

Report for:	Health and Wellbeing Board
Date of Meeting:	20 th March 2024
Subject:	Update from the Harrow Borough Based Partnership
Responsible Officer:	Lisa Henschen, Managing Director, Harrow Borough Based Partnership
Public:	Yes
Wards affected:	All
Enclosures:	None.

Section 1 – Summary and Recommendations

This report sets out key developments in the Harrow Borough Based Partnership (BBP) between December 2023 and March 2024, an update to agreed partnership outcomes and risks being managed by the partnership's Joint Management Board. It is presented to the Health and Wellbeing Board to raise awareness of the work of the partnership and open for discussion and comment.

Recommendations:

The Board is requested to:

• Note and comment on the work of the Borough Based Partnership

Section 2 – Report

1. Overview

This report covers key developments in the Harrow Borough Based Partnership (BBP) between December 2023 and March 2024.

The focus on the partnership over this period has been on the implementation of the winter plan and ensuring system flow and capacity to meet increasing levels of demand and the development of robust plans for the partnership on admission avoidance. Alongside this response to winter pressures, teams are delivering the key priority programmes for the partnership including integration of children and young people services, integrated neighbourhood teams and integrated intermediate care services. The Healthy Harrow programmes continues to gain momentum, and the partnership is looking ahead to a plan for inequalities delegated funding for 2024/25. Finally, planning been underway for the partnership delivery programme in 2024/25.

Key achievements for the Borough Based Partnership

- Healthy Harrow continues to grow with over 3000 members of the communities reached and over 169 champions recruited
- 38 warm hubs are now operational in Harrow for winter 2023/24
- Co-location of health and social care teams beginning for the West Integrated Neighbourhood Team
- Confirmation of the 2024/25 Partnership priorities

2. Progress of the Harrow Borough Based Partnership

High level reporting against the objectives is as follows:

3.1 Reducing health inequalities in Harrow

Partnership planning for allocation of health inequalities funding as a 2–3-year business case has started for submission in February 2024. Harrow will receive an allocation of £533,801 from NWL ICB. This process is being overseen by the Population Health Management and Inequalities workstream. The broad approach for the development of the business case is to continue to build on the strong infrastructure we are developing in Harrow for Population Health Management capabilities and delivering on a smaller set of larger interventions for impact. The outline of the business case being developed is:

- Securing intelligence functions (analytical resource and qualitative insight through VCS): c. £175k
- Securing infrastructure and growth of PHM approach (Public Health Commissioner, evaluation officer and external funding officer): c. £110k
- Implementation of PHM approach (investment in community champions programme and INT led projects to address inequalities): c. £200k

The plan has been agreed by the Harrow Health and Care Executive and is now in the process of review by North West London ICB.

3.2 Delivering truly integrated care for Harrow

Integrated Neighbourhood Team (INT) developments and gaining pace across the partnership. Integrated Neighbourhood Teams will bring together health and social care services, aligned around a common population to better integrate the delivery of proactive care and complex care management.

INT profile packs have been created by Harrow's Public Health team, with each INT looking at these to set priorities for their population. Family Hubs networks are mapped to an INT footprint, with the first Family Hub due to go live at the end of March in the Central INT. The model will then be rolled out to other neighbourhoods over 2024/25. Child Health Hubs are also being aligned by INTs, with plans for full alignment during 2024.

Through working with our front-line teams, we continue to see a lack of awareness of the local service offer, which is impacting citizens being signposted and supported into preventative services. The Partnership has invested in the JOY platform which brings together the VCS support offer across Harrow and has made this available across all provider organisations, however, there remains a lack of awareness of this resource. We are working now through organisational leads to raise awareness amongst staff of this digital platform.

3.3 Delivering transformation change across our care pathways

The Partnership is driving change to our citizens experience of health and care through two transformational programmes; Integrated Intermediate Care and Integration of services for children, young people and families.

Integrated Intermediate Care

The aim of the integrated intermediate care services is to:

Develop a person-centric, flexible approach that helps people retain their ability and independence, achieve health and wellbeing goals that matter to them, reduce readmissions, and prevent, reduce or delay the need for long-term care.

This will be achieved through alignment of home-based intermediate care, reablement and crisis response to allow people to move easily between services, depending on their changing support needs. There will be a single point of access to those referring to the services and a single management structure and assessment process.

This service is now mobilising and will go live in May 2024.

Integrating services for children, young people and families

Over the last year, colleagues from health, social care and voluntary CYP services have worked together to develop an early and preventative integrated model to support to our families. To date, through Transformational Funding, the Borough Based Partnership for Harrow has invested £150,000 non-recurrently for the development of an integrated service model for children, young people and families, of which Team Around the Family is a core component. By intervening early with families that have an unmet or emerging need, we significantly reduce the risk of families needing statutory or emergency support and therefore costly late-stage crisis management.

There are four elements to the model, which will be delivered from April 2024:

- 1. Team Around the Family (TAF) and Lead Professional
- 2. Family Hub Networks
- 3. Family Front Door
- 4. Early Help for the Under 5s (Optivita model).

Outside of these two transformation programmes, the following other developments are noted:

- Whilst winter pressures continue, we are working closely with LWNHT and Brent BBP to reduce admissions and secure the discharge pathway.
- A new diabetes enhanced service is mobilising, which will align to INTs for complex diabetic care by March 2024.
- A refreshed SEND strategy was presented to the board earlier this month, with this now going into the consultation and engagement phase.
- A task and finish group are looking to develop the model for community care for Mental Health, this will take place following both an internal mapping exercise at the local authority and mapping of CNWL and VCS services.
- Autism adult diagnostic pathway has been reviewed and is being provided through a joint BHH model led by CNWL including sub-contractual arrangements with Autism Oxford. Adult post-diagnostic support being offered NWL wide through the Centre for ADHD and Autism (CAAS).
- CYP (Paediatric and CAMHS) pathway for autism diagnostic reviewed and Helios continues to be commissioned to support the autism diagnosis pathway in CAMHS. Waiting well initiatives in CAHMS services in place while awaiting a diagnosis.

3. Governance and oversight

The Harrow Borough Based Partnership will move into year three of three of the partnership plan delivery in 2024/25. The Joint Management Board have agreed that this final year of the plan will focus on the consolidation of change, with priorities for the partnership remaining consistent and seeking to drive benefits for citizens and carers. The confirmed set of priorities are as follows:

Harrow Borough Based Partnership: priority framework for 2024/25 (year 3/3 of delivering the Borough Partnership plan)

Deliver our community leadership programme, evaluation impact and align to the development of neighbourhood teams.	Deliver and embed integrated	Implement the integrated intermediate care pathway for Harrow and more widely, support the safe and timely discharge of patients to the most appropriate setting			
Build on the Harrow winter wellness programme to secure a robust preventative approach for the Harrow population	neighbourhood teams in Harrow in partnership with local communities to deliver proactive, complex and reactive care for the Harrow	Implement our admission and attendance avoidance plans for physical and mental illness to secure a stable health and care system			
Secure our Population Health Management capacity and capabilities as a partnership and within our neighbourhoods, with focus on delivering CORE20 plus 5 programme	population	Focus on delivery of our integrated care pathways at a neighbourhood level (with priorities in CYP, complex adults and frailty)			
Objective 1: Reduce Health Inequalities	Objective 2: Develop truly integrated out of hospital teams	Objective 3: Delivery transformational change in care pathways			

Outcome measures

The only metric with refreshed data over this period is the Non Elective Admissions for Ambulatory Care Sensitive conditions.

Programme area	Metric	Target	Baseline	Current performance	Commentary
Care pathways	5. Reduction in Non-Elective admissions for Ambulatory Sensitive conditions	9.89 (this equates to 16% reduction)	11.47	12.26	The rate per 1,000 population is slightly worsen from 11.8 to 12.26 over the last quarter and it is still not meeting the overall target of 9.89 per 1,000 population (Brent/ Hillingdon and NWL rate). An action plan for reducing admissions is in place.

Risk management

The following two risks are being managed at a Joint Management Board level

Risk or Issue	What is the risk to the Harrow BBP and its objectives	Date	Risk Last Reviewed	Workstream / Strand	Risk owner	Organisations impacted	Impact	Probability	Risk Score (Impact vs Probability)	Risk direction	Action / mitigate	Progress
Risk	Operational/reputational/compliance 1. Community Paediatric EHCA's are not being returned within the statutory 6 week period and some OT EHCP provision not being delivered which could have a negative impact for the upcoming EHCP SEF process. This has resulted in an increase in demand and system wide pressures and impacts CNWL, ICB and Local Authority.	20/05/2022	05/12/23	Children & Young People	CNWL and Local Authority	CNWL and Local Authority	3	4	12	Increasing	CNWL Action plan to be developed and reviewed at the July Send Partnership board.(20/07/2023). July board cancelled so the update and oversight of the risk will be shared at the next board in September. CNWL are providing regular updates on the risk. The risk will also be raised with the NWL Local Care programme lead. 28.11.23 NWL Local Care approved business case for three months funding to support service improvement on EHCP assessment and delivery of provision.	28.11.23 Actions have been taken to mitigate the risk. With mitigations in place, the recommendation is to reduce the risk score from 12 to 8

	 Changes to the Discharge to Assess arrangement has significant impact on the system. The risk impacts LNWHT, the Local Authority and patients. System risks: The growing delays and lack of ability to manage discharges impacts on the 	26/09/2022	26/05/2023	System pressures and winter planning	LA/LNWH	LA/LNWH	4	3	12	Stable	Social care assessments for P1s will only take place on the ward for complex cases / Mental Capacity/ Self neglect or Hoarders.	17.11.23 Actions have been taken to mitigate against the impact of an increasing delays and lack of ability to manage discharges. With
Risk	flow of complex discharge, which has decreased considerably. Financial risk: To LA due to significant increase in placement costs. Impact on SW capacity to assess the increased number of complex cases due. Lack of clarity on ICB discharge funding allocations Risk to patients : patients are more at risk as they stay in hospital for longer.										Temporary funding decisions are made daily as to prevent delay. Temporary funding agreed by Service Manager and then followed up post discharge Partners to agree actions and mitigations by the 2nd of May 2023	mitigations in place, the recommendation is to reduce the risk score from 16 to 12. 23.01.24 It was agreed at JMB on the 05.12.23 to reduce the risk score from 16 to 12.
											17.11.23: Mitigation: New same day acceptance under bridging POC pathway commissioned for winter to support with system flow. Daily integrated meetings held to identify the patients and track through. This should release some capacity for SWs as a reduced need for assessments in the hospital.	

Ward Councillors' comments N/A

Financial Implications/Comments

The Borough Based Partnership hold a budget to support delivery of agreed and shared priorities. There are five funding partners; North West London ICB, Harrow Council, Central and North West London NHS Mental Health Trust, London North West NHS Trust and Central London Community Healthcare NHS Trust, who make a contribution of £50,000 per year.

The partnership will move into 2024/25 with a carry forward budget of £166,000 and therefore with a total budget of £416,000. The Joint Management Board has approved the budget plan for 2024/25.

Legal Implications/Comments

The Harrow Borough Based Partnership brings together health, social care, wider Local Authority services and Harrow's voluntary and community sector, working alongside local communities to help the people of Harrow thrive; aspiring to improve health and wellbeing and reduce inequalities.

One of the Health and Wellbeing Board's key responsibilities is: To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services.

Risk Management Implications

Risks being managed by the Joint Management Board included within the report.

Risk Management Implications

Risks included on corporate or directorate risk register? No

Separate risk register in place? Yes

The relevant risks contained in the register are attached/summarised below. **No – included in report.**

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No – update report. EIAs completed on schemes within the partnership.

Council Priorities

- 1. A council that puts residents first
- 2. A borough that is clean and safe
- 3. A place where those in need are supported

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

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer **Date: 28/02/2024**

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer **Date: 28/02/2024**

Chief Officer: Carole Furlong on behalf of Senel Arkut Signed by the Director of Public Health on behalf of the Corporate Director Date: 06/03/2024

Mandatory Checks

Ward Councillors notified: No, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Lisa Henschen, Managing Director – lisa.henschen@nhs.net

Background Papers: None