BARNET CARE CLOSER TO HOME PROGRAMME

1. Introduction

1.1 Barnet CCG has previously signalled its commitment to the spirit and principles of Care Closer to Home, supporting a programme of work to deliver more care and treatment in local community settings. Committing to an outcomes-focused model, this would significantly reduce dependence on avoidable and unnecessary hospital attendances and admissions, enable earlier interventions, promote individual and community health and wellbeing and provide more integrated, coordinated support to those most in need, including the frail elderly, children and those with long term conditions.

1.2 This report provides further detail on the component elements of a Care Closer to Home approach, in advance of a detailed plan being presented to the Governing Body in May 2017. It is set within the context of North Central London-wide commitments and work to strengthen Care Closer to Home, albeit, critically, grounded in the realities and needs of Barnet.

1.3 This programme of work is being jointly designed and progressed with the London Borough of Barnet, in full recognition of the imperative of a coordinated and integrated approach to promote local health and social care delivery in ways which best meet the needs of the residents and registered population of Barnet. Design and delivery work will, it is proposed, be taken forward under the auspices of the local Joint Commissioning Executive Group, itself overseen by the Barnet Health and Wellbeing Board and CCG Governing Body. This ensures that action to promote the delivery of care closer to home is consistent with our broader commitment to improvements in local health and wellbeing.

1.4 A copy of a briefing paper prepared for the Health and Wellbeing Board on 9 March is attached. This paper sets out the rationale of Care Closer to Home and the transformational steps required to translate aspiration to reality. The report was well received and supported.

2. Context: The North Central London Sustainability and Transformation Plan (STP)

2.1 The strengthening of health and care closer to home is one of the fundamental platforms for change in the North Central London STP. The high-level objectives of this programme are:

- To establish a place-based system of care delivery which draws together social, community (incl. voluntary sector), primary and specialist services in a seamless, integrated way;
- To ensure the local population gets the right care, at the right time, in the right place;
- To improve access to services and reduce health inequalities;
- To improve the quality of primary care and reduce unwarranted variation without stifling innovation;
- To improve the management and prevention of chronic disease;
- To provide support for people to self-care.
2.2. The STP identifies a number of delivery/enabling mechanisms for the enhancement of care closer to home. Collectively, these require an integrated approach across health and social care and strengthened federated working by providers, including primary care. This should include the more flexible deployment of workforce skills across organisations.

2.3. The three main drivers of change are:

- **Improved Access to Primary Care**
  - Patients will be able to access consultations with GPs or other Primary Care professionals in their local area for pre-bookable and unscheduled care appointments between 8am and 8pm seven days a week.
  - Planned outcomes are improved patient satisfaction with access to primary care and a reduced number of patients seen in A&E/Urgent Care with a primary care appropriate problem

- **Care Closer to Home Integrated Networks (CHINs)**
  - CHINS may be virtual or physical. Typically covering populations of c50-80,000, they will be home to a number of services, providing an integrated, holistic, person-centred model of health and social care and support. At the heart of this will be integrated health and social care multi-disciplinary teams, care planning, risk stratification and care coordination. Support from specialist consultants should be accessible to enable GPs and their teams to manage more care closer to home.
  - Planned outcomes are a reduction in clinical variation, a reduction in secondary (hospital) care activity and cost, a reduction in the number of residents dying prematurely, an enhancement of the quality of life for people with long-term conditions and an increase in the number of patients having a positive experience of care.

- **Quality Improvement Support Teams (QISTs)**
  - These GP-led teams will be tasked with improving quality in primary care and reducing unwarranted variation. They will play a central role in supporting CHINs, providing hands-on practical help for individual GP practices to ensure a consistent quality standard and offer of service. They will help to identify, promote and roll out best practice, clinical innovation and proven technologies in a systematic and consistent way. This will include support to maximise early identification and support and the proactive management of high blood pressure, atrial fibrillation, chronic kidney disease and diabetes.
  - Planned outcomes are a reduction in clinical variation, a reduction in secondary (hospital) care activity and cost, a reduction in the number of residents dying prematurely, an enhancement of the quality of life for people with long-term conditions and an increase in the number of patients having a positive experience of care.
2.4 Target delivery dates within the STP are to ensure that improved access to primary care is in place from April 2017, and to establish a comprehensive network of CHINs and QISTs by March 2019.

3. Developing and Delivering a programme to support Care Closer to Home in Barnet

3.1 Extended access to Primary Care.

3.1.1 Locally, discussions between the CCG, Barnet Borough Council and the emergent Barnet GP Federation have helped to shape a number of initial actions, pending the development of a more detailed strategic delivery plan.

3.1.2 Following a procurement exercise, a contract award for extended access will be made, subject to the outcome of a CCG Procurement Committee meeting on 30th March, 2017. The specification of this work envisages that extended access will be provided from a number of local GP practices operating from community hubs with effect from April 2017. This should provide an additional 40,000 appointment slots per annum for local patients.

3.1.3 Investment to enable the above comes from a mix of pre-existing CCG investment in an initial 2016/17 pilot scheme and further dedicated resources received from NHS England.

3.2 The development of CHINs and QISTs

3.2.1 Working closely with the Barnet GP Federation, expressions of interest from local practices to become CHINs were invited. The aims is to establish an initial CHIN by the end of September, 2017, and a second CHIN through the second half of 2017/18.

3.2.2 Five expressions of interest from local clusters of practices were received and have been evaluated. This has resulted in notification to applicants that the first Barnet CHIN will be centred on a group of five practices located in Edgware/Burnt Oak/Watling Way. Together these practices have a registered population of c50,000, equating to c12.5% of the Borough’s total GP registered population.

3.2.3 The Federation has indicated a readiness and will to progress this first phase of development at pace, and a desire to extend this to a wave 2 site or sites over future months, with a view to achieving Barnet-wide coverage within 24 months.

3.2.4 Discussions will now progress with the Federation and Practice representatives to agree a programme of mobilisation and a deployment of resources. This discussion will also extend to consider how the concept and intended outcomes of a QIST can be developed for the footprint. It is proposed that initial discussions should include a presentation to an informal Governing Body, with a full update provided to the next formal Governing Body meeting in May 2017.

3.2.5 These discussions will also help the CCG and its partners to ascertain the most appropriate local model for future CHIN and QIST development, together with means for financing such.
3.2.6 No dedicated funding has been received by the CCG to support the development of CHINs and QISTs. Their impact, in terms of reducing avoidable demand and costs in other sectors is therefore of particular importance and will be closely monitored. In addition, the CCG and Barnet Borough Council will actively consider how existing resources can be more effectively deployed in support of the more integrated and federated approach which is central to CHINs and QISTs. Discussions over the next few weeks with regard to mobilisation of this initial CHIN will therefore focus on making better use of/redeploying existing resources, impact, value added and return on investment as necessary precursors to any discussion with regard to 'new' investment.

4. Other component parts of a Care Closer to Home programme

4.1 The report attached, as prepared for the Health and Wellbeing Board, identifies in its appendix a number of other initiatives being actively pursued in support of making Care Closer to Home a reality. These include plans to strengthen pharmacist support to GPs and Nursing Homes, work to fully realise the potential of Finchley Memorial Hospital site, the review and extension of Locally Commissioned schemes as incentives for developing services delivered in primary care settings, workforce recruitment and potential redeployment, training and development initiatives being taken forward with the local Community Education Provider Network (CEPN) and the further progression of action to strengthen support for those with mental ill-health.

4.2 In addition, the CCG and Barnet Borough Council will jointly review the current use and effectiveness of Better Care Funding to ascertain what changes can be made to enhance its effective deployment in support of Care Closer to Home. In addition, the CCG we seek to work closely with Barnet Borough Council to understanding how the additional income raised through the 3% precept on council tax can best support local frail and vulnerable people.

4.3 With the establishment of CHINs, there is additionally the scope for considering how these can potentially act as a platform for broader working between providers and commissioners and for the development of alternative care models, as encouraged in NHS England's Five Year Forward View and more recently by NHS England’s Chief Executive.

5. Recommendation and next steps

5.1 Governing Body members are invited to note and discuss this progress report on plans and developments with regard to Care Closer to Home.

5.2 The Governing Body is specifically invited to note and support the proposed role and remit of the Joint Commissioning Executive Group in shaping and overseeing proposals and their delivery.

5.3 A further update, together with a proposed strategic plan for the enhancement of Care Closer to Home will be presented to the May 2017 meeting of the CCG’s Governing Body. This will outline the range of initiatives, demonstrate how they interrelate and set out their planned impact and outcomes.