Harrow - Accountable Care System Development Programme

PROGRAMME UPDATE

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December 2017

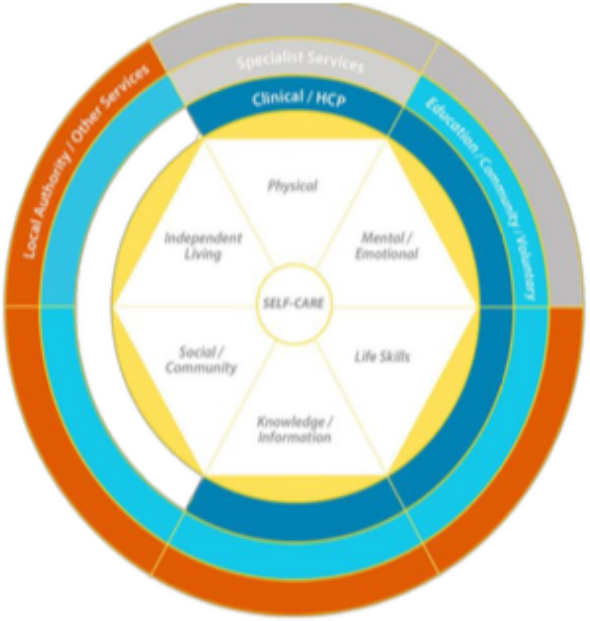
HARROW – OUR POPULATION NEEDS

- Harrow serves a population of ~240,000 people in NW London
- It is the 12th largest borough in Greater London in terms of size
- NHS Harrow Clinical Commissioning Group (CCG) serves the population with an annual net expenditure budget in 2016/17 of £292m and £120m of this for the 65+
- Additionally, it is estimated that 57% of people over 85 years of age are in contact with a district nurse and there will be a 31% increase in people over the age of 85 in the next 10 years. (DOH 2009)
- More than half of Harrow's population are from Black and Minority Ethnic (BAME) groups. The biggest of these is the Indian ethnic group who make up over a quarter of the Harrow population.
- Diabetes, Dementia, Obesity, Smoking and high risk drinkers are key health issues

PATIENT, COMMUNITY & FRONTLINE STAFF FEEDBACK

Engagement activities over the past 4 years highlighted consistently 5 key areas where patients, services users, carers and the wider community have put forward recommendations for a system wide approach and commitment to come together – as equal partners – across North West London in order to meet the wider health and wellbeing needs of the local population.

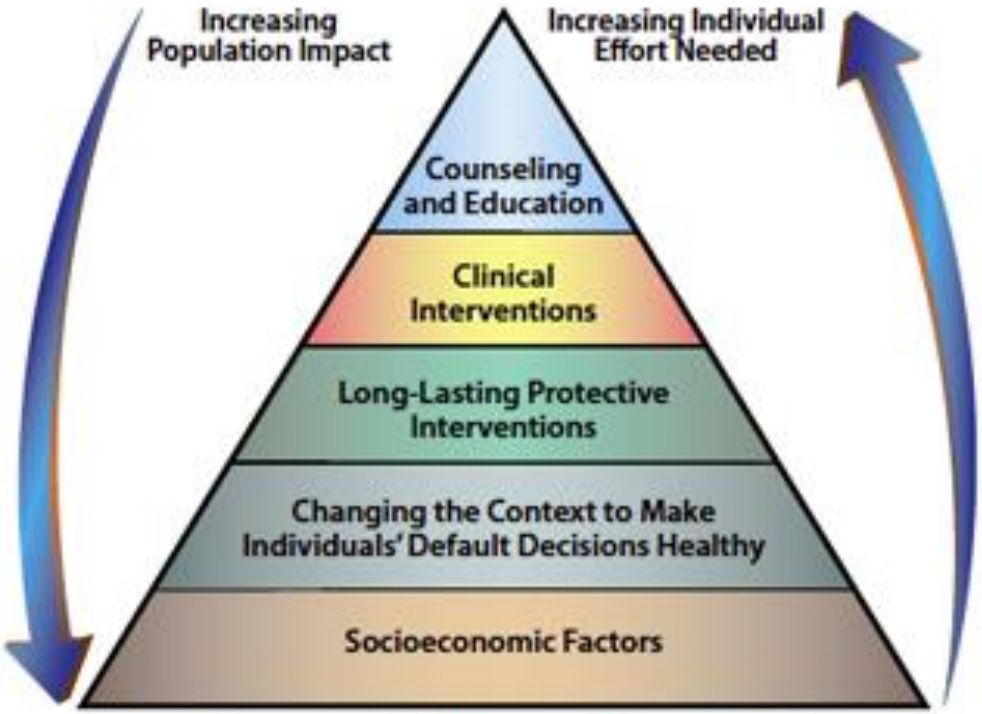
The 'ask' from local communities is that we (health, social care, housing, education etc..) as organisations commit together to a systemic approach rather than commission and provide services through a series of unconnected episodes of care. This is best articulated by the wheel below - which was co-designed with local communities and in particular people with long term conditions - is premised on the idea that the more we provide and commission together the better the experience, access and effectiveness.



While the approach, framework and resources need to be co-ordinated across NWL, the implementation of programmes and activities need to be driven by the requirements of the local population and grassroots communities so that it reflects the diverse needs of individuals, neighbourhoods, and interest groups. Systemic issues and priorities identified by local communities include the following:

- Improving Experience of Care
- Involvement in governance
- Collaboration with local communities in Gathering Insights and Experience when Identifying Community, Health and Wellbeing Needs
- Developing Self-care / Peer Support & Service Navigation
- Co-Creating a Platform for Shared Learning and Community Conversations to inform service improvements

OVERVIEW OF THE APPROACH



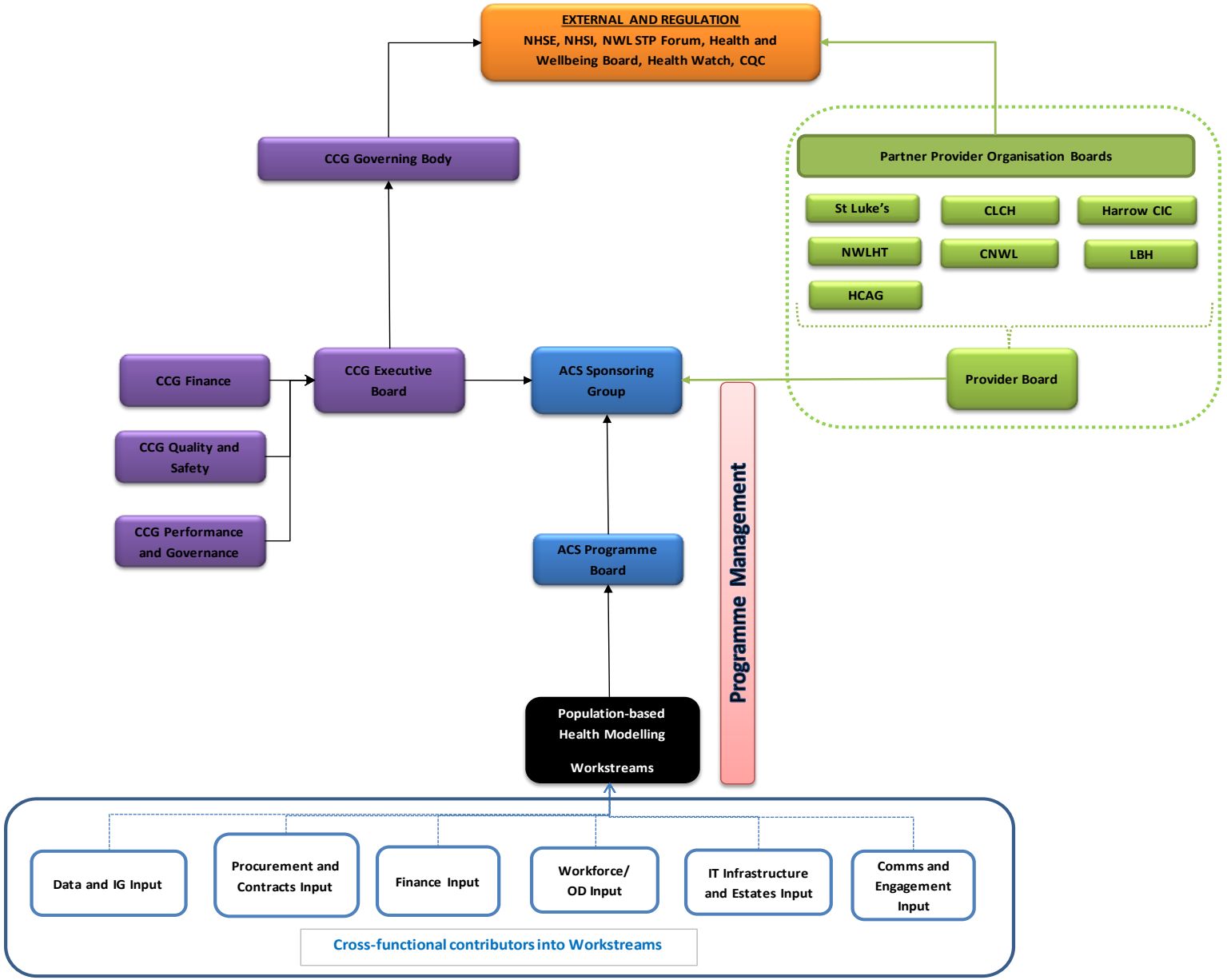
The Health Impact Pyramid

Table 1

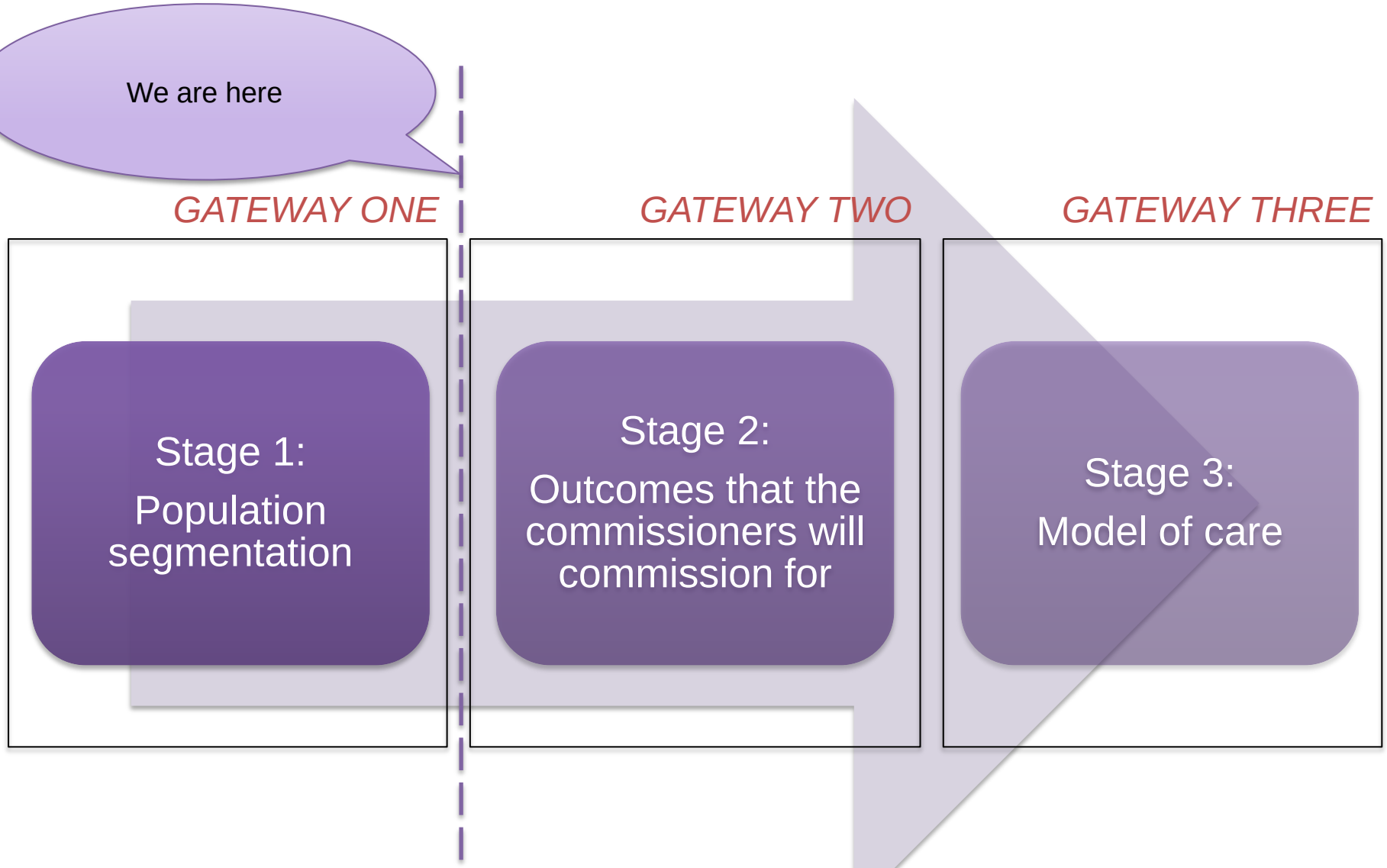
Population health management requires bringing a new discipline to the delivery of health and care.

This pyramid shows a framework to improve health on a population level. The base of the pyramid indicates interventions with the greatest potential impact - efforts to address socioeconomic determinants of health. Population health addresses these and other environmental and social determinants by engaging broader segments of the population to improve their health or influence public policy. It is the natural progression of improving health and controlling costs, and begins with the doctor-patient relationship, then advances to a specialized practice or medical home, then to a 'medical neighbourhood', and ultimately to the general population.

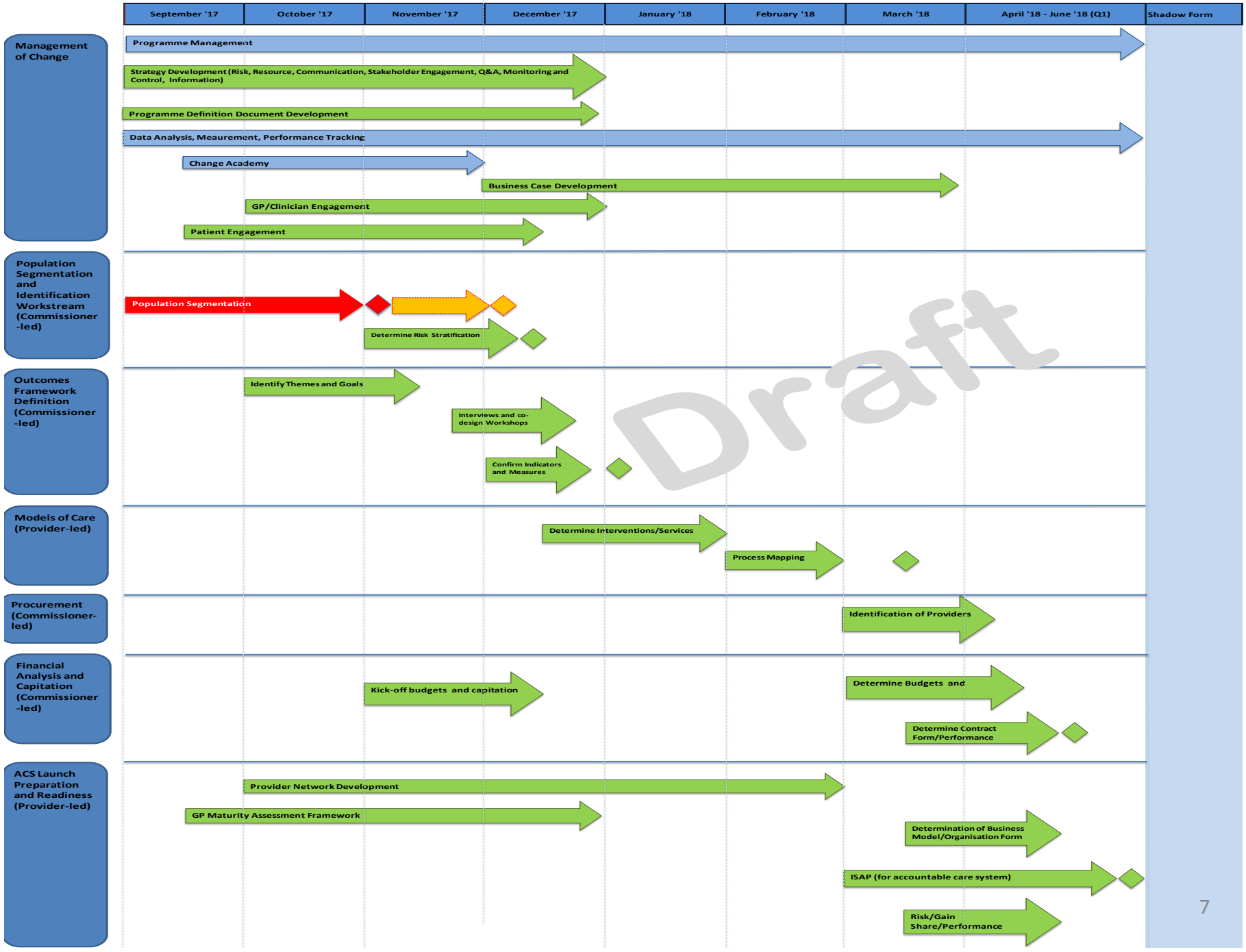
ACCOUNTABLE CARE PROGRAMME GOVERNANCE STRUCTURE



HIGH-LEVEL PROGRAMME APPROACH



Critical Path to Harrow AC Development - High Level Plan



Progress to date – 8th December 2017

- ✓ Programme governance set up: Sponsoring Group, Programme Board and Programme Core Team
- ✓ Two clinical directors and Programme Adviser for Commissioning recruited
- ✓ Workstreams defined and participant groups identified
- ✓ Sponsoring Group Kick-Off meeting held in November 2017
- ✓ Regular meetings now taking place – Sponsoring Group meeting monthly, Programme Board meeting fortnightly, Programme Core Team meeting weekly
- ✓ Programme monitoring and reporting documents in place
- ✓ Weekly highlight reports sent to all members
- ✓ Programme plan drafted – critical path and gates identified, workshop schedule for workstreams have been drafted
- ✓ Engagement meetings, surveys and events commenced – partner organisations, GPs, Acute Clinicians, District Nurses, other frontline staff,
- ✓ Presentations to various partner boards
- ✓ Population Segmentation work in progress – recommendation to be made to Sponsoring Group in December and CCG Governing Body in January
- ✓ Capitation workstream (commenced 01.11.17; meeting weekly)
- ✓ Team attendance at *Commissioning for Outcomes* workshops (Change Academy)
- ✓ Membership of NWL Accountable Care Virtual Team, Whole Systems Dashboard Advisory Group and various learning communities

Next Steps – January 2018

- Select population segment of 65+ to test – a recommendations paper is in draft. Options for population segment are being informed by size/cost and clinical rationale
- CCG Finance and Capitation workstream to continue
- Identify risk-stratification tool (PS&I Workstream)
- Outcomes workstream to commence once population is selected
- Engagement to continue – Patients, representatives, carers, clinicians, frontline staff and managers
- Clinical Summit to be held in January
- Patient event to be held in January (to start definition of outcomes framework)
- Engagement of Care Home leads
- Engagement of social care leads