

# **Status summary - 3 Year Strategic Planning Process Governing Body Update**

30<sup>th</sup> July, 2013

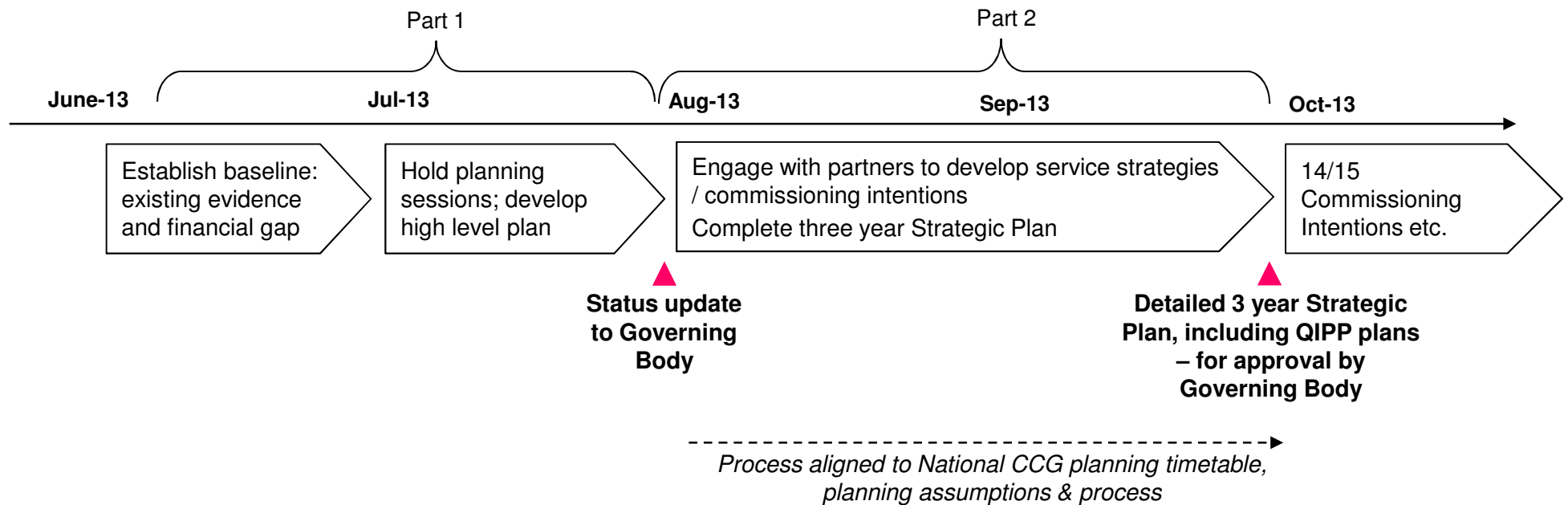
# Overall Harrow CCG Strategic / Financial Planning Process

From July to September 2013, Harrow CCG is developing its three year Strategic and Financial Plan. The planning process aims to better align health spending to population health needs and improve health outcomes within the available financial budget.

## Guiding principles:

1. Actively owned and developed by the CCG.
2. Directed by patient and population health needs.
3. Developed in partnership with patients, providers and other partners (e.g. Local Authority).

***Leading to a plan to better align our available spend to meet population health needs.***



# The Strategic Planning process began by reviewing what is known about the population's health; the work builds on the Health & Wellbeing Board Strategy

Health outcomes in Harrow are better than peer group averages, but there are significant variations across the Borough.

A small proportion of the population (5% c.12k people) use c.50% of resources.

Patient feedback has repeatedly identified the need for greater coordination, collaboration and communication across all services.

## JSNA review:

- Demographics
- Life expectancy & mortality
- Lifestyle factors
- Long terms conditions
- Mental health
- Infectious diseases
- Maternity & births
- Children
- Learning disabilities
- Older people
- End of life
- Service areas

1. Generally good health outcomes.
2. But, some significant variation across the Borough.
3. Higher proportion of older people and growing.
4. Child health is generally good; also lower rates for 'children in need' - giving every child the best start in life is crucial to reducing health inequalities across the life course.
5. High rates of obesity and high risk drinkers; low levels of physical activity and low levels of smoking quitters are significant lifestyle issues.
6. High incidence of diabetes but generally well managed; Low rates of cancer but opportunities to improve early detection; Incidence of circulatory and respiratory disease (COPD) are lower than average but are the main causes of life expectancy gap across the Borough;
7. [Emerging lifestyle and health trends... tbc Public Health...]
8. Many people with long-term conditions also have mental health problems; opportunity to manage mental and physical health in a more integrated manner.
9. Stakeholder engagement across many services has identified the need for greater coordination, collaboration and communication.
10. c. 5% of the population (12,000 people) use approx 50% of health and social care resources; c. 20% use approx 75%.
11. These patients have ongoing care needs from multiple agencies.

## HWBS priority areas:

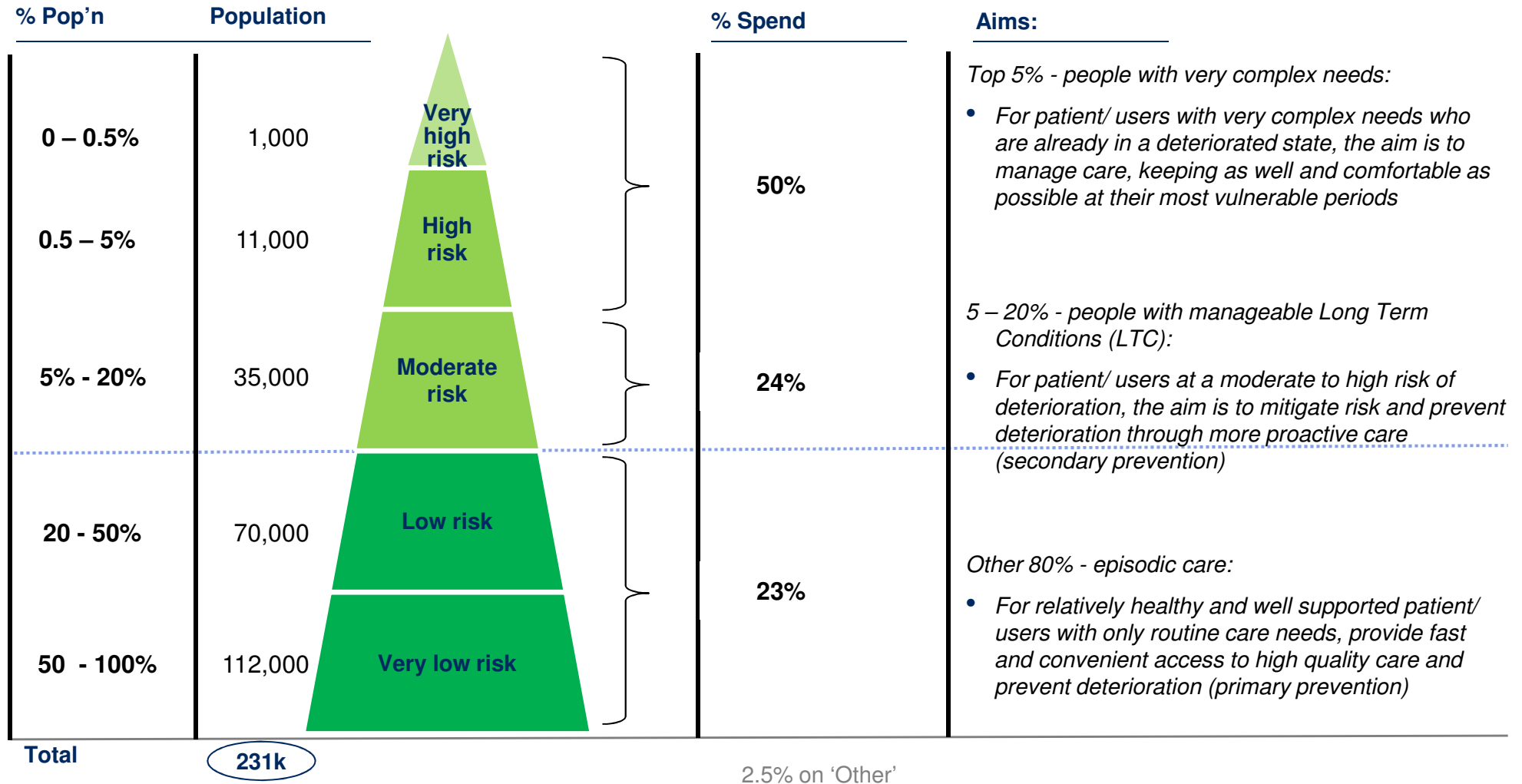
1. Long term conditions:
  - a. Cardiovascular
  - b. Respiratory disease
  - c. Diabetes
2. Cancer
3. Worklessness
4. Poverty
5. Mental Health & Wellbeing
6. Supporting parents and the community to protect children and maximise their life chances
7. Dementia

## Patient perspectives

## Needs based on usage / risk

# Harrow's population pyramid and future aims

A small proportion of the population (5% c.12k people) use c.50% of resources. The top 20% use c.75%. Consequently, focusing on proactively supporting these patients to meet their ongoing physical, mental and social care needs offers the opportunity to integrate services and provide higher quality care more cost effectively.



## National PCT funding allocation (12/13)

Over the following months Harrow will finalise its financial planning assumptions, along with its plans to achieve financial balance, in line with the overall Strategic Plan.

In 12/13, Harrow PCT had the lowest funding allocation per head in North West London.

### National PCT funding allocation (2012/13)

PCT	Notified Allocation	Allocation per head	Distance from target
	£'000	£	%
NHS Brent	569,828	2,175	15%
<b>NHS Harrow</b>	<b>358,496</b>	<b>1,500</b>	<b>2.4%</b>
NHS Ealing	623,631	1,852	7.4%
NHS Hillingdon	430,321	1,665	2.0%
NHS Hounslow	416,174	1,722	1.8%
NHS Hammersmith & Fulham	371,698	2,237	22.5%
NHS Kensington & Chelsea	378,838	1,953	20.6%
NHS Westminster	507,518	1,909	16%
	<b>3,656,503</b>	<b>1,883</b>	

## Executive summary – progress to date

### Context

- NHS Harrow CCG's vision is to work in partnership to ensure that Harrow residents receive high quality, modern, sustainable, needs-led and cost effective care within the financial budgets available.
- Harrow has embarked on a three month process to develop its Strategic Plan, including updated Financial and QIPP Plans. This process has focused on developing a clear understanding of the population's health needs, building on the JSNA.

### Situation

- Health outcomes in Harrow are better than peer group averages, but there are significant variations across the Borough.
- Patient analysis shows that 5% of the population (12k people) use c. 50% of health and social care resources, while c. 20% use approximately 75%.
- Patient feedback has repeatedly identified the need for greater coordination, collaboration and communication across all services.
- In 2013/14, the CCG is operating with a planned deficit.
- In keeping with the whole of the NHS, growth in funding will not match forecast increases in demand.
- Over a 3 year period through to 2016/17, the combined impact of the starting deficit position and the forecast gap between funding and predicted demand, creates a significant financial challenge which needs to be addressed.
- The impact of recent statements by the Chancellor, including transfers of funding to the Local Authority (LA) to support integrated care, have yet to be evaluated.

### Our strategic plans

- Our existing plans which look to transform how acute care is provided, including *Shaping a Healthier Future / Better Care Closer to Home*, are fundamental to delivering higher quality care more effectively, and provide a foundation for the plans.
- In addition, we will go further, based on the following principles:
  - **Integration:** proactive and integrated management of high risk / high need patients, (top 5 and top 20%) including their social, mental and physical care needs.
  - **Prevention:** primary prevention for lower risk patients, and secondary prevention to reduce the rate of increasing needs.
- We will expand a patient-centred approach for vulnerable patients with multiple needs, rather than a disease-specific approach.
- An integrated, patient-centred approach will improve the quality of care. Even so, the evidence of financial savings to be realised from an integrated care approach is currently limited in the UK (although there are numerous successful international studies),
- ***Delivery of this Plan over three years will require the CCG and its partners, including the Local Authority (LA) and NHS-E, to work in radically different ways.***
- The CCG seeks support from its Primary Care, Specialist Services and Social Care commissioning partners, and Public Health, to develop and implement the initiatives required.
- Over next 2 months, by engaging patients and carers and working with the Local Authority (LA) and NHS-England, we will develop our plans to both improve the quality of care AND operate within our financial resources