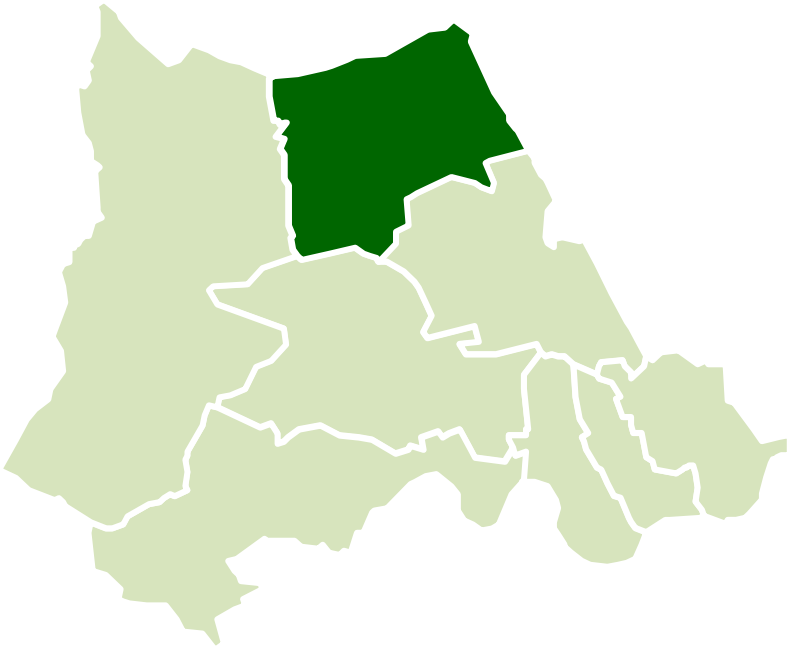
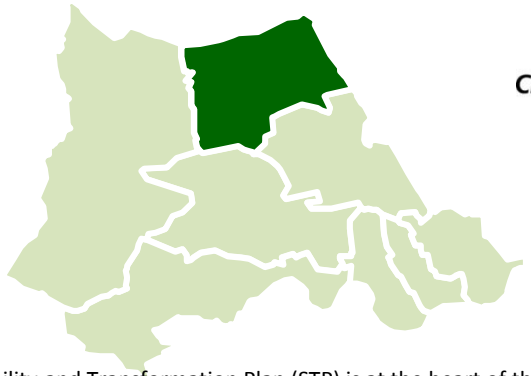
Harrow Executive Summary on Local Input to the NWL Sustainability and Transformation Plan



This is a working document and content is not final

The local picture in Harrow



NHS Harrow Clinical Commissioning Group

Harrow COUNCIL LONDON

The Sustainability and Transformation Plan (STP) is at the heart of the planning process. The Harrow STP process brings together providers and commissioners of care (both local government and NHS) to deliver a genuine place based plan for the borough, with a strong focus on Primary Care Transformation as a key enabler for sustainable system change.

260,268* GP registered in Jan 2016 / **247,130** residents – ONS, mid year 2015
£280,700,000* - 16/17 CCG allocation
34 GP Practices
Mental Health is provided by Central North West London

Community Health is provided by Central London Community Healthcare
Acute Hospital Care is mainly provided by London North West Hospitals (~60% of budget)

Harrow has:

- A greater older population than London, a third of over 65s have at least one long term health problem or disability
- People living longer with ill health (approx. 20 year gap in healthy life expectancy and life expectancy).
- One of most ethnically and religiously diverse boroughs in country – implications for rates of e.g. diabetes and heart disease in BAME.
- Large scale regeneration plans providing opportunities to influence local wider determinants of health
- A strong focus on Primary Care Transformation, delivered locally to unlock broader system changes

LIST OF PLANS THAT HAVE BEEN USED TO FORM THE LOCAL EXECUTIVE SUMMARY:

The contents of the pack are built on current local plans within Harrow and across NW London including (but are not limited to):

- Harrow Health and Wellbeing Strategy 2016-2020
- Base Harrow STP submission - April 2016
- Harrow Joint Strategic Needs Assessment 2015-2020
- Harrow 2016/17 Better Care Fund Plan
- The NWL Digital Strategy
- Shaping a Healthier Future
- NWL Whole Systems Integrated Care
- CCG 2016/17 Operational Plans
- The London-wide Strategic Commissioning Framework for Primary Care
- The NWL Primary Care Transformation Programme
- The Harrow Ambition Plan 16/17 – 18/19
- Harrow Out of Hospital strategy
- NWL Like Minded strategy
- Harrow LD and Autism Strategy

Public and partner engagement have been central to both the development of the above plans and strategies and the STP. The Harrow STP is going through an ongoing process of co-design with key partners, including the CCG, Local Authority, providers and patients. This summary is a distillation of the work to date and will continue to evolve over Qrt 2 &3 of 2016/17.

The Harrow STP is designed to feed into the wider North West London plan, and should be read with this context in mind.

The financial situation in Harrow

- Harrow is the most financially challenged health and care system in NWL
- In 2015/16 Harrow CCG achieved a surplus of £2m against a planned deficit of £5.3m in 15/16. The underlying exit deficit for the CCG was £11m.
- The total place 2016/17 allocation is -£12.565m below target reducing to -£10.036m by 2020/21.
- In July 2015 the Local Authority reaffirmed the total budget gap of £52.4m over the three year period 2016/17 to 2018/19.
- Significant net savings (QIPP) are required each year to close the CCG financial gap by 2021.

QIPP Required £m	16/17	17/18	18/19	19/20	20/21
CCG*	(9.8)	(11.6)	(5.8)	(3.8)	(3.8)

** Harrow CCG Sustainability Plan 2016/17 – 2020/21, Draft June 2016*

Understanding our population – the health and wellbeing of Harrow

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

We will ensure that young people of Harrow Start Well:

- Approx 17% (8000) children live in poverty and large inequality by deprivation – poorest ward has significantly higher rates than London or England average
- About 3,100 children were in need of a service from Social Care between 01/04/2013 and 31/03/2014
- High rates of low birth weight babies, with rising trends of smoking in pregnancy
- Currently 9.2% of Reception aged children being obese (PHOF 2014/15) increasing to 21.2% for children aged 10 to 11 years old in year 6 which above England

We will enable people of Harrow to Live Well

- Of people with long term health problems or disability living in the borough, 15% reported that day to day activities are limited either a lot or a little compared to 17.6% in England and 14.1% in London.
- Harrow has high rates of obesity across the population , with reported low amount of exercise taken
- Cardiovascular Disease is the leading cause of death (all ages)
- COPD deaths in females are rising in contrast to national trends
- Amongst highest rates of Type 2 Diabetes in England (and highest rate of 'pre-diabetes')
- Hospital admissions due to drug related mental health and behavioural disorder are amongst highest in London, with higher prevalence of schizophrenia, bipolar affective disorder and other psychoses in the population
- Low rates of bowel, breast and cervical cancer screening

We will support the people of Harrow to Work Well

- Harrow has reducing rates of unemployment but higher/static rates in those with mental health conditions
- Skills gap in the caring services which is concern given ageing population

In their latter years we will help people in Harrow to Age Well

- High percentage of adult social care users who do not have as much social contact as they would like
- Projected increase in falls in older people and associated NHS and social care costs with ageing population.
- Poorer outcomes association linked to deprivation.
- Rate of readmission after hip fracture in women rising and higher than England/London rate. Proportion returning home rather than into institutional care significantly lower than England.

Reduce Childhood Obesity

- Currently 9.2% of Reception aged children being obese (PHOF 2014/15) increasing to 21.2% for children aged 10 to 11 years old in year 6 which above England
- In 2021:
- Significant reductions in both cohorts

Enabling & supporting Self Care

- Estimates indicate 10.1% of adult population has Type 2 Diabetes which is amongst highest in England and Harrow has the highest rate of 'pre-diabetes'
- In 2021:
- Increased early diagnosis of pre-diabetes

Increase Physical Activity

- 31% of the adult population is classed as physically inactive and at higher risk of ill health
- Current utilisation of outdoor space is 18.0%

In 2021:

- Increased proportion of population taking exercise

Help Improve Peoples Mental Health

- Harrow's dementia diagnosis rate is below the 48% England average
- About one fifth of people accessing substance misuse services are having concurrent contact with mental health services.

In 2021:

- Improved access to IAPT driving better care and management

Reduce Social Isolation

- **26% of Adult Social care users do not have as much social contact as they would like**
- High rates of fuel poverty 11.3% (2013 PHOF) – worse than England - associated with poor health outcomes

In 2021:

- Improves access and use of day services

Support to Manage LTCs

- Cancer, heart disease and stroke biggest causes of death and driving inequality
- Cervical screening rates declining in young women
- COPD is under recorded in general practice

In 2021:

- Future Outcomes
- Xxx
- Xxx

Improve the Last Phase of Life

In 2021:

- Increasing the percentage of patients at the end of life dying to achieve their preferred place of care and death

Delivering Care Closer to Home

- Current Outcomes
- xxx

In 2021:

- Future Outcomes
- Xxx
- xxx

The 2021 Vision for care and support in (BOROUGH)

Below we have outlined the Harrow vision for how we will close the three gaps outlined within the Five Year Forward view and the STP guidance:

Health & Wellbeing

We will help all in Harrow to start, live, work and age well, concentrating particularly on those with the greatest need, supported by jointly developed digital sign-posting and self care tools and delivered in partnership with a sustainable voluntary sector .

Care & Quality

Through the continuing development and delivery of innovative integrated health and social care services we will deliver the right care in the right place at the right time for all of our residents, supporting a “whole person” approach to care planning and enabled by efficient use of system-wide estates and digital information technologies.

Finance & Efficiency

We will deliver best cost health and social care for the residents of Harrow, maximising our local system opportunities to pool resources, integrate delivery models and incentivise innovation and underpinned by our ongoing progress towards a sustainable system finance structure enabled by a fairer funding base for Harrow.

What are we doing this year (16/17) against the 9 NWL priorities? Harrow Deliverables (1 of 3)

The next three slides represent a summary of 16/17 activities and are not meant to be an exhaustive account of deliverables across our partners through 16/17 – Some deliverables are still being discussed and finalised.

1. Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthier choices and look after themselves.	• Develop and promote existing mechanisms for signposting residents to facilities, information, advice and services which promote health and wellbeing. • Implement a joined up approach to new technologies which links to internet of things and big data, developing local and regional apps to signpost self care tools and information • Explore options to support prevention programmes and overcome funding challenges facing a sustainable VCS/ 3rd sector model for Harrow, including a review of funding and sustainability options for the Harrow Communities Click model or similar strategies • Through Project Infinity develop the My Community ePurse for Personal Health Budgets by Q3 2016, including development of a self-service e-marketplace for people funding their own care and support. • Healthy workplace programme developed and deployed across health and care staff in Harrow with lead from health & care partners, aligned with the GLA Healthy Workplace Charter
2. Improve children's mental and physical health and wellbeing	• Progress Tier 2.5 service development, ensuring links to Primary Care Transformation to improve access to local care and support for carers and patients. • Develop and pilot an integrated model of service for children and young people, including options to provide additional health and care services for unaccompanied asylum seeking children • Complete an options appraisal for CAMHS service transformation across West London, including a review of workforce training needs • Redesign the early help service for children & young people in collaboration with staff & users • Review the Health Visiting service against the needs of the local population • Commission a new eating disorder service across 5 boroughs • Improve data collection & recording to provide more reliable data set in particular for children with learning disabilities aged under 5 years old, carers and young people in transition to support 'whole life' planning and service reviews. • Joint working between the Council and the CCG to ensure GP data on lifestyle and screening for those with LD can be monitored and compared with the general population.
3. Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness	• Develop a Community Cardiology service • Support the development of a NWL-wide cancer strategy group that focuses on prevention and early detection and living with and beyond cancer. • Using Right Care as a framework, develop joint cancer action plans across BHH. • Agree joined up approaches with Acute and primary care to improve early detection and access to treatment • Enhance the local acute oncology services • Partnership working to improve screening uptake, particularly in marginalised and seldom heard groups in Harrow. • Finalise plans for an enhanced respiratory service with specific aim to reduce acute activity, developing integrated model to include Consultant input into community clinics for rapid access referrals • Recruit additional staffing for the new community respiratory service, includes acute consultant input and a new pulmonary rehabilitation service

What are we doing this year (16/17) against the 9 NWL priorities? (BOROUGH) Deliverables (2 of 3)

4. Reduce Social Isolation	• Complete gap analysis of current day service provision in meeting the needs of target population groups to inform strategy development • Deliver better alignment, information sharing and joint delivery between services eg. IAPT • Deliver clear plans for a whole systems approach including development of options to maximise the integration of voluntary services and increased social prescribing models • Develop a service specification for employment/ mental health services which meets local needs, integrated with current local provision • Procure a provider for a employment mental health service and ensure the service fits well with other related local services such as Talking Therapies
5. Reduce unwarranted variation in the management of long term conditions	• Implement asthma and diabetes audits at practice levels to review variation, with actions linked to local LIS schemes as required • Develop integrated Diabetes Strategy including acute, community, primary and social care services • Move to management of diabetic patients in community based services with consultants and GPSI led support. • Education programme for insulin initiation and GLP training with the aim of delivery via primary / community care • Patient empowerment and self-help training for diabetes patients within primary care • Roll out virtual wards initiative, ensuring an integrated approach to health and social care is adopted • Focus use of technology to enable patients to manage their own self care • Deploy PAM (Patient Activation Measure) pilot with those patients engaged in Whole Systems care in Harrow e.g. virtual wards, with a view to improving outcomes.
6. Ensure people access the right support in the right place at the right time	• Mapping and networking of community assets to support increase collaboration between health, social and 3rd sector care agencies to increase efficient use of current estates and resources. • Develop 3rd walk in centre in the east of the borough to increase capacity and provide more equitable access to primary care through cross-practice working. • Accelerate deployment of the Integrated Urgent Care Pathway in Harrow • Develop Accountable Care Partnerships (ACP/ACO) business model contributing to delivery of integrated services • Review Discharge to Access models and develop appropriate local options. • Falls Service re-procured as part of the Community Services project, improving falls prevention and support to nursing homes to avoid preventable admissions to secondary care. • Protecting adult social care activity levels through BCF funding

What are we doing this year (16/17) against the 9 NWL priorities? (BOROUGH) Deliverables (3 of 3)

7. Improve the overall quality of care for people in their last phase of life and enable them to die in their place of choice	• Proactive signposting to last phase of life resources for both patients and carers, redesigned pathway, reduce NEL and LOS. • Streamline processes to improve access to of the palliative care funding to enable people to make choices and have a degree of control over their own EOL care pathways. • Extend the EOL Single Point of Access pilot • Develop systems to identify early potential EOLC patients (and therefore improved management), and increased staff training on EOLC management across the Trust (including community) • Develop wider partnership with Brent CCG and LNWH to progress joint redesign of EOL pathway, reduce NEL admissions and LOS. Strategy leading to increase in • STARRS Nursing Home in-reach pilot implemented, evaluated and future options agreed
8. Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population	• Improve service effectiveness and patient facing time through reduction of duplication and increased staff access to enablers of off site working, clinical processes to be mapped and re-aligned into new clinical system. • Embedded physical health check assessments within Inpatients and EIS community teams, ensuring outcomes are factored into care plan management • Improve specialist community-based support, opening up EIS team access to all age patients - specifically for the over 35 cohort and including embedding link worker model for delivery of interventions to over 35 patient cohort • Improved Urgent/Crisis care in the community including 24/7, single point of access timely assessment, more crisis management and recovery at home in the community by embedding CRHT - rapid response. • Enhancement of pathways between Single point of Access and Local Teams • Promote Talking Therapies services to increase uptake of amongst Harrow residents, aligned with Like Minded strategy
9. Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed.	• Prioritise deliverables for 7 day services and Primary Care Transformation • 3rd walk-in centre contract awarded for Harrow East, linked to emerging Integrated Urgent Care strategy for Harrow • Progress the key initiative to support enhanced access is the establishment of GP Network hubs to deliver primary care services, especially at evenings and weekends. • Complete implementation of care models for 2 primary care HUBS - full integrated delivery for identified pathways • Planning for the New East Harrow Hub, due to open in 2018/19 • Implement an integrated solution utilising EMIS Clinical Services which will provide real time integration between GP Practices and the new Harrow Community Services provider by October 2016

What are we doing in 2017/18 – 2020/21 against the 9 NWL priorities.

Conversations are ongoing about post 16/17 Harrow priorities – **Below priorities are currently being iteratively developed with partners**

1. Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthier choices and look after themselves.	• Signposting enhanced through digital information and self care mobile apps integrated with Personal Health Budgets and Project Infinity, aligned with a clear VCS/3rd Sector strategy • Healthy Workplace programme strategy deployed across large scale employers in Harrow, building on model tested across health & care partners, aligned with the GLA Healthy Workplace Charter • Ongoing alignment of local Health & Wellbeing Strategies to maximize opportunities arising from Harrow regeneration
2. Improve children's mental and physical health and wellbeing	• Harrow Council and the CCG to ensure diagnostic, assessment and integrated care pathways are in place for people with learning disability, autism and complex and challenging behaviour. • Ensure access to clear accurate and consistent information and advice. Ensure materials are produced in easy read format. • Implement a joint LD & Autism strategy aligned with broader Transforming Care Programme.
3. Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness	• Respiratory service implementation - Service in place for 17/18 start, staff recruited • 2018/19 - Possible expansion of service e.g. include a home oxygen service, addressing unmet demand or include further respiratory conditions • Better integration with social services including local authority Re-ablement team
4. Reduce Social Isolation	• Expand scope and reach of current day services, closely aligned with the VCS and 3rd Sector to enhance early at-risk cohort identification and locally delivered support for isolated and vulnerable residents
5. Reduce unwarranted variation in the management of long term conditions	• Continuing investment in whole systems integrated care transformation programme focusing on providing personalised care for people with one or more LTCs. • Risk Stratification Dashboard deployed locally to supported integrated care teams and primary care to progress proactive monitoring and target self care interventions. • Strategies for local needs in MSK and COPD implemented and aligned with new primary care models enabling preventative intervention delivery.
6. Ensure people access the right support in the right place at the right time	• Progress local innovative delivery of Whole Systems Integrated Care and Primary Care Transformation, aligned with the broader NWL strategies • Procure Develop Accountable Care Partnerships (ACP/ACO) business model contributing to delivery of integrated services • Deploy subsequent phases of Integrated Urgent Care, aligned with the evolving NWL plans and BCF developments. • Roll out local models of Integrated Health and Social Care assessment processes to supported early interventions and accelerate discharge to appropriate non-acute care settings

What are we doing in 2017/18 – 2020/21 against the 9 NWL priorities.

Conversations are ongoing about post 16/17 Harrow priorities – **Below priorities are currently being iteratively developed with partners**

7. Improve the overall quality of care for people in their last phase of life and enable them to die in their place of choice	• Improve and Implement Proactive signposting for patients and carers • Develop partnership with Brent CCG and LNWH to progress redesign of EOL pathway, reduce NEL and LOS. • Streamline processes to improve access to of the palliative care funding to enable people to make choices and have a degree of control over their own EOL care pathways. • Extend the EOL Single Point of Access pilot, review and evaluate outcomes • Review and system integration of Palliative Care nursing team
8. Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population.	• Use integrated data analytics to centrally schedule community team visits and minimise the time spent on non-face-to-face activities; install hard/software infrastructure to allow for video conferencing • Implement Community Based Packages – implementing the NICE guidelines packages in the community • Scope out alternatives to admissions, crisis houses/recovery house • Increase different types of accommodation moving towards independent living with floating support, includes Implement a Supported Housing Strategy to address the needs of people with mental health issues to access good quality, affordable housing with tenure options (strategy in development for July 16) • Enhance investment in PCMH model, expanding skill mix , including peer support provision, and treatment types in line with proposed Like-Minded model
9. Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed.	• Implement Ongoing programme to restructure and consolidate services in line with SaHF • 3rd Hub established by 2018/19, integrated with Walk-in Centre and Integrated Urgent Care models • 7 day-services progressed, aligned with risk stratification dashboards to track improvements against 2016/17 baseline

Setting Out Local STP Activities – Local Harrow Priorities

The 9 emerging priorities have been agreed across NW London. Other important harrow priorities which are not reflected at the pan-NW London level are:

	Harrow Emerging Priorities	Local Programmes	Key 16/17 Plans
Local 1	Assess the health impact of Harrow regeneration schemes	• Take the opportunity to consider how to enhance the positive impact regeneration schemes will have on health, wellbeing and health inequalities and to minimise any possible negative impacts.	• Pilot the use of a Health Impact Assessment framework on Grange Farm re-development and make recommendations to promote health and wellbeing • Evaluate the effectiveness of the piloted HIA framework • Conduct an HIA on Civic Centre redevelopment
Local 2	Improve joint approaches and communications and promote effective engagement with all Harrow residents to help bridge inequalities in Harrow and meet the needs of marginalised groups	An integrated approach to communication and engagement will enable health and wellbeing messages to be more co-ordinated, targeted and powerful, culminating in residents feeling more informed about progress and future developments.	• Set up an engagement working group tasked with developing an integrated plan for communications • To look for synergies between planned activities of partners to increase efficiency and integration of messages
Local 3	Progressing the digitisation of shared information and patient records to enable integrated care monitoring, planning and care delivery models aligned with social, primary and community care transformation	Implementing EMIS Web .	• Progress to integrated health and social care records using EMIS Web as the local platform .

A summary of the main challenges facing delivery

Many of these gaps are being addressed through Harrow's planning process, and Harrow's Executive Summary has being developed iteratively with input from all partners and content included within this summary is only a snap-shot of current progress.

Harrow Health & Wellbeing Gaps	• How to deliver the self-care and prevention agendas in a multi-language, culturally diverse population • Harrow Regeneration – how to ensure that regeneration projects are designed to positively impact the wider determinants of health
Harrow Care & Quality Gaps	• How to accelerate change in Primary Care Transformation within constrained resources • Implementing new pathway and staffing models while maintaining current service levels • Mapping community, health and social care assets to deliver a joined up estates and delivery strategy for care closer to home • Coordination and delivery of innovative and cutting edge digitisation programmes across multiple providers, agencies and the voluntary sector to improve access to real time care pathway information
Harrow Finance & Efficiency Gaps	• How to fund transformation from within existing resources within the context of the historical funding gap for Harrow which could put at risk successful delivery of innovative delivery solutions • Developing innovative approaches to pooled funds and risk share incentives across commissioners and providers • Reducing Council budgets as the Revenue Support Grant reduces