NHS Barnet Clinical Commissioning Group

Presentation by John Morton
Chief officer to the Older Peoples Assembly
NHS Barnet CCG
Governing Body

Dr Sue Sumners
Chair

Dr Lyndon Wagman

Dr Debbie Frost

Dr Jonathan Lubin

Dr Clare Stephens

Other Governing Body members
David Riddle, Vice Chair – Lay Member, Engagement
Bernadette Conroy, Lay Member, Audit

John Morton, Chief Officer Designate
Stephen Hobbs, Interim Chief Financial Officer
Helen Donovan Board Nurse
Dr Karl Marlowe Board Secondary Care Doctor
Dr Philippa Curran, Associate, Barnet GP and BEH Lead
And observers from:
Public Health, Andrew Howe
London Borough of Barnet, Kate Kenally
Barnet LINk, Wilfred Canagretna

Local Clinicians working with Local people for a healthier future
373,000 Registered patients

The local population has been growing consistently over the last ten years and is expected to increase by a further 5.5% (19,400) by 2016. Barnet is London’s most populous borough.

67 member practices

Budget 13/14 £430m

Barnet has the second largest cohort of Children in London with a 6.8% increase in the next 5 years.

Elderly population set to rise by 21% over next 10 years. 18% increasing in the 65 – 69 year olds and 17% increase in the number of people aged 90+

Diverse population with the largest Chinese community in London and the largest Jewish community in the UK.

Ranked 27th out 33 London Boroughs (where 1 is the most deprived)

Ranked 165th out of 326 local authorities in England (where 1 is the most deprived)

Life expectancy is significantly higher than national and London averages. There is a 7.1 year difference in life expectancy for men living in the most deprived areas of Barnet (Burnt Oak) than the least deprived (Garden Suburb.)

Early death rates from cancer and heart disease and stroke have fallen and are better than the England average. Cancer, CVD and Stroke and Respiratory disease are still the major causes of mortality in Barnet. There were 294 early deaths from cancer, 158 from CVD and Stroke and 153 deaths related to winter in Barnet in 2011/12.

During 2009/10, there were almost 23,000 residents suffering from depression recorded on local GP lists.

Local clinicians working with local people for a healthier future
NHS Barnet CCG: Who we are

- NHS Barnet Clinical Commissioning Group (CCG) commenced its journey in July 2011 (20 months)
- 9 CCG Governing Body members (3 from each locality) were elected in July 2011 by their CCG members
- Based on a history of Locality collaborative working
- CCG members developed their Constitution in partnership with the Local Medical Committee
- The CCG Governing Body has developed
Our Vision and Strategy 2012 - 2015

Local clinicians working with local people for a healthier future
We will work in partnership with local people to strive to improve the health and well-being of the population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

What will success look like?

3 Years
- In collaboration with our partner CCGs we will have delivered the Barnet, Enfield and Haringey Clinical strategy and the development of the Royal Free/ Barnet and Chase Farm merger and clinical systems
- Quality and innovation will be recognised as the key priorities in our organisation
- We will be leading the developments of integrated care systems across our providers

5 Years
People living in Barnet will experience and understand their health and social care system which will:
- Encourage healthier lives and independent lives
- Support people taking responsibility for their own lives
- Provide seamless care when needed
### Strategic Objectives

- Improve Inequalities in Health
- Prepare Children and Young People for a Healthy Life
- Provide the Right Care at the Right Time, in the Right Place
- Develop an Integrated Care System across health and social care

### Clinical Commissioning Programmes

- Health and Well Being
- Children Young People and Maternity
- Elective Care
- Emergency and Urgent Care
- Mental Health and Learning Disabilities
- Frail Older People

*Local clinicians working with local people for a healthier future*
Integrated Care

- Working with providers to keep patients out of hospital and in their own homes
- Example of COPD and Community Service and Community Matrons
- Rapid Response Service
Our plan for communicating with the people

• As a CCG we work hard to develop a collaborative engagement structure placing our diverse groups and communities at the centre of what we do, we will work with Healthwatch, London Borough of Barnet, Networks, Partnership boards and others to achieve this.

• Our communication and engagement structure includes a number of working partnership boards, sub-groups and networks, ensuring that we are able to listen to people

• In addition to these we will access a number of geographically-based community forums throughout the year to ensure that we extend our reach

• We will arrange Public Events every eight weeks at different times and locations across the Borough. The first event was on the 7th March, and the next one is on the 30th May at St. Pauls Centre, 50 Long Lane, N3 2PU at 11am until 12.30
Barnet CCG Financial situation

• Barnet CCG starts with:
  Budget £430m
  Costs £480m
• 57% spent on Acute services (London ave 47%)
• Reduce Barnet 57% to 47% saves £26.5m
• Invest more in Community Services
Track record of delivery

BARNET CCG FOT by YEAR

Local clinicians working with local people for a healthier future
How to get involved

• Use our website: www.barnetccg.nhs.uk
• Join a Patients’ Participation Group through your GP practice
• Join the new HealthWatch
What has been achieved so far?

- Barnet CCG Vision, Commitments and Strategic Objectives
- Engagement and Communication Strategy
- Constitution and Governance arrangements
- Authorisation
What has been achieved so far?

Finchley Memorial Hospital
What has been achieved so far?

Delivering on Prescribing

Reductions in Prescribing Costs - Annual Expenditure

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2011 (10/11)</td>
<td>50.0</td>
</tr>
<tr>
<td>November 2012 (11/12)</td>
<td>49.0</td>
</tr>
<tr>
<td>2012-2013 Forecast (12/13)</td>
<td>46.0</td>
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</tbody>
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What has been achieved so far?

Primary Care Strategy

90% practices now able to send patients appointment reminders by text

47% of practices now have web-based information systems with the remaining practices set to move to a web-based system by October 2013.

Over 90% of practices have received funding to purchase additional diagnostic equipment that will enable them to provide more care on site and will inform referral decisions

Nine practices are embarking on the NHS Institute Productive General Practice programme

A pilot minor ailments scheme has been launched with a number of practices and pharmacies

Introduced effective peer review systems
What has been achieved so far?

Delivering on Referrals

GP referred 1st attendances
Barnet against London and national average
Standardised rate of activity per 1,000 population

* 2011/12 is for 9 months of year

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What has been achieved so far?

Health and Well Being Board

Formal relationship established with London Borough of Barnet

3 GP Board Members are also members of the Health and Well Being Board

Joint Health and Well Being Strategy developed and agreed

Integration Board with commissioning and provider organisations chaired by CCG Chair
What has been achieved so far?

**Partnership Working**

Through Partnership working we have developed:

- Rapid Response Service
- COPD Pathways
- Care Navigators
- Risk Stratification Tools
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What has been achieved so far?

Effective Quality and Safety Systems

Clinical Lead – Dr John Bentley

Implementation of Francis Report recommendations

Robust processes for the performance management of NHS Trusts and other providers

Safeguarding for Children and Young People

Safeguarding for Adults

CQUIN development
Strategic Direction

- Develop Integrated Care to support people with complex care and long term conditions
- Manage a reduction in acute activity through the Referral Management System
- Pathway redesign and alternative provision
II. Executive Summary

This recovery plan articulates the Barnet CCG approach to achieving financial balance. It should be read in conjunction with our Integrated Strategic Plan, available on [www.barnetccg.nhs.uk](http://www.barnetccg.nhs.uk).

We know and understand the size of the challenge:

- The CCG forecasts a deficit in the 13/14 financial year of £46m before QIPP and any benefit from the 2% head room.
- The CCG financial position is more challenging than the former PCT exit rate deficit position of £26m, primarily due to the loss of revenue allocation & increased costs totalling c£13m incurred in the transition from PCT to CCG. £9m is due to allocation differences which the CCG believes NHS England should resolve, and £3.8m is due to additional estates costs.

![Budget and financial gap (£): PCT compared to CCG](image1)

![Budget and financial gap (%): PCT compared to CCG](image2)

We know and understand the size of the challenge:

- We have compared spend on community and mental health services with our ONS comparator CCGs (PCT data from 2011/12). We have compared spend on estate with other North Central London CCGs (due to available data). We have compared our acute spend with other London CCGs. At a high level this shows:
  - We invest 3% less than average in mental health services;
  - We invest about the average in community services, however when embedded estates costs are taken into account this falls to significantly less than average;
  - We invest up to 10% more of our budget in acute services than the best performers; and
  - We invest 2% more than average on estate.
- Action is needed to significantly re-profile spend across these four areas, by reducing acute and estates costs.
Context – Reduction in capitation funding

- The graphs below show the unfavourable Barnet position in terms of per capita increase in allocation when compared with National, ONS comparator group, and London average funding increase.
III. Context – Population growth

ONS projections are based on patterns of births and deaths, and migration into and out of an area. They take no account of changes in the number of dwellings in an area. The Greater London Authority does, however, produce projections which take account of planned changes in the quantity of housing stock within an area. For London Borough of Barnet, this has been calculated as 375,197 in 2013, a difference of 4509. By 2020, the GLA projection is 414,000, compared to the ONS projection of 411,000. By 2025, the ONS and GLA projections are very close at 435,500 and 435,100 respectively.

Within the Council’s Local Development Framework, the Housing Strategy contains a projection of 28000 new homes being constructed by 2026 to meet housing need, alongside another 3000 units being brought back into use. Key areas for development by 2018 include:

- Colindale (including Grahame Park) - 5887
- West Hendon - 630
- Stonegrove/Spur Road – 155
- Mill Hill East – 1264
- Dollis Valley 250
- Brent Cross Cricklewood – 1138
- North London Business Park – 250

Further work is required to try and assess the impact of the development of these sites.
QUESTION TIME