

Health and Wellbeing Board Agenda

Date: Tuesday 28 September 2021

Time: 10.00 am

Venue: Virtual Meeting - Online

Membership (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Sheik Auladin	Clinical Commissioning Group
Councillor Simon Brown	Harrow Council
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Councillor Christine Robson	Harrow Council
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
Dr Genevieve Small (VC)	Harrow GP Governing Body Member for NWL CCG
Councillor Krishna Suresh	Harrow Council
1 Vacancy	Harrow Clinical Commissioning Group

Reserve Members

Councillor Sue Anderson	Harrow Council
Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Dr Himagauri Kelshiker	Harrow Clinical Commissioning Group
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

Inspector Edward Baildon, Harrow & Brent Police
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
John Higgins, Representative of the Voluntary and Community Sector
Chris Miller, Chair, Harrow Safeguarding Boards
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

Contact: Mwim Chellah, Senior Democratic & Electoral Services Officer
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Useful Information

Meeting details

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The recording will be made available on the Council website following the meeting.

Agenda publication date: Monday 20 September 2021

7. **Covid-19 and Vaccination Progress and Update** (Pages 5 - 18)
8. **The Integrated Care Partnership 100 Day Plan** (Pages 19 - 32)
9. **Central North West London (CNWL) Mental Health Services - Update and Progress** (Pages 33 - 40)
10. **Healthwatch and Primary Care Summit** (Pages 41 - 50)
11. **Quarterly Update on Wider Determinants of Public Health** (Pages 51 - 56)

Covid Report

Harrow Health and Wellbeing Board

28 September 2021

CAROLE FURLONG
DIRECTOR OF PUBLIC HEALTH

ISHA COOMBES
BOROUGH DIRECTOR (HARROW)

Key Messages

- ▶ Rates of COVID in the borough initially increased with the return to school. However rates have subsequently decreased and remain at just under 100 per day. This general trend masks a fairly stable rate in the over 60 population, and therefore we continue to focus on any consequent impact on hospital admissions in this group. The increasing rates in school age children is not leading to hospitalisations on the whole but are causing some disruption in a few schools. Additional measures such as the reintroduction of masks
- ▶ Hospitals have seen a steady number of people being admitted with COVID but they face continued pressure due to non-Covid-19 related admissions.
- ▶ Vaccination rates are continuing to increase slowly and there are plenty of slots available if you have not yet been vaccinated. There are significant inequalities in vaccination uptake with people of Black heritage and those living in the most deprived parts of the borough least likely to be vaccinated.
- ▶ The universal vaccination programme for 12-15 year olds is now being rolled out across schools by the NHS using a test and learn approach.
- ▶ The 3rd dose programme is being rolled out for all groups 1-9 – and is available for anyone who had their second dose 6 months ago or more.
- ▶ The mandated vaccination of care home staff is being carefully monitored – all staff intending to continue working in care homes. Unless exempt, should now have had their first vaccine dose. We await further instruction on mandated vaccination for other health and care staff.
- ▶ The Flu programme is also starting with a need to carefully coordinate delivery alongside the Covid programme – co-administration with the covid vaccine is allowed.
- ▶ Please continue to follow the **Keep Harrow Safe** guidance: Hands, Face, Space, Ventilate guidance – even if you've been double vaccinated.
- ▶ The guidance for Test, Trace, Isolate, Vaccinate remains
 - ▶ Have a regular lateral flow test if you have no symptoms (and wash your hands)
 - ▶ Have a PCR test if you do have symptoms or if you are a close contact of a positive case
 - ▶ Self isolate for the full 10 days if you have a positive test
 - ▶ Help is available if you need to isolate – including financial support if you are unable to work.
 - ▶ Get Vaccinated – twice! – and do it now!)... and wash your hands!)



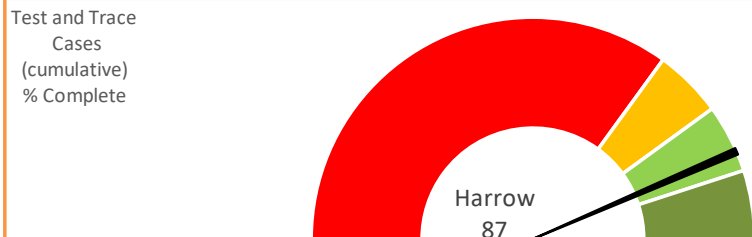
Harrow COVID 19 Dashboard

Report date: 27/09/2021
Data from: September 16 2021 to September 22 2021

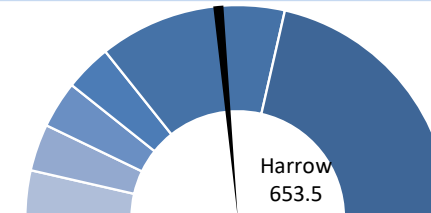
Confirmed Positive Cases (all ages) in 7 days to 22/9/2021 **634**
 % Change in past 7 days **12%**

Interim positive cases (all ages) in 7 days to 26/09/2021 **633**

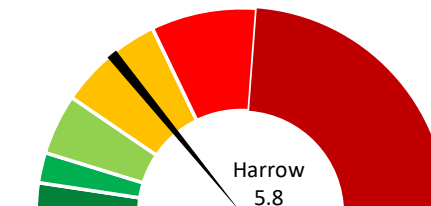
Confirmed Positive Cases (age 60+) in 7 days 22/9/2021 **60**
 % Change in past 7 days **-19%**



PCR Testing rate per 100,000

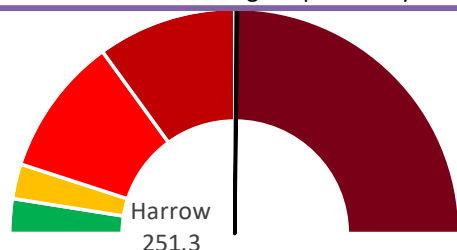


PCR Test Positivity rate

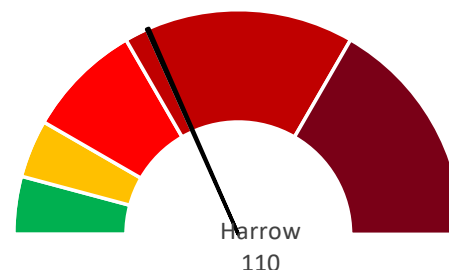


Incidence rate (all ages) in past 7 days per 100,000

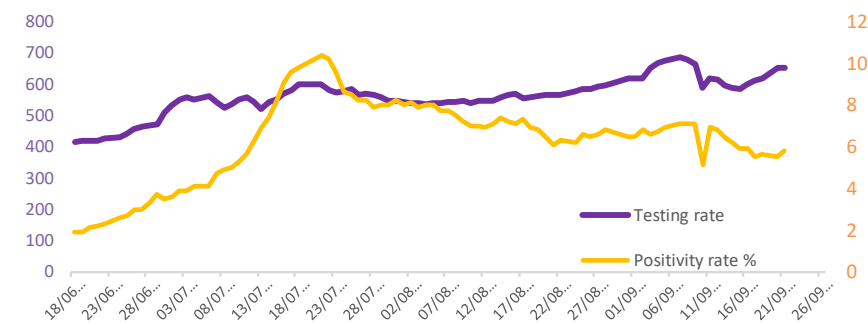
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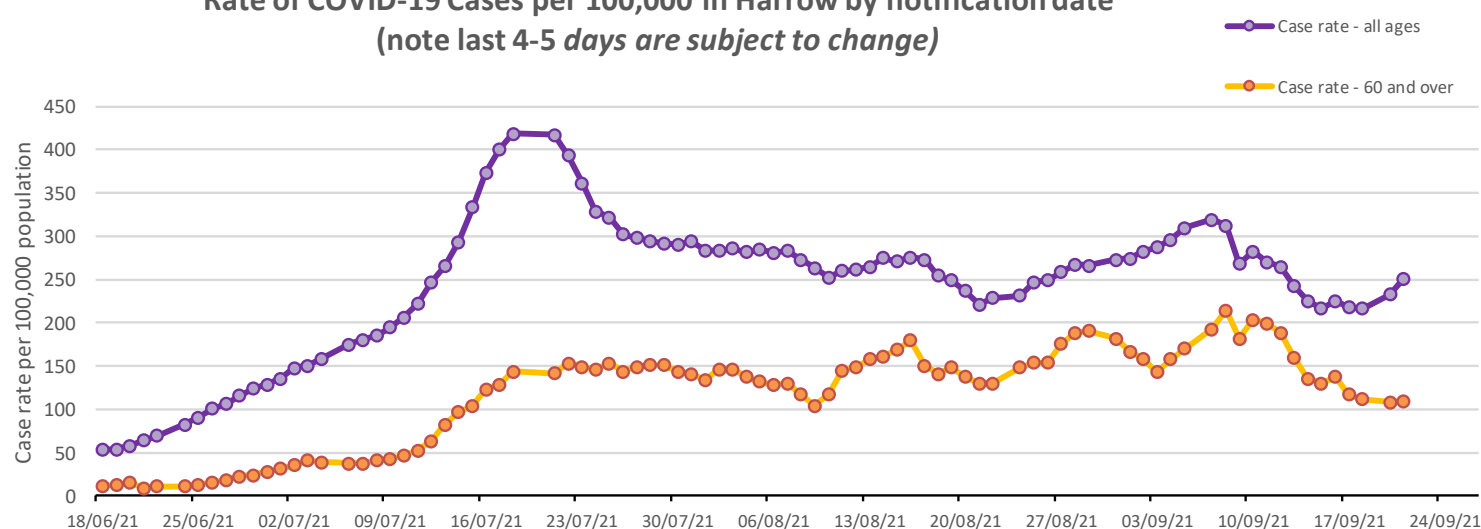
Incidence - 7 days in 60 and over per 100,000



Trends in PCR testing rates and test positivity



Rate of COVID-19 Cases per 100,000 in Harrow by notification date (note last 4-5 days are subject to change)



Harrow now ranks 4th of 32 London. The all age rate has started to increase again but the over 60 rate remains fairly steady.

Hospitalisations:

Hospitalisations and deaths in the last 7 days have seen a slight increase. Between 17th to the 23rd September 2021, the number of people going to Northwest London Trust were **76** (from 63 last week). There were **48** patients in hospital with coronavirus on 19th September 2021 and **11** coronavirus patients in hospital beds with a mechanical ventilator on 23 September 2021.

Deaths

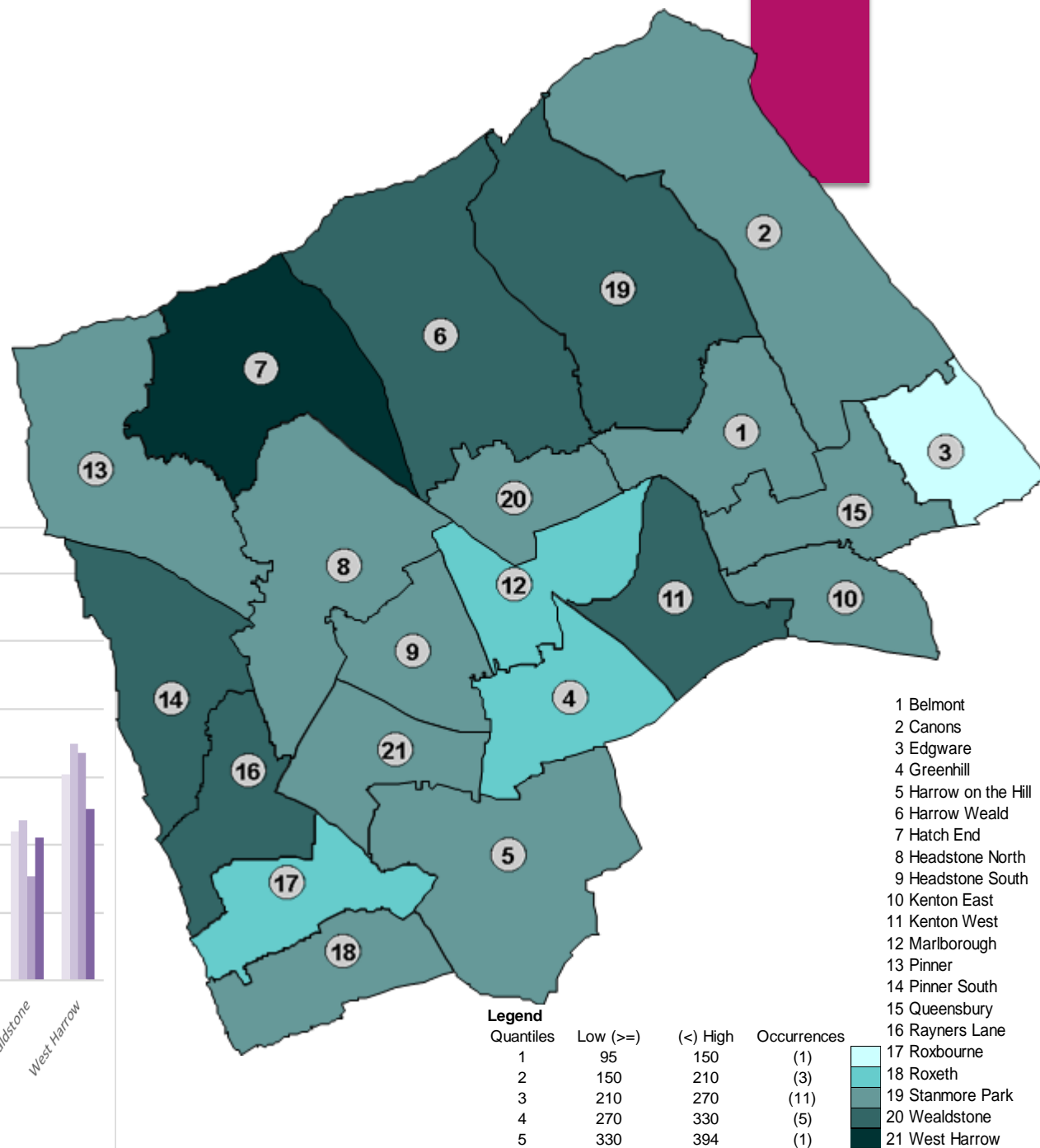
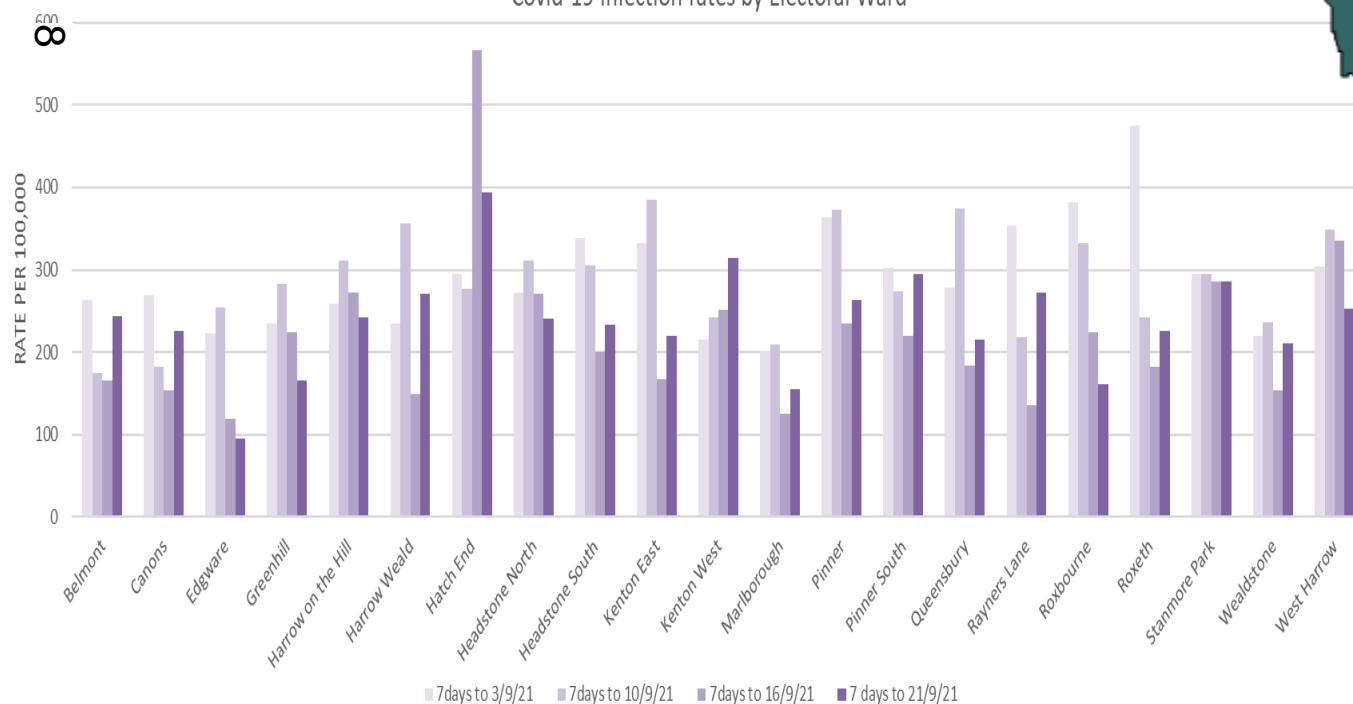
Between 20 and 26 September 2021, there have been 4 deaths within 28 days of a positive coronavirus test.

Rates by Ward

The highest rates in the week to 21/9/2021 were in Hatch End, Kenton West and Pinner South wards.

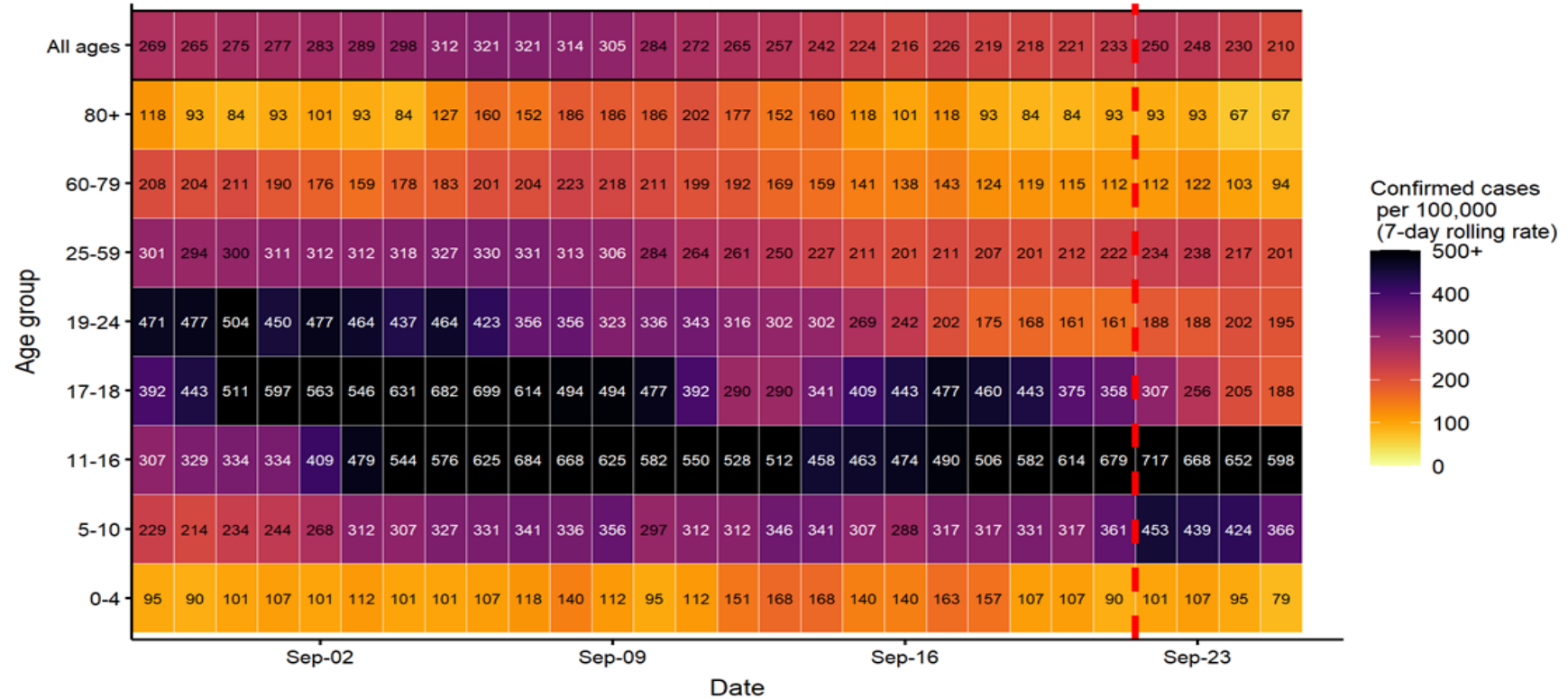
The lowest rates remained in Edgware, Marlborough and Roxbourne wards.

Covid-19 infection rates by Electoral Ward



Age distribution

- ▶ The 11-16 age group remain the highest group affected with the 5-10 age group now higher than the 17-18 year olds. This is most likely due to the increased testing activity by schools with the start of the autumn term.
- ▶ Rates are still decreasing in 19-24 year olds and starting to decrease in the 17-18 age groups too, which had previously been the age cohort with the highest rate.
- ▶ Rates in the over 80s and in the under 4s remain lower than other age groups.



Changes to Self Isolation Guidance

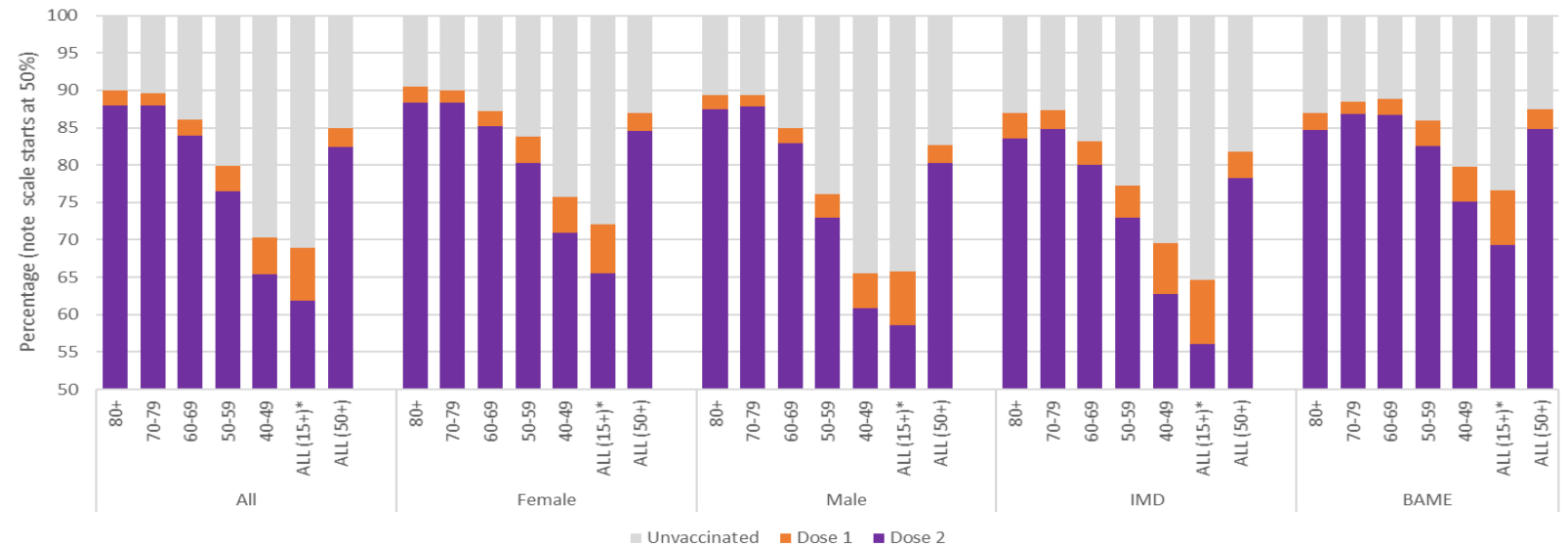
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- ▶ Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, **and** any of the following apply:
 - ▶ they are fully vaccinated
 - ▶ they are below the age of 18 years and 6 months
 - ▶ they have taken part in or are currently part of an approved COVID-19 vaccine trial
 - ▶ they are not able to get vaccinated for medical reasons
- ▶ Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.

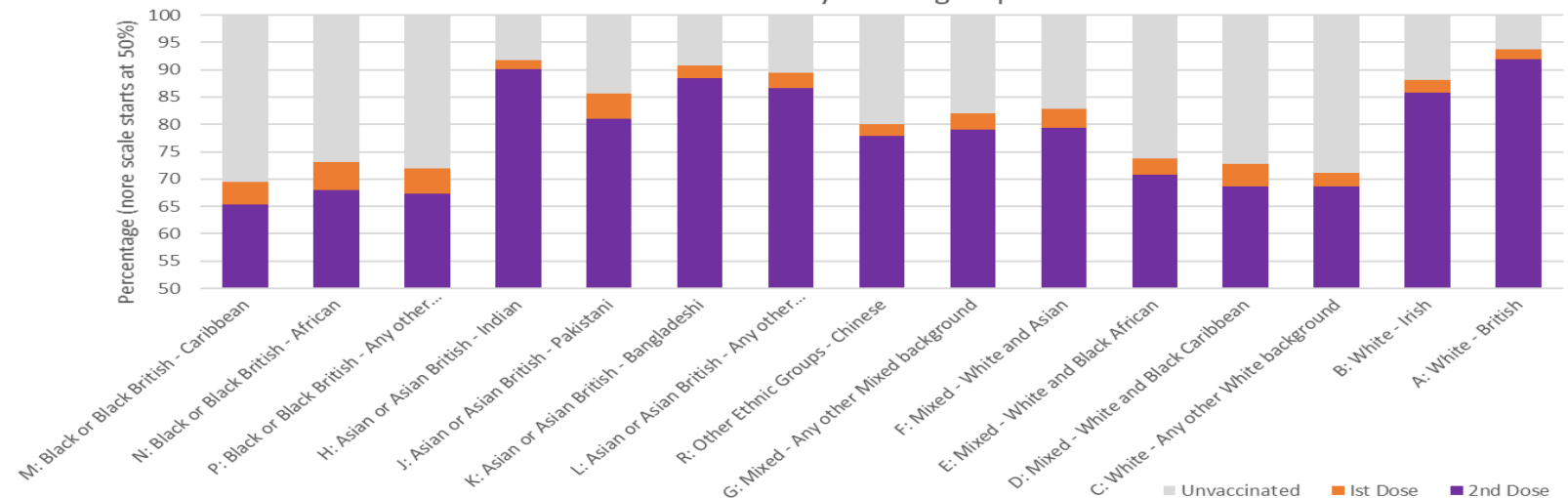
Vaccination

- ▶ Over 70% of people in Harrow have now had the first vaccine dose and 64% have also had their second dose.
- ▶ The numbers of over 18s that still are yet to have their first vaccine has reduced from 48,000 to 45,988 (reduction of 5%) since last reported . Of these the groups with the highest proportions of unvaccinated remain the 30-39 year old group, where around 15,168 still need to be vaccinated, followed closely by the 18-29 year olds, with 15,095 unvaccinated. There still remain some significant differences in vaccine uptake within the population.
- ▶ People living in the most affluent part of Harrow are much more likely to be vaccinated than those living in the most deprived (83.8% compared to 53.3%).
- ▶ People of black heritage and people in the other white ethnic group remain the least likely to have been vaccinated.

Vaccination rates by age



Vaccination rates by ethnic group



Vaccination Update

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1st Dose as % of Population

1st dose uptake as % of population

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	95.0%	91.9%	94.2%	95.5%	93.3%	97.5%	95.8%	93.9%	94.4%	95.1%
Healthcare Workers NHS Trust (ESR)	82.9%	89.4%	87.9%	88.8%	90.9%	91.7%	91.0%	84.7%	92.9%	88.6%
80+	84.2%	82.9%	86.5%	80.6%	92.2%	91.9%	89.9%	79.8%	83.6%	86.8%
75-79	84.1%	81.7%	88.0%	81.6%	91.7%	93.0%	89.8%	79.3%	80.2%	86.8%
Clinically Extremely Vulnerable	81.9%	83.6%	87.6%	82.4%	90.7%	92.4%	90.1%	83.4%	89.4%	86.9%
7 → 4	82.3%	74.7%	85.8%	79.9%	89.6%	91.1%	86.8%	75.8%	75.0%	84.0%
65-69	80.7%	72.8%	82.9%	76.8%	88.0%	88.8%	84.8%	72.7%	74.1%	81.7%
Learning Disability Register	74.1%	72.0%	78.9%	72.5%	84.4%	84.5%	83.6%	75.5%	86.4%	78.9%
QCovid	80.0%	78.2%	83.8%	74.8%	85.4%	85.9%	84.0%	77.2%	82.6%	81.7%
DWP Carers	66.1%	68.0%	72.7%	62.3%	75.9%	77.5%	75.5%	63.2%	75.5%	70.9%
LA Carers	73.3%	77.4%	82.7%	66.9%	87.1%	83.7%	86.7%	69.4%	72.5%	80.2%
At Risk	73.6%	68.3%	77.4%	72.6%	82.5%	83.6%	80.6%	67.7%	80.8%	76.2%
60-64	72.1%	66.4%	77.0%	71.4%	83.2%	84.8%	80.3%	64.0%	65.5%	75.1%
55-59	70.1%	63.9%	74.4%	72.8%	79.6%	81.2%	78.3%	63.1%	67.3%	72.8%
50-54	67.0%	61.2%	71.9%	70.3%	75.6%	78.3%	75.6%	61.1%	62.4%	70.0%
40-49	60.5%	53.5%	63.8%	59.2%	67.8%	72.0%	65.9%	53.0%	62.5%	62.1%
30-39	52.1%	49.3%	55.3%	59.0%	57.0%	63.5%	56.2%	50.9%	62.1%	55.4%
18-29	52.6%	52.4%	56.4%	63.4%	55.7%	60.1%	60.1%	52.3%	59.5%	56.9%

2nd Dose as % of 1st Doses

2nd dose as % of first doses

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	89.1%	87.8%	92.4%	89.3%	89.7%	89.9%	87.7%	91.6%	88.8%	89.5%
Healthcare Workers NHS Trust (ESR)	94.1%	95.0%	94.4%	95.2%	95.5%	95.5%	95.4%	95.0%	94.3%	95.0%
80+	92.0%	94.4%	96.1%	96.0%	96.6%	97.3%	96.5%	95.0%	94.4%	95.6%
75-79	96.5%	95.5%	97.2%	96.8%	97.7%	98.2%	97.3%	96.1%	98.6%	97.1%
Clinically Extremely Vulnerable	94.8%	95.4%	96.4%	95.5%	97.0%	97.4%	96.4%	95.3%	94.1%	96.1%
70-74	96.6%	95.7%	97.6%	97.4%	98.2%	98.3%	97.5%	96.5%	94.4%	97.3%
59	96.3%	95.2%	96.9%	96.1%	98.2%	98.0%	97.3%	95.9%	97.2%	96.9%
Learning Disability Register	88.7%	90.5%	91.0%	87.3%	92.4%	93.4%	87.2%	92.0%	94.7%	90.4%
QCovid	93.8%	94.4%	94.0%	92.8%	95.6%	95.1%	93.8%	93.9%	94.5%	94.2%
DWP Carers	89.6%	89.8%	91.2%	88.6%	93.8%	92.4%	89.8%	90.6%	93.5%	90.9%
LA Carers	92.1%	90.6%	89.5%	93.2%	97.2%	95.3%	95.8%	93.7%	94.6%	94.2%
At Risk	92.7%	91.9%	93.1%	92.5%	95.5%	94.8%	94.0%	92.9%	93.1%	93.5%
60-64	95.3%	94.0%	96.4%	95.3%	97.9%	97.6%	96.4%	94.5%	91.9%	96.1%
55-59	94.1%	93.9%	95.9%	95.4%	96.9%	97.5%	95.8%	94.1%	94.3%	95.5%
50-54	93.8%	93.5%	95.1%	94.5%	96.2%	96.7%	95.6%	93.9%	92.0%	94.9%
40-49	92.1%	92.3%	92.4%	93.1%	93.9%	94.2%	92.5%	92.1%	89.6%	92.8%
30-39	87.5%	89.4%	87.4%	90.7%	90.2%	89.3%	87.5%	88.2%	87.2%	88.7%
18-29	78.8%	84.5%	77.3%	86.0%	82.6%	80.5%	78.7%	81.5%	79.2%	81.5%

Overview for Phase 3

3rd and Booster doses

- To all in groups 1-9 from before
- Limiting factor is they should be given 6 months after second dose
- No need to phase according to previously described phases
- Any one vaccinated before March 20th is eligible today

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Co-administration with Flu

- Co-administration is allowed
- Usually if vaccine is not given at the same time, 7 days passes inbetween appointments
- To discuss with patient – this is a risk benefit ratio conversation

Harrow Phase 3 Infrastructure

Harrow PCN (LVS) Sites

- Elliott Hall Medical Centre
- Belmont Health Centre
- Honeypot Medical Centre
- 19 • Civic Medical Centre
- Pinn Medical Centre
- Byron Hall (pop up site)

Harrow Community Pharmacy Sites

Fairview Pharmacy	295 Burnt Oak Broadway
Health Pharmacy	390-392 Rayners Lane
Healthways Pharmacy	382 Rayners Lane
Keencare Pharmacy	18 College Road
KL Pharmacy	190 Alexandra Avenue
Meads Pharmacy	399 Alexandra Avenue
Murrays Chemist	172 Kenton Road
North Harrow Pharmacy	509 Pinner Road
Shaftesbury Pharmacy	506 Shaftesbury Parade

Children & Young People 12-15 year old vaccination

- Adopted a test and learn approach with a small number of schools developing the delivery model over time
- Working group now established & meeting daily to provide solutions to operational and logistical issues as they arise
- A SOP has been developed which is adapted and updated based on feedback from early adopters schools and input from Ops Team and other sources to ensure that it is aligned with best practice principles
- 17. • School Liaison Leads are the communication channel to schools & act as the link between Ops & project team and School Heads
- School request forms are mechanism for organizing clinics with an online school schedule now in place accessible by key parties including School Liaison leads to ensure all schools are planned in accordingly
- Pathways are being established for CYP group not in schools e.g. home educated with GP the preferred route for vaccination
- ½ term clinics to be arranged in each borough to provide follow up

Care Homes

- All boosters are to be delivered to care home residents by 1st November 2021.
- Confirmation from the National Team that Mental Health /Learning Disability homes are in scope for the November 1st deadline.
- 8, GPs will be supported by a central support team to deliver the vaccination to care home residents
- Schedule to be developed for each borough by 30/9 giving date of home vaccination and delivery model
- No new Consent forms for boosters available yet for care home residents . Guidance from the national team is to manually amend the current consent forms.

Harrow Integrated Care Partnership

100 day plan: developing our understanding and delivering action

Lisa Henschen, Managing Director, Harrow Integrated Care Partnership

Version 2: 18th August 2021

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)

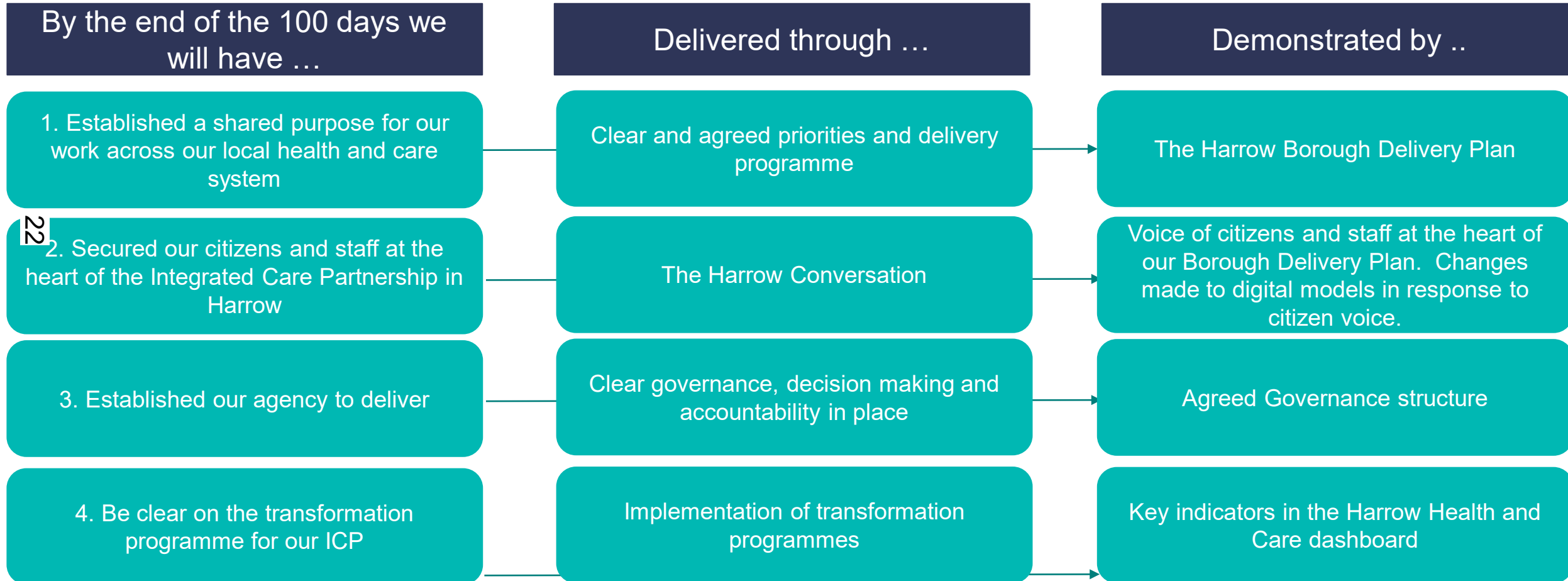
c) Our commitment to the delivery of the ICP priority areas that have been set across North West London and the set of metrics that have been agreed to measure their delivery (Appendix B)

- 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



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	Lisa Henschen, Ayo Adekoya supported by PPL Executive Board members attending conversations.	Communications and engagement workstream Harrow Health and Care Exec
	<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	Communications and engagement workstream Harrow Health and Care Exec
	<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.	Prevention and population health management workstream Harrow Health and Care Exec
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)

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	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			Access to care and COVID recovery	TBC	TBC
	Population health management working group			Strategic Estates Group	Isha Coombes	Simon Young
Long term conditions		James Benson Kaushik Karia	Bharat Gami	Digital transformation	Andrew Chronias	Nomaan Omar
Mental Health		Dilip Patel Ann Sheridan	Lennie Dick & Tanya Paxton	Communication and engagement	Mike Waddington Alex Dewsnapp	TBC
Learning Disability and Autism (all age)		Paul Hewitt	Lennie Dick & Mital Vagdia			
Frailty and care settings		Amol Kelshiker Angela Morris Simon Crawford	Sonal Dhanani			
Children and Young People		Varun Goel Paul Hewitt	Anita Harris & Priya Ganatra			
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	Self reporting by PCNs and ICPs on: <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 H&WB) Compiles timetables for needs/ H&WB refresh (if known) 	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 	Works with BDPs to set standardised interfaces	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

Harrow MH Transformation and Community services model

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Harrow Health and Wellbeing Board

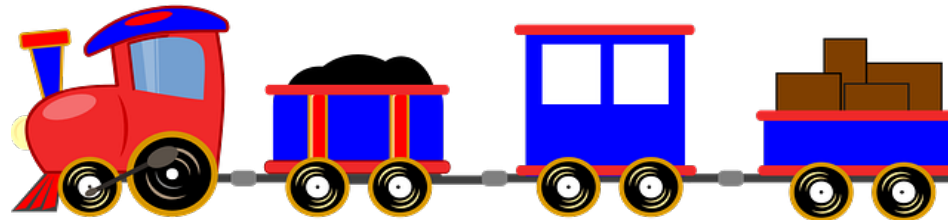
September 2021

Agenda Item 9
Pages 33 to 40

NHS Long Term Plan for Mental Health Services

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- Joined up and coordinated care to support the increasing number of people with long-term health conditions
- More proactive in services provided with a local focus
- More differentiated support offered to people to take more control of how they manage their physical and mental wellbeing
- Integration of mental and physical health care



Harrow Mental Health Transformation



Children & Young People's (CYP Mental Health)
CYP Eating Disorders
CYP Schools
18-25 young adults
Perinatal Mental Health
Talking Therapies
35 Adult community crisis
Community Mental Health (incl. new integrated models and Early Intervention)
Acute inpatient services
Older Adults
Discharge Support Funding

NHS England Long Term Plan requirement

35% access target – 269 increase in Harrow

95%Waiting time Standard

Deliver mental health team in Schools in Harrow as an implementer site

Develop **new model** of mental health care for young adults

310 access in Harrow & 6.6 WTE growth in joint Brent & Harrow team, Extend period of care to 24months + offer partner assessment

Deliver integrated Maternal MH services– **Northwick Park to launch in Summer 2021**

5,568 access target for Harrow (25% in Quarter 4) incl. older adult proportion

Quality - recovery rate (50%), recovery rate in BAME, waiting time targets

24/7 SPA linked to 111 that is all age – with Hub of Hope as directory of services

24/7 First Response & HTT, Core24 liaison,

Expansion of crisis alternatives (**The Harrow Cove**) incl. support to Higher Intensity Users

Integrated **Harrow MH hubs** live, with VCSE offers. New Primary Care Network Joint roles being recruited ("ARRS" roles)

Employment Services Access target 100 people (part of 903 NWL target)

EIS standard and NICE concordance level 3

New integrated **Harrow Older Adult CMHT/HTT** Offers.

Contribution to 60% SMI register target

Deliver Trauma Informed Approach – led by **Harrow as a pioneer site**

Reduce number of people with Length of Stay of 60+ days

Eliminate inappropriate Out of Area Placements (OAPs)

Older Adult **Harrow Home Treatment Team** went live early September

Work with VCSE to support Older Adults in the community

'Kraydel' Digital Pilot in Harrow

Support learn memory assessment waitlist backlogs

5 Step Down beds in Harrow

Pilot addictions & mental health model to support discharge ("REST")

NHS

Central and
North West London
NHS Foundation Trust



citizens
advice

Harrow

iGNITE!



Hub of Hope



British
RedCross



Wellbeing for life

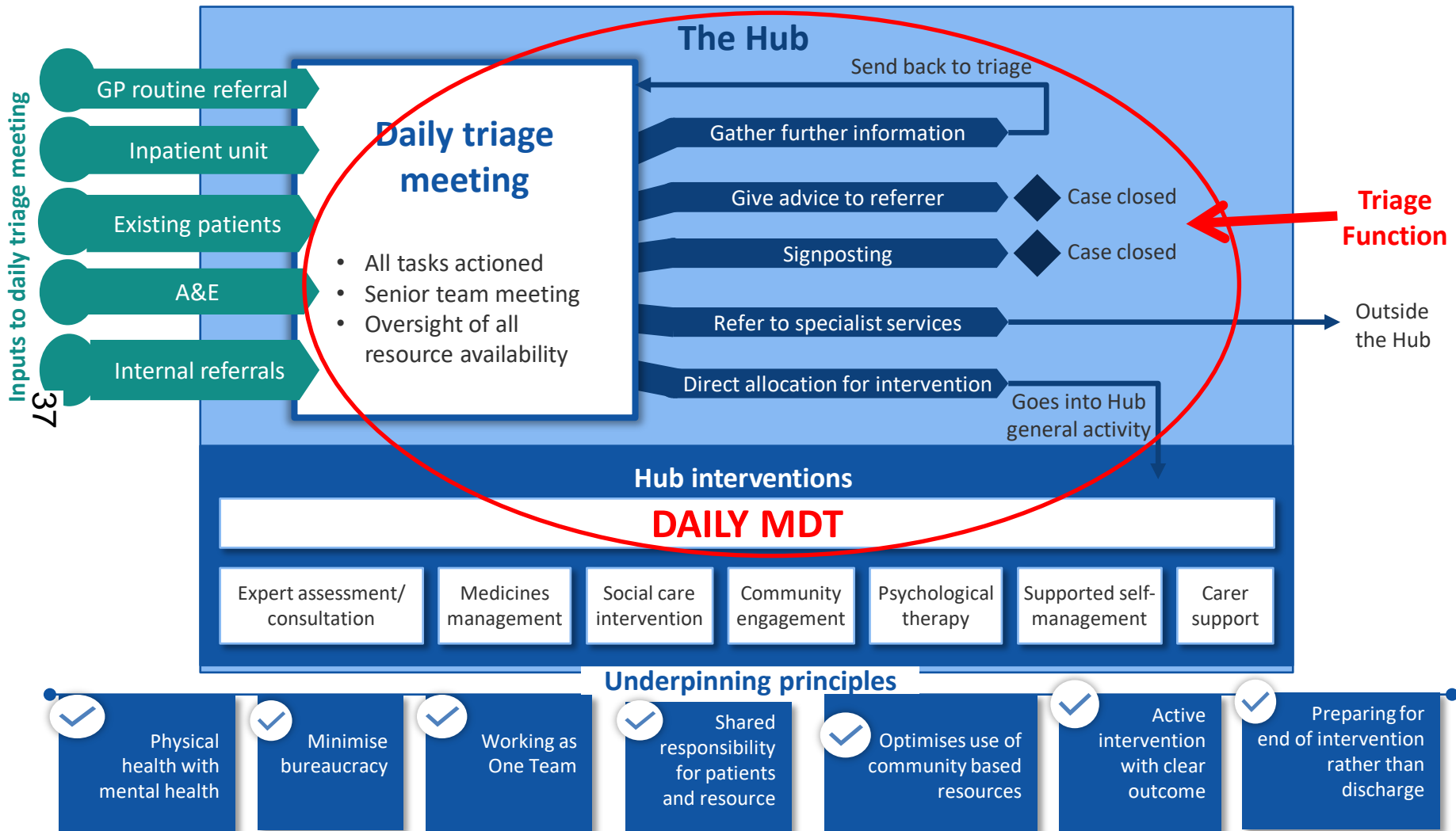
Adult Community Mental Health Transformation Programme

CNWL is implementing a new integrated model for Community Mental Health Services* to ensure people are offered the care they need in a joined up way. Harrow was a National Early Implementer of the new model. The community hubs will

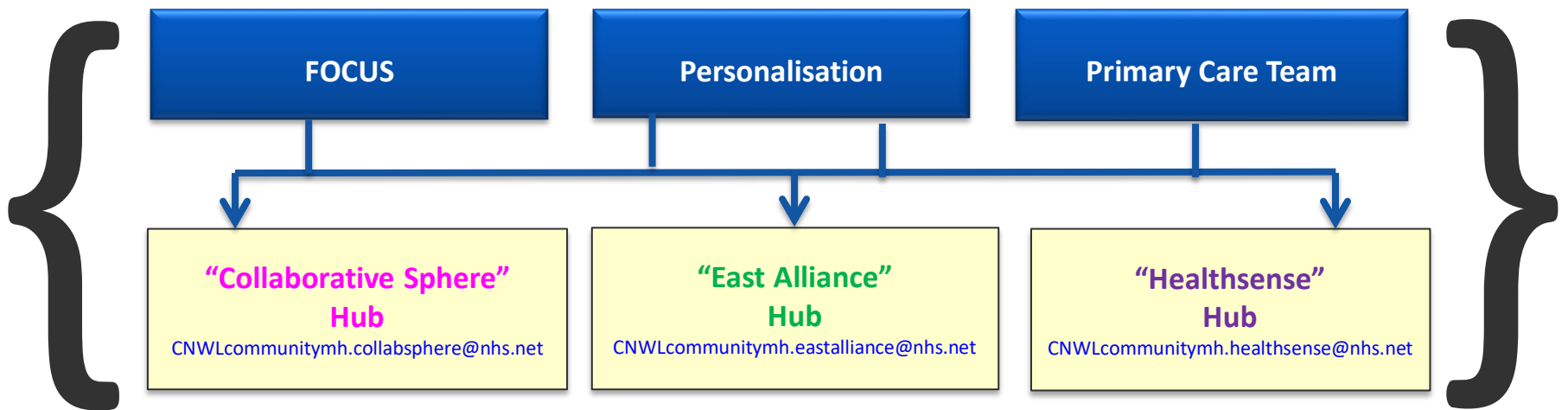
- Wrap around Primary Care Networks, using population health approach
- Integrate primary, secondary and social care for adults with severe mental illnesses
- Deliver intervention-based care in line with national expectations

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- Harrow CCG and CNWL worked together to develop a new model of care for Adult Community Mental Health Services
 - The new model is based around the x5 Primary Care Networks in Harrow
 - 'Soft' launch of the new service model in July 2020 (due to Covid pressures), with full implementation September 2020. Further refining of the model continues to take place.
 - The focus of the new care model is to develop a more streamlined community mental health offer, which made the best use of available resources, reduced silo working and ensured the delivery of quality health and social care on a needs basis
 - A core aspiration of the new model is that patients and service users are at the heart of every decision made
 - This will support access to good quality, evidence-based mental health care, available in the least restrictive setting
 - The transformation aims to support partners to make best use of available resources, reduce silo working and deliver quality clinical care on a needs basis

Harrow Service Delivery Model



Harrow Adult Community Configuration

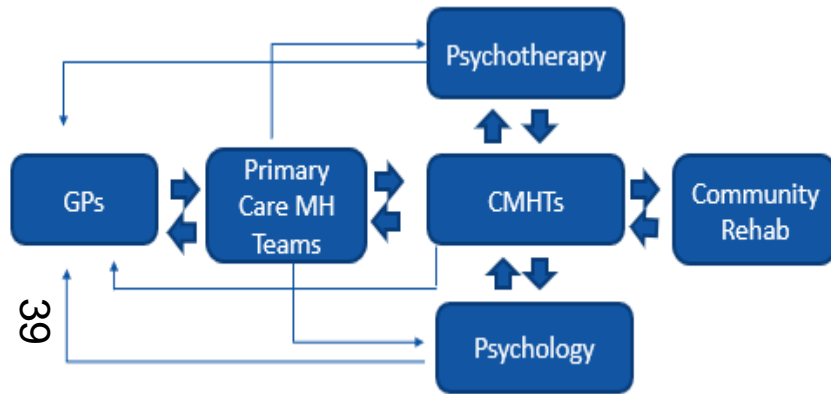


Reformed as 3 population-based Community Mental Health Hubs around the Primary Care Networks



Community MH Hub ways of working

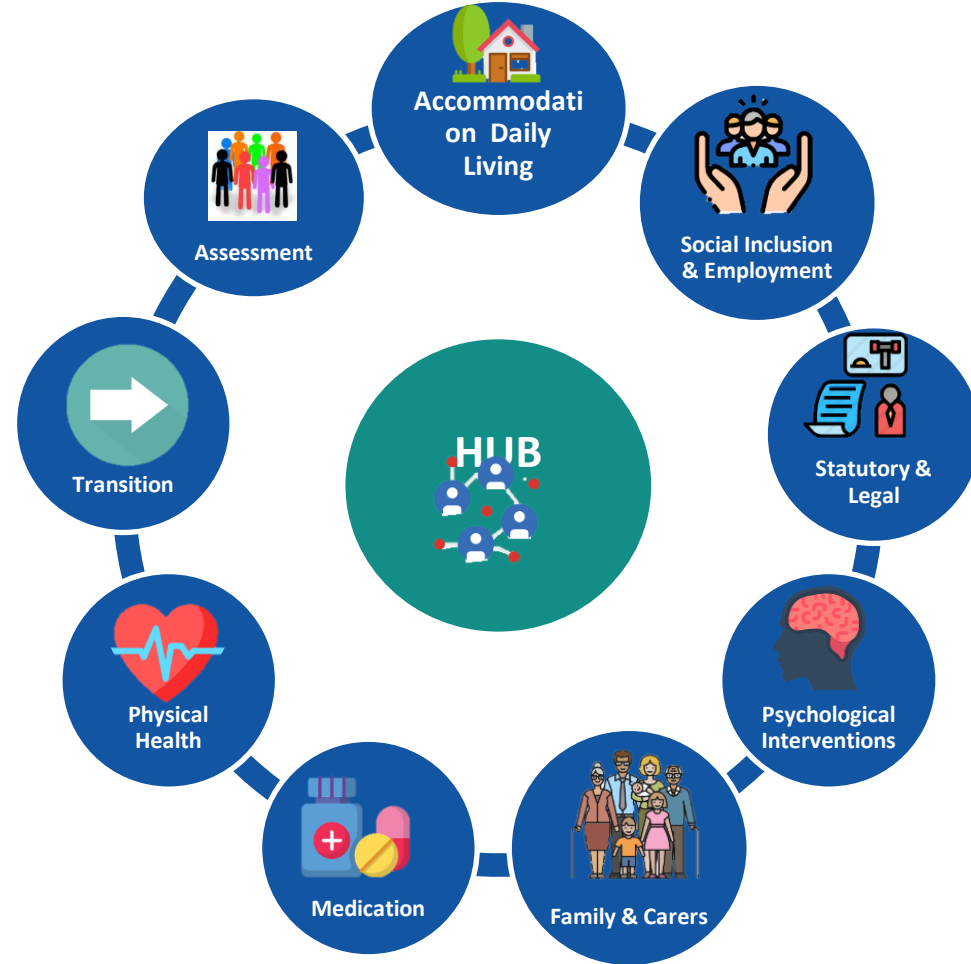
Old Referral Pathway & Team Structures



New Referral Pathway & Team Structures



Menu of Services



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COVID recovery in General Practice: Healthwatch Harrow and Harrow Primary care summit

Lisa Henschen, Managing Director – Harrow Integrated Care Partnership
Marie Pate, Operations Manager - Healthwatch Harrow

Introduction and overview

- The health and care system in Harrow, along with the rest of the country, is experiencing very high demand for services. This is being driven by a number of factors:
 - A backlog of patients not accessing services over the COVID-19 pandemic period, who are now coming forward for services, many with conditions that are more complex because of a delay in seeking treatment;
 - 42 • Continued responsibilities of health and care services in the COVID-19 response; ongoing treatment for patients with COVID-19 and post COVID-19 conditions and ongoing delivering of the vaccination programme;
 - The ongoing need to ensure effective infection and prevention control measures which has an impact of the model of care delivery.
- As a health and care system we are listening to our citizens and finding ways to address the challenges that the system currently is facing.

Illustration of demand: North West London audit of primary care activity

Some key messages: we are doing a lot, and have embraced new ways of working



- The survey recorded that 64,311 calls are triaged per week (for a list size of 1,198,524). That is equivalent to 5% of the list.

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- Of that, the survey showed that triage resulted in 8,675 video consultations, which is a conversation of approximately 13%.



- Scaling the survey responses across NW London, that implies general practice in NW London is dealing with 128,780 triage calls per week, and converting those into approximately 17,000 video consultations



- This is a huge amount of activity, and it represents a major shift in ways of working: general practice has seen a **step-change in the use of new technologies as a way to support residents through the past 18 months**

We are hearing the pain of GP Practices and the pain of patients

GPs are working hard but it is genuinely difficult to access support right now

A large number of people are accessing GP services but what about those who aren't?

"I don't feel in control at the moment of what's going on in my practice"

We need to support the PCNs to build resilience

Stress is adding to the burden, we are not solving problems just moving them around

There have been some positives but the perception is people can't get to see their GP

Partners must work with other agencies and stakeholders to encourage fair representation at all levels of frontline services.

"Triage" feels like a waste of everyone's time and leads to frustrations around accessing care

There is inconsistency in approaches to face-to-face and home visits (the same pre-Covid)

District nurses are our "eyes and ears"

We need a consistent message for each surgery and PCN

There are a number of myths around access to primary care we need to address

We need to work together to manage better "Did Not Attends" (DNAs)

Our communities are very different – we need principles, not a "standardised" offer

Not just about GPs, it is also nurses, navigators, pharmacists - no single person is the answer

How are we planning for and addressing population growth in Harrow?

How do we ensure GPs are up-to-date with the latest developments

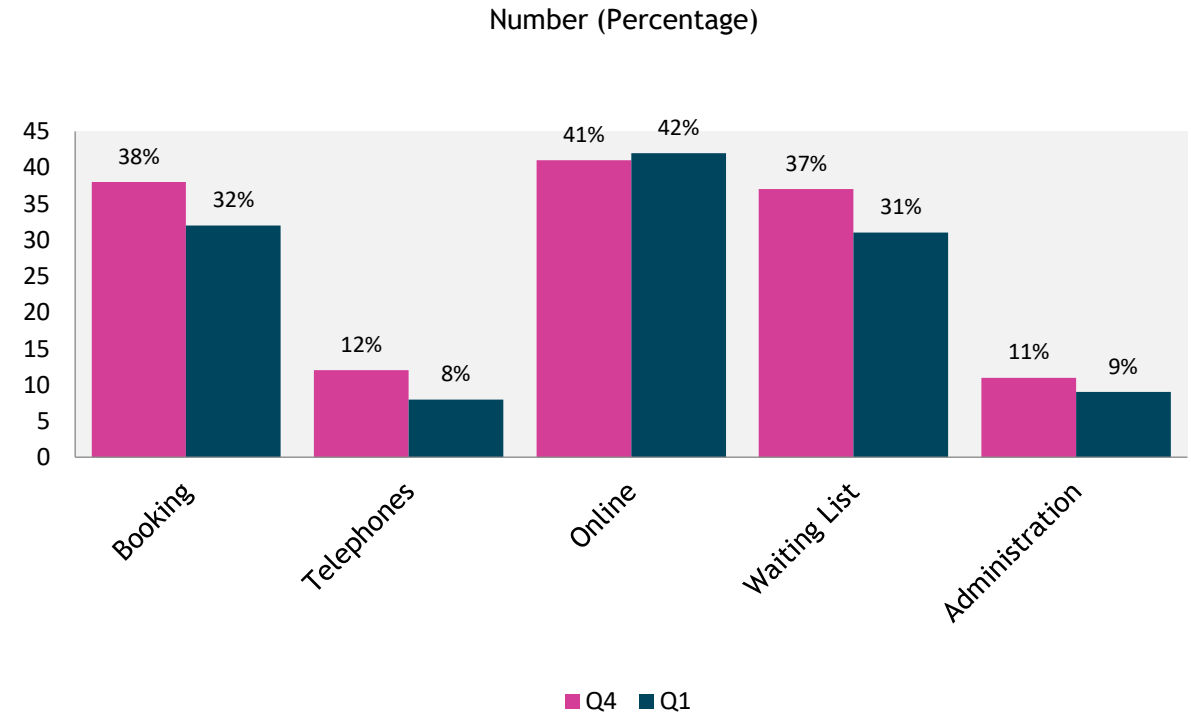
How can we transform the experience of accessing care (phone, online etc.)

Black community leaders feel ignored by the current system and do not feel that they are a priority

Local leaders and health partners have assumed what black communities need rather than basing it on evidence-based research

Healthwatch Harrow engagement and reports confirm the strain in the system

- Q2 Trend Analysis Reports will be produced mid October, which will provide more detailed information. However, 3 key themes are emerging:
 - Poor levels of GP Access
 - Knock on effect at A&E (6/7 hour waits now common)
 - Impact on staff working conditions and morale.
- In compiling the quarterly report for Q1 2021/22 (April – June 2021) we note that compared with the previous quarter, satisfaction levels on access related themes have markedly decreased, to stand at an all-time low.
- Patients have found it increasingly difficult to secure appointments, with congested telephones and generally longer waiting times reported. Those using online services are marginally more satisfied, however the overall rate remains below 50%.



GP Access – Satisfaction Level by PCN

GP Access – Satisfaction Level by PCN

When comparing access related feedback across Primary Care Networks (PCNs) we find that 2 underperform the borough average of 25%.

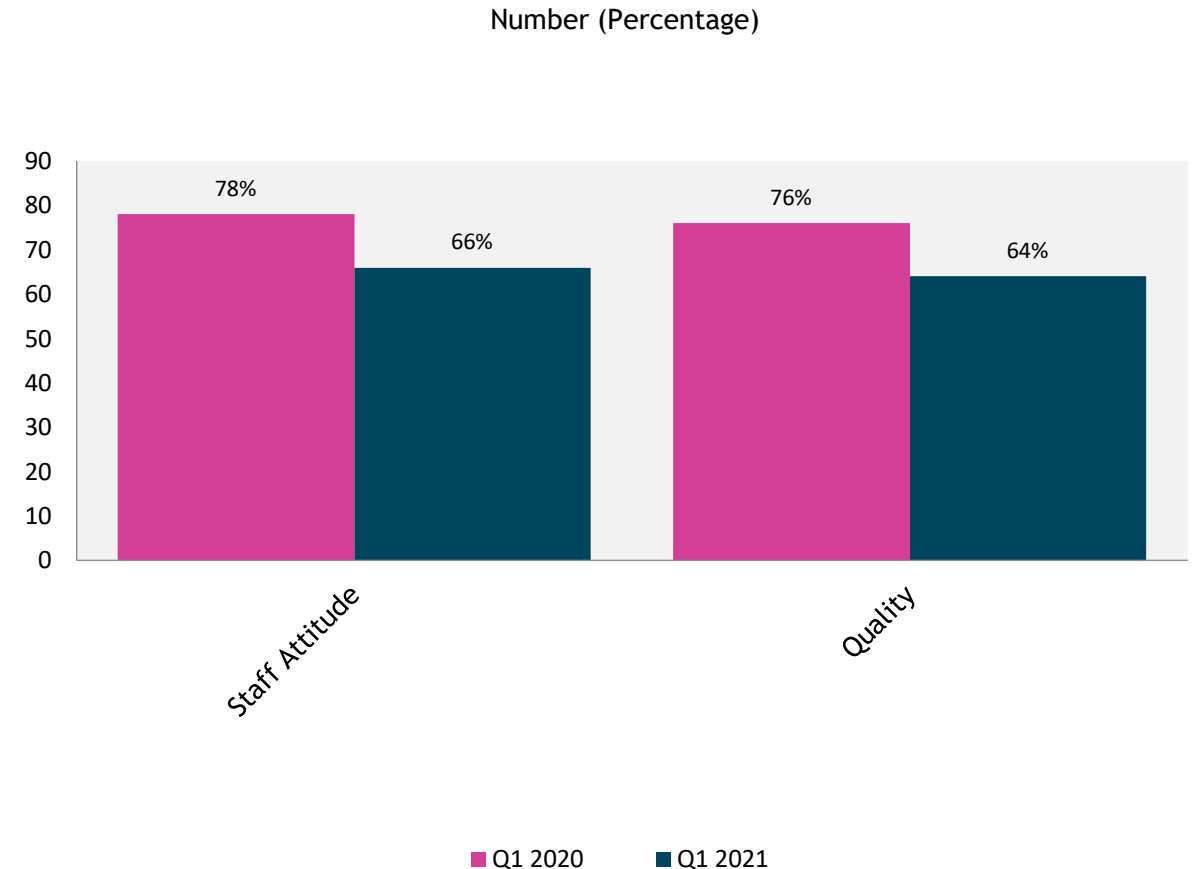
Questions this raises:

- ➤ What is the role of PCNs in reducing variation in the experience of accessing an appointment across a locality?
- What is the role of PPGs, in identifying and flagging issues?
- How do we ensure clear and consistent messaging from all PCN's and GP's, particularly around ways of accessing your GP.

Impact on our local hospital

- **Waiting Times:** There are reports of 6 and 7 hour waits at Northwick Park A&E department. However, a longer term analysis shows that satisfaction levels on waiting times specifically have not declined over the last 12 months.

47. **Staff Morale:** When comparing staffing indicators with the previous year, we find that patients are 12% more likely to experience poor attitude, and also 12% more likely to complain about outcomes.



These are challenges we need to address as a health and care system

- A primary care summit was held early in September, bringing together local GPs, with patients, community services, local authority and hospital services to look collectively at how we do things different to address these unprecedented levels of demand in the system.
- This was the first in a series of discussions on active system change, focused around three themes.

Improved access (telephone, face to face)

- What actions can practices, PCNs and boroughs take to improve access: (telephone and face to face)

Improving reactive care (same day care)

- How do practices, PCNs and boroughs organise themselves differently to improve reactive care

Recovering proactive care

- What actions can practices, PCNs and boroughs take to support recovery of proactive care for people with long term conditions and complex care

Areas for action emerging from the summit

Improved Access

- Invest in training for non-clinical staff and developing non-clinical roles to free up clinical time
- Support patients /communities to understand the different services available and how to access the services appropriately – simplify the access points
- Looking at models of same day primary care access, as an alternative to the urgent care pathway
- Undertake a mapping of the practice telephony infrastructure and how phones are staffed - look at how to support practices to with better infrastructure and training for e.g. customer services

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Improving Reactive Care

- Better use of technology – telephony, clinical systems
- Flexible & agile workforce across primary, acute and secondary care
- Support patients with behavioural change and about the different services available
- Resources to follow the patient so that there is capacity to look after unscheduled demand closer to the patient

Proactive Care

- Targeted and meaningful engagement with our communities
- Explore new approaches to addressing the workforce challenges
- Improve communication and collaborative working especially between primary and secondary care
- Undertake a mapping exercise across all providers to understand the full end to end pathways, coordinate efforts and reduce duplication
- Greater focus on the prevention agenda – LTC (obesity, tobacco, exercise)

Cross cutting themes:

Workforce, communication and engagement, new ways of working and access

Summary

- Harrow is experiencing pressures from demand from services across our health and care services, as is the rest of the country;
- We are listening to and taking seriously the experience of our patients and citizens in access to services;
- 50 • Positive and robust discussions are now underway across our health and care system to address the challenges faced through new ways of working, including:
 - Developing PCN Patient engagement structures;
 - Developing links to Practice PPGs to ensure involvement and input into PCN planning and prioritisation;
 - Engagement and planning for provision of extended access services from 1st April 2022

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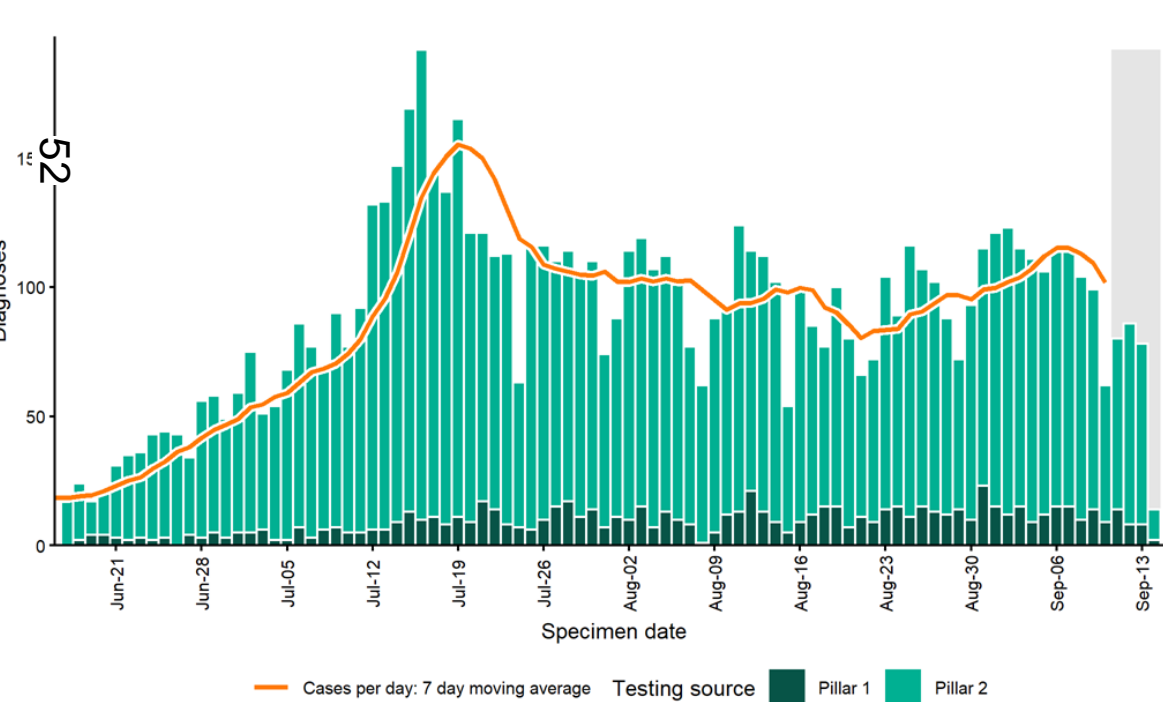


The COVID-19 pandemic has brought an unprecedented situation to the world.

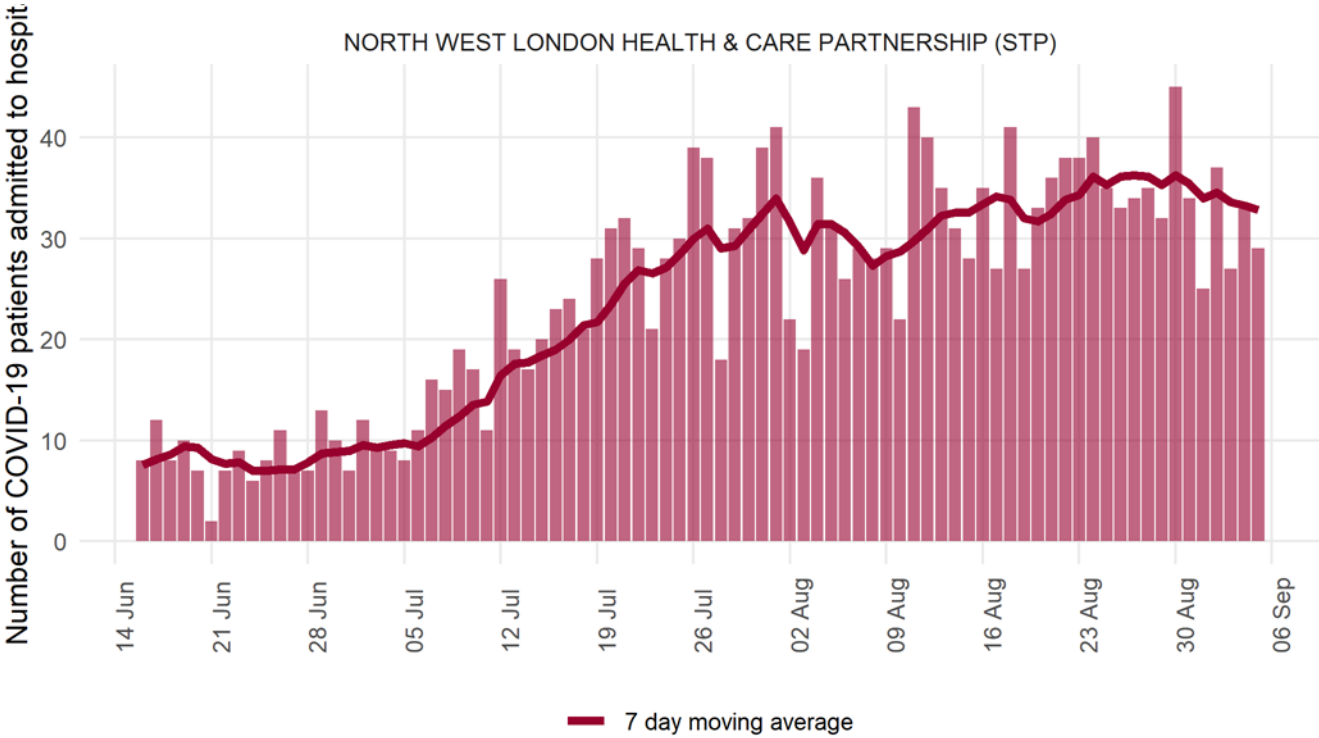
In the second part of the report, I detail some excellent examples of inter-organisational work that have been fast tracked by the pandemic and that will enable us to better tackle health inequalities in the future. I conclude with a slide on the specific PH actions in the last quarter.

Part 1 Covid-19 – since June

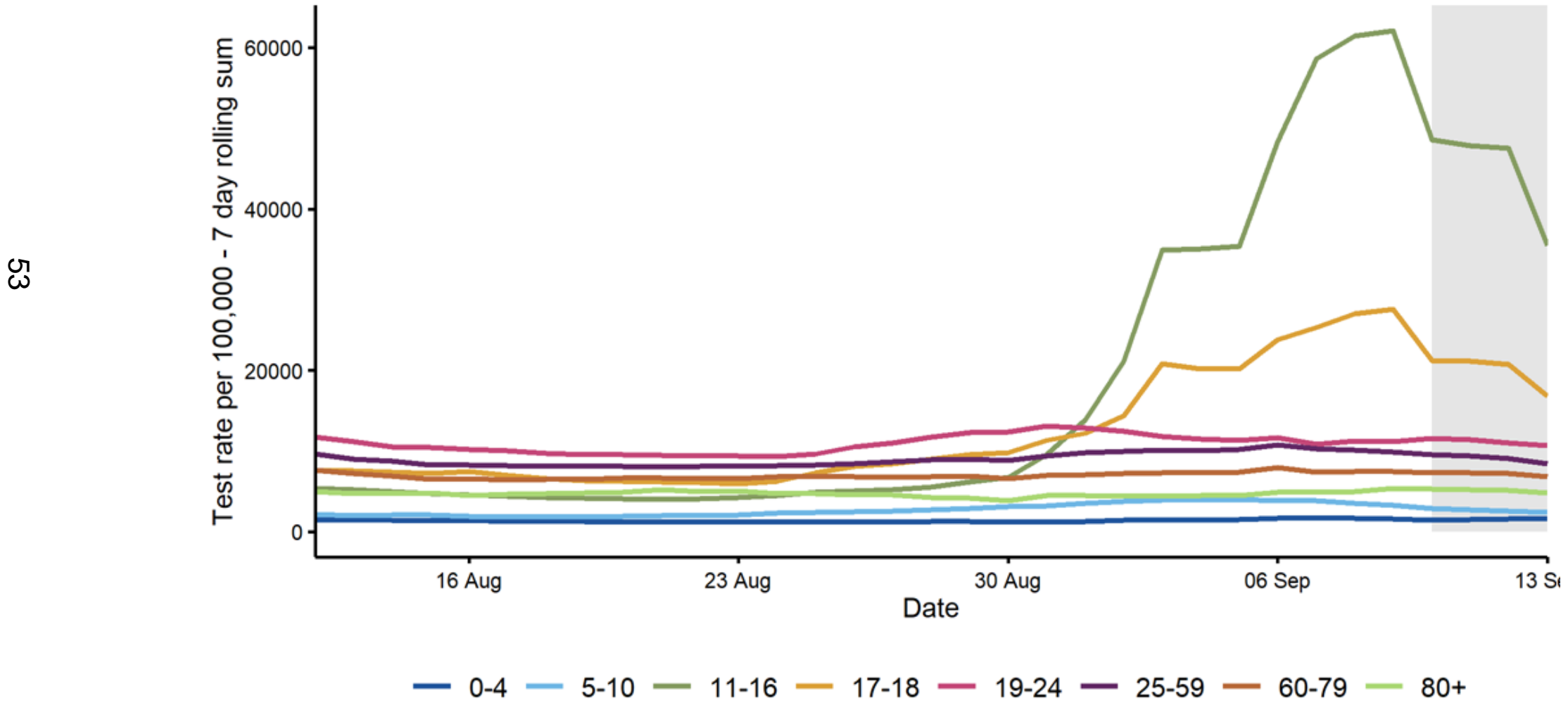
Epidemic curve of confirmed COVID-19 cases in Harrow from June 16, 2021 to September 14 2021, by specimen date and pillar.



Daily number of COVID-19 patients admitted to hospital in the STP(s) associated with Harrow, 16 June 2021 to 5 September 2021.



Age-specific 7-day rolling Pillar 1 and 2 test rates per 100,000 population among residents of Harrow, August 12, 2021 to September 14 2021.



Excluding 263 tests with missing age data.

So, examples of inter-organisational work within Harrow

- Strengthening key messaging: hands, face, space and fresh air; routine testing, isolation and vaccination.
- Strengthening key engagement: Working with the Community and Voluntary Sector to share knowledge, and understand behaviours particularly around vaccination.
- Using the relationships with the NHS: to support care homes, deliver vaccination, and ensure appropriate testing venues (both PCR and LFT).
- Supporting schools: outbreak management, contact tracing, interpretation of guidance, and being partners with them to roll out the 12-15 vaccinations.
- Data exchange: pooling knowledge and data to build the foundation of Population Health Management / Risk Management
 - Covid risk factors: age, BMI, deprivation, ethnicity, respiratory conditions and other vulnerabilities

Public Health specific actions (June – September)

- The 2021 flu programme preparation
- Promotion of childhood vaccinations such as Measles, Mumps and Rubella
- Highlight the management of Asthma in children : Ask about Asthma campaign with Mayor of London
- Restarted the weight management through Watford Football Club
- 55 • Recommissioning of the Children and Young Person's Substance Misuse service
- Developing closer links with CNWL in the promotion of good mental health and suicide prevention
- School based How Are You survey (HAY) Harrow
- We are looking to refresh our approach to the Expert Patient Programme, which is a peer level education and support programme

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