

Harrow Integrated Care Partnership

100 day plan: developing our understanding and delivering action

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Introduction to the 100 day plan

In February 2020, the Harrow Health and Care Partnership produced their **first 100 day plan**, setting out the next 100 days of the ICP development. No one could then have foreseen what the next 100 days would bring.

As we look back on those 100 days at the beginning of March 2020, it is clear that the newly formed Harrow Health & Care Executive (HHaCE) became the epicentre of our ICP and of our work with local partners on supporting each other in responding to Covid-19. It brought together, as it continues to, on a weekly basis senior representatives of the acute, community, mental health, social services, primary care networks, voluntary and community sector, CCG and broader council services. It set out the foundations of a system that we believe will enable us to drive improvements in health and wellbeing, reductions in inequalities, and the sustainable use of collective resources: both to meet current demands across these areas and our future health and wellbeing priorities for Harrow as a whole.

In June 2020, following the first wave of COVID-19, the Harrow Health & Care Executive produced their **Out of Hospital Recovery Plan**. This plan built on what the partnership had rapidly learnt over the first wave of the COVID pandemic, as well as the long term aspirations of this partnership; delivery of integrated, person centred care. It set out these long held objectives as well as a programme of recovery in the priority areas of our transformation programme. This plan cemented the out of hospital recovery workstreams at the heart of our integrated care partnership and the vehicles for collaboration and change delivery.

As the partnership continued to provide leadership and operational oversight of our out of hospital recovery plan and continued response to the second and third waves of the pandemic, it continued to evaluate and refine its direction and approach. A reflect and refresh exercise, undertaken in April 2021 with members of the Health

and Care Executive, sought feedback on the effectiveness of the partnership and ongoing priorities. A series of conversations with Black Community Leaders and citizen champions for health and care provided constructive challenge to our approach and the ways services are delivered. They reinforced the need to place our citizens at the heart of ICP developments and reflect seriously on the values of the Health and Care Partnership for Harrow.

Four strategic conversations were then held to shape our way forward:

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

We are now at a critical point in the partnership development. We need to continue to engage, alongside acting on what we have heard. We need to effectively establish the Harrow Health and Care Partnership as the agency to deliver for our local citizens and for the North West London Integrated Care System (ICS).

This is the purpose of this 100 day plan; turning our understanding to action and demonstrating the robustness and readiness of the partnership to deliver the priorities for our wider health and care system.



Setting the priorities for the 100 day plan

The priorities for the 100 day plan have been developed through:

a) The outcomes of the Harrow Health and Care Executive four strategic conversations, the key conclusions from which are:

- The need to start engaging the wider workforce, giving people the permission / freedom to start the process of integration
- The importance of values but the need for these to come from people, not from the system leadership
- The consistent themes from the conversation sessions around improving access, jointly developing workforce, and embedding community voices
- The need for the next “100 day plan” to be about empowering, asking others and addressing power dynamics, not just providing a new set of workstreams and priorities
- Potential availability of support and funding to enable this journey through our dedicated transformation funding.

b) The priorities of our transformational workstreams and how we are driving their work to reduce health inequalities, improve care and develop a sustainable local health care system (Appendix A)

c) Our commitment to the delivery of the ICP priority areas that have been set across North West London and the set of metrics that have been agreed to measure their delivery (Appendix B)

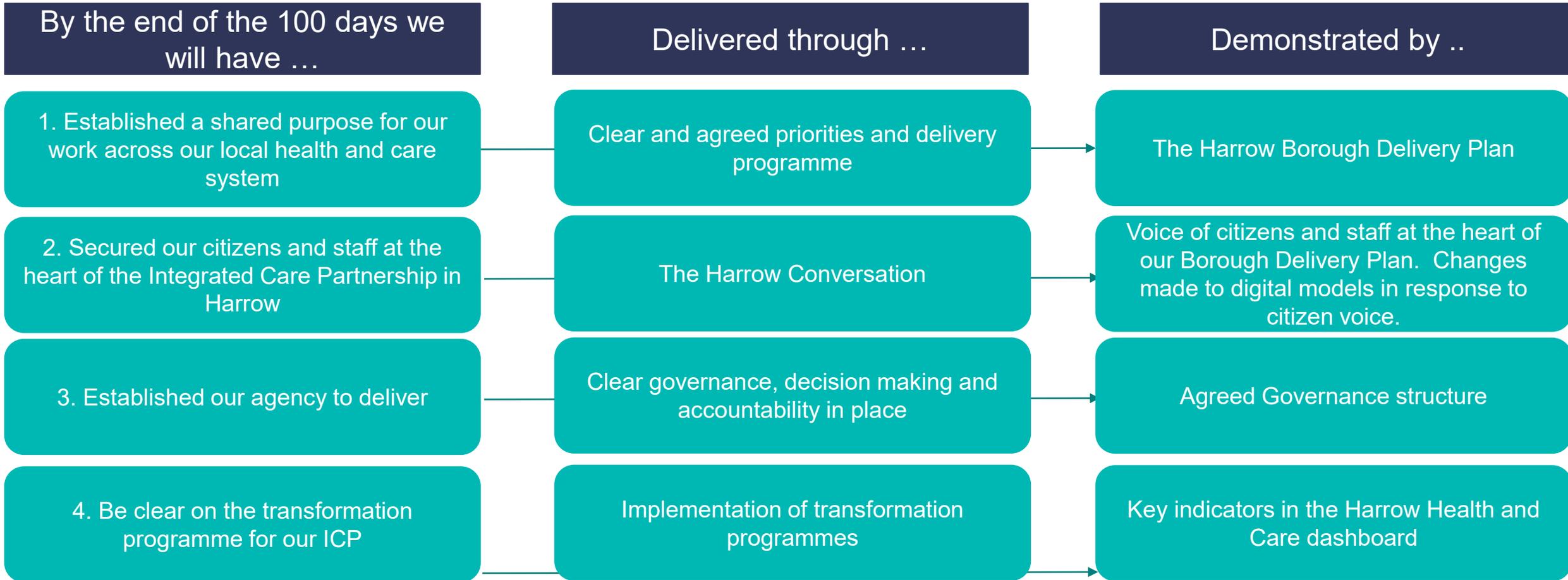
- Reducing health inequalities: Population Health Management underpinning all decisions
- Development of PCNs and reducing Primary Care variation
- Integrating and organising teams at a neighbourhood level
- Diabetes – achieve new spec to improve health
- Community mental health – deliver model and access as agreed by North West London
- Vaccines, hesitancy and post-COVID care

d) The development of the wider Integrated Care System in North West London and the need to secure our agency to deliver system priorities, including having a robust Borough Delivery Plan in place (see Appendix C)



The 100 day plan: what we are seeking to achieve

The 100 plan is about laying the foundations for a strong ICP, building the momentum for change as well as delivering change for our citizens. We expect opportunities for positive change to emerge through this process and team will be supported to enact and learn through delivery of these over the 100 day period..



100 day plan at a glance

	Days 1 – 30 [September]	Days 30 – 60 [October]	Days 60 – 90 [November]	Days 90 – 100 [December]
1. Establish a shared purpose for our work across our local health and care system	Commence borough level population health needs assessment. PCN development plans: review by Harrow Health and Care Executive.	Needs assessment continues with refreshed census data. Values and ways of working established, directed by the Harrow conversation	Neighbourhood population needs assessment completed. Neighbourhood team moving to PHM approach. Agreement and commitment to Borough Delivery Plan across all Harrow Health and Care Partners.	Borough Delivery Implementation Plan agreed. Borough and PCN needs assessment complete as foundation for Population Health Management.
2. Secure our citizens and staff at the heart of the Integrated Care Partnership in Harrow	Commence the Harrow Conversation across our staff groups. Engagement through Health inequalities programme with groups experiencing health inequalities	Conclude and reporting on the Harrow Conversation across our staff groups Stage 1 of the Health inequalities programme concludes.	Insights gained at the heart of the Borough Delivery Plan. Citizens and staff established and active within ICP Governance structure.	Citizen and VCS engagement into neighbourhood structures secured.
3. Establish our agency to deliver	Agree refreshed Governance structure	New Governance structure in place ICP metrics in place with accountability for delivery agreed. ICP system oversight process commences	Deep dives into diabetes programme delivery. Beginning to evidence impact (initial focus on process metrics) for our diabetes programme.	Deep dives into mental health programme delivery. Areas of variation for focused agreed for the partnership.
4. A clear transformation programme in place for our ICP	Agreement of winter plans Making Integration Happen in Harrow moves to implementation. Integrated training and workforce programme initiated. Phase 3 COVID vaccination programme implemented. Harrow Primary Care Summit.	Refresh of frailty pathway Responding to Harrow conversations: delivering quick wins. Vaccination hesitancy programme in place and uptake monitored.	Tackling health inequalities programme: programmes of change begin implementation.	Transformation workstreams have clear priorities and associated delivery plans in place. Foundation for integrated teams in place at neighbourhood level.

Teams supporting the 100 day plan priorities

Overall Programme Management and senior delivery support:
Lisa Henschen

1. Established a shared purpose for our work across our local health and care system

Carole Furlong and Public Health team, PCN Clinical Lead and Operational Managers

2. Secure our citizens and staff at the heart of the Integrated Care Partnership in Harrow

Alex Dewsnap, Mike Waddington Shanae Dennis, SROs of transformation workstreams

Overall coordination and implementation of 7 day plan

Harrow Health and Care Executive

3. Establish our agency to deliver

Isha Coombes, Hugh Caslake, Johanna Morgan

4. A clear transformation programme in place for our ICP

Isha Coombes, all Transformation Programme SROs, Integration Operational Leads

Operational Delivery Support
Ayo Adekoya and Management Leads for transformation workstreams



Priority area 1: Establish a shared purpose for our work across our local health and care system

	Key actions	Lead/s	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> Commence borough level population health needs assessment through gathering and reviewing existing needs assessments that have been completed 	Public Health team	Population health management working group
	<ul style="list-style-type: none"> PCN development plans: review by Harrow Health and Care Executive. This will be a process of constructive check and challenges, alongside identification of where support across the partnership could be secured for delivery. 	PCN Clinical Directors supported by Harrow Borough team	Harrow Health and Care Executive
Days 30 – 60 (October)	<ul style="list-style-type: none"> Needs assessment continues with refreshed census data and Borough needs assessment completed by day 60. 	Public Health team	Population health management working group
	<ul style="list-style-type: none"> Values and ways of working established for the Harrow ICP. These will be directed by the Harrow conversation which will have happened over September; engaging with as many front line staff teams as possible. Through listening to our staff and comparing this to what we have heard from our citizens we will create a set of values that are owned by the people we are serving. 	Lisa Henschen and supported by all Harrow Health and Care Exec senior leaders	Communications and engagement workstream
Days 60 – 90 (November)	<ul style="list-style-type: none"> Following Borough needs assessment completion, neighbourhood population needs assessment completed by day 90, reflecting each of the PCN footprints. 	Public Health Team / PCN CDs / PCN Operational Managers / Borough team	Population health management working group
	<ul style="list-style-type: none"> Agreement and commitment to Borough Delivery Plan across all Harrow Health and Care Partners 	Lisa Henschen	Joint Management Board
Days 90 – 100 (December)	<ul style="list-style-type: none"> Borough Delivery Implementation Plan agreed. 	Lisa Henschen	Joint Management Board
	<ul style="list-style-type: none"> Borough and PCN needs assessment complete as foundation for Population Health Management. From this, we are able to set out our long term approach to embedding population health management 	Carole Furlong and Meena Thakur, supported by Lisa Henschen	Population Health Management & Tackling Health Inequalities

Priority area 2: Secured our citizens and staff at the heart of the Integrated Care Partnership in Harrow

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> Commence the Harrow Conversation across our staff groups. Conversation guide agreed as a framework. Discussions in place across as many staff groups as possible within health, social care and VCS organisations. Executives from Health and Care organisations attending conversations in listening capacity 	<p>Lisa Henschen, Ayo Adekoya supported by PPL</p> <p>Executive Board members attending conversations.</p>	<p>Communications and engagement workstream</p> <p>Harrow Health and Care Exec</p>
	<ul style="list-style-type: none"> Engagement through Health inequalities programme with groups experiencing health inequalities 	Alex Dewsnap, Shanae Dennis	Prevention and population health management workstream
Days 30 – 60 (October)	<ul style="list-style-type: none"> Conclude and report on the Harrow Conversation across our staff groups. Results need to feed into all work programmes through the Borough Delivery Plan. Use this engagement opportunity to establish the Harrow ICP staff advisory group. 	Mike Waddington, Lisa Henschen	<p>Communications and engagement workstream</p> <p>Harrow Health and Care Exec</p>
	<ul style="list-style-type: none"> Stage 1 of the Health inequalities programme concludes. Recommendations are made to new programmes of work that need commissioning and redesign of existing services. 	Alex Dewsnap, Shanae Dennis, Lisa Henschen and transformational programme SROs.	<p>Prevention and population health management workstream</p> <p>Harrow Health and Care Exec</p>
Days 60 – 90 (November)	<ul style="list-style-type: none"> Insights gained through citizen and staff engagement at the heart of the Borough Delivery Plan. 	Lisa Henschen, Alex Dewsnap, Mike Waddington	JMB
	<ul style="list-style-type: none"> Citizens and staff established and active within ICP Governance structure. 	Lisa Henschen	JMB
Days 90 – 100 (December)	<ul style="list-style-type: none"> Citizen and VCS engagement into neighbourhood structures secured 	PCN Clinical Directors supported by the Borough team	Harrow Health and Care Exec

Priority area 3: Establish our agency to deliver

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> Agree refreshed Governance structure 	Lisa Henschen	JMB
	<ul style="list-style-type: none"> Develop the BCF 2021/22 approach and schedules for partner review 	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 30 – 60 (October)	<ul style="list-style-type: none"> New Governance structure in place 	Lisa Henschen / Chairs	JMB
	<ul style="list-style-type: none"> ICP metrics in place with accountability for delivery agreed across the ICP objectives: <ul style="list-style-type: none"> (1) Population Health Management underpinning all decisions, (2) Development of PCNS and reducing primary care variation, (3) Integrated and organising teams at a neighbourhood level (frailty focus), (4) Diabetes – achieve new spec to improve health, (5) Community Mental Health – deliver NWL service, (6) Vaccines, hesitancy and post-COVID care. 	Ayo Adekoya	JMB & Health and Care Executive
	ICP system oversight process commences. Once a month, the Harrow Health and Care Executive will focus on key system metrics for the partnership to hold themselves to account and secure greater system focus on areas of concern.	Lisa Henschen / Ayo Adekoya	JMB & Health and Care Executive
	<ul style="list-style-type: none"> BCF approach and schedules for 2021/22 agreed 	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 60 – 90 (November)	<ul style="list-style-type: none"> Deep dive into diabetes programme delivery to assure ourselves as a system 	Kaushik Karia / James Benson / Isha Coombes	Harrow Health and Social Care Senate
	<ul style="list-style-type: none"> BCF approach and schedules for 2022/23 proposed (with a view to agreement by end of December) 	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 90 – 100 (December)	<ul style="list-style-type: none"> Deep dives into mental health programme delivery to assure ourselves as a system 	Dilip Patel / Ann Sheridan / Isha Coombes	Harrow Health and Social Care Senate

Priority area 4: Clear transformation programme in place for our ICP (one of two)

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> Agreement of winter plans for the Harrow Borough 	Lisa Henschen / Simon Crawford / Isha Coombes	A&E Delivery Board / Harrow Health and Care Exec
	<ul style="list-style-type: none"> Making Integration Happen in Harrow moves to implementation. Integration operational leads groups established. 	Lisa Henschen / Ayo Adekoya / Chair of Integration Leads Group (TBC)	Harrow Health and Care Exec
	<ul style="list-style-type: none"> Integrated training and workforce programme initiated 	Ashok Kelshiker / James Benson	Integrated workforce and education workstream
	<ul style="list-style-type: none"> Phase 3 COVID vaccination programme implemented 	Isha Coombes / PCN CDs	Harrow Health and Care Exec
	<ul style="list-style-type: none"> Flu vaccination programme implemented 	Isha Coombes / PCN CDs	Harrow Health and Care Exec
	<ul style="list-style-type: none"> Focus on frailty pathway commences, with the following aims: <ul style="list-style-type: none"> Fully understanding the service offers and patient pathways for our frail patients Identification of further opportunities of integration of services Establish service readiness for management of winter pressures 	Angela Morris / Simon Crawford / Amol Kelshiker / Ayo Adekoya	Frailty workstream
	<ul style="list-style-type: none"> Harrow Primary Care Summit held to address the immediate demand issues on primary care and develop long term solutions 	Lisa Henschen / Isha Coombes	Harrow Health and Social Care Senate / CCG Borough Executive Group

Priority area 4: Clear transformation programme in place for our ICP (two of two)

	Key actions	Leads	Programme oversight
Days 30 – 60 (October)	<ul style="list-style-type: none"> Insights gained from the Harrow staff conversations further develops the Making Integration in Harrow programme 	Lisa Henschen	Harrow Health and Care Exec
	<ul style="list-style-type: none"> Focus on frailty services continue, with MDT approach to care planning 15% complex / frail patients confirmed 	Angela Morris / Simon Crawford / Amol Kelshiker / Ayo Adekoya	Frailty workstream
	<ul style="list-style-type: none"> Implementation of winter plans 	Lisa Henschen / Simon Crawford / Isha Coombes	A&E Delivery Board / Harrow Health and Care Exec
	<ul style="list-style-type: none"> Responding to Harrow conversations: delivering quick wins 	Lisa Henschen / Jackie Allain / Tanya Paxton	Harrow Health and Care Exec
	<ul style="list-style-type: none"> Vaccination hesitancy programme in place and uptake monitored. Ongoing support to Phase 3. 	Isha Coombes	Harrow Health and Care Exec
Days 60 – 90 (November)	<ul style="list-style-type: none"> Tackling health inequalities programme: programmes of change begin implementation. 	Alex Dewsnap, Shanae Dennis	Prevention and population health management workstream
Days 90 – 100 (December)	<ul style="list-style-type: none"> Transformation workstreams have clear priorities and associated delivery plans in place. 	SROs of all transformational workstreams	Harrow Health and Social Care Senate and Harrow
	<ul style="list-style-type: none"> Foundation for integrated teams in place at neighbourhood level. 	Lisa Henschen / Ayo Adekoya / Chair of Integration Leads Group (TBC)	Harrow Health and Care Exec

Appendix A: The Transformational work programmes of the Harrow ICP

(for final JMB agreement)

Delivery Workstreams		SROs	Management support	Enabling workstreams	SROs	Management support
Population Health Management & Tackling Health Inequalities	Prevention, self-care and social prescribing sub-group	Carole Furlong Meena Thakur Alex Dewsnap	Sandra Arinze Nahreen Matlib Laurence Gibson	Workforce and OD integration	Ashok Kelshiker James Benson	Simon Young
	Tackling health inequalities sub-group					
	Population health management working group			Access to care and COVID recovery	TBC	TBC
Long term conditions		James Benson Kaushik Karia	Bharat Gami	Strategic Estates Group	Isha Coombes	Simon Young
Mental Health		Dilip Patel Ann Sheridan	Lennie Dick & Tanya Paxton			
Learning Disability and Autism (all age)		Paul Hewitt	Lennie Dick & Mital Vagdia	Digital transformation	Andrew Chronias	Nomaan Omar
Frailty and care settings		Amol Kelshiker Angela Morris Simon Crawford	Sonal Dhanani			
Children and Young People		Varun Goel Paul Hewitt	Anita Harris & Priya Ganatra	Communication and engagement	Mike Waddington Alex Dewsnapp	TBC
Carers		TBC	Kim Chilvers			

Appendix B: ICP priorities and metrics in North West London

ICP priority area	Outcome/aim	Suggested evidence/deliverable
PHM approach underpinning decisions at all levels, to reduce inequalities (Practice, PCN, ICP)	Demonstrable, embedded use of data to support decision making and the reduction of inequalities at practice, PCN and ICP	<p>Self reporting by PCNs and ICPs on:</p> <ul style="list-style-type: none"> WISC dashboard available to all organisations in the ICP Increase in user accounts for x borough Demonstrable use of data to identify priority cohorts and actions at PCN and ICP level Demonstrable resident engagement in action plans Impact monitoring and evaluation in place for agreed plans and reported at ICP Board
Development of PCNs and reduced variation in PC	PCNs demonstrating at scale working as a foundation for integrated teams and understanding and addressing variation	<ul style="list-style-type: none"> PCN development plans in place and agreed with ICP board PCN operating model in place with aligned community physical and mental health teams and leads identified and clearly articulated third sector involvement Area of focus for variation identified by each ICP with delivery plan and impact evidenced
Organising & integrating care teams around PCNs, to better support frail & complex patients	ICPs develop and agree approach for effective integrated management of frail and complex patients across their health and care needs	<ul style="list-style-type: none"> Confirm identification of top 15% complex/frail residents Agree and implement operating model for case management/care planning Decrease in admissions for over 65s over the year (and sub segmented rate for top 15% or actively case managed) Increase in identified carers and uptake of carer support Reduction in Care Home admissions rate against 2019/20
Diabetes – achieve new spec to improve care. Wider LTC focus if capacity	Diabetes enhanced service implemented in PC with integrated pathways into community services (including REWIND and self management)	<ul style="list-style-type: none"> 8 Key care processes delivered in line with contract requirements Key outcome improvements identified and delivered in line with contract requirements
Community Mental Health – new model implemented & access as NWL agreed	Deliver new MH team model supporting PCNs. Delivery of PC MH Enhanced spec	<ul style="list-style-type: none"> SMI and LD health checks delivered in line with contract MH programme to confirm integration metric at neighbourhood/PCN level
Ongoing Covid needs: Vaccination, hesitancy and Post Covid pathway	Consistent focus on impact of covid and future wave s/ vaccines. System working on hesitancy, into flu	<ul style="list-style-type: none"> Community engagement programme in place to address hesitancy Covid vaccination to national targets Flu & Covid vaccination – integrated plan in place by September 21 and delivery target to national level (75% last year) 1) %PC contact at risk search and increase in referrals 2) Post covid service delivering to x week waiting time

Appendix C: ICS Early Planning Guidance

Approach to planning: outline timetable

EARLY THINKING

	Before September	September	October	November	December	January	February	March
National			<ul style="list-style-type: none"> • Publishes new census data 		<ul style="list-style-type: none"> • Publishes operating plan guidance 		<ul style="list-style-type: none"> • ? Requires first draft of ICS operating plan 	<ul style="list-style-type: none"> • Requires final draft of ICS plan
NWL wide	<ul style="list-style-type: none"> • Agree NWL vs BDP vs trust/ collaborative responsibilities • Set out planning process and brief LAs • Sets out PHM priorities based on PHM framework • Sets frame for NWL wide needs compilation 	<ul style="list-style-type: none"> • Compiles needs assessments from boroughs/ ICPs • Sets initial NWL wide priorities, targets and KPIs • Sets initial areas for standards 	<ul style="list-style-type: none"> • Sets out likely areas for support/ best practice for boroughs • Sets efficiency expectations 	<ul style="list-style-type: none"> • Sets standards for initial areas in service delivery • Develops and tests template for BDP delivery plans 	<ul style="list-style-type: none"> • Adds national priorities to NWL and borough priorities • Issues template for delivery plan 	<ul style="list-style-type: none"> • Lays out support/ best practice offer for boroughs • Sets out allocations for trusts/ collaboratives/ BDPs • Confirms efficiency expectations 	<ul style="list-style-type: none"> • 8 x planning sessions with BDPs to test and support plan • Prioritisation sessions • Iterates allocation • Agrees goals with ICS work streams 	<ul style="list-style-type: none"> • Collates plans to create ICS plan • Submits ICS plan • Finalise contracts
Borough level	<ul style="list-style-type: none"> • Gathers most recent borough needs assessments/ H&WB strategies (with/ for HWB) • Compiles timetables for needs/ H&WB refresh (if known) 	<ul style="list-style-type: none"> • Suggests ICS wide priorities 	<ul style="list-style-type: none"> • Suggests local priorities (which together with NWL priorities give borough priorities) • Participates in further borough needs assessment/ H&WB strategy 	<ul style="list-style-type: none"> • Outlines BDP delivery plan • Discusses delivery plan with acutes 	<ul style="list-style-type: none"> • Updates NWL on borough priorities • Adds national priorities to NWL and borough priorities • Works with trusts/ collaboratives to set standardised interfaces 	<ul style="list-style-type: none"> • Develops BDP delivery plan • Interfaces with acutes on delivery plan 	<ul style="list-style-type: none"> • 8 x planning sessions with NWL/ relevant trusts to test and support plan • Agrees alternation to allocations 	<ul style="list-style-type: none"> • Finalises BDP delivery plan • Finalise contracts
Trusts/ Collaboratives				<ul style="list-style-type: none"> • Outlines trust/ collaborative delivery plan • Interfaces with BDPs on delivery plan 	<ul style="list-style-type: none"> • Works with BDPs to set standardised interfaces 	<ul style="list-style-type: none"> • Develops trust/ collaborative delivery plan • Interfaces with NWL/ BDP on delivery plan 	<ul style="list-style-type: none"> • Planning sessions with NWL/ BDPs to test and support plan 	<ul style="list-style-type: none"> • Finalise contracts