

Harrow ICP

Development of the Harrow Integrated Care Partnership

Harrow Health & Wellbeing Board

8th June 2021

Introduction and Context

1. Integrated Care Partnerships (ICP) are at the heart of health and care integration and improving population health in England.

- Unlike the Integrated Care Systems (ICSs) that have been mandated across England, or Primary Care Networks which are designated building-blocks in the NHS Long Term Plan, the scope, ambition and focus of ICP development has been relatively undefined and varies significantly nationwide.
- Both recent publications from NHS England & Improvement and the Department of Health and Social Care White Paper have re-emphasised the “primacy of place”, in a London context our borough-based ICPs, in the future architecture of the NHS.

2. Developing ICPs has proven particularly complex in the context of ongoing financial and operational pressures across health and social care services and the voluntary and community sector.

- After working together over four years to develop the Whole Systems Integrated Care (WSIC) model for the over 65s in Harrow, a decision was taken in 2016 to create an Integrated Care Alliance / Partnership (ICP) in Harrow as a vehicle for improving health and care outcomes.
- In August 2017 an Integrated Care Development Programme team was established and programme and governance infrastructure developed, with detailed plans to progress the broader development of integrated care in Harrow.
- In 2019, the decision was made to transition from the development stage of the ICP (which included prototyping service developments) to a delivery stage, involving “scaling-up” and accelerating change across the system.

3. At the start of 2020 the Harrow Joint Management Board (JMB) re-affirmed the vision and objectives of the ICP jointly developed across Harrow; committing to a clear roadmap for improvements at scale, built around the future health and wellbeing of the people of Harrow.

4. The Harrow Health & Care Executive (HHACE) was formed in February 2020 bringing together system leaders from across the local authority including public health and social care, CCG, Primary Care Networks, community, mental health, acute services, and voluntary and community sector partners to oversee a “100 day programme” of joint work across Harrow, based on the roadmap and priorities agreed by the JMB.

5. From February 2020 onwards HHACE and the broader ICP became involved in helping to co-ordinate Harrow’s pandemic response including formally being designated as the Borough Silver Command in October 2021.

6. In June 2020 the ICP published its “Out of Hospital Recovery Plan”, jointly developed with all partners and used as a model across London focussing on renewed commitments to mutual aid and support; and applying the learning from COVID-19, re-doubling efforts to address health inequalities in Harrow.

7. From March 2021 the ICP has been looking at how it continues to develop and puts patients, citizens and communities at the heart of everything it does one year on from the establishment of HHACE and in the context of national, regional and local developments around integrated care.

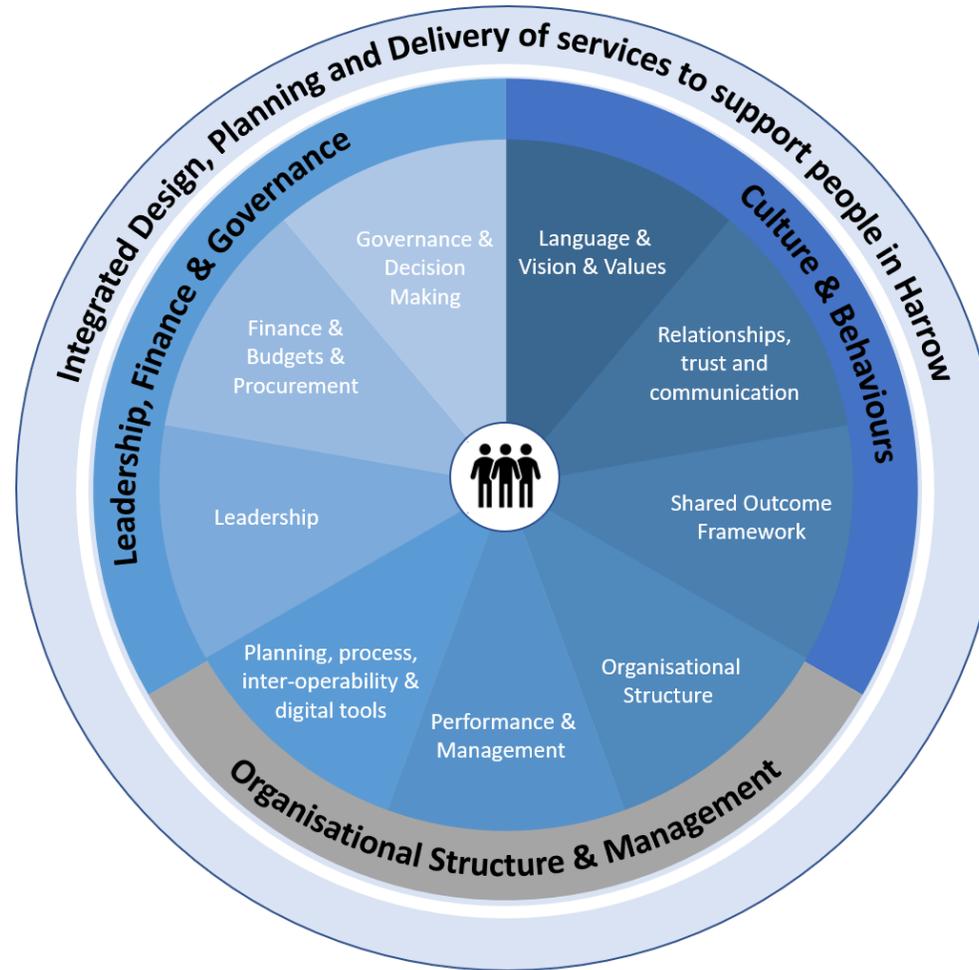
What is the ICP?

Integrated Design, Planning and Delivery of Services

- Across all areas of health and wellbeing, being able to come together to produce real change, from jointly designing new services to delivering shared outcomes for local people, co-produced with them.

Leadership, Finance & Governance

- Clear, shared, strategic leadership with well-understood roles and responsibilities.
- Shared financial understanding and pooling resources around the needs of our communities wherever possible and practical.
- Robust, flexible and purposeful governance, where decision-making is transparent and respected, and actions are taken forward with Harrow-wide support.



Culture & Behaviours

- Shared vision and values for how we can improve people's health, wellbeing and lives in Harrow.
- A shared set of outcomes which we are all working towards – a joint view on what “good” looks like.
- Shared language describing key concepts we need to be able to co-ordinate effectively.
- Recognition and spread of collaborative behaviours and skills at all levels.

Organisational Structures & Management

- A pragmatic organisational structure and processes to operate effectively and enable collaboration.
- Shared performance metrics.

What does this mean in practice?

Working together as individuals, professionals, patients and service users, carers and families, organisations and as Harrow to improve health and wellbeing across all of our communities.

Although our plans have been significantly impacted by the pandemic, we have continued to work jointly on developing number of key priority areas:

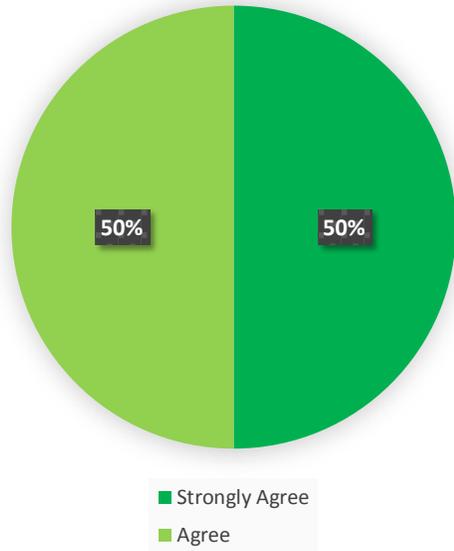
- **Frailty and Care Settings**
- **Mental Health and Wellbeing**
- **Learning Disabilities and Autism**
- **Prevention, Self-care and Social Prescribing**
- **Long Term Conditions**
- **Children and Young People**
- **Tackling Inequalities**
- **Support to Carers**
- **Integrated Education and Training**
- **Digital Transformation**
- **Communications and Engagement**

Harrow Health & Care Executive: Reflect and Refresh, 1 Year On

Area		Key Lines of Enquiry
1	Overall lessons learnt	<ul style="list-style-type: none"> • What has worked well, what would we like to do differently: e.g. membership, priorities, links to other structures and the ICS? • Feels like we are operating as a system, but a lot is based on individuals and their goodwill: how do we build on this to improve integration (not just services but outcomes), codifying relationships between health and care, develop our “blueprint” for areas such as performance, delivery and culture; and understanding of who is doing what?
2	Enhancing support to primary care	<ul style="list-style-type: none"> • Primary Care and our five PCNs have performed a critical role in Harrow during the pandemic response: as we work jointly to restore services, and to address both long-standing and new inequalities in our communities arising from Covid, how do we ensure that primary care colleagues are appropriately recognised, represented and supported at all levels of local and system governance?
3	Responding to the White Paper	<ul style="list-style-type: none"> • What is the likely future “ask” of Harrow as part of North West London ICS: how can we use the experience of HHACE to help shape and influence this? • What are the implications for our ICP: how can we get ahead, and use the direction in the White Paper to accelerate our priorities? • What is our experience of place-based working, and how will this affect the future role of place and neighbourhoods: how can we build the required tools, infrastructure and freedoms?
4	Addressing resourcing challenges	<ul style="list-style-type: none"> • How will changes in the CCG model affect the work of the partnership: there is an opportunity and a need to think about how we staff and deliver our priorities, including agreed principles resourcing and funding partnership activity. • What is the role of HHACE: for example, in managing some of the shared financial challenges ahead.
5	Understanding our future priorities	<ul style="list-style-type: none"> • Understanding our current priorities: including reducing health inequalities, maintaining progress on discharge, addressing Long Covid, supporting mental health, growing critical care and diagnostic capacity. • Understanding what this means for existing workstreams: for example frailty, and what is important / how these link moving forwards.

Harrow Health & Care Executive: Reflect and Refresh, 1 Year On: Findings

I believe the Harrow Health & Care Executive has been effective in improving joint-working over the last 12 months...



What people said...

"Issues get resolved"

"Trust has grown between partners"

"Partners are equal players"

"Partners [are] getting closer to a single shared vision"

"...support across the system has been mobilised quickly, especially in relation to testing and vaccine hesitancy"

"[in the] joint Covid response in Harrow [HHACE] allowed us to work through areas of concern across all partners with joint solutions often achieved."

"Strong, productive relationships in place"

"Has fostered closer relationship between partners"

"Solutions focussed - e.g. between primary and secondary care; community and local authority support for primary care"

"definitely feel more connected with partners, especially the Local authority"

"Very good at sharing and mobilising support during Covid - suspect the alliance at 'the top' has facilitated more cooperation and action at a 'lower' operational level"

"[there is a] sense of genuine collaboration within the Friday meetings"

"I want HHACE to be the voice of Harrow population within the ICS and [to] give Harrow citizens the best caring services they deserve by bringing in the resources to address inequity and co-morbidities."

Harrow ICP conversations June – July 2021

Friday 11th June 8 – 10.30am
Putting patients and citizens at
the heart of the ICP

Friday 25th June 8 – 10.30am
Reaffirming shared
commitments

Friday 18th June 8 – 11.30am
How we hold ourselves to
account?

Friday 9th July 8 – 10.30am
Developing our shared culture

- 1. Putting patients and citizens at the heart of the ICP:** Including in the planning, delivery and assurance of better health and care outcomes
- 2. How we hold ourselves to account?** Including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the ICS
- 3. Reaffirming our shared delivery commitments:** Including the operational changes and workstream development to support the above
- 4. Developing our shared culture:** Including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing

Key next steps

1. Putting patients and citizens at the heart of the ICP

- **Invitations to community groups and representatives** including the 35 groups which are part of the **Covid Awareness Funding** in Harrow; patient representatives including **Healthwatch Harrow, Harrow Patient Partnership Network (HPPN)** and the **Patient Participation Groups (PPGs)**; and an open invitation to help us extend the invite to any other organisations and communities we may have missed.
- **Support to HHACE / JMB members** to facilitate the first hour through small-group breakouts which will pair each system leader with approximately 4-5 community representatives to hear their stories.
- **Plenary session** to share feedback.
- **Part two of the meeting** will bring system leaders back together to reflect on individual conversations and to develop specific thinking and practical proposals for how to incorporate into the ICP development roadmap for Harrow.

There is a risk we keep asking people to repeat to us their priorities, and then failing to deliver on what we are told. The focus of this session is moving beyond the “what” to the “how” we will take these priorities forward as an ICP.

1. Afghan Association
2. African Cultural Association
3. Alridha Foundation
4. Carib and Co Brunch Community Interest Company
5. Community Barnet
6. Greater London Youth Foundation
7. Harrow African-Caribbean Association (HACAS)
8. Harrow Carers
9. Harrow Ghanaian Association
10. Harrow Mencap
11. Harrow Sikhs
12. HASVO
13. Hendon Tamil School
14. HFTRA (Harrow Federation of Tenants and Residents Associations)
15. I Serve
16. Ignite Youth
17. Institute of Jainology
18. KSIMC of London
19. Lohana Community North London
20. Middlesex Association for the Blind
21. Noor Trust Charity (Represented by its subsidiary Noor Orphans Fund).
22. North Harrow Community Library
23. Pegasus Partnership Trust
24. RCCG House of Joy
25. RCCT CIC
26. Roconnect
27. Romanian Women in UK
28. Sangat Centre
29. Special Needs Community CIC
30. Sri Lankan Muslim Cultural Centre UK
31. St Lukes Harrow and Barnet
32. St Paul's Church
33. The Pothohar Association UK
34. The Tamil Association of Brent
35. Zawayah

Workstream Summaries (1/2)

Frailty and Care Settings

Simon Crawford, Angela Morris and Dr Amol Kelshiker

- A task and finish group is being convened to review and support the completion of CMCs and care plans for care home residents and other frail patients in the community.
- Work is on-going to ensure a coherent link between the hospital and community frailty pathways
- Primary Care Enhanced Frailty Service: PCNs have confirmed their plans for delivering this.
- The development of the workstream outcome indicator dashboard will be resumed when the ICP BI Analyst is recruited.

Mental Health and Wellbeing

Ade Odunlade and Dr Dilip Patel

- The workstream membership now includes patient Experts By Experience and VCS organisations.
- Partners are currently populating the whole system matrix – mapping existing service offerings to a matrix of life course vs three key areas in the care spectrum (Prevention, Living with Mental Ill Health and Crisis Management)
- Transformation work will be agreed based on whole systems matrix.

LD and Autism

Paul Hewitt

- Priorities are now based on life course + three key areas: Prevention, Living with LD and Autism, Crisis Management
- LD and Autism Strategies will be drafted into one document.
- Annual Report paused due to COVID-19 Pandemic

Prevention, Self-care and Social Prescribing

Carole Furlong and Dr Meena Thakur

- Work programme prioritized as:
 - Immunisations
 - Screening
 - Ethnicity coding in practices
 - Proactive case-finding for NHS Healthchecks
 - Delivery of the obesity strategy
- A workstream dashboard will be developed to track the indicators linked to logic model outcomes – when ICP BI Analyst is recruited.

Long Term Conditions

James Benson and Dr Kaushik Karia

- Review of the ToR – incl. Primary Care Enhanced Services and CVD, NW London CRGs, including Diabetes and Respiratory. Addition of CNWL mental health reps to the membership
- Primary Care Enhanced Services (Level 1 and Type 2 REWIND): Focus on mobilisation, including establishing baselines. Level 2/3: Focus on PCN, ARRS, Community, and Mental Health integration
- Respiratory Diagnostic Hublets: Focus on establishing these in Harrow, in conjunction with NW London colleagues
- Pulmonary Rehab: Focus on streamlining pathway
- Cardio-Vascular Disease (CVD): Diagnostics: Focus on reviewing pathway, with a view to including a network approach.
- Atrial Fibrillation: Link in with NW London workstream

Children and Young People

Paul Hewitt and Dr Varun Goel

- ToR being developed
- Initial CYP priorities have been agreed and fed back to the NW London CYP programme.
- Priorities to be formally adopted at the June Board.
- A work plan is being developed and leads assigned to each programme of work.

Workstream Summaries (1/2)

Tackling Inequalities

Alex Dewsnap and
Dr Meena Thakur

- HTIG is bringing together intelligence from ongoing engagement work with specific communities to identify areas for targeted interventions e.g. feedback from the Black Community Leaders meeting, GP work with Somalian community on infant mortality risk factors. This should all also help the models of care workstreams identify inequalities and mitigations when they review their equalities impact assessments using the HEAT tool.
- A pilot has started in Harrow East PCN to identify top 5 population groups, enhance engagement, encourage GP registration, promote screening and checks. After a pilot period, progress will be assessed and increased uptake measured. Harrow East PCN is the most geographically-defined area so is well-suited for a pilot. Other PCNs could adopt a similar approach if pilot is successful.
- Work is ongoing to improve data integrity, collection and mapping to Indices of Multiple Deprivation.
- A business case is to be developed to demonstrate the need for additional resource to support the work on tackling inequalities in Harrow specifically on engagement and analytics.

Carers' Sub-group

Ayo Adekoya (lead)

- The new Carers strategy will be developed as a joint LA/CCG strategy using the 10 principles for commissioning for carers as the starting point. Carer engagement will be part of the strategy development.
- Public Health colleagues are developing a literature review for the strategy.
- An action plan template has been created with the 10 principles to be populated by commissioning colleagues.

Integrated Education and Training

James Benson and Dr Ashok Kelshiker

- First workstream meeting to take place on 4th June 2021; will consider feedback from the Black Community Leaders' meeting.
- Work on workforce education and training will be discussed as part of the **Cultural Development** Away-day session.

Digital Transformation

Andrew Chronias

- Immediate Priorities:**
 - Single platform for MDT discussions
 - Record sharing across MDT providers. Screen sharing on MS Teams (tactical). Strategic solution in the pipeline (HCIE)
 - Electronic prescribing for LNWUHT
 - Sharing investigation requests – NWP/Primary Care
 - Stop paper letters from LNWUHT to GPs
- Medium to Long Term Priorities:**
 - Record sharing at the point of care (HCIE)
 - Clinical workflow solution (e.g. transfers of care)
 - Digital solution for managing capacity as a system
- A Data Protection Impact Assessment (DPIA) and a guidance for use of MS Teams as a collaboration and comms tool has been developed for sign-off during the week commencing 31st May.
- Clinical workflow is the only element of our medium-long term plans for which a solution is yet to be developed.

Communications and Engagement

Internal: Mike Waddington External:
Alex Dewsnap

- Work continuing in local communities to increase vaccination uptake
- First JMB/HHaCE Away-day session will cover **Putting patients and citizens at the heart of the ICP**. Aiming to link in with NWL EPIC work.
- Work to engage staff will also be discussed as part of the **Cultural Development** Away-day session.