

Health and Social Care Scrutiny Sub-Committee

Tabled Documents

Date: Thursday 19 November 2020

8. **Response to Covid Update** (Pages 3 - 18)
Presentation from the Corporate Director of People.
9. **Progress on Out of Hospital Plan** (Pages 19 - 28)
Presentation from the Corporate Director of People.
10. **Adult Social Care Strategy** (Pages 29 - 32)
Presentation from the Corporate Director of People.
11. **Mental Health Strategy/Mental Health Review** (Pages 33 - 48)
Presentation from the Corporate Director of People.

Scan this code for the electronic agenda:



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COVID-19 Update and Winter Surge Plans

Report prepared (16/11/2020)

Carole Furlong
Director of Public Health

Angela Morris
Director of Adult Social Care

Harrow COVID 19 Dashboard

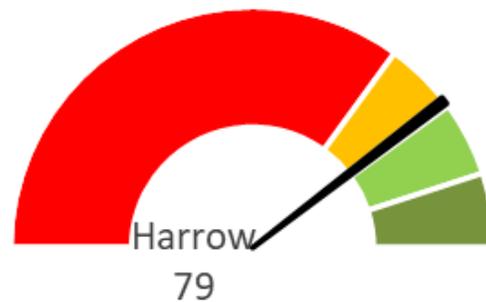
report date: 16/11/2020

Data from 5/11/20 to 11/11/20

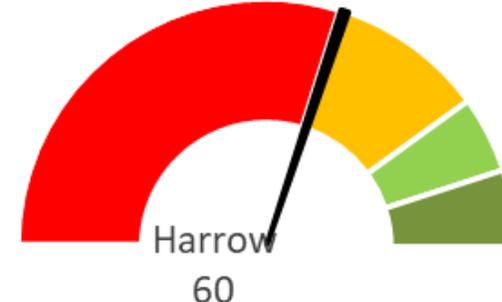
Positive Cases in 7 days to 11/11/2020

459

Test and Trace
Cases
(cumulative)
% Complete

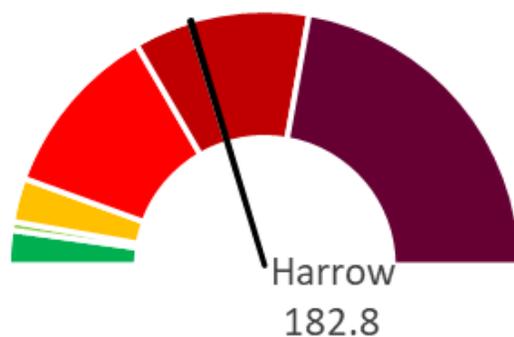


Test and Trace
Contacts
(cumulative)
% Complete



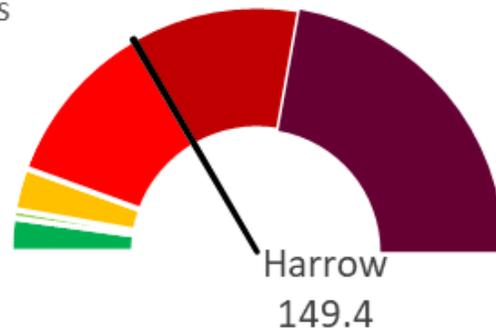
Incidence rate
(all ages)
in past 7 days
per 100,000

4

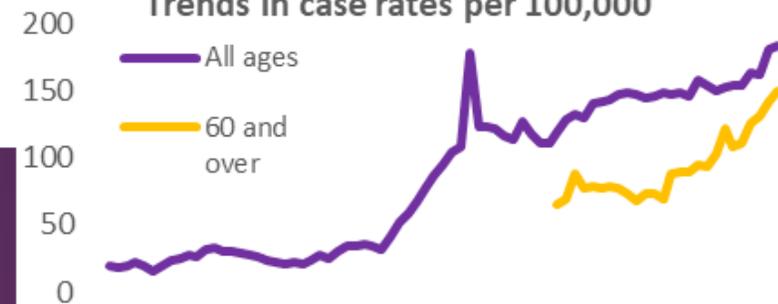


Incidence - 7 days
in 60 and over
per 100,000

Harrow
149.4

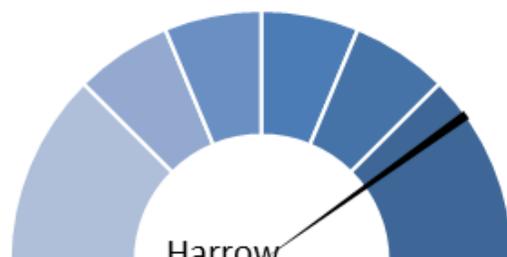


Trends in case rates per 100,000



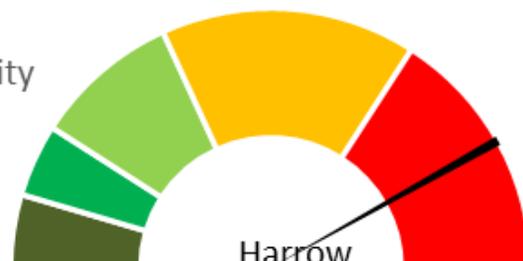
Testing rate
per 100,000

Harrow
320.4

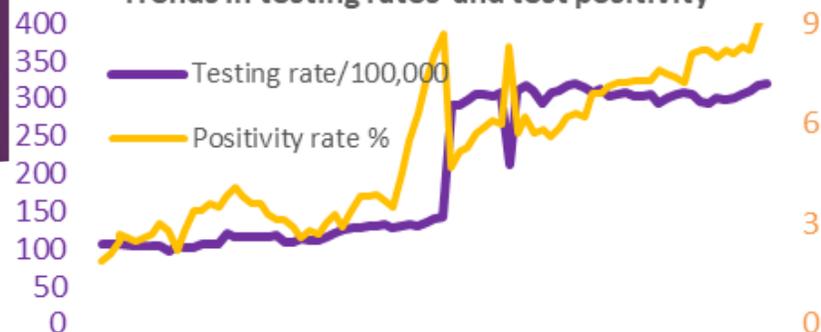


Test Positivity
rate

Harrow
9.2



Trends in testing rates and test positivity

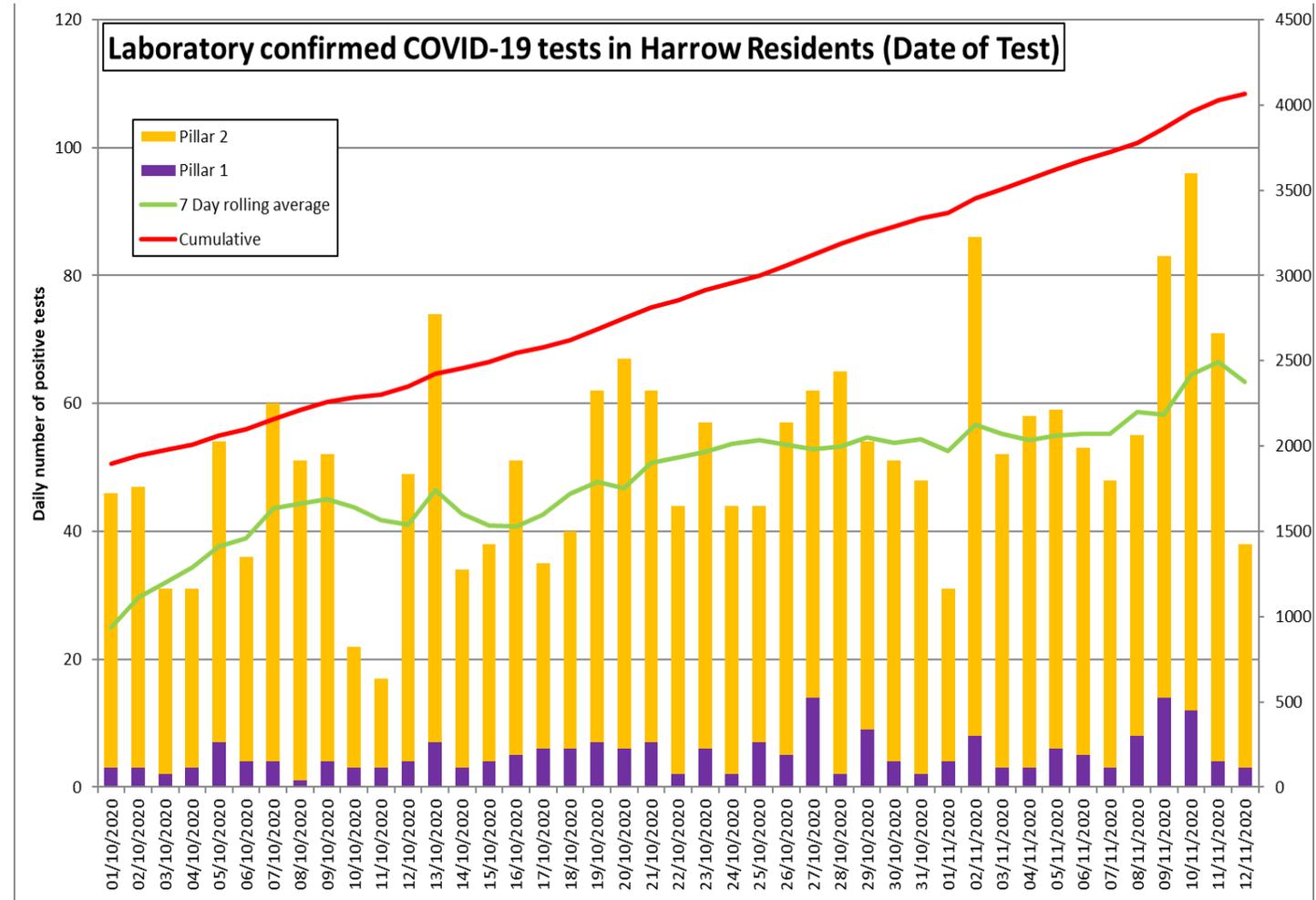


Commentary:

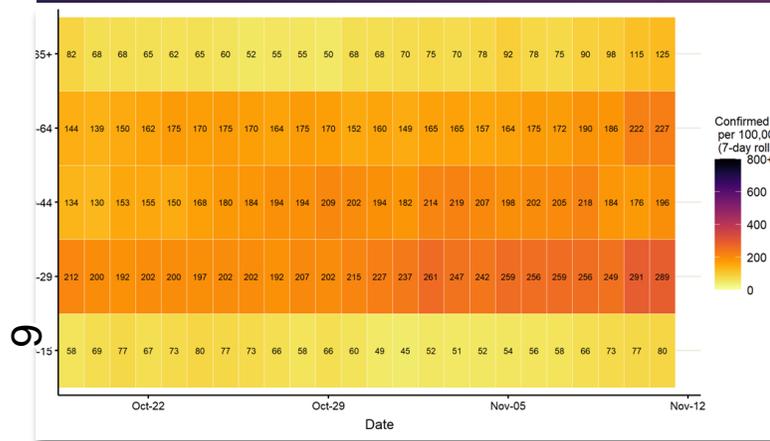
The trend in rates of COVID-19 has increased across all age groups to 182.8 per 100,000 population. The rate of covid in the 60 and over group has seen a marked increase this week, now at 149.4 per 100,000 population compared to 89.9 the previous week. As of the 11th November, London North West University Healthcare NHS Trust reported an increase to 125 Covid inpatients across all sites, but the increase is mostly at NPH, where numbers have more than doubled over the previous 5 days.

Covid -19 Cases

- ▶ There has been a steady increase in the 7 day average number of cases over October and early November. In the past week there has been a steeper increase.
- ▶ There has also been an increase in the number of tests from pillar 1- NHS tests - which is reinforced with the data from Northwick Park.
- ▶ The number of admissions with COVID-19 in Northwick park has increased in the past week – doubling in number over 5 days.



Pattern of COVID-19

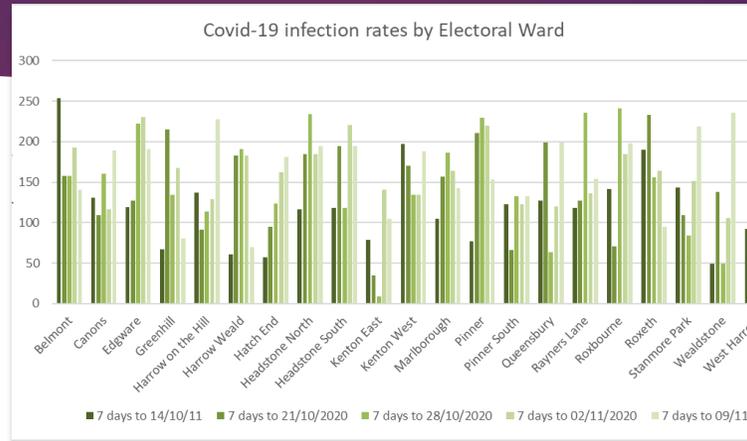


Age

In the past month, the highest rates of COVID-19 have continued to be in the 16 to 29 age group - currently double the borough average.

The rates in the over 30s working age groups are steadily increasing. The rate in under 16s is low - with the youngest children having the lowest rates.

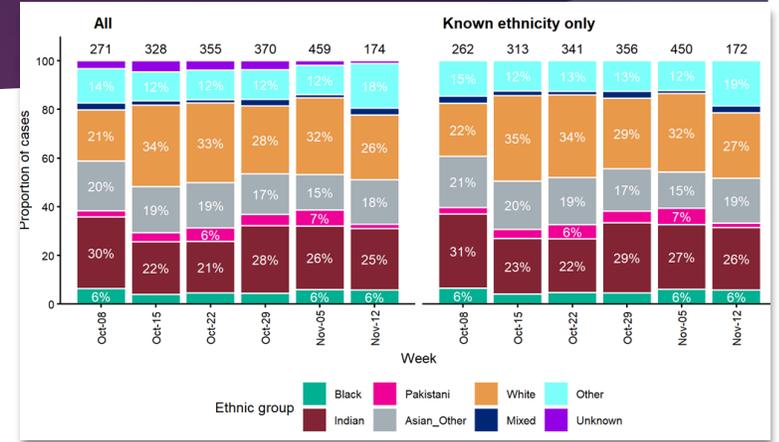
The rate in older adults has fluctuated but is increasing rapidly which raises concerns over increased admissions to hospital and deaths.



Geography

There isn't a distinct pattern within Harrow. Wards with high rates one week are often lower in the following week. The vast majority of outbreaks are related to within households. At ward level, a single large household can change the rate.

Wards with very low rates may indicate low rates of infection or low rates of testing. We will be looking into this further to identify if we are missing cases.



Ethnicity

The recording of ethnicity is good with only 5% missing. The ethnic breakdown for the positive tests shows broad similarities to the Harrow population. "Other ethnic group" is over represented and the White group under represented.

As with the age groups, this may represent a difference in either the number of cases or in the rate of testing in different communities.

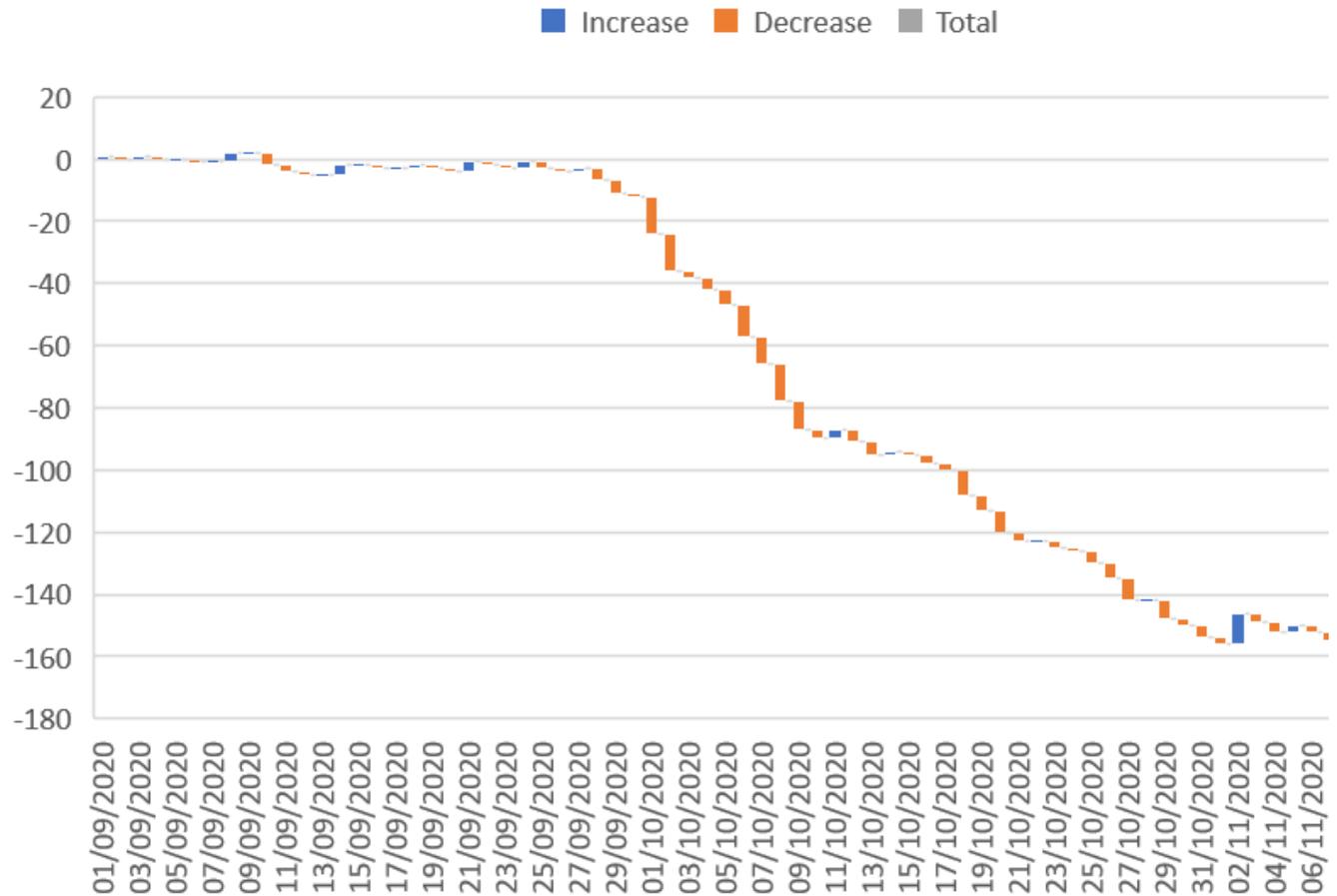
Change in data

▶ In October, many areas saw increases in case numbers in the 18-21 age group. The data showed that these cases had two different addresses – one at a university and another “home” address which came from matching with GP records. Cases were allocated to the local authority of the address on the GP records. This meant following up cases outside of the borough and at the same time, missing data on local outbreaks related to students living locally.

▶ On 16 November, PHE amended the data. The impact in Harrow shows that since October there were over 160 cases additional cases allocated to Harrow – most in October. The data for rates have been amended from early September onwards in the coming days.

▶ These changes do not materially change our recent data.

Impact of allocating cases to current address rather than address on GP records on the number of Covid 19 Cases

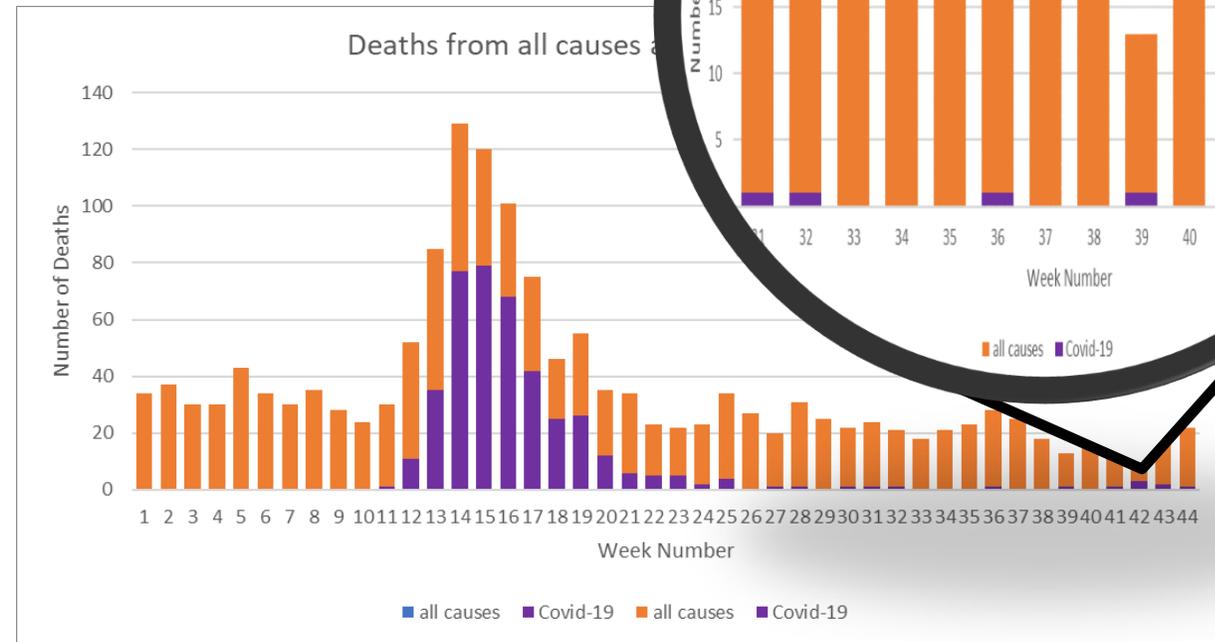


Covid Deaths

Since the beginning of the pandemic and end of October, there have been 412 deaths.

The majority of these deaths (398) occurred in between March and early June.

Seven deaths occurred in October. All of these deaths occurred in hospital.





Testing

- ▶ A local testing site opened in S Harrow on 9 October. The site was initially booking at half capacity and has, in the past fortnight, increased to full capacity (up to 288 tests per day). The site is well utilised with a high proportion of slots filled.
- ▶ The mobile testing units continue to be deployed twice per week at Civic Centre and once at weekends at Northwick Park Hospital. These are also well utilised.
- ▶ Work is currently underway to develop a second local testing site and scope out a third within the borough.
- ▶ Testing within care homes is in place although there are some delays in getting the results, which we have escalated to the regional convenor in DHSC.
- ▶ In the coming weeks, we will be developing a programme for targeted rapid testing for asymptomatic groups using new lateral flow devices (LFD).
- ▶ New rapid testing is also being expanded within the NHS using LFD or LAMP/LAMPore tests.

Promoting awareness

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- ▶ Community engagement with different communities and with faith groups
 - ▶ E.g. Somali (through HASVO); Romanian (through the R&EE network); Tamil (Through temples and school); Black African and Caribbean (through BACA and Carramea); Indian Community leaders (wide range of organisations)
 - ▶ General updates and Q&A with VAH; Jewish Community; Wealdstone Active Community
- ▶ Multilingual information
 - ▶ National information limited
 - ▶ London information – Keep London Safe – limited languages
 - ▶ London info – GLA and Doctors of the World – Over 60 languages
 - ▶ Local translations working with the communities in Harrow
- ▶ Videos
 - ▶ Keep London Safe script circulated
 - ▶ Local script developed and communities encouraged to make informative videos that will appeal to their friends and families.
 - ▶ Halloween video produced by Young Harrow Foundation – Christmas themed videos in preparation.

Contact tracing

- ▶ Eighty percent of the positive cases had been contacted by the NHS T&T team. We aim to increase this percentage by our local contact tracing service.
- ▶ We have a team of contact tracers who have been trained to the national standard required by NHS Test and Trace.
- ⇄ ▶ The team is made up of Public Health professionals, Environmental Health professionals and staff from the community contact centre.
- ▶ The process:
 - ▶ Everyone with a positive test is sent a text or email link for them to put details on the T&T website.
 - ▶ If after 8 hours this has not happened, the NHS T&T team will call the case over the next 24 hours.
 - ▶ All cases that have not been successfully contacted by the NHS T&T team are passed to the local team who will attempt to call them over the following 24 hours.
 - ▶ If this is unsuccessful, the case will be sent an urgent letter asking them to contact us.
 - ▶ In the next week, we will be adding a text message before the letter gets sent out.
 - ▶ We are looking at whether we need to introduce door knocking to contact cases.

Covid Support Grants

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- ▶ Business grants
 - ▶ Available for businesses affected by COVID-19 lockdown.
 - ▶ Two elements: mandated grants to defined groups (different to the first lockdown) and a small discretionary grant (local arrangements to be decided)
- ▶ Personal Isolation payments
 - ▶ £500 to people on low incomes to enable them to stay at home
 - ▶ Requires an NHS T&T number which doesn't cover all of the people being asked to isolate (e.g. parents unable to work due to children being off school)

Covid Vaccination programme

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- ▶ Delivery is being led by NHS
- ▶ Identifying sites for mass vaccination across the borough – probably 4-6 sites – will be agreed by 1 December
- ▶ Vaccine likely to be available from Mid December in small quantities initially
- ▶ To be offered to highest risk groups first e.g.
 - ▶ Care home residents;
 - ▶ Care home staff;
 - ▶ People over 80 living in the community;
 - ▶ People over 75 living in the community;
 - ▶ Health and social care staff; etc
- ▶ Significant communications input will be needed to encourage high vaccination uptake in high risk groups.

“

Winter Preparedness

”

Adult Social Care Winter Plan 20/21

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- ▶ The Department for Health and Social Care (DHSC) published their national ASC winter plan in September 2020.
- ▶ The national plan sets out national support and expectations for local authorities, NHS organisations and care providers.
- ▶ Every local authority has to ensure they have a winter plan in place to ensure there are COVID-19 contingencies to ensure local delivery of social care through the challenges of the winter and COVID period.
- ▶ Harrow Council has completed its ASC Winter Plan in co-ordination with partner agencies. It has incorporated the recommendations from DHSC.

Adult Social Care Winter Plan 20/21

- ▶ The plan ensures contingency and collaborative work across several key areas including:
 - *Infection Prevention and Control*
 - *Seasonal Flu Vaccinations*
 - *Health and Care Service Joint Work (including discharge planning)*
 - *Supporting people who receive social care and carers*
 - *Supporting the care workforce*
 - *Care market funding and provider sustainability*
 - *Local, regional and national oversight and support*
- ▶ The plan is shared with key staff and is continually reviewed and updated and is currently showing key contingencies are in place within Harrow.

Service Continuity and Care Market Review

- ▶ DHSC is carrying out a nationwide review to understand:
 - *the risks to the continuity of the care market*
 - *the contingency plans in place to mitigate those risks*
 - *local needs for support via national and regional arrangements*
- ▶ DHSC is supported by the LGA and ADASS to ensure this information is captured as a local and regional level
- ▶ Harrow Council has taken part in the review and has submitted key information to present the local view of the above
- ▶ The key message is there are identified risks in the market that require national support such as ongoing market funding to ensure provider sustainability and continued infection control via testing, PPE and staff contingency support.

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NWL Single CCG and NWL Integrated Care System (ICS) Harrow Out of Hospital Recovery Plan

19 November Update

Dr Genevieve Small (Chair, Harrow CCG; Joint-Chair, Harrow Joint Management Board)

Javina Sehgal (Managing Director, Harrow CCG)

Glossary

CCG: Clinical Commissioning Group

CEO: Chief Executive Officer

Comms: Communications

DASS: Director of Adult Social Services

HHaCE: Harrow Health and Care Executive

ICP: Integrated Care Partnership

IC: Integrated Care

LA: Local Authority

JMB: Joint Management Board

NHS Digital

NWL: North West London

OOH RP: Out-of-Hospital Recovery Plan

PCN: Primary Care Network

PMO: Programme Management Office

SRO: Senior Responsible Officer

ToR: Terms of Reference

VCS: Voluntary and Community Services

WLA: West London Alliance

21 NWL Single CCG and NWL Integrated Care System (ICS)

Update – November 2020

NHS Context

NHS policy is that areas will work as a single ICS (Integrated Care System)

This includes health and local authority health related services

There will be one CCG to support each ICS

There is a move away from the commissioner/provider split within health care

Borough based partnerships for the provision of care are a key building block for the ICS

The challenge for systems is that there is no legislation directing these changes

As an ICS we are establishing a Partnership Board with LA CEO, DASS and Director of Public Health membership

Our proposal is that this LA Leaders' meeting is a formal part of our governance, meeting every 1-2 months, ensuring accountability, debate, development of ideas and transparency.

Wherever possible, decisions about care delivery will be taken at Borough-level, supported by the ICS setting strategic context, sharing best practice and undertaking assurance

Our focus will be directed by our joint work to reduce inequalities experienced by our residents

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Creating a single CCG for NW London

- We are working in a national context where **each ICS will have a single CCG** and where health is **moving away from a commissioning/provider split**
- All eight CCGs have now voted in favour of merger. An application to NHSE was submitted on 30 September and early feedback has been positive. We are on track.
- Although there is a need to reduce CCG management costs, in creating a single CCG we are not proposing to merge borough teams, **each borough will continue to have its own CCG team**
- However, **senior leadership will come from an Out of Hospital Director**, providing a single health voice across health providers and commissioners in each borough
- We believe that local **joint commissioning between health and local authorities supports** integrated provision and this should be strengthened

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We are progressing jointly in establishing our borough-based partnerships

- Within the North West London Integrated Care System, boroughs are the key building block for the delivery of care
- This requires a strong partnership at borough level; health therefore want to build on, and further strengthen, existing partnership arrangements with LA colleagues
- For each borough we have 3 NHS leads – primary care, community care and mental health.
- Our proposal is that health senior leadership for this partnership will come from the Local Care Director, providing a single health voice across health providers and commissioners in each borough
- The approx. 270 borough-based CCG staff will work in their boroughs to this leadership team



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The following timetable is proposed to appoint to these teams:

Mid Nov Identify the named members of the 8 boroughs leadership teams - each organisation will select an executive or equivalent to represent their organisation

Mid Nov Agree how acute Trusts engage with borough leadership

Mid Dec Identify the single NHS lead with local authority input to the decision

We have established a NW London board to focus on reducing health inequalities amongst our population

- This board is jointly chaired by Niall Bolger, CEO Hounslow Local Authority and Carolyn Regan, CEO West London NHS Trust
- It brings together health, local authority, voluntary sector, residents and others to provide strategic direction in this area
- We have identified 3 main areas of work, as illustrated below; key is health actively working with the WLA Economic Regeneration Board and as major employers supporting the economic regeneration agenda
- Two other areas of immediate focus are ensuring we reach our most vulnerable residents with flu vaccinations and digital exclusion.

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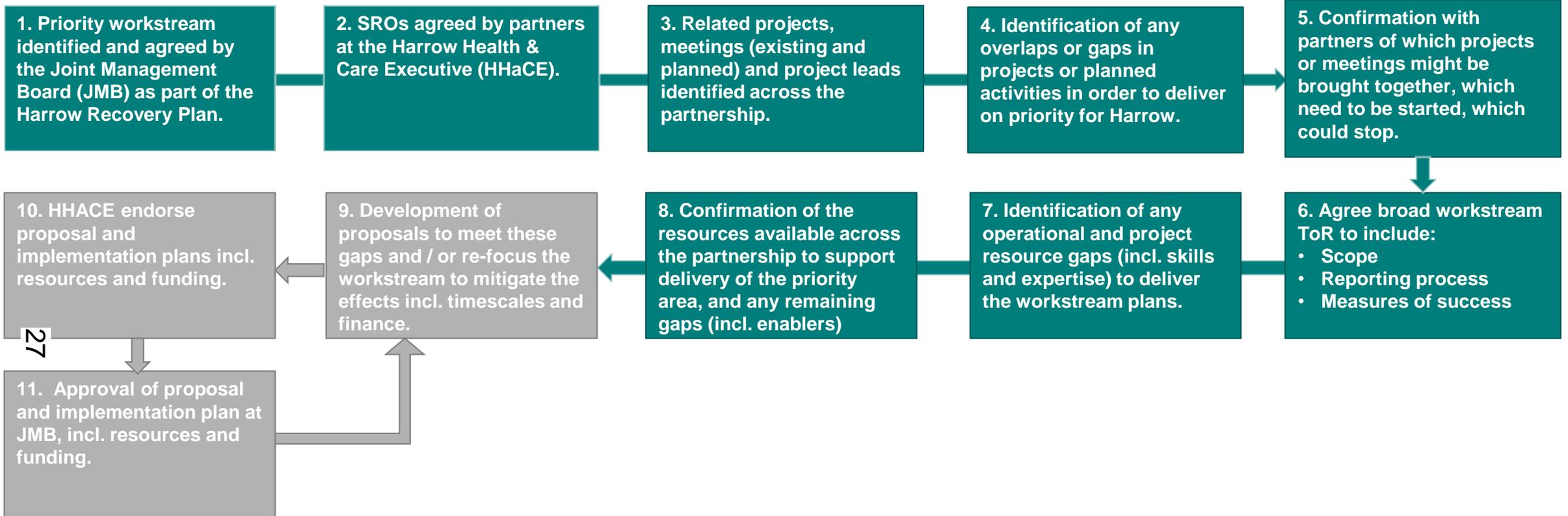


Harrow Out-of-Hospital Recovery Plan

Implementation Update – November 2020

From Planning to Implementation

Green – completed; Grey – in progress



The purpose of this process is to support the partnership in:

- Identifying and aligning activity and resources** around the delivery of shared priorities.
- Mapping any gaps required support** for implementation, for example in relation to clinical expertise, data and analytics, communications and engagement.
- Agreeing a shared way forward with partners** to ensure that the workstream is deliverable and the SROs are appropriately supported in overseeing that delivery.

Workstream Update

Priority	Status/Comments
Support for Clinically Extremely Vulnerable Residents	Will use GP comms channels to send patient updates. LA food parcels will be offered until end of March 2021 as required. There is no national plan to reinstate 'shielding'.
Learning Disabilities and Autism	Work-on-going, no blockers highlighted.
Prevention, Self Care and Social Prescribing	Work-on-going, no blockers highlighted.
Long Term Conditions	Diabetes Management funding ask to go to ICS Deep Dive end of November.
Mental Health and Wellbeing	Work-on-going, no blockers highlighted.
Children and Young People	Matrix-working model endorsed at the HHaCE on 30 th October 2020. 6 recommendations to be actioned.
Frailty and Care Settings	Agreement to develop a single frailty model for Harrow regardless of place of residence (case-management Multi-disciplinary Teams (MDTs)). Monthly MDTs have started across all PCNs. Frailty MDT training on-going. <i>Behaviour That Challenges</i> training currently taking place for care homes with dementia residents.
Tackling Inequalities	The NWL CCG BI team is supporting with data analysis of Harrow-specific inequalities. ToR completed. Equalities Assurance Framework in development (to be used across all workstreams).
Carers Sub-group	Information sheets and posters on carers' cards and carers' support are being shared across the partnership. Questions for staff and checklist for workstreams finalised on 28.10.20 – to go to HHaCE 27.11.20.
Safeguarding Sub-group	Partner leads are reviewing the OOH RP.
Comms and Engagement	2 nd VCS Workshop took place on 12 th October. £50K funding for a VCS business partner to work with the ICP has been agreed by the HHaCE. To be funded by the partnership. Staff wellbeing comms has been drafted and is to be agreed at the HHaCE. A model of peer support for primary care colleagues is being developed. GP Comms channels to be used for partnership-wide comms to patients.
Integrated Education and Training	The Integrated Care Education (ICE) Team bid for Future Frailty Network bid has been submitted to NHS Charities Together – awaiting results.
Digital Transformation	Work in progress. Tactical solutions being developed in line with the ICS and national plans, pending roll-out of the NWL Health and Care Information Exchange.

Adult Social Care Winter Plan 20/21

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Approaching good mental health in Harrow.

Health and Wellbeing Board November 2020

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1. Burden of mental health and Covid-19
2. Policy context
3. A broad approach to MH across the Life Course
4. Schools and young people
5. Community Mental Health Services

Agenda Item 11
Pages 33 to 48

- 1:4 adults Common Mental Health Disorder
- 50% of long-term mental health problems emerge by the age of 14
- 30,000 people with a Common Mental Health Disorder, most <65 years
- 13,000 people registered with depression
- 2,800 people registered with a Serious Mental Illness.
- Approximately 1:8 children (5-19) have at least one mental disorder
- 20% of 10-19 year olds say they need mental health support or know someone who does

Poor mental health is correlated to similar population characteristics as severe infection with Covid – 19;

Age, occupation, long term conditions, and of great relevance to Harrow, BAME (refugee/asylum seekers, and Somali, Afghan, Tamil populations)

Impact of Covid19 on mental health service delivery

- Nationally the reported rates for people experiencing depression, anxiety and mental distress is double what they were at the same point last year
- However in March 2020 across the country there were 220,000 fewer referrals for psychological therapy services than in 2019
- In July, NHS data indicated CAMHS receiving the largest number of referrals on record
- Young Minds survey of children with a history of mental problems reported that 32% had much worse MH
- Kooth (digital provider) reported 58% increase in activity compared to the previous year
- Between 2020 and 2029 we could expect the following increases, an extra 1,400 people with a Common Mental Health Disorder (to 28,000), and an extra 1,300 on the CPA (to 16,300)

Harrow mental health services need to adapt and plan for this new deterioration in people's wellbeing across the wider population

- Policy history leading to the 2019 NHS Long Term Plan and the ambitions of the Five Year Forward View:
 - Perinatal Mental Health,
 - Children and Young People’s (CYP) Mental Health,
 - Adult Common Mental Illnesses (IAPT),
 - Adult Severe Mental Illnesses (SMI) Community Care,
 - Mental Health Crisis Care and Liaison,
 - Therapeutic Acute Mental Health Inpatient Care,
 - Suicide Reduction and Bereavement Support,
 - Problem Gambling Mental Health Support,
 - Rough sleeping Mental Health Support.
- 2020 in Harrow:
 - Health and Wellbeing Strategy
 - Harrow Borough Plan
 - Out Of Hospital / Recovery Plan and integrated care

A broad approach to Mental Health across the Life Course

Tier 4 and 5 Tertiary,
Specialist & Acute services

Tier 3 Secondary
Community Mental Health
Services

Tier 2 Primary Care

Indicated Tier 1 Individual
support / targeting those
with symptoms

Selective / Early help for
people in groups,
demographics or
communities at risk

Universal for everyone
where there is an
opportunity such as schools
or workplaces

Health and
care system



Prevention



Early years 0-5 / best start in life.

GP's, SEN, Healthy Child Programme,
safeguarding

Children and young people 6-19 / education and development.

CAMHS, Educational Psychologists,
Childrens social care, Substance Misuse,
Sexual health, transition

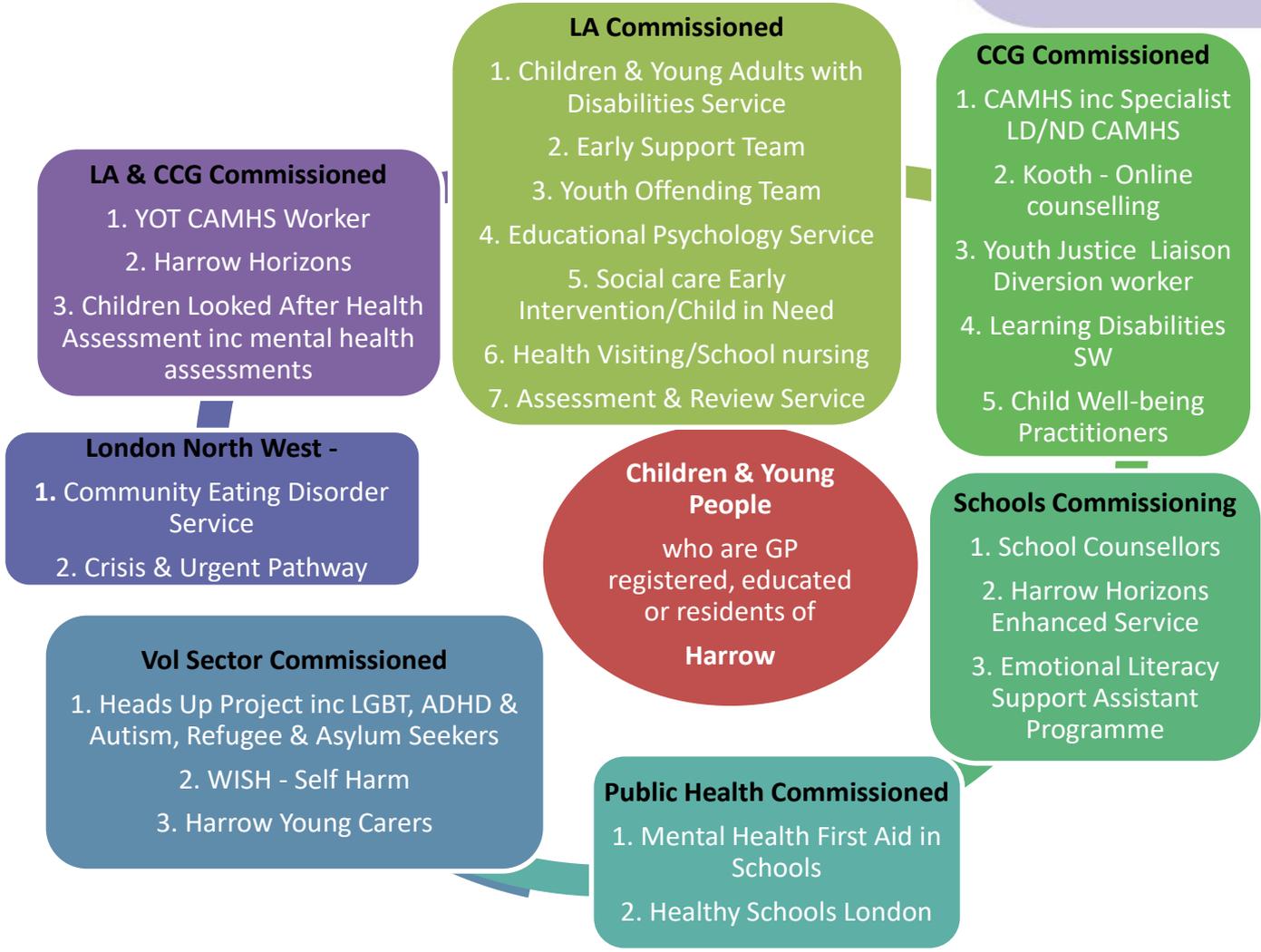
Adults 25-64 / risk, work, parenting.

Adult social care, primary care pathways,
early intervention in psychosis, work
programme, suicide prevention,
workplace wellbeing, carers

Older people / physical health, housing.

Dementia, LTC, social isolation, financial
exploitation, transition

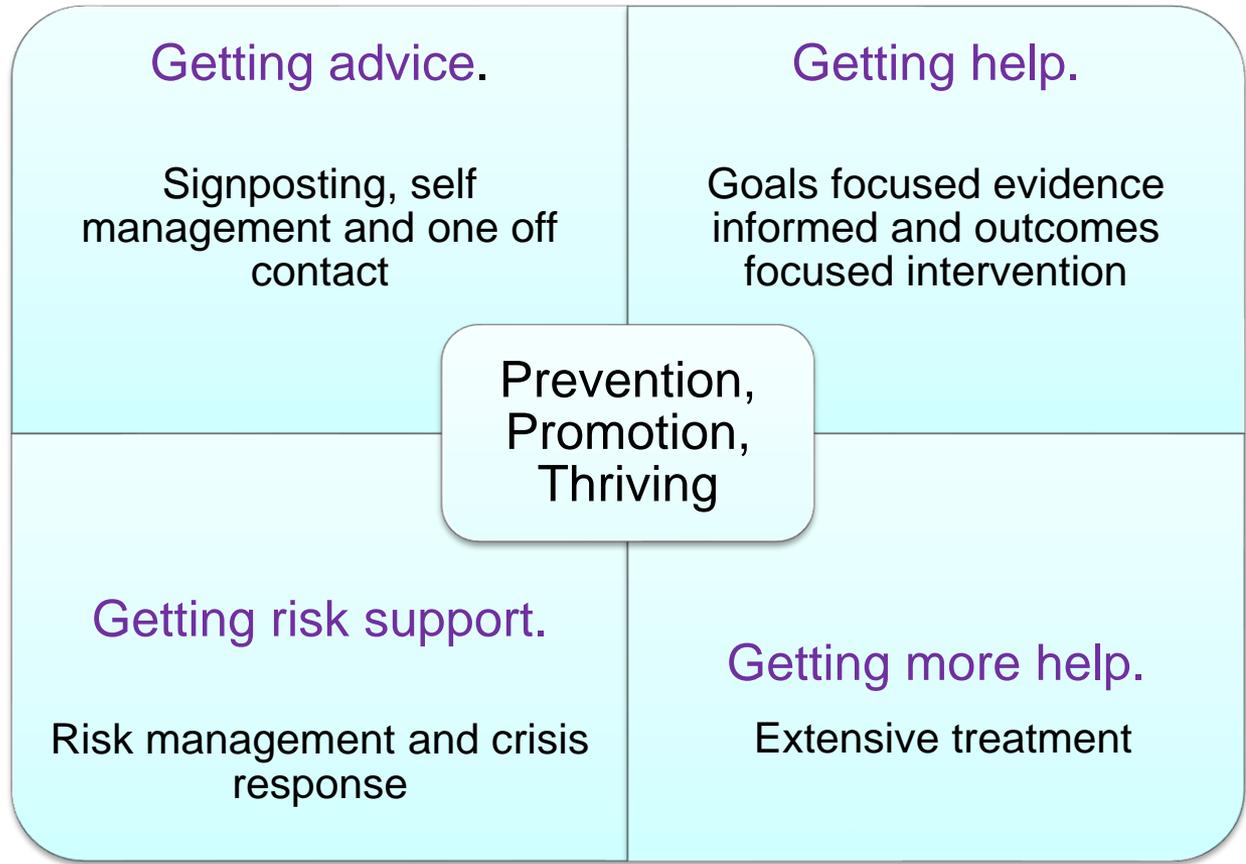
- Good social, emotional and mental well-being are the basis of adopting healthy behaviours and preventing mental health problems.
- Schools have identified areas of focus such as training for staff, mental health & well-being policies and access to specific workshops, for example resilience programmes and parent workshops.
- 38 ● A whole school approach recognises that a pupil's well-being is impacted by aspects of school life beyond learning and that schools are not only there to provide targeted support for vulnerable individuals.
- Harrow has been successful in their application to be part of the 2020-2021 waves of the NHSE Mental Health Support Teams in schools
- A complex picture of provision for young people...



Mapping services to the Thrive Model

- Early support hubs
- School provision
- Educational Psychology service
- Young Harrow Foundation
- Harrow Young Carers
- Heads Up
- MHST

- CAMHS
- Inpatient
- Youth Offending Team
- Youth Justice Liaison and Diversion



- Kooth
- Harrow Horizons
- Heads Up
- MH ST

- CAMHS
- Community facing eating disorder service

Scope of Commissioning Review

- A. The efficiency and effectiveness of the current recovery pathway experienced by people with mental health support needs; and
- B. The extent to which both the Council directly provided and commissioned services maximised people's independence and social inclusion i.e.
 - The Bridge
 - Wiseworks
 - Look Ahead and Rethink Floating support services
 - 7 & 14/15 Kenton Road
 - Rethink Supported Housing
 - Family Carers
 - CNWL S75 Spot purchased placements
 - Personal budget allocation

Key Findings

Silo working by and within organisations –The absence of a whole system approach inhibits creative solutions

Provider services creating Dependency rather than enabling Independence- requires a transition from a building-centred focus to a person-centred focus to increase people's access to personalised support in their local community

Few people moving to their own home-needs a redesign of the supported accommodation portfolio and pathway to facilitate people achieving more independence

Lack of recognition of the full potential of the voluntary sector as a key strategic partner in the recovery and prevention pathway

Carers support - is the offer truly aligned with the principles contained within the Care Act 2014?

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Interdependencies

1. CNWL/PCN Community Hub model
2. Person-centred strength based community approach
3. Harrow Out of Hospital Strategy/Recovery Pathway
4. Integrated Care Partnership

Drivers for a New model of Community Support Services

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- Creating a new holistic and sustainable whole system support offer co-produced with Harrow residents
- Maintaining people's health and wellbeing during the Covid pandemic from new ways of working
- Growing the service offer to begin to provide advice and support options for residents suffering mental ill health as a result of unemployment, financial stress or bereavement
- Maintaining a service offer to clients with high support needs in a virtual way
- Developing the provider position as part of a recovery/ resilience service model

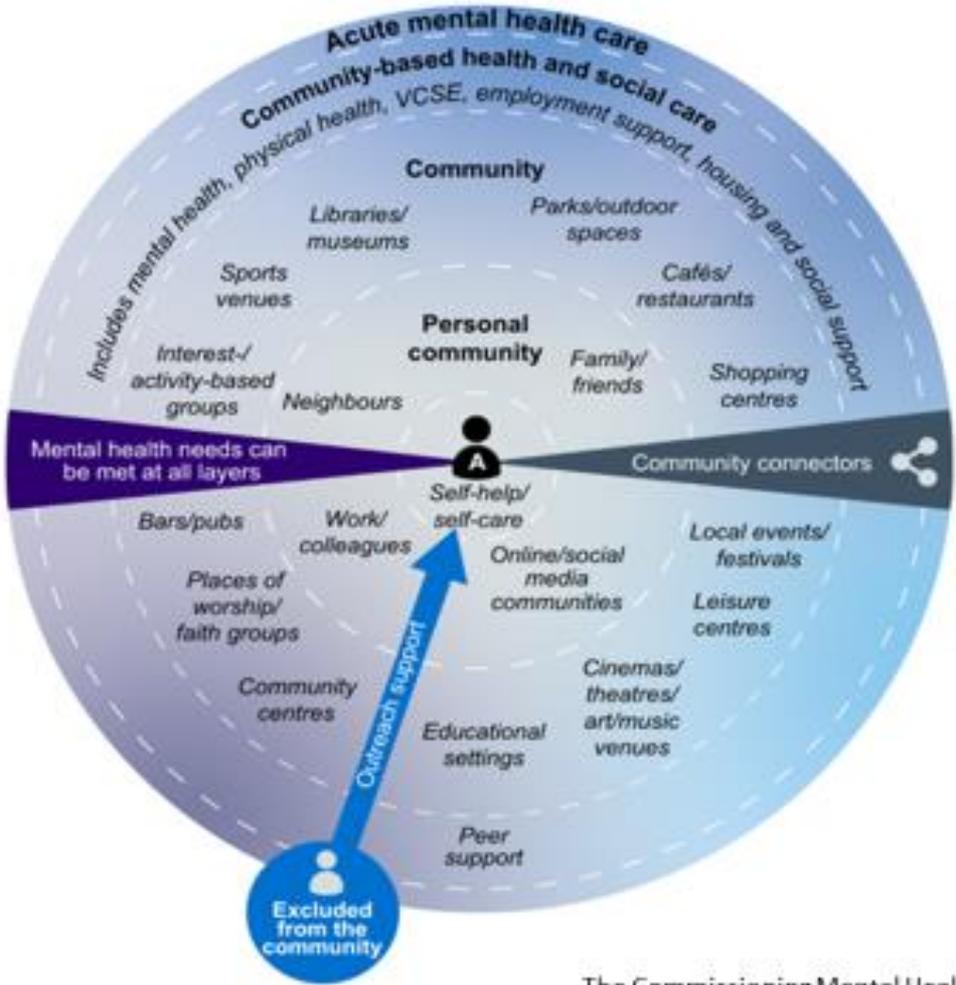
We start with the person



And co-ordinate the required support services at the right time and in the right place around them

Developing a Community Model

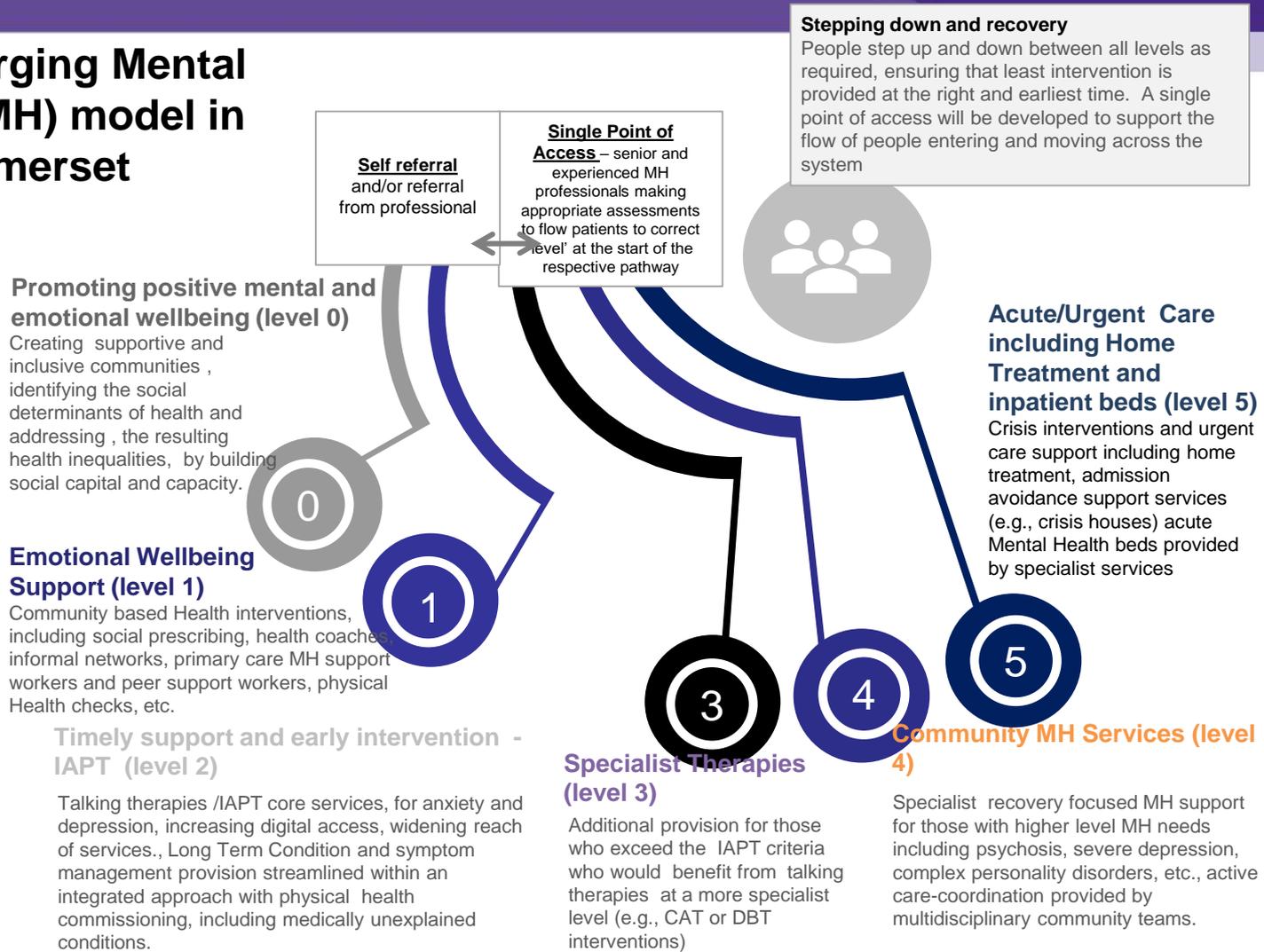
45
 What does a whole system approach to mental health and well being look like?



The Commissioning Mental Health framework for adults and older adults (NCCMH September 2019)

The emerging Mental Health (MH) model in Somerset

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47. Next Steps in Harrow

Establish

Establish a co-production group with membership from all stakeholders

Redesign

Redesign of the community support service network as part of a whole system approach to recovery and resilience

Develop

Develop the OOH recovery pathway that provides a holistic response that enables people to safely transition from inpatients to their own home

**Refresh of S75 Partnership agreement
between Harrow Council & CNWL**

- Mental health impacts all of us all of the time
Understanding key risk points in life helps design the partnership response
- 48 ● Universal awareness and promotion of mental health is essential
- Tiered provision for more acute needs should have clear pathways and access points
- Appropriate design starts by engaging the individual