ invest in rolling refurbishment so our facilities are safe and comfortable
- ▶ make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- ▶ develop Central Middlesex Hospital as a low complexity hub for planned care
- ▶ improve use of Ealing Hospital by creating gynaecology and general surgery centres of excellence, renovating its emergency department, and creating close connections with its local community diagnostic centre.

Goal 1.4: We will improve how we deliver continuous quality improvement and transform services

We will:

- ▶ create ways for employees to help choose our annual quality thematic priorities, and build processes to align and focus our resources on these priorities
- ▶ establish a quality management system (see [goal 3.3, page 45](#))
- ▶ empower our employees to deliver quality and transform services (see [goal 2.5, page 37](#)).

Goal 1.5: We will create tools, policies, and governance structures to reduce inequities in our services

We will:

- ▶ measure how the quality of our care varies by patient characteristics and make it easier to analyse across our data systems
- ▶ review how we identify and code patient characteristics such as learning difficulties and check that these processes are matched to best practice
- ▶ explore the creation of a Chief Equity Officer
- ▶ support our partners' broader health priorities (see [goal 4.3, page 53](#)).

Goal 1.6: We will reduce unwarranted variation in services out of hours

We will:

- ▶ analyse and highlight differences in quality out of hours – for example, for length of stay, readmissions, incidents, and patient experience
- ▶ including advocating for local payment variations
- ▶ make our local and system policies consistent with targeted seven day working, put in place targeted seven day working or hospital at night services, based on areas of greatest quality benefit.

Goal 1.7: We will achieve sustainability by delivering local and partner-working efficiencies

We will:

- ▶ support the north west London acute provider collaborative in standardising, automating, or consolidating support services across north west London (see [goal 3.3, page 45](#))
- ▶ our services and by making our pathways more efficient both locally and with our partners
- ▶ deliver financial sustainability through continuously improving and transforming our services and by making our pathways more efficient both locally and with our partners
- ▶ provide resources to deliver our Green Plan, prioritising actions which offer the highest combination of impact and feasibility.



Why we chose this objective

We chose this objective because:

- ▶ employees and patients both highlighted access to latest treatments and highest quality of care as being most important to them
- ▶ although we offer areas of real excellence, such as having some of the lowest mortality in the country, we are not consistent in the quality of care we provide
- ▶ despite recent quality improvements, our CQC rating remains requires improvement
- ▶ variable equity in our services unfairly affects our highly diverse population.

What it means for our patients and carers, partners and employees

Patients and carers

- ▶ Our patients will receive high-quality care when they need it, no matter what background they come from, what characteristics they have, or what day of the week they need our help
- ▶ Our patients may sometimes travel further as we create centres of excellence between our sites, but they will receive better quality of care.

Partners

- ▶ We will work with our partners to help patients access other kinds of support suitable for their needs when they come into contact with our services
- ▶ We will work more smoothly with colleagues in other acute trusts because of sharing one Cerner domain.

Employees

- ▶ Our employees will have access to improved information helping them to deliver the highest quality care and identify opportunities for improvements
- ▶ Our employees working at nights and on weekends will be better supported to deliver high quality care.

What it means for our pathways and sites

Our pathways

- ▶ **Emergency pathways:** we will get people home as quickly and safely as possible and provide excellent care when they need an admission by strengthening high-quality and responsive interventions
- ▶ **Planned care pathways:** we will see patients sooner due to high levels of productivity in our centres of excellence and through improved coordination of care
- ▶ **Maternity:** we will offer local people safe, personal, and high-quality maternity care
- ▶ **Specialist services:** we will maintain our existing specialist commissioned services, such as St. Mark's Hospital, and will invest in their continuous improvement as with other services.

Our digital services

- ▶ **Cerner:** we will make the most of the north west London Cerner electronic patient record both locally and through harnessing transformation across the north west London acute provider collaborative
- ▶ **Digital pathways:** we will expand our existing digital pathways, including outpatients and virtual wards, to deliver high-quality care in our patients' homes where safe and appropriate.

Our sites

Central Middlesex Hospital

- ▶ Sector hub for planned care, including the North West London Elective Orthopaedic Centre and other high-volume specialties like ophthalmology
- ▶ Continued investment as the home of St Mark's Hospital
- ▶ Focused site culture on timely, efficient, and exceptional planned care experience
- ▶ Outpatient activity aligned to planned surgical activity.

Ealing Hospital

- ▶ Better use of the site, including A&E, same day emergency care, and operating theatres
- ▶ Gynaecology and upper GI general surgery centres of excellence
- ▶ Shared pathways for mental health and homelessness
- ▶ Strong links to community diagnostic centre.

Northwick Park Hospital

- ▶ Major hub for emergency and critical care, cancer and specialist surgery
- ▶ Our main maternity and paediatrics centre
- ▶ Centres for excellence supporting shorter waiting times via one stop models
- ▶ Shared pathways with partners, such as for mental health and long-term conditions.





Objective 2:

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Our employees are our greatest strength. Without them, nothing in this strategy is possible.

All our work depends on having enough people who have the right skills and are empowered to apply them effectively.

We are deeply committed to improving our quality as an employer, something we must do urgently both to improve our colleagues' working lives and to support them in delivering high-quality services to our patients and communities.

All our people should feel a sense of belonging to Team LNWH and be empowered to grow their skills and careers throughout their time with us.

Because our employees are so important, issues with retention and recruitment are one of the biggest threats to improving quality. A survey among our teams and an analysis of employee exit reports revealed that the main causes of poor retention and recruitment issues were unrealistic work expectations, poor leadership, limited support in developing skills and careers, and bullying and uncivil behaviours.

What we'll do

Workforce planning

We will take active steps to mitigate the impact of NHS-wide workforce challenges on our employees. We will do this by developing a local workforce plan to set out both current and future staffing requirements for each of our services. We will use this plan for targeted planning purposes.

Wellbeing and support

We will improve our support services and make them more focussed on users, thus reducing avoidable demands on our employees.

We will also strengthen our existing wellbeing provision by delivering more evidence-based interventions and improving the environment in which we work.

Leadership

We will improve leadership at all levels of LNWH by establishing a leadership competency framework, aligned to a leadership development programme and a performance management framework.

We will explore creating a wellness budget mechanism, with the aspiration that team wellness is as well tracked and governed as a financial budget. We will also make it easier for leaders and managers to recognise and reward their teams and colleagues.

Development

We will offer stronger development for our employees and attract those that share our values. We will create a learning academy to coordinate and deliver high-quality professional development and talent management.

We will expand our apprenticeships for employees and partner with further education in our local communities. We will use apprentices to support our workforce planning.

Inclusivity and anti-racism

We will build an inclusive, anti-racist workplace. To do this, we will launch a culture change programme to better identify and combat racism, bullying and harassment at work. We will increase the resources available to deliver action plans from annual equality audits.

We will support collaboration between our staff groups to enhance actions around intersectionality (how race, disability status, class, gender, and other individual characteristics overlap and interact with one another).

We will follow best practices to eliminate bias in our recruitment and career progression processes.

Empowerment and values

We will empower our people to deliver quality and live our values. To achieve this, we will introduce a probation support programme, refresh the programme we offer to our new starters, and expand our quality improvement training. We will continue to embed our HEART values.



Goals and priority actions

Goal 2.1: We will support our employees' wellbeing

We will:

- develop our workforce plan to identify and deliver the right level of staffing for our services
- improve supporting processes and services to reduce avoidable demands for our people (see objective 3, page 41)
- refresh our wellbeing provision to offer more evidence-based opportunities and better support the wellbeing and health of our employees
- invest in environments that support wellbeing as part of our estates plan, such as team rest areas.

Goal 2.2: We will build high-quality leadership at all levels

We will:

- put in place a leadership competency framework that includes compassionate, inclusive, and anti-racist leadership, and align it to a new leadership development programme and leadership performance management framework, including improving succession planning
- create a mechanism to track our teams' wellness with associated reporting and governance, known as a team wellness budget
- create processes and ringfence funding for managers to recognise and reward their teams.

Goal 2.3: We will develop our employees and attract quality people who share our values into new and existing roles

We will:

- develop LNWH learning academy linked to a north west London education and professional development network (see goal 4.2, page 52) to coordinate and deliver high-quality professional development, digital skills training and talent management
- expand our apprenticeships for employees and partner with local communities to support workforce planning
- provide resource for a role redesign programme to embed and expand new roles.

Goal 2.4: We will build an inclusive, anti-racist workplace

We will:

- ▶ launch a culture change programme to better identify and combat racism, bullying and harassment at work and to improve our environment
- ▶ deliver improvement action plans from the workforce disability equality standard, workforce race equality standard, gender pay gap and ethnicity pay gap annual audits and to adopt recommendations from the NHS London Race Strategy
- ▶ foster collaborations between staffside, employee networks and groups, and freedom to speak up guardians and champions, supporting joint working and enhancing actions around intersectionality
- ▶ review and update our hiring processes and career development processes and policies to ensure that all the NHS London Race Strategy recommendations for eliminating bias in recruitment and selection are in place.

Goal 2.5: We will engage with and empower our employees to deliver quality and live our values

We will:

- ▶ create a probation support programme for new starters, with a training plan and supervisory support and guidance
- ▶ refresh the programme we offer to new starters, including induction and IT onboarding, to help people feel a sense of belonging from day one
- ▶ expand our quality improvement training offer to enable and foster the understanding and conviction of our employees to deliver quality and engage them in service changes
- ▶ take a multi-channel approach to embedding our updated HEART values and roll out HEART values commitment pledges.



Why we chose this objective

We chose this objective because:

- ▶ our people deserve to have an excellent employer
- ▶ healthcare is a people business: investing in our employees is a vital part of improving quality
- ▶ our teams identified recruitment and retention as our biggest weakness and threat
- ▶ our people told us that education and training was their joint second highest preferred area for us to focus our work
- ▶ NHS-wide recruitment and retention challenges mean that we must commit resources and make bigger moves to offset this trend.



What it means for our patients and carers, partners and employees

Patients and carers

- ▶ We will offer improved quality of care, driven by happier employees who are empowered to improve services
- ▶ We will support our local communities by supporting our employees, who are mostly from our local population.

Partners

- ▶ We will work with local education providers and job centres to raise awareness of our apprenticeship opportunities
- ▶ We will lead work to expand career and development opportunities for staff within the north west London acute provider collaborative.

Employees

- ▶ Improved opportunities to grow their careers and skills
- ▶ Improved wellbeing and job satisfaction
- ▶ Improved sense of belonging due to reduction in discriminatory behaviour and reduced turnover.

What it means for our pathways and sites

Our pathways

- ▶ Our care will be provided by teams with greater continuity of service, belonging and empowerment, supporting continuous quality improvement
- ▶ Our workforce will include novel clinical roles and advanced clinical expertise
- ▶ Our employees will reflect and be drawn from our local communities, helping advance the connection and links with our patients and our partners.

Our digital services

- ▶ Digital tools will support seamless support processes, such as induction
- ▶ Our employees will be trained and supported to expand their digital skills and knowledge.

Our sites

- ▶ All our sites will offer high-quality facilities for our teams
- ▶ We will enhance our education and training facilities, so we can support training for new roles and multidisciplinary training.





Objective 3:

We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Both our patients and our teams rely upon non-clinical and administrative services, which are essential to providing the best clinical care.

These services range from human resources to estates. When they work well, they underpin high-quality care. When they don't, they can cause inefficiency, frustrate both colleagues and patients, and even result in clinical risk.

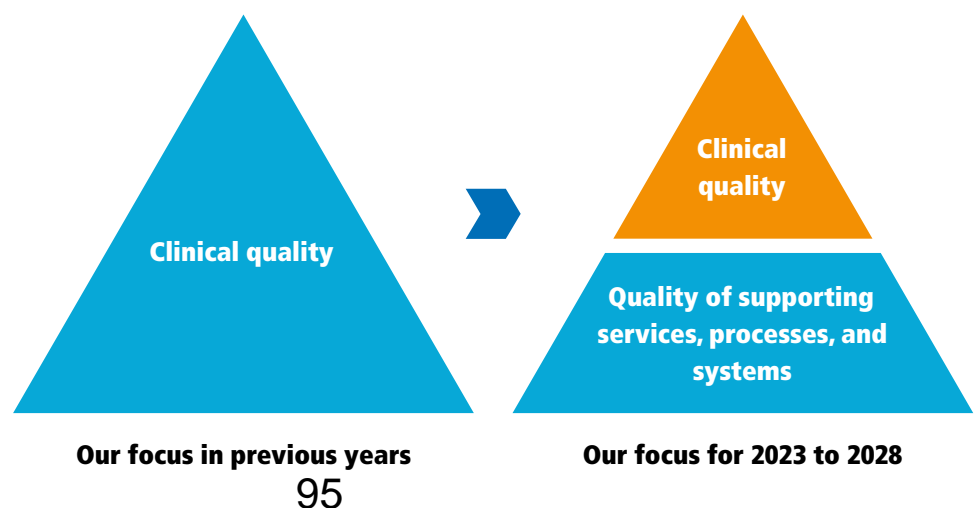
We frequently heard from employees that our supporting services often hinder rather than help.

In the past, we have under-invested in supporting services, skills and systems. Our diagnostic found that ineffective supporting services were a root cause for many of the issues we identified. In particular, they can create unnecessary work that:

- ▶ contributes to the pressures on our colleagues,
- ▶ limits the time that our senior team members can commit to leadership
- ▶ disempowers employees from improving their services.

We are committed to improving the services and tools that support our employees to deliver high-quality care.

Our supporting services and systems will be highly responsive, proactive, user-centred, and efficient. Our employees will make better decisions due to improvements in the availability and integration of data.



What we'll do

Processes and standardisation

We will invest in improving the basics of our non-clinical and administrative systems so that teams feel fully supported by them. We will do this by aligning support service performance measures to the things that matter most to our employees.

We will standardise our support service processes, making our supporting services more accessible, transparent, and predictable. We will also connect our support service employees more closely to front line colleagues, highlighting their essential role in providing high-quality care.

Data and analytics

We will use data to drive decision-making, improving our ability to make decisions that improve quality. We will continue to provide self-service dashboards and offer custom analytics requests through a team of analysts. To improve our dashboards' operational use, we will develop a performance analytical framework which we will use to align and simplify our self-service dashboards.

We will add our full staffing establishment to our electronic staff record, improving the accuracy of our staffing data.

Finally, we will create a matrix structure so that teams across the organisation have access to a centralised analytical support hub in corporate services. This will improve consistency of messaging, reduce duplication, and support continued professional development.

Pooling resources

We will pool our resources with partners across the acute collaborative to improve high-volume transactional support services and specialist support services. By doing so, we can standardise best practices, reduce duplication and pool expertise to invest in enhanced support service systems and automation.

To achieve this, we will support a programme of reviews for supporting services to identify those that stand to gain the most benefit from standardisation, automation, or consolidation across the acute collaborative. We will build on North West London Procurement Services and explore further opportunities including recruitment, shared waiting lists, one access centre, and a single quality management system across the acute provider collaborative.



Goals and priority actions

Goal 3.1: We will fix the basics and support continuous improvement for support services

We will:

- ▶ provide resource to complete a supporting service performance management review programme, checking that KPIs are aligned with the needs of our users, and that effective feedback, governance, and escalation processes are in place
- ▶ run a programme of sequential support service reviews to define, embed and communicate responsibilities, improve user journeys, and standardise work practices
- ▶ establish ways to make it easier for patients to communicate with our administrative staff about the administration of their outpatient care, such as appointment cancellations.

Goal 3.2: We will use data-driven decision-making to support quality

We will:

- ▶ provide resources for a programme of work to fully capture our staff establishment in our electronic staffing record, therefore bringing together our staffing and financial data
- ▶ create a quality reporting framework with a logical flow of sub-drivers and align existing or new self-service data dashboards along this logical flow
- ▶ review our analytics organisational network and structure, connecting analysts into a centralised data and analytics hub that aligns skills, ways of working, and quality assurance
- ▶ integrate basic data, numeracy, and computer skills into our education and training programme, providing formal training to employees, and empowering our analysts to coach while offering support.



Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities

We will:

- ▶ support the acute provider collaborative in putting in place a plan to standardise, automate or consolidate a set of high-volume or transaction activities and highly specialist activities within support services across north west London
- ▶ engage with Imperial College Healthcare NHS Trust on adapting their management and improvement system and implementing both at LNWH and across the acute provider collaborative
- ▶ advocate for and support the creation of a shared patient access centre and waiting list across acute collaborative organisations with a centralised administration, tracking, validation and booking.



Why we chose this objective

We chose this objective because:

- ▶ our diagnostic process identified under-investment in supporting services as a root cause for many of our challenges
- ▶ our employees consider LNWH's systems and processes to be one of its biggest weaknesses, with our support systems frustrating rather than supporting our clinical care
- ▶ teams told us that clinical time was wasted in compensating for or addressing issues in our non-clinical and supporting services. By fixing these issues, we release colleagues to spend more time providing and leading care
- ▶ currently, we have limited joined up information and data about our performance, which inhibits our ability to improve our own services.



What it means for our patients and carers, partners and employees

Patients and carers

- ▶ Better clinical care, supported by improved systems and processes, and better data and analysis
- ▶ Better administration, leading to reduced frustration and confusion about appointment timing and location.

Partners

- ▶ Pooled resource and investments, improving supporting services across the acute collaborative
- ▶ More accurate public health information available for our partners.

Employees

- ▶ Reduction of administrative requirements on clinical colleagues, leaving them to focus on patients
- ▶ Reductions in frustration by improving access and proactivity, leading to a better working day and improved employee retention.

What it means for our pathways and sites

Our pathways

- ▶ Multidisciplinary teams will include valued non-clinical colleagues with everyone working to provide holistic high-quality care
- ▶ Our clinical teams have the rights tools and more time to provide high-quality care, resulting from seamless support.

Our digital services

- ▶ Processes will generate high-quality data which we can integrate, analyse and make available to inform improved decision-making by our employees
- ▶ Our digital helpdesk will offer an all-week service of responsive support, so that our systems run smoothly and help us offer high-quality care.

Our sites

- ▶ We will invest in excellent connectivity and digital infrastructure across all our sites
- ▶ Our sites will offer flexible working and collaboration spaces so employees can easily work closest to where they are most needed on any given day.





Objective 4:

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We cannot deliver high-quality care by working as an island. It's estimated that hospital care contributes to only between 15% and 43% of the health of our communities ^{[1] [2]}.

Instead, health is influenced more by social and environmental factors and health-influencing behaviours. These factors therefore drive demand for our services.

Many organisations work to deliver health and social care, including general practice, opticians, pharmacies, councils, mental health and community NHS trusts, and charities (see **appendix I, page 68** for a more detailed list). To provide joined-up support and care, we need to work and collaborate in partnership with these organisations. So, when we say partners, we mean all these organisations.

Building effective and purposeful working relationships to improve the health of our communities is the right thing to do. As an anchor institution and one of the largest local employers, we will share our expertise and create opportunities for our local population. These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services.

We are committed to further strengthening relationships with our partners and to making best use of the increasing integration of care driven by our integrated care system and our board in common.

1: J. P. Bunker, H. S. Frazier, and F. Mosteller, "Improving health: measuring effects of medical care.," *Milbank Q*, vol. 72, no. 2, pp. 225–58, 1994

2: J. M. McGinnis, P. Williams-Russo, and J. R. Knickman, "The Case For More Active Policy Attention To Health Promotion," *Health Aff*, vol. 21, no. 2, pp. 78–93, Mar. 2002, [1031377/hlthaff.21.2.78](https://doi.org/10.1377/hlthaff.21.2.78)

What we'll do

Clinical networks and hubs

We will deliver efficient, standardised, evidence-based care by sharing and aligning our resources with our colleagues in north west London. We will do this by encouraging our clinical networks to align and standardise care pathways across the north west London acute provider collaborative.

We will support the launch of a series of speciality-specific, high-volume, low-complexity surgical hubs across the acute provider collaborative, in line with the collaborative's aspirations, and in partnership with its members.

Community and primary care partners

We will work with our partners in community and primary care to make care transitions work as effectively as possible.

To do this, we will expand ways to share our acute expertise with primary care, improving the quality of referrals. This will include using advice and guidance more extensively, expanding our use of cross-organisational training opportunities, and exploring consultant-attended integrated neighbourhood referral review meetings.

We will also work with our partners to strengthen and align our discharge processes, including discharge advice, and to strengthen the way we support those in our care who have mental health needs.





Goals and priority actions

Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

We will:

- ▶ expand ways to share our specialist expertise with primary care, supporting and improving the quality of referrals
- ▶ improve and align our discharge processes (including discharge advice) with partners to improve hospital flow and reduce readmission and reattendance
- ▶ build integrated pathways between the local community diagnostics centre at Ealing, our acute services and back into the community
- ▶ advocate for the co-creation of a rapid access support team for mental health morbidities, including delirium and dementia, with local mental health trust and community partners.

Goal 4.2: We will support the standardisation of best practice support services, training, care pathways and specialist services across the north west London acute provider collaborative

We will:

- ▶ support the integrated care board in establishing high volume, low complexity surgical hubs within north west London, including the North West London Elective Orthopaedic Centre
- ▶ commit resources to standardising best practice clinical pathways across the north west London acute collaborative, making best use of the collaborative's shared electronic patient record, research, clinical innovations, and life science partnerships
- ▶ create a north west London clinical, technical, scientific, and non-clinical education and professional development network to align and share training and education resources (see goal 2.3, page 36),
- ▶ commit resources to the north west London specialist services review programme, and implement resulting recommendations
- ▶ build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist non-clinical activities (see goal 3.3, page 45).

Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities

We will:

- ▶ commit employees with delegated decision-making powers to attending place-based board and team meetings
- ▶ improve how we co-ordinate integrated care projects across LNWH with a dedicated project management function
- ▶ Advocate for and work with our integrated care system to create mechanisms to better integrate money, people and data as we deliver place-based priorities.

Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population

We will:

- ▶ run regular quality communications campaigns in our local communities to inform them about the ways we are improving or have improved quality
- ▶ deepen our engagement with our patients and communities, including co-design and co-production
- ▶ empower and enable our employees to represent LNWH at community events.



Why we chose this objective

We chose this objective because:

- ▶ In the past, we have not always had a good reputation. While we've made some significant improvements in recent years, we must continue to work with our partners and community to improve how we're perceived by them
- ▶ Our communities experience significant health inequalities when compared with regional and national data. We can only provide so much support to address these issues in our role as an acute trust, so we must work with partners to combat health inequality across our health and social care system
- ▶ Our emergency pathway is a key touchpoint for the most deprived people in our communities. Partnership working presents a key opportunity to connect them with more support in the community.
- ▶ Partnership working has a causal relationship to how effective our discharge processes are, making it vital to work collaboratively across organisations to improve the flow of patients through our hospitals
- ▶ One of our biggest challenges in working effectively is our level of emergency activity: we must work collaboratively to address systemic issues that we cannot resolve alone.



What it means for our patients and carers, partners and employees

Patients and carers

- ▶ Improved continuity of care and smoother transitions, allowing people to go home sooner and have a better experience
- ▶ Reduction in unnecessary hospital visits
- ▶ Better support in hospital for people with mental health needs.

Partners

- ▶ Improved clarity in our working relationships
- ▶ Improved access to our specialist expertise
- ▶ New levers and opportunities to improve the care of our communities
- ▶ Improved signposting to community services.

Employees

- ▶ Opportunities to explore careers across care-setting boundaries
- ▶ Opportunities to improve working relationships with colleagues at partner organisations.

What it means for our pathways and sites

Primary care

- ▶ Greater access to acute care specialist input for complex cases
- ▶ Increased confidence in making (or not making) acute referrals and thus fewer referral rejections
- ▶ Discharge letters arriving more swiftly.

Community and social care

- ▶ Better alignment across referral processes resulting in higher quality referrals and transfers of care.

Acute hospitals

- ▶ Improved collaboration and consistency of pathways
- ▶ Greater efficiencies from collaborating on non-clinical services.

Mental health trusts

- ▶ Better collaboration and joint working
- ▶ New pathways between trusts and within acute trusts.

Local authorities

- ▶ Increased acute presence in place-based and neighbourhood team meetings
- ▶ More access to acute resource to drive local authority health priorities.

Third sector

- ▶ Better collaboration through increased acute presence in place-based and neighbourhood team meetings.





Making our strategy happen

Our strategy will guide our priorities, actions and behaviours.

Our vision and objectives have been developed through extensive engagement with employees, patients and partners. They will guide our decision making and behaviours every day without the need for an elaborate governance system. If in doubt, we can ask if a decision or action puts **quality at our HEART**.

However, it's important that we move forward with our objectives, and in some cases, this requires some new ways of working.

We will use the strategy to inform our annual operating plans, starting with 2023-24. Its objectives, timeline and progress will, over time, contribute to an ongoing series of projects and changes. It will give direction to enabling strategies in areas including estates, research, digital and cancer.

In addition, we will adopt a better management and improvement system that is consistent with that used across the north west London acute collaborative.

Through this system, we will define and monitor which roles are supporting our priorities, what methods we use to improve, and how we check progress from board to ward.

We will:

- ▶ Embed responsibility for specific actions through our organisational structure. They will feature in divisional plans, before feeding into service plans (including for support services such as digital services and estates). Ultimately, they will inform the contribution we need from individual colleagues by contributing to annual appraisal objectives.
- ▶ Use our bi-monthly Strategy Management Group to review progress of the milestones and outcomes linked to each objective, and any issues that have arisen. Each year we will test our diagnostic assumptions, assess emerging risks and update our indicator trajectories. In doing so, we recognise that we are operating in an uncertain environment, which may well require us to amend our original plan.
- ▶ Discuss critical updates at our Trust Executive Group and through the board committees as appropriate
- ▶ Test and support progress within our services. For clinical divisions, this will occur at our monthly divisional review meetings. For support services, it will take place at our Infrastructure Group
- ▶ Task a Head of Strategy with responsibility for coordinating the implementation of the plan through our organisation, leading some of the specific projects required including updating enabling strategies, and expanding the engagement momentum built through the development of the strategy.

Timeline

We will deliver Our Way Forward over five years. Our strategy sets out many actions that we want to achieve over the next five years. We cannot do everything at once, so our timeline sets out the way in which we will use our resources to achieve as much as possible.

Objective 1: We will provide high-quality, timely and equitable care in a sustainable way

- Goal 1.1:** We will make the most of our new electronic patient record (Cerner) to get the best from our services
 📅 2023 to mid-2025

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 1.2:** We will make our emergency and elective pathways work as effectively as possible, both locally and across the acute collaborative
 📅 2023 to mid-2026

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 1.3:** We will make best use of our estates to improve quality
 📅 2024 to 2026

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 1.4:** We will improve how we deliver continuous quality improvement
 📅 2026 to 2027

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 1.5:** We will create tools, policies, and governance structures to reduce inequities in our services
 📅 2024 to 2025

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 1.6:** We will reduce unwarranted variation in services out of hours
 📅 mid-2025 to 2027

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 1.7:** We will achieve sustainability by delivering local and partner-working efficiencies
 📅 2023 to 2027

2023	2024	2025	2026	2027
------	------	------	------	------

Objective 2: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

- Goal 2.1:** We will support our employees' wellbeing
 📅 2023 to 2024

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 2.2:** We will build high-quality leadership at all levels
 📅 2024 to 2025

2023	2024	2025	2026	2027
------	------	------	------	------
- Goal 2.3:** We will develop our employees and attract quality people who share our values
 📅 2025 to 2027

2023	2024	2025	2026	2027
------	------	------	------	------

Objective 2 continued: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Goal 2.4: We will build an inclusive, anti-racist workplace

📅 2023 to 2026



Goal 2.5: We will empower our employees to deliver quality and live our values

📅 2023 to mid-2024



Objective 3: We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Goal 3.1: We will fix the basics and support continuous improvement for support services

📅 2023 to 2024



Goal 3.2: We will use data-driven decision-making to support quality

📅 2025 to mid-2026



Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities

📅 2025 to 2027



Objective 4: We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

📅 2023 to 2024



Goal 4.2: We will advocate for and support the standardisation of support services, care pathways and specialist services across the north west London acute collaborative

📅 2025 to 2027



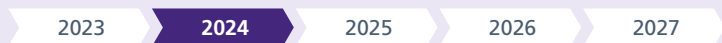
Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities

📅 2023



Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population

📅 2024



Note: the timeline indicates the implementation period for the change until the actions become our business as usual.

Affordability

Affordability

Our strategy is based on an important assumption: that many service improvements can and will be achieved by making better use of the resources we already have. This reflects our diagnosis where we expected no major increase in our resources and benchmarking insights that found opportunities to improve our productivity when comparing our performance to other leading organisations.

Some new schemes will need to be funded through improvements in our productivity or justified through return on investment. The estimated revenue impact of these new cost items was less than half a percentage of our current expenditure. Financial modelling shows that these schemes can be afforded if we improve our benchmark productivity level (cost per weighted activity unit) from the lower third quartile up to the median. The most significant capital investment is a new, dedicated critical care unit at Northwick Park Hospital. We will work with our partners to justify external investment funding because of the benefits this capacity will support within our hospital and across the north west London integrated care system.



Changing our mindsets and our behaviours

We recognise that the success of our strategy depends on our people thinking and acting differently to always put **quality at our HEART**. This requires us to change our culture.

Firstly, we must foster understanding and belief in the changes set out in Our Way Forward. We have laid the foundations for this work in the significant engagement with patients, employees and partners that directly informed this strategy.

But more is required. We will develop and resource a launch plan for our strategy. This will include:

- ▶ pre-launch workshops for our senior leaders so they are empowered to share information with their teams about why these changes matter and how they will personally support them
- ▶ a launch phase with events inside and outside our organisation
- ▶ on-going commitments to continue conversations and momentum built during the development of Our Way Forward, including through forums such as our patient and carer participation panel, staff listening events, and events with partners within our communities.

We must take other actions to sustain culture change. We will amend reinforcing structures and incentives such as governance processes, reward and recognition systems and the indicators we analyse to encourage new behaviours. We must provide our employees with the skills to think and act differently. We must encourage and celebrate people to be active role models for change. These supporting actions have been incorporated across our goals and priorities.



How we will measure our progress

We have chosen twelve indicators to assess what progress we are making against our strategic priorities. Over the next five years, we want to be in the top quartile when compared to our peers, becoming a demonstrably high-quality organisation.

Currently, the Care Quality Commission rates us as requires improvement. In five years, we will be on a path to outstanding, with all our services achieving at least good. Providing consistently high-quality care is central to putting our vision of **quality at our HEART** into action.

In the meantime, year-on-year improvements in our twelve indicators will indicate that we are successfully putting our strategy into action.

Where indicators do not currently exist or do not meet our requirements, such as quality-of-care equity measurements, we will need to design a way to capture them. We will do this because we want to measure what matters most, rather than only what is available today.

We will:

- ▶ publish annual targets for these indicators
- ▶ assess our performance against these targets each year and maintain a trajectory towards top quartile performance, while simultaneously considering our changing environment and challenges
- ▶ introduce a regular employee survey to gather feedback from our employees, supplementing the annual staff survey
- ▶ introduce a regular partner survey to measure our progress in building trusted ways of working
- ▶ develop an index to track progress in improving the equity of our services across multiple communities.



Provide high-quality, timely, and equitable care in a sustainable way

Area	We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Safe	Staff who would recommend our services to friends or family	58.8%	74.2%	NHS Staff Survey (2021)
Patient-centric	Patients who would recommend our services to friends or family	91.9%	92.7%	Weighted average Friends and Family Test (September 2022) ¹
Timeley	Constitutional standard: RTT > 18 weeks	62.5%	≥92%	Integrated performance report (November 2022)
	Constitutional standard: Diagnostics	97.2%	≥93%	
	Constitutional standard: Cancer (first)	64.3%	≥85%	
	Constitutional standard: A&E (four hour wait)	66.5%	≥95%	
Sustainable	Our clinical efficiency relative to other acute trusts	£3,656	£3,470 ²	Model Hospital (2022)
Effective	Summary hospital-level mortality indicator (SHMI) ³	0.7931	0.7931	London SHMI (July 2021 to June 2022)
Equitable	Variation in quality between patient groups	TBC ⁴	N/a	TBC

Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Staff who would recommend LNWH as a place to work	55.5%	64.7%	NHS Staff Survey (2021)
Average staff vacancies that we have	11.3%	N/a	Staff record (September 2022)
How long our employees work for LNWH (median)	4.3 years	N/a	
NHS Staff Survey score for diversity and equality	7.6 out of 10	8.3 out of 10	NHS Staff Survey (2021)

Base our care on high-quality, responsive, and seamless non-clinical administrative services

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Employees who would recommend our non-clinical and supporting services to other colleagues	TBC ⁴	N/a	New support service feedback survey

Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Partners who would recommend working with LNWH to other partners	TBC ⁴	N/a	New partner interaction feedback survey

1: Made by aggregating Friends and Family result and weighting the average score across A&E, inpatient, and outpatients against eligible number of patients

2: Median value is presented. As we sit in lower quartile (Q3), median (Q2) is an appropriate target for this measure. Top quartile (Q1) is £3,293.

3: We would not expect significant improvements in our SHMI¹ value, as it's already one of the best in the country.

4: KPI does not currently exist in our Trust, so we will need a '117' capture this

Risks

Our environment is highly uncertain and changing fast. This inevitably leads to risks, which for this strategy fall within one of two categories:

- ▶ Risks associated with the plan itself
- ▶ Risks outside our organisation that could affect the plan.

We have identified the most critical risks and planned actions to mitigate them.

▶ We lose strategic focus because there is either too much to deliver or issues occur in critical projects like Cerner

Impact

- ▶ Strategic tasks are delivered late or not delivered at all
- ▶ We do not overcome the key challenges or obstacles identified in the diagnosis phase

Actions

- ▶ We have designed all the actions to reinforce the central vision
- ▶ We have staggered our main concentration of effort over time so that we are not trying to balance too many areas at once
- ▶ We have minimised actions around the Cerner go-live date
- ▶ We have defined a governance framework to track and adjust the delivery of the strategy

▶ We do not have enough money to deliver on the ambitious investments in this strategy

Impact

- ▶ Supporting systems and processes continue to burden our employees
- ▶ Estates do not consistently meet the needs of our employees and patients
- ▶ Loosely integrated digital systems reduce our ability to make data-informed decisions
- ▶ Unable to promote productivity, risking our financial sustainability

Actions

- ▶ Plan to pool resources and procurement power with the NWL acute collaborative
- ▶ Seek agreement across the NWL acute collaborative on collective investments that most benefit our patients, communities and employees
- ▶ Build a continuous culture improvement first, so we can improve what we already have with limited capital spend

» Limited buy-in to the strategy from our employees hinders delivery of the strategy

Impact

- ▶ Limited resource reallocation or behaviour change towards strategic priorities
- ▶ Employees do not take initiative along strategic priorities

Actions

- ▶ Strategy has been built through extensive engagement with our employees
- ▶ Create a strategy engagement plan and adequately resource governance to drive alignment and progress

» A challenging political and economic environment makes it more difficult to fund improvements and creates additional demand on our services

Impact

- ▶ Static government expenditure on health may make it more difficult to obtain funding for investments
- ▶ Economic issues may increase inequity locally, increasing year-round pressures on the Trust
- ▶ Inflation increases cost pressures in the Trust, so we may see expenditure rise and staff turnover increase

Actions

- ▶ Plan to pool resources with the acute collaborative so bids for funding are more attractive
- ▶ LNWH pays well for the area, so focusing on recruiting staff from our local communities
- ▶ Quality offer attracts staff to work for the Trust
- ▶ Core strategic aim is to improve efficiency, which might help offset additional demands on our services and inflation cost pressures

» Climate change and environmental issues increase demands on our services

Impact

- ▶ Increased respiratory and cardiovascular disease related to air pollution, increasing year-round pressures on the Trust
- ▶ Inequity increases in our local population as people living in deprived areas are more likely to experience adverse effects of climate change

Actions

- ▶ One of our strategic options is to deliver the top priorities in the LNWH Green Plan, which include adapting to climate change
- ▶ Core strategic aim is to improve efficiency, which might help offset some of the additional demands on our services





Conclusion

Our Way Forward sets out a clear vision: to set **quality at the heart** of every decision and action we take for the next five years.

We cannot do this alone.

From our employees to our partners and our communities, our vision will stand only if we work together in accordance with our values. We have made extraordinary progress, with the Covid-19 pandemic necessitating an unprecedented amount of collaboration.

Our success with research during the pandemic has highlighted the enormous benefits of working closely with such a diverse local population: we must harness this inspiring opportunity in the future.

The co-creation of this strategy itself is a sign of how far we have come, and we express our enormous gratitude to the thousands of people who were involved in its design. It is now our task to put it into action with as much collaboration as went into its development.

If our vision requires us to work together, our objectives show us how. They articulate the actions and priorities that will set us on a path to excellence in the years to come. We do not dismiss our challenges; in fact, they have informed large sections of this strategy. But we are committed to tackling them head on, with a clear, communicable plan of action that moves us onward – whether that is through a strong focus on education, harnessing our research capability with our local communities, or by instilling digital confidence among our people.

Through doing so, we are committed to becoming an exemplar both as a provider of healthcare and as an employer.

We hope that you will join us on our way forward, as we truly seek to put **quality at our HEART**.

Appendix I:

Our north west London partners

Many organisations deliver health and social care, including general practice, opticians, councils, hospitals, and charities.

To deliver joined-up support and care, we need to work and collaborate in partnership with these organisations. When we say partners, we're referring to all these organisations. We can access many of our partners all at once through several network organisations:

Geographical Level	Network Organisation Type	Local Network Organisations	Participating Organisations
System Usually covers a population of 1-2 million	Integrated Care System	NWL Integrated Care System	<ul style="list-style-type: none"> ▶ Integrated Care Board ▶ Local Authorities ▶ Healthwatch ▶ Other Partners
	Provider Collaboratives	NWL Acute Collaboration	<ul style="list-style-type: none"> ▶ London North West University Healthcare Trust (LNWH) ▶ Chelsea & Westminster NHS Foundation Trust (ChelWest) ▶ Imperial College Healthcare NHS Trust (Imperial) ▶ The Hillingdon Hospitals NHS Foundation Trust (THHT)
Place Usually covers a population of 250k – 500k	Borough Based Partnerships (BBP)	Brent BBP	<ul style="list-style-type: none"> ▶ Local Authorities ▶ Healthwatch ▶ Local Acute Providers ▶ Voluntary Sector ▶ Local Community Care Providers
		Ealing BBP	
Harrow BBP			
Integrated Neighbourhood Teams (INT)	Brent INT	<ul style="list-style-type: none"> ▶ Primary Care Network Teams ▶ Social Care and Local Authority Teams ▶ Mental Health Teams ▶ Community Teams 	
	Ealing INT		
	Harrow INT		
Neighbourhood Usually covers a population of 30k to 50k	Primary Care Networks	Numerous	<ul style="list-style-type: none"> ▶ General Practice ▶ Community pharmacy ▶ Dentistry ▶ Opticians

Appendix II: Our acute collaborative partners

LNWH

- 1. Central Middlesex Hospital
- 2. Ealing Hospital
- 3. Northwick Park Hospital

ChelWest

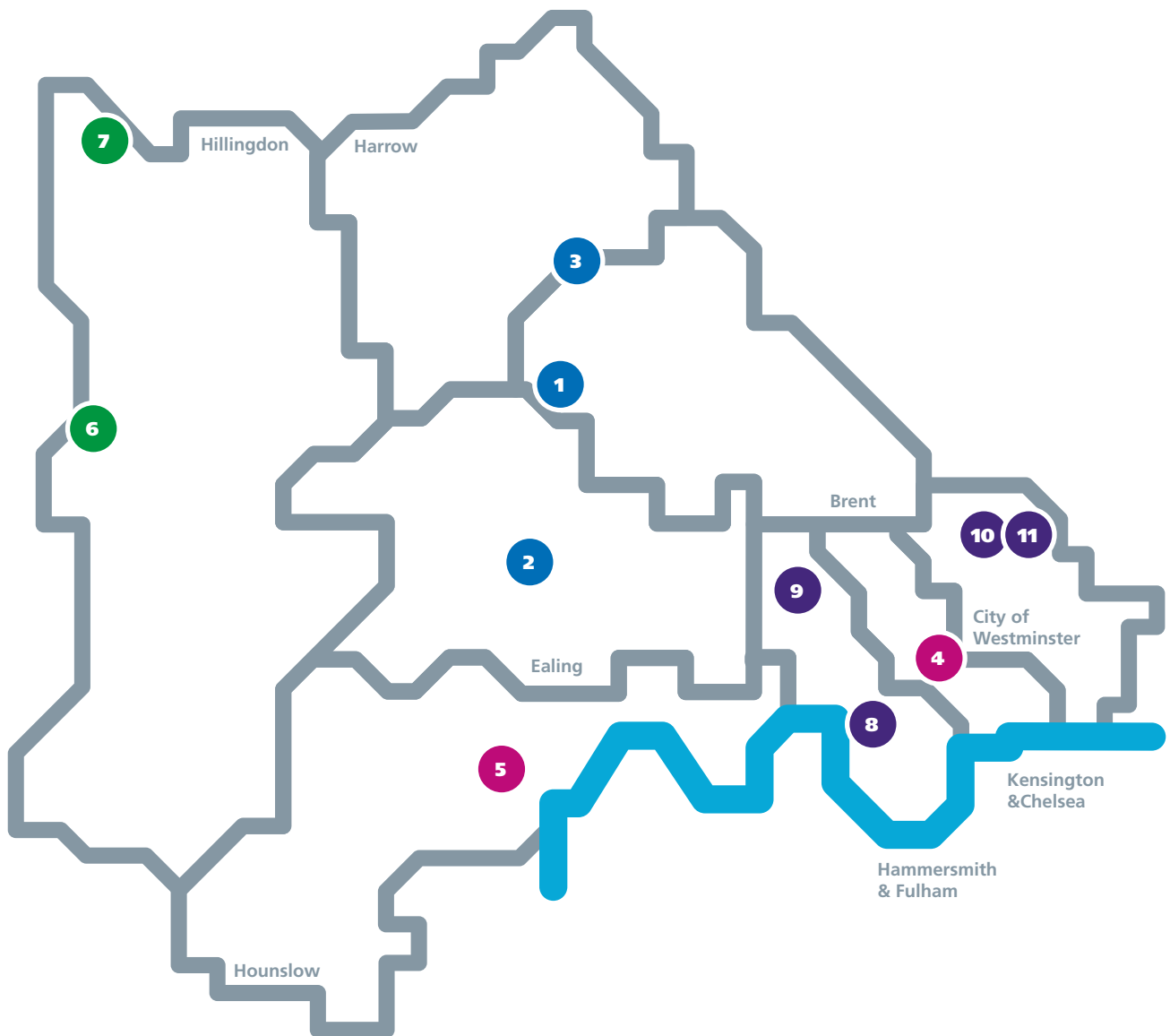
- 4. Chelsea and Westminster Hospital
- 5. West Middlesex Hospital

THHT

- 6. Hillingdon Hospital
- 7. Mount Vernon Hospital

Imperial

- 8. Charing Cross Hospital
- 9. Hammersmith Hospital and Queen Charlotte's Hospital
- 10. St. Mary's Hospital
- 11. Western Eye Hospital



Appendix III: Co-creation and engagement

Our strategy was developed during the summer and autumn of 2022.

We undertook extensive engagement with our employees and our communities, as well as considerable research and analysis.

A best-practice approach

Following best practice, we followed a three-phase approach to develop our strategy:

- ▶ **Diagnose:** identify the critical challenges facing our organisation and the strengths we could build upon
- ▶ **Focused response:** design an approach that best overcomes the challenges highlighted in the diagnosis
- ▶ **Action plan:** define the objectives and actions to achieve our focused response.

Governance

We established a steering group to support the delivery of the project through deliberation, decision-making, support, and action.

Our Deputy Chief Executive Officer chaired the steering group, made up of a diverse set of stakeholders, including:

- ▶ Operational, clinical, and corporate leaders and staff representatives
- ▶ Leaders from the North West London Integrated Care Board and our integrated borough partnerships
- ▶ Members of our local communities.

Co-designed through extensive engagement

This strategy has been co-developed through extensive engagement throughout the spring and summer of 2022 with our employees, partner organisations, and members of the community (see **Researching Our Way Forward: our audiences and channels**, page 72).

Our community

We received 781 responses to our community survey, which asked about the care preferences of our residents and their perceptions of LNWH.

The survey was shared using social media, supermarket visits, radio, and posters in hospital waiting rooms and local GP practices.

It was available in seven languages: English, Polish, Romanian, Gujrati, Punjabi, Somali and Arabic.

As part of the survey, we collected demographic information, such as ethnicity, age, and postcode district, to investigate how the results varied between population groups.

We also gathered feedback from 85 people during several community events

Our employees

We heard from 2,314 employees, or more than 28% of our staff.

This involved using a combination of one-to-one interviews, surveys, on-the-ground engagement, and online workshops.

We collected demographic and job role information to investigate how the results varied by staff group.



Researching Our Way Forward: our audiences and channels





Our partners

We directly interviewed eleven senior leaders from our partner organisations, with 31 others offering input through our stakeholder forums.

All stakeholders

We held stakeholder forums in community centres in Ealing, Brent, and Harrow.

These forums saw attendance from members of the community, our employees, and our partners.

During each event, attendees explored information posted around a room and then broke into groups for discussion. Parallel events were hosted online to increase opportunities for participation.

Building the capability of our employees

One major aim of developing our strategy was to build capability. This extended beyond the immediate strategy project delivery team to people across LNWH.

The project team

After an open application process, we seconded four employees from across LNWH to form a dedicated strategy project team. During this time, the team received extensive on-the-job training and formal teaching.

The leadership team

We internally recruited a medical lead, a nursing lead, an allied health professional (AHP) lead, and a transformation lead to help direct and support the project team.

The wider Trust

Four guest speakers with extensive experience in public and private sector leadership came to speak employees across the organisation about what makes good strategy. In total, 354 employees attended these sessions.





A blue wall displays several informational posters. The top poster is titled 'North west London other acute hospital' and features a map of the region with red and black location markers. Below the map is a legend with 'Acute Hospital Provider' and 'Mental Health/Care'. A yellow sticky note is attached to the poster. The middle poster is titled 'North west London The local providers...' and contains a table with columns for 'Issue' and 'Response'. The bottom poster is titled 'Outpatient catches' and includes a map of the area.



Quality at our HEART



Scan to find out more about Our Way Forward
or visit lnwh.nhs.uk/OurWayForward
Join us on social media at linktr.ee/lnwh_nhs
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Supporting Slides



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Introducing Our Way Forward

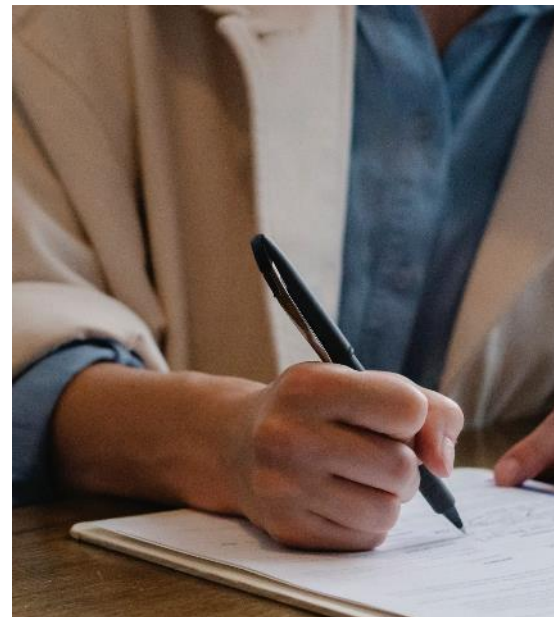


We will...

- put **quality at our HEART**
- maximise the opportunities offered by working more closely with our NHS and social care partners across north west London
- build on the strengths that helped us through the acute phase of the Covid-19 pandemic
- shape how we meet the challenges we face now and in the future.



Who we spoke to



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3,243

total contributions

2,314

TeamLNWH

887

local people

42

partner
representatives





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Values, vision, and objectives

- Honesty
- Equity
- Accountability
- Respect
- Teamwork

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Our values

♥ **Honesty:** we're truthful, we're open, and we speak up

♥ **Equity:** we're kind and caring, we act with fairness, and we're understanding

♥ **Accountability:** we're professional, we strive for excellence, and we improve

♥ **Respect:** we're attentive and helpful, we're appreciative, and we act with empathy

♥ **Teamwork:** we involve others, we support our colleagues, and we set clear goals.



Our vision: quality at our HEART ♥

Quality...

Delivering quality means consistently meeting requirements and exceeding expectations.

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**Quality at
our HEART**

...at our HEART

By placing quality at our heart, everything we do as an organisation should further our ability to deliver quality.



Our objectives




▶▶▶▶

We will provide high-quality, timely and equitable care in a sustainable way




▶▶▶▶

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers



▶▶▶▶

We will base our care on high-quality, responsive, and seamless non-clinical and administrative services



▶▶▶▶

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities





We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

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Honesty

Equity

Accountability

Respect

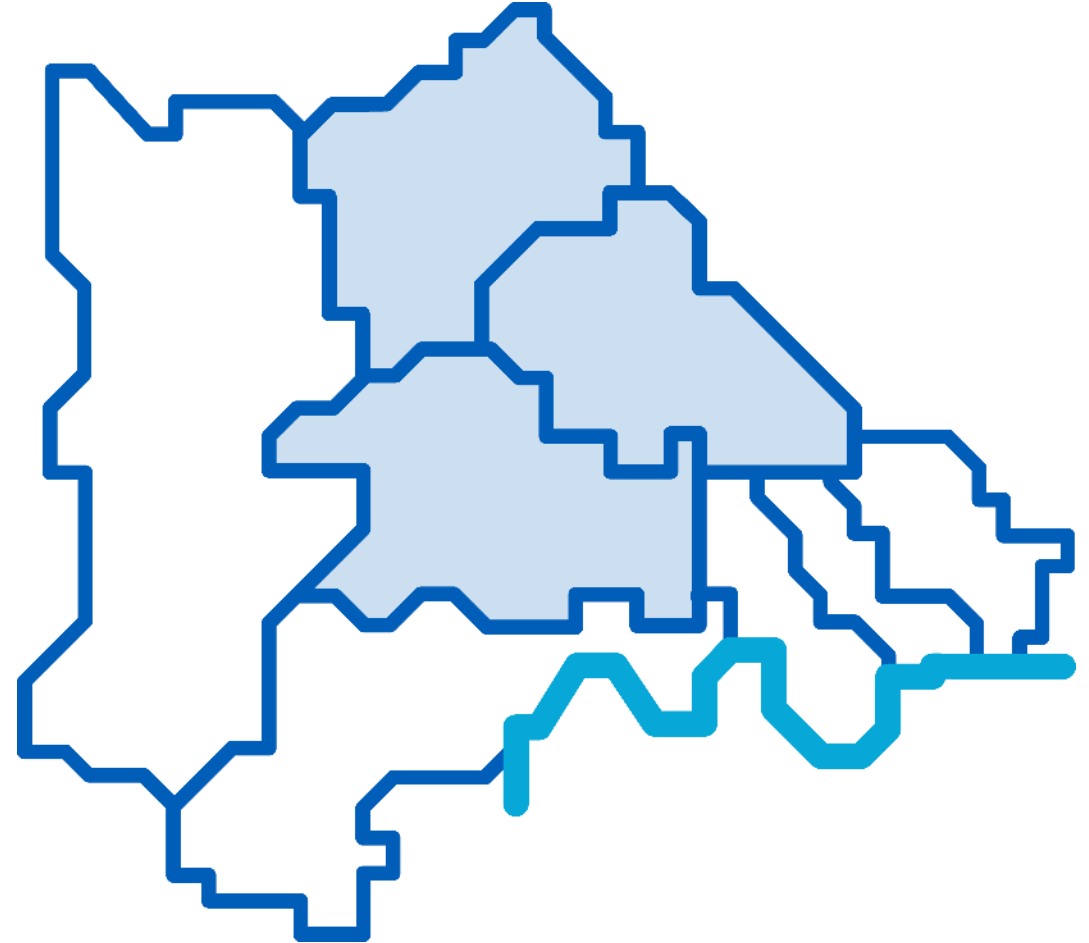
Teamwork

Quality at our HEART

Our partners

- Building effective and purposeful working relationships to improve the health of our communities is the right thing to do
- As an anchor institution and one of the largest local employers, we will share our expertise and create opportunities for our local population
- These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services

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We will...

- ...align our clinical pathways across north west London
- ...work with our community and primary care to improve discharges
- ...improve the quality of referrals
- ...work with our mental health trusts to provide better support for patients with mental health needs
- play an active role in place-based and neighbourhood health and wellbeing initiatives

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Our priorities for this year

- **Goal 4.1:** we will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

- **Goal 4.3:** we will support our partners to deliver their neighbourhood and place-based health priorities
- Read more about our goals at [Inwh.nhs.uk/OurWayForward](https://inwh.nhs.uk/OurWayForward)





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Other changes to highlight



**Quality at
our HEART**

An expanded definition of quality

- Improving quality is the core focus of Our Way Forward. We define quality through six attributes:
 - **Safe, effective, and patient-centred** are taken from our previous definition
 - **Timely, sustainable, and equitable** are new.



Our definition of high quality care



Building an inclusive, anti-racist workplace

- We're proud that LNWH is such a diverse organisation. Almost 70% of our employees come from Black, Asian and multi-ethnic backgrounds
- Our cultural diversity offers us enormous potential to share deep connections with our communities and the patients we care for within those communities
- However, ethnicity is still a major factor in how our employees experience our organisation
- Setting out our goal to become an anti-racist organisation is an important commitment to both colleagues and patients

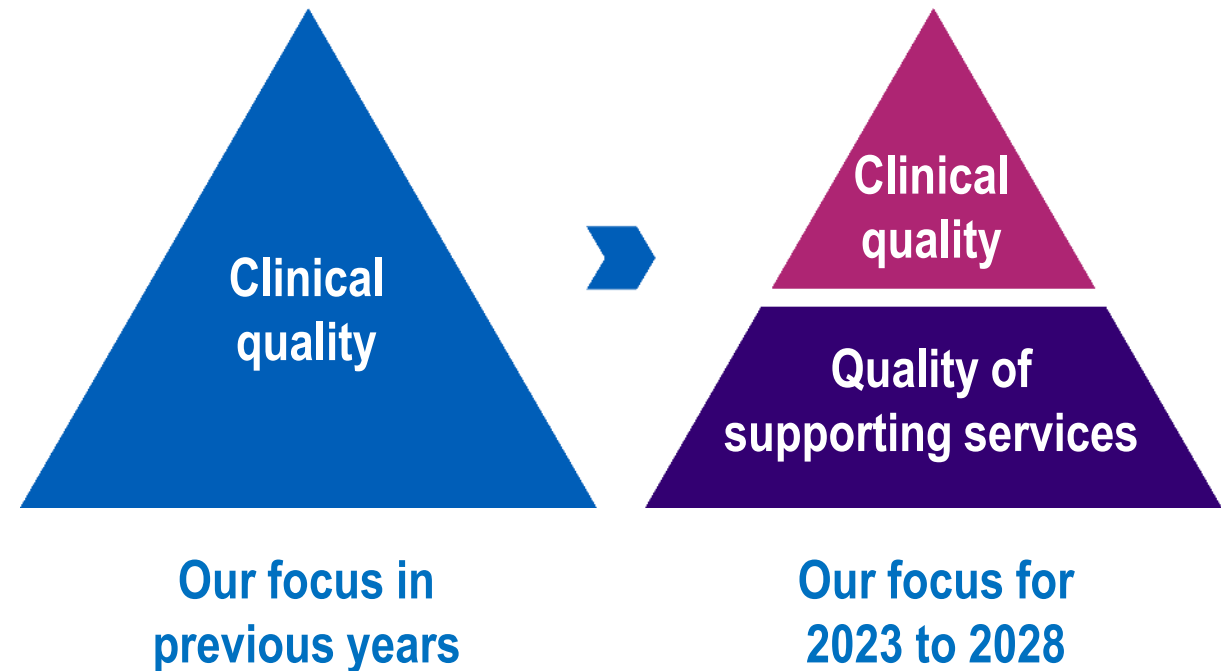
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An increased focus on support and administrative services

- We are committed to improving the services and tools that support our employees to deliver high-quality care
- Our supporting services and systems will be highly responsive, proactive, user-centred, and efficient
- Our employees will make better decisions due to improvements in the availability and integration of data.

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What Our Way Forward means for...

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**Quality at
our HEART**

...our local people

- Our patients will receive high-quality care when they need it, no matter who they are and when they need us
- Our patients will have improved continuity of care, allowing them to go home sooner
- Our patients will be fully informed about their appointments, treatments, and procedures
- We will become a favoured and attractive local employer



...our employees

- They will be empowered to provide high-quality, timely and equitable care
- They'll have access to better digital systems (including our new electronic patient record)
- They'll have better data to work with, to make better decisions
- They'll have improved opportunities to grow your skills and careers
- They'll feel safe, included, and a sense of belonging at work



...our sites



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CMH: focused on timely, efficient, and exceptional planned care experience



EH: better use of the site, including A&E, same day emergency care, operating theatres, and community diagnostic hub



NPH: major hub for emergency and critical care, cancer and specialist surgery



...our Trust

- We will become an anti-racist organisation
- We will improve our non-clinical services help us provide high-quality care
- We will build a culture of equity and quality
- We will work better with our local authorities, mental health, community, and primary care, and third sector partners to reduce the demand on our services
- We will share and align recourses across our acute collaborative



...our partners

- Improved clarity in our working relationships
- We will work with our partners to help patients access other kinds of support suitable for their needs when they come into contact with our services
- We will work more smoothly with colleagues in other acute trusts because of sharing one Cerner domain.

- We will work with local education providers and job centres to raise awareness of our apprenticeship opportunities
- More accurate public health information available for our partners





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How will we know we are making progress?

Honesty
Equity
Accountability
Respect
Teamwork
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Improving towards top-quartile performance and becoming an outstanding organisation

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Our Priorities	Area	We will make year-on-year improvements in....	Baseline	Top Quartile/ Standard	Source	
Provide high-quality, timely, and equitable care in a sustainable way	Safe	staff who would recommend our services to friends or family	58.8%	74.2%	NHS Staff Survey 2021	
	Patient Centric	patients who would recommend our services to friends of family	91.9%	92.7%	Weighted Average Friends and Family Test (Sep '22) [†]	
	Timely	Constitutional standard: RTT > 18 weeks		62.5%	≥92%	Integrated Performance Report (Nov 2022)
		Constitutional standard: Diagnostics		97.2%	≥93%	
		Constitutional standard: Cancer (first)		64.3%	≥85%	
		Constitutional standard: A&E four hour wait		66.5%	≥95%	
	Sustainable	our clinical efficiency relative to other acute trusts	£3,656	***£3,470	Model Hospital (20/21)	
Effective	summary hospital-level mortality indicator**	0.7931	0.7931	London SHMI (Jul 21 to Jun 22)		
Equitable	variation in quality between patient groups	TBC*	N/A	TBC*		
Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers		staff who would recommend LNWH as a place to work	55.5%	64.7%	NHS Staff Survey 2021	
		average staff vacancies that we have	11.3%	N/A	Staff Record (Sep '22)	
		how long our employees on median work for LNWH	4.3 years	N/A	Staff Record (Sep '22)	
		NHS survey score for diversity and equality	7.6/10.0	8.3/10.0	NHS Staff Survey 2021	
Base our care on high-quality, responsive, and seamless non-clinical and administrative services		employees who would recommend our non-clinical and supporting services to other colleagues	TBC*	N/A	New Support Service Feedback Survey	
Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities		partners who would recommend working with LNWH to other partners	TBC*	N/A	New Partner Interaction Feedback Survey	

* KPI does not currently exist in the Trust, and so we will need to develop ways to capture this KPI

** We would not expect significant improvements in our SHMI value, as it is already one of the best in the country

*** Median value is presented. As we sit in lower quartile (Q3), median (Q2) is deemed appropriate target for this measure. Top quartile (Q1) is £3,293

[†] Made by aggregating friends and family result and weighting the average score across A&E, inpatient and outpatients against eligible number of patients



Seeking partner feedback

Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

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We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Partners who would recommend working with LNWH to other partners	TBC ^[4]	N/a	New partner interaction feedback survey

4: KPI does not currently exist in our Trust, so we will need a way to capture this





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Join us on our way forward

- Honesty
- Equity
- Accountability
- Respect
- Teamwork

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Get involved on our way forward

- Read our strategy, watch and share our videos at inwh.nhs.uk/OurWayForward and on social media
- Share Our Way Forward with your colleagues, friends, and family

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Strategy 2023 to 2028



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