

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

Harrow

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

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NHS Harrow CCG and Harrow Council are committed to the key principle of joint working for the delivery of Integrated Care for the residents of Harrow. The development of the Integrated Care Partnership (ICP) in Harrow has focussed on supporting those residents most in need. The ICP incorporates health and social care needs, with CCG and Local Authority commissioned providers, alongside third sector organisations, working together on population-based models. Initially the target group will be those within the community assessed as being most at risk of admission to acute care. The models of care in development, and being piloted at present are very much person-focussed, aimed at rapid identification of health and care deficits which can be met through interventions from the multi-disciplinary team. Third sector involvement, along with the inclusion of social prescribing, are vital to the ongoing success of the programme. Interventions may be transient or more long term depending on the care deficits being experienced. The interventions are aimed at promoting and maintaining the independence of the individual, empowering self care decisions at all times. During Q2 and Q3 of 2019 / 20 and throughout 2020 / 21 the models of care will be further enhanced to increase the volumes of patients able to access care. Preventing avoidable admissions to hospital will remain the a key outcome measure.

The Integrated Care Programme, utilising the Multi Disciplinary / Multi Agency approach will function on the premise that that Client Independence is the optimum outcome. The Integrated Care Team assess the clients Health and Care needs, identifying deficits which are impacting on the clients ability to self care. Interventions are provided, including by Voluntary sector providers, co-ordinated through an identified team member with input from the client. These interventions are geared towards returning the client to an ongoing level of independence and safe living. The model of care, while in its infancy, is slowly growing and is expected to encompass a number of localities in Harrow by April 2020. The Quarterly BCF update report will provide details of the number of clients being managed by the service. The Delayed Transfer of Care have been better managed over the last twelve months through the use of services such as the Hospital Discharge Team (located at Northwick Park hospital), enabling a more timely response and avoiding delay in referrals. Winter pressures funding has increased the social work team by 2FTE which contributes to the improved performance in the DToCs.

The LA vision being embedded aims to provide choice through resilience and keeping resident independent in their own homes for as long as possible and providing "the right care, in the right place, at the right time". The market position statement currently in development will aim to ensure a sustainable market through the management of providers from reablement services through to extra care accommodation enabling residents to have their own front door and a greater focus on the avoidance of residential placements.

The safeguarding and quality assurance team works with providers to manage risk and to ensure that minimum quality standards are exceeded (reflected in the number of homes rated good or above by CQC).

Residents and their families will have access to online information and advice, through a refreshed LA website, and a social prescribing database supporting the borough wide service covering all GP practices. This will enable effective signposting by all partner agencies.

The borough has an active voluntary sector engaging in the Integrated Care Programme workstreams and there will be further opportunities for their roles to be expanded as the system matures.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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Harrow CCG and Harrow Council are both active participants in the Harrow Integrated Care Partnership (ICP). This vehicle has been developed specifically to deliver population based care for those most at risk of admission to acute care. The ICP, while still in its infancy, is developing new models of care which transcend the traditional boundaries between health and social care delivery. Individual needs are paramount with interventions aimed at promoting and maintaining independence. Commissioning models will make way for Alliance agreements between entities, working under the direction of the Primary Care Networks on locality delivery. Voluntary sector involvement, and the introduction of Social Prescribing are key pillars to the strategic development of Integrated Care. Harrow Carers are a good example where a voluntary sector provider has been closely involved in the ICP development and mobilisation. At present the Integrated Care Service delivers Health and Social care to clients within one Locality in Harrow; this is a single Primary Care Network location. The model is subject to ongoing evaluation. Health and social care needs are assessed with the multi disciplinary, multi agency team delivering hands on care to clients based on their comprehensive needs assessment. Voluntary sector providers have been involved in the model design, as well as delivery. The participation of the Third sector organisations will increase as the volume of clients being managed through the Integrated Care Service is enlarged. The model of care will be expanded over the next six months to encompass additional Primary Care Networks within Harrow.

Building on the vision that "Harrow is Home" for all residents, the vision of an integrated learning disability service with co-located health and social care officers (which aims to create a seamless service for residents with learning disabilities) will be implemented from mid November. This will maximise the independence of people with learning disabilities and manage need more effectively.

Many of our emerging commissioning approaches are being developed jointly across health and social care, services for people with LD for example and Carers, along with approaches to Dementia Care and Enhanced Home Care to support hospital discharge. We are also revising our approach to step down facilities and support to all care pathways out of the acute hospitals.

All of the above is underpinned by the Resilient Harrow Vision, which is a strength based approach to maximise wellbeing, independence and recovery from illness for all our citizens. For many of our commissioning plans and intentions we are using an all age approach and have used the national standards of commissioning to guide and shape our developments across the whole health and care system in Harrow where possible. We are also building an Improved Offer in Harrow to manage demand and predict how we will meet future projections of need in as strategic a way as possible, which will shift the balance of provision over the next 5 years. This will move us in Harrow away from an overreliance of bedded care to more suitable community alternatives, increasing our use of Assistive Technology, shared lives, targeted reablement and more effective home care and enhanced care for particular groups. Support to hospital discharge is embedded in all our planning and assumptions, as is joint planning for preventing unnecessary hospital admissions.

Additional sources of funding, such as the winter pressures grant, provide increased purchasing power and are jointly agreed between the LA and the A&E board to ensure services can be flexible to target emerging pressures.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

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The ICP includes a workstream to enable partner organisations to consider the most effective use of estates with a view to increased co-location opportunities in the future.

The LA support the virtual ward model through the co-location of social workers aligned to GP surgeries. This model will be reviewed as the PCN's become more developed and in line with the overarching strategy.

DFG: The BCF assumes that the full disabled facility grant allocation will be allocated to the housing authority to enable it to continue to meet the statutory duty to provide adaptations to the homes of disabled people. The housing authority continues to support improving outcomes across health, social care and housing largely through the use of adaptations adopting a trusted assessor model. Other schemes, such as the Home Improvement Agency (HIA) in Harrow deliver advice, support, information, advocacy and practical help with designing and delivering repairs, adaptations to vulnerable people.

A Telcare Strategy has been adopted, with current activity focussing on a proof of concept pilot using two cohorts hospital discharge ("Ethel" supporting the Home First independence model - supporting communication) and assessment ("MySense" technology wearable devices / sensors that provides data on exceptional patterns of behaviour) This pilot will determine the future use of the DFG funding based on the outcomes provided, potentially addressing the balance between historic adaptations and moving towards more innovative modern offer for the future. The Executive Adaptations board will receive the evaluation of the project and will enable future discussions around the most effective use of the grant, and will include consideration of regulatory reform orders.

The public health team work closely both with officers across the council, for example supporting the Active Harrow Physical Activity and Sports Strategy and also across the health & social care partnership including supporting the social prescribing model, actively engaging with the PCN's. The JSNA is in the process of being updated with an online repository of data with access for all partners and members of the public, supporting the HWBB priorities of Start Well, Live Well, Age Well.

The development of the extra care strategy is jointly owned by both internal and external housing providers, with wider engagement events developing the required specification proposals.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

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Harrow is a relatively large borough with a population of around 260,000 people. The borough is serviced by 33 General Practice Surgeries, with services commissioned by both Local Authority and the Clinical Commissioning Group. People in Harrow are, in general, healthier and live longer than the average for England and London. However, there are a number of underlying health issues that affect many of the population of the borough. People living in different social circumstances experience differences in their health and wellbeing, and in their life expectancy.

The annual Joint Strategic Needs Assessment (JSNA) is carried out by Harrow Council, in partnership with the NHS and community representatives, and is founded on a strong evidence base of need and drives elimination of health inequalities across the borough.

Men in west Harrow can expect to live for five and a half years longer than men in Greenhill ward. Women in inner south Harrow can expect to live more than 10 years longer than women in Wealdstone. However, although there are big variations in life expectancy, Harrow compares favourably to London as a whole.

Harrow's population is projected to grow over the next ten years, with the greatest growth in the older age groups (45-59 and 60+). There is also a predicted increase in numbers of children aged 0-15 but a predicted reduction in the 15-44 age group.

More than 50 per cent of Harrow's population is from black, Asian and minority ethnic (BAME) groups, making Harrow one of the most ethnically diverse boroughs in the country. The largest group, after white, is Indian.

Less than half the children in schools in Harrow speak English as a first language. The second most commonly spoken language is Gujarati.

Harrow CCG is part of the North West London (NWL) Collaborative of CCGs. This collaborative consists of eight separate Clinical Commissioning groups which form the NWL Sustainability and Transformation Partnership (STP). As part of the evolving healthcare landscape the eight CCGs will become a single entity by April 2021. Locality delivery will remain with Harrow continuing to work closely with Harrow Council on delivering integrated health and care. The STP arrangement will allow for increased sharing of best practice models for integration and joint commissioning. While Harrow CCG remains as a separate entity it will continue to directly with Harrow Council to deliver the objectives and outcomes of the Better Care Fund programme. The Health and Wellbeing Board (HWB) will deliver the oversight for the Better Care Fund Programme. The overarching schemes within the programme have already been approved through the internal governance mechanisms within both the Local Authority and CCG, with the detailed schemes being reported to the meeting in November. Many of the schemes are being delivered as part of the Integrated Care Programme in Harrow. The Programme has a dedicated Delivery Board which has representation from the CCG, Local Authority and provider organisations. The Delivery Board will provide operational direction and governance to the Integration Programme, providing updates to the HWB on a quarterly basis.

Our high quality care and services need to be financially sustainable and our plans need to be developed within, and need to reflect, the challenging financial context that we are experiencing in NW London across both councils and health services. To ensure we continue to deliver high quality care and the best outcome for residents we will need to make difficult choices to address health inequalities.

The LA are at the centre of the ICP with LA chief executive holding the position of chair. It is acknowledged that there is always more that we can do to work together on joint agendas. Throughout NW London there are great innovative examples of how councils and health have come together to proactively work with residents and improve services and outcomes. Further opportunities are being explored to determine the synergies of working more effectively across organisations, extending to reviewing the membership of the HWBB to ensure all partners are represented on this journey.