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**REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 14 January 2020

**Subject:** Update on Integrated Care Partnership

**Responsible Officer:** Ms Javina Sehgal  
Managing Director  
NHS Harrow CCG

Carole Furlong  
Director of Public Health  
London Borough of Harrow

**Public:** Yes

**Wards affected:** All

**Enclosures:** None

## **Section 1 – Summary and Recommendations**

This report sets out to inform the Board on the latest position in the development in Harrow of the Integrated Care Partnership (ICP) and population health management as part of that.

The Integrated Care Partnership is a vehicle for delivering integrated population health and care in Harrow, in line with the NHS Long Term Plan published in January 2019.

This report is delivered by the Senior Responsible Officer (SRO) for the Integrated Care Programme, Javina Sehgal, Harrow CCG MD. The Population Health Management element sits within Public Health, with Carole Furlong as Director of Public Health.

**Recommendations:**  
For Information only

## **Section 2 – Report**

### **Integrated Care Partnership**

Following the last briefing given to the board, the partnership has continued to show strong commitment and excellent engagement. The programme's boards and work streams are established and actively working to drive integration forward. Work has continued on delivering and piloting new models of care for frailty, care homes and dementia. The following organisations are involved in this work:

*Central and North West London NHS Foundation Trust*  
*London North West University Healthcare NHS Trust*  
*Harrow Community Action*  
*Central London Community Healthcare NHS Trust*  
*5 Harrow PCNs*  
*Harrow Patient Partnership Network*  
*St Luke's Hospice*  
*Harrow Health CIC*  
*Harrow Local Authority*  
*Harrow CCG*

The Joint Management Board (JMB) have recognised the need for expert leadership support to help translate the vision for whole-population integrated care into a delivery plan, and to articulate the function of the Integrated Care Partnership as the vehicle for delivering integrated care in Harrow. A brief was sent to relevant organisations inviting them to bid and a selection process was undertaken. PPL Consulting has now been engaged to provide the required leadership support to the JMB. A series of workshops will take place in January and February 2020, with the objectives for this work being to articulate the objectives, priorities, implementation plan and resources required for integration in Harrow.

Communications media (video and newsletter) are being developed to inform the public and other stakeholders about the programme. This work will be completed by the end of January 2020.

### **Population Health Management**

We have been developing an approach to population health management in Harrow, to support and inform the integrated care programme.

There are a number of elements of population health management that define it as an approach:

1. Systematically using data
2. Identifying cohorts of people/ segmenting/ stratifying at increased risk of e.g.:
  - Getting a disease
  - Attending hospital
  - Having complex care needs

3. Focusing interventions and actions to prevent ill health/worsening health – both at individual patient level and system-wide
4. Helping with resource allocation

Through better understanding the population and distribution of risk factors for health outcomes, we aim to be better able to direct resources to improve health and service delivery across health and social care.

The programme of work is developing. We have now obtained approval for access to Whole Systems Integrated Care (WSIC) data for the programme, although still working through the details of where this can actually be accessed from. This gives us much better access to a range of primary and secondary care data.

We will look at using this and other data sources to develop more rich data for Harrow, at a Primary Care Network (PCN) population level, on:

- Population profiles in terms of demographics, service access, conditions and lifestyle factors
- Observed vs expected prevalence of diabetes, pre-diabetes, and other long term conditions
- Those in the population who are at risk of long term conditions
- Those in the population with long term conditions who are at risk of hospital admission

We will then build a collaborative plan for developing how this gets used and actions going forwards.

## **Ward Councillors' comments**

## **Financial Implications/Comments**

There are no direct financial implications identified within this report.

The costs of the Integrated Care Programme will be delivered within existing CCG resources, supported by Public Health (funded within the grant envelope).

## **Legal Implications/Comments**

Legal note there are no specific implications and risks identified within this Report. Any decisions undertaken in relation to the Integrated Care Partnership will be subject to any relevant governance considerations.

## **Risk Management Implications**

An Integrated Care Programme risk log is monitored at monthly board meetings.

## Equalities implications / Public Sector Equality Duty

For the Integrated Care Partnership, clinical leads are attached to the programme, and quality impact assessments undertaken.

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

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 20/12/19		
Name: Sarah Inverary	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 20/12/19		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 20/12/19		

<b>Ward Councillors notified:</b>	<b>NO</b>
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### Section 4 - Contact Details and Background Papers

**Contact:**

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**Background Papers:** None