

# Harrow ICP

## Development of the Harrow Integrated Care Partnership

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Harrow Health and Social Care Scrutiny Sub-committee

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# 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 it’s “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.

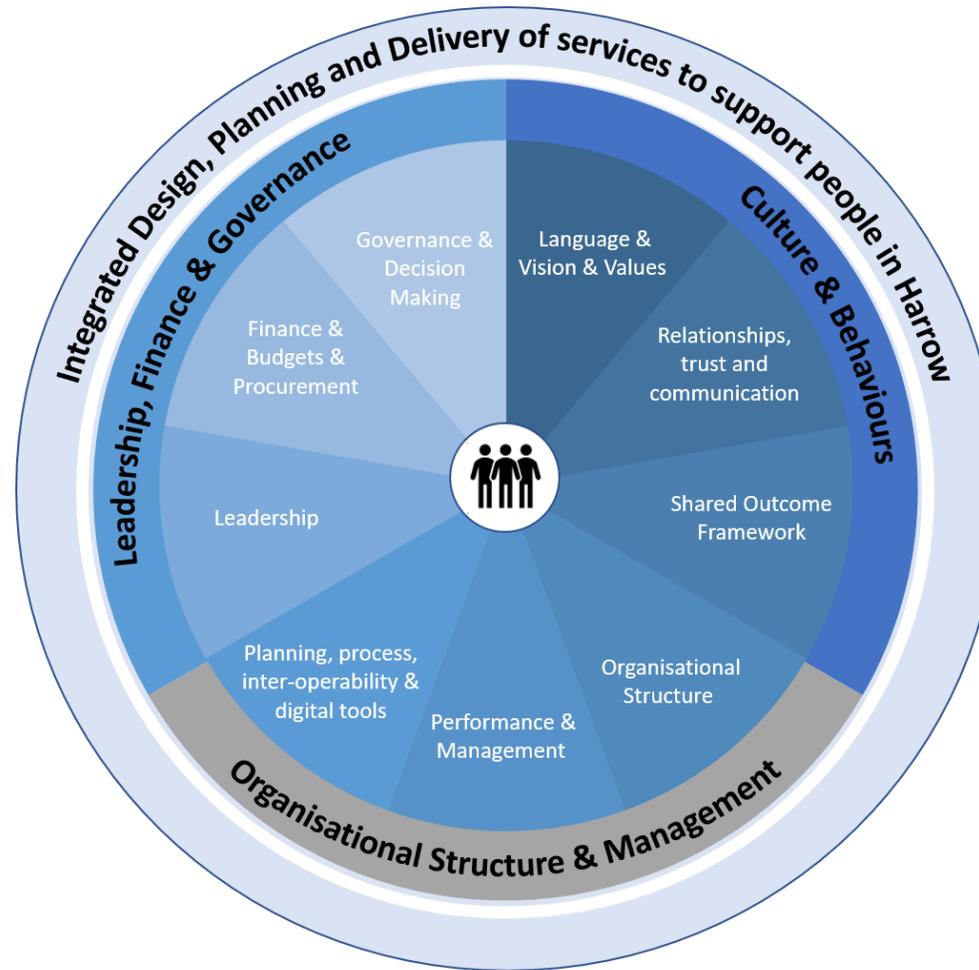
# What is the ICP?

## 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:

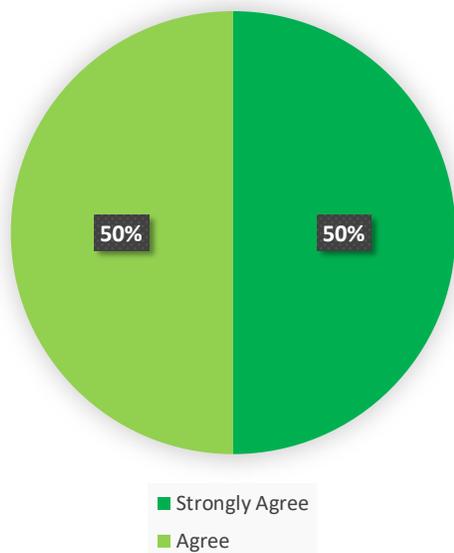
- **Frailty and Care Settings**
- **Mental Health and Wellbeing**
- **Learning Disabilities and Autism**
- **Prevention, Self-care and Social Prescribing**
- **Long Term Conditions**
- **Children and Young People**
- **Tackling Inequalities**
- **Support to Carers**
- **Integrated Education and Training**
- **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"> <li>• <b>What has worked well, what would we like to do differently:</b> e.g. membership, priorities, links to other structures and the ICS?</li> <li>• <b>Feels like we are operating as a system, but a lot is based on individuals and their goodwill:</b> 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?</li> </ul>             |
| 2    | Enhancing support to primary care   | <ul style="list-style-type: none"> <li>• <b>Primary Care and our five PCNs have performed a critical role in Harrow during the pandemic response:</b> 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?</li> </ul>   |
| 3    | Responding to the White Paper       | <ul style="list-style-type: none"> <li>• <b>What is the likely future “ask” of Harrow as part of North West London ICS:</b> how can we use the experience of HHACE to help shape and influence this?</li> <li>• <b>What are the implications for our ICP:</b> how can we get ahead, and use the direction in the White Paper to accelerate our priorities?</li> <li>• <b>What is our experience of place-based working, and how will this affect the future role of place and neighbourhoods:</b> how can we build the required tools, infrastructure and freedoms?</li> </ul> |
| 4    | Addressing resourcing challenges    | <ul style="list-style-type: none"> <li>• <b>How will changes in the CCG model affect the work of the partnership:</b> 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.</li> <li>• <b>What is the role of HHACE:</b> for example, in managing some of the shared financial challenges ahead.</li> </ul>  |
| 5    | Understanding our future priorities | <ul style="list-style-type: none"> <li>• <b>Understanding our current priorities:</b> including reducing health inequalities, maintaining progress on discharge, addressing Long Covid, supporting mental health, growing critical care and diagnostic capacity.</li> <li>• <b>Understanding what this means for existing workstreams:</b> for example frailty, and what is important / how these link moving forwards.</li> </ul>   |

# 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

**1. Friday 11<sup>th</sup> June 8 – 10.30am**  
Putting patients and citizens at the heart of the ICP

**3. Friday 25<sup>th</sup> June 8 – 10.30am**  
Reaffirming shared commitments

**2. Friday 18<sup>th</sup> June 8 – 11.30am**  
How we hold ourselves to account?

**4. Friday 9<sup>th</sup> July 8 – 10.30am**  
Developing our shared culture

- What are we committing to doing differently as a result of what we've heard?
- What do we need to focus on developing further in the coming weeks?

- 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 were sent to community groups and representatives** including the 35 groups which are part of the **Covid Awareness Funding** in Harrow; patient representatives including **Healthwatch Harrow** and the **Harrow Patient Partnership Network (HPPN)**. There was also an open invitation to extend the invite to any other organisations and communities that may have been missed.
- **Support was given to HHACE / JMB members** to facilitate the first hour through small-group breakouts which paired each system leader with approximately 2-3 community representatives to hear their stories.
- **Part two of the meeting** brought 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.
- Leaders will be communicating with the representatives they were buddied with in their groups over the coming year so that they can be accountable to them for the changes they are working towards.

**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 the session was to move 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. Zawiyah

# Workstream Summaries (1/2)

## Frailty and Care Settings

*Simon Crawford, Angela Morris and Dr Amol Kelshiker*

- Work is on-going to support the **completion of Co-ordinate My Care (CMC) and other care plans** for care home residents and other frail patients in the community.
- Work is on-going to **improve the 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 a **whole system mental health matrix** – mapping existing service offerings to **life course and 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 and three key areas: Prevention, Living with LD and Autism, Crisis Management**
- **LD and Autism Strategies** will be drafted into one document.

## 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*

- **Addition of CNWL mental health reps to the workstream membership**
- **Primary Care Enhanced Services** (Level 1 and Type 2 REWIND) being implemented. 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.
- 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*

**Bringing together intelligence from ongoing engagement work with specific communities to identify areas for targeted interventions.** This should all also help the models of care workstreams identify inequalities and mitigations.

A pilot has started in Harrow East PCN to identify top 5 population groups, enhance engagement, encourage GP registration, promote screening and checks. 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 took place on 4<sup>th</sup> June 2021. Next steps: priorities to be defined and agreed.

## 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 in July.

• 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.**
- **JMB/HHaCE engagement sessions to put patients and citizens at the heart of the ICP.**
- Work to engage staff will also be discussed as part of a **Cultural Development** Away-day session.

# Recommendations

The Health and Social Care Scrutiny Sub-committee is asked to:

- Note the update on the development of the ICP in Harrow
- Comment or ask questions on any of the aspects of development
- Comment on how we can continue to strengthen the relationship between the sub-committee and work of the ICP