

NHS Barnet Clinical Commissioning Group

Commissioning Intentions 2016-2017

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1. Foreword

NHS Barnet Clinical Commissioning Group (Barnet CCG) is a clinically led organisation. We have worked with providers of health services to the people of Barnet, the London Borough of Barnet (LBB), the voluntary sector, and with our patients and public, to look at how best to shape services that meet the needs of our population. As a result we have made commissioning decisions based on key clinical priorities within the resources available and taking full account of what our patients have told us.

In 2016/17 Barnet CCG intends to continue the work that has been started in 2015/16. We will continue to ensure that we work collaboratively with all partners across the health and social care spectrum, and to deliver safe and affordable services for all of our residents in line with the Barnet Five Year Strategic Plan and Delivery Plan 2014-19 and North Central London (including Haringey, Enfield, Islington and Camden CCG's) strategic direction.

The North Central London (NCL) health system faces significant financial challenges that require a different approach by the NCL Clinical Commissioning Groups and providers going forward if we are all to build sustainable services in the future. A considerable amount of work designed to address this is already underway across the NCL system, supported by external advisors, but it is important that we set out Barnet CCG's financial context for 2016/17 and how we expect this to impact on our contracts.

This document sets out our commissioning intentions for the year commencing 1 April 2016 and aims to give providers of health services, with whom we work, a clear indication of where we are planning to make changes next year. These intentions have been compiled with contributions from the member GP practices that make up Barnet CCG, with providers, with the LBB and with our public and patients, and we look forward to working with you all to deliver healthcare to service users in Barnet.



Dr Debbie Frost
Chair, Barnet Clinical Commissioning Group

2. Executive Summary

All CCG's are required under the terms of the NHS Act 2006 to prepare a commissioning intentions plan for each financial year. This is to ensure that the providers with whom we work have a clear understanding of what is expected of them.

The Barnet CCG 2016/17 Commissioning Intentions have been written to reflect the full range of services commissioned by Barnet CCG; what is currently known about the health needs of the population, and the associated financial position, as we look forward into 2016/17 in the context of the strategic goals.

The commissioning priorities for Barnet CCG include primary care services, medicines optimisation, planned care and cancer services, urgent care, adult integrated care, children and maternity care and adult mental health. These priorities are supported by three enablers that are: co-design with public and patients, ensuring quality of services and innovating with technology.

The NHS and Barnet CCG face large challenges in the coming years due to the increasing demands for health and social care provision. Challenges such as how to deliver better for less; how to empower citizens with more control over their own care; and how to create a culture which is open to innovation and new ideas.

Barnet CCG is looking to change some ways in which it works so that it can provide quality services in the most productive and cost-effective way possible, ensuring better outcomes for patients. Barnet CCG will continue working on the QIPP agenda to ensure that reviews and re-structuring of services take account of Quality, Innovation, Productivity and Prevention (QIPP).

The CCG will be embarking on a number of ambitious work streams including the re-design of community and out of hospital services in areas such as Cardiology and Dermatology and the 'Reimagining Mental Health' work, which is looking to redesign mental health services.

This document sets out Barnet CCG's commissioning requirements by areas of care and illustrates the providers who will be impacted by these proposals. We will work closely with providers and other key stakeholders over the coming months to agree and deliver our commissioning and operational plans for 2016/17.

Providers should note that Barnet CCG as Co-ordinating Commissioner and as Commissioner, is collaborating with Camden, Enfield, Haringey and Islington CCGs to strengthen commissioning across NCL as part of the further development of the North Central London Collaboration Board of CCGs. Subject to the decisions of the five Governing Bodies and in liaison with NHS England, this may result in changes to the way that Barnet CCG commission and contracts for services

This document does not contain a complete list of all initiatives, projects and service changes that are either already underway or are in the pipeline, but instead summarises the key priorities for the year ahead.

3. NHS Barnet CCG

Barnet CCG is a membership organisation made up of GPs from the 64 GP practices which work within the borough to plan and buy (commission) health services for the local population.

Barnet CCG is responsible for planning and buying most of the local healthcare services, including:

- Planned hospital care
- Urgent and emergency care (including out-of-hours services)
- Rehabilitative care
- Maternity services
- Most community health services
- Mental health and learning disability services
- Prescribing by member practices

In 2016/17 there will be an established NCL Primary Care Joint Co-Commissioning Committee routinely operating that Barnet CCG will be a member of, in partnership with NHS England, giving oversight to a range of primary care functions that include: GP practice mergers/moves and premises plans.

Our role is to ensure that residents and those registered with GPs in Barnet have access to healthcare. We want to work with the people of Barnet to commission services which achieve the best health for all. The CCG has an important role to play in providing clinical leadership, ensuring quality and effectiveness of health care and value for money within Barnet.

Commissioning in Barnet is a complex process ensuring health and social care services meet the needs of a large and varied population effectively. It involves assessing population needs, prioritising local health outcomes, commissioning appropriate products and services, and managing numerous service providers. Clinical commissioning is central to the success of the NHS in Barnet as it allows doctors and nurses to draw on their medical expertise to lead the buying of healthcare services.

3.1. Our Partners

Barnet CCG works with many partner agencies and organisations to ensure local NHS services are integrated, safe and designed around the needs of the local population.

Our key partners include:

3.1.1. NHS North and East London Commissioning Support Unit

To support us to deliver our vision and achieve our goals for the NHS in Barnet, we commission the North and East London Commissioning Support Unit (NELCSU). Its role is to support business functions, such as contract negotiation and monitoring, procurement and analytics.

3.1.2. London Borough of Barnet

Local authorities commission care and support services and have a new responsibility to protect and improve health and wellbeing. They use their knowledge of their communities to tackle challenges such as smoking, alcohol and drug misuse and obesity. We work in partnership with the local authority on joint commissioning such as services for older people, children and mental health services and the implementation of the recent Better Care Fund initiative in April 2015. This initiative will create a single pooled budget between Barnet CCG and the London Borough of Barnet to support working closely together, placing people's wellbeing at the focus of health and social care.

3.1.3. Barnet Health and Wellbeing Board

Barnet's Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health through development and implementation of Barnet's Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing (JHWB) Strategy. The JSNA and JHWB Strategy inform the CCG, Local Authority and wider partners in the commissioning and developing services which aim to respond to the local community's needs and priorities.

3.1.4. Barnet Healthwatch

Barnet Healthwatch, which is represented on the Barnet Health and Wellbeing Board and on the CCG Governing Body, gives patients and communities a voice in decisions that affect them. Barnet Healthwatch reports its views and concerns to Healthwatch England so that pervading issues can also be raised at a national level.

3.1.5. NHS England

Nationally, NHS England commissions specialist services, primary care, offender healthcare and some services for the armed forces. The specialist services commissioning intentions will be produced in September 2015.

NHS England hold a range of responsibilities for primary care services and works collaboratively with Barnet CCG, and all NCL CCGs, on the Joint Co-Commissioning agenda for primary care.

4. Health Needs of Barnet's Population

Barnet CCG uses Barnet's Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing of the residents of Barnet.

4.1. Population Growth

In 2015 Barnet was home to 367,265 residents and Barnet's population is expected to rise by around 0.7% in 2016 to 369,887. The population registered with Barnet GPs as of 1 July 2015 was estimated at 399,651. The borough has a higher proportion of its total population who are aged over 65 when compared to London. The number of people aged 65 and over is projected to increase by 34.5% by 2030, over three times greater than other age groups. Barnet's rising population will place pressure on all health and social care services, with a number of implications for health and wellbeing. Key issues include:

- Obesity and the related conditions for adults, children and young people;
- Mental health and learning disability;
- Long-term conditions;
- Integrated care;
- Primary care development;
- Diabetes mellitus; and
- Conditions attributable to cold weather.

The borough of Barnet also has one of the largest numbers of care and residential homes in Greater London. Currently, there are 79 residential and 23 nursing homes registered with CQC in Barnet (CQC, June 2015). In total, these homes provide 2,921 beds for a range of older people and younger people with disabilities. Projections show that the number of residential placements within Barnet will increase by around 30% to over 2,800 placements by 2020. By 2030 the total population aged over 65 years and over living in a care home will be over 3,500 (POPPI, 2014).

4.2. Ethnicity

Barnet is a very diverse borough with around 38% of the local population belonging to non-white communities. Different ethnic groups will have differing health needs and susceptibilities and Barnet is forecast to become increasingly diverse, creating new and complex health needs.

4.3. Deprivation

The 2010 update to the Index of Multiple Deprivation, ranks Barnet 176th out of the 326 local authorities in England and Wales for deprivation, just slightly below the average (the authority ranked 1 is the most deprived). This is 48 places higher than 2007 (128th) and 17 places lower than 2004 (193rd).

Relative to other London boroughs, Barnet is ranked 25th out of 33 local authorities. This is four places higher than 2007 (21st) and one place higher than 2004 (23rd). Nearly all of the lower super output areas (LSOAs) in Barnet have become less deprived, relative to the rest of London, since 2007.

4.4. Mortality

In Barnet, the top three broad causes of mortality in both men and women are circulatory diseases, cancers and respiratory diseases. Circulatory diseases led to 2254 deaths (males 1,002, females 1,252), cancers caused 1,949 deaths (males 963, females 986) and respiratory diseases resulted in 693 deaths (males 445, females 248) during 2010-2012. In the same period, dementia, another leading cause of death in Barnet, resulted in 579 deaths, which involved more females (n=383) than males (n=196).

4.5. Health inequalities

There are inequalities in life expectancy in Barnet by gender, locality/ward and the level of deprivation. Life expectancy at birth in females (85.0 years) is higher than

males (81.9 years) and overall life expectancy for both the male and female population in Barnet is higher than the average for England (male =79.4 years, female =83.1 years).

The Garden Suburb ward has the highest life expectancy for both males (84.1 years) and females (88.5 years) while the Burnt Oak ward has the lowest life expectancy for both males (75.8 years) and females (81.6 years). In addition, the life expectancy gap is wider and mortality is higher in the most deprived areas compared to the least deprived areas in Barnet. It is clear from international studies and evidence that people from more deprived groups tend to

- Have higher incidence of cancer;
- Be diagnosed later;
- Have less treatment;
- and have poorer outcomes

5. Barnet CCG's Strategic Goals

Barnet CCG's Five Year Strategic Plan and Delivery Plan 2014-19 outlines the CCG's approach to delivering transformational change in health and social care, to improve health and social outcomes over the course of the next five years. The strategic goals are:

- **Strategic Goal 1:** Promote health and wellbeing, enabling Barnet's population to be as healthy as they can be and make informed choices about their health and lifestyle;
- **Strategic Goal 2:** Utilise the knowledge and skills of our GP membership, ensuring patient centered, consistent primary care for the people of Barnet; develop proactive and innovative Primary Care networks to provide more local and joined up care;
- **Strategic Goal 3:** Ensure Right Care First Time. Working with patients, the public, GPs, the LBB, service providers and other stakeholders, Barnet CCG will develop new service models and pathways to meet the health and social care needs of our population; and
- **Strategic Goal 4:** Develop local and joined up care- we will work with primary care, the LBB and other health and social care partners, to streamline and join up complex care and support for the frail and elderly and those with complex long term conditions, with care provided at home or as close to home as possible.

We have used the above strategic goals as the basis of our 16/17 commissioning intentions.

5.1. Barnet CCG's Vision

To achieve these goals:

Barnet CCG will work in partnership with local people to improve the health and wellbeing of the local 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.

Barnet CCG Values

- Treat everyone with compassion, dignity and respect
- Person-centred care that supports people to be as healthy as they can be
- Work in partnership and collaborate with all
- Reduce dependency and promote self-care

Refer to **Appendix 1** for a pictorial example of Barnet CCG's Vision and Enablers.

6. Financial Position and QIPP Programme

As outlined in the Foreword, the NCL health system faces significant financial challenges, which requires a different approach by all NCL clinical commissioning groups and providers to build sustainable services in the future.

Barnet CCG's financial allocation has for some years been below its 'fair shares' target and this has placed a significant amount of tension on the system. We expect to see some growth in funding over the next few years taking us closer to target 'fair shares' by 2018/19. Increased funding for 2015/16 provided only a marginal improvement on 2014/15, leaving the CCG 2.47% below its 'fair shares' target (a funding gap of £10.953m per annum).

It is estimated that the CCG will be at least 2.0% beneath its target allocation by 18/19. A range of +/- 2% is regarded as tolerable by the Department of Health due to the limitations of the data used. However, this still leaves the CCG with a rising population and allocations increasing in a delayed way.

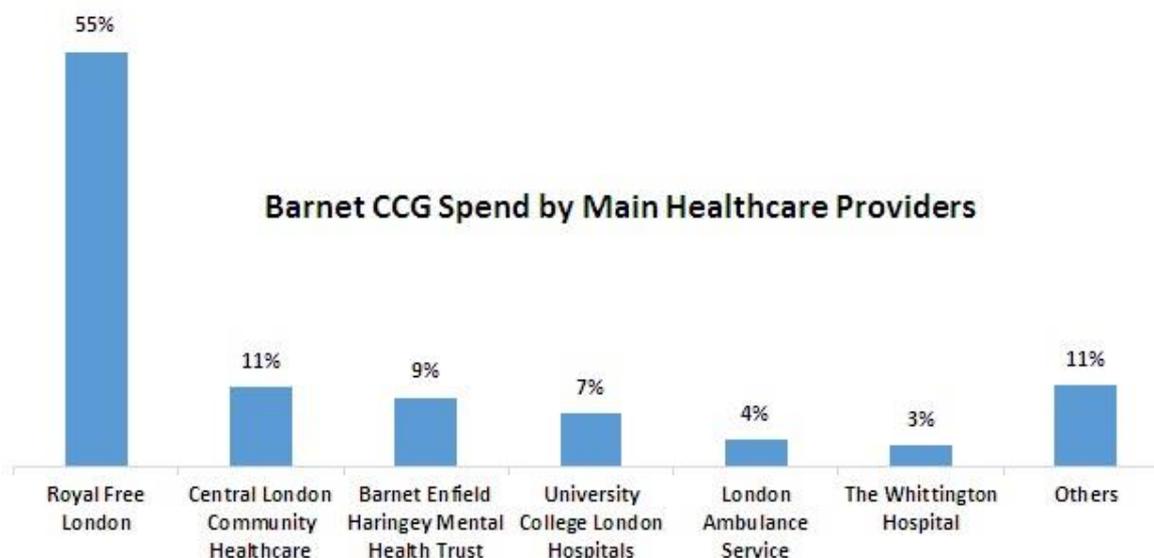
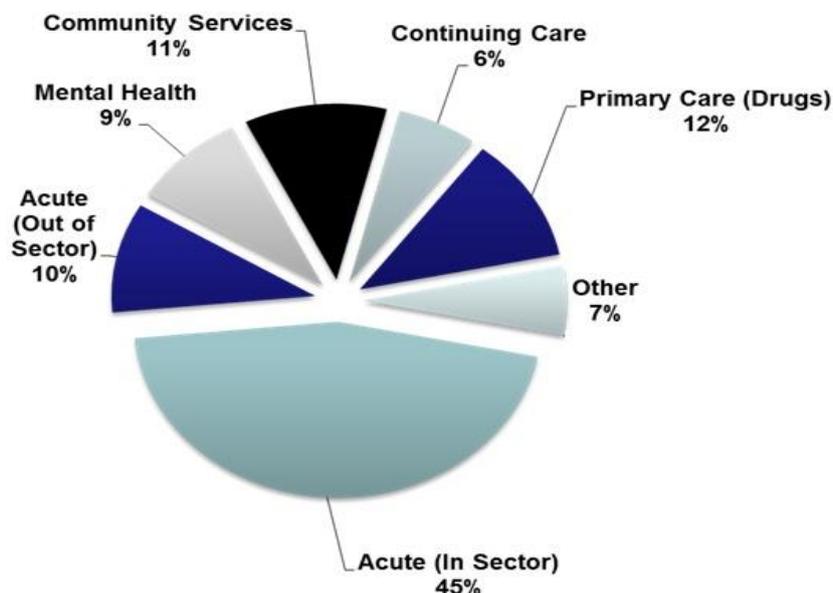
Our Financial Recovery Plan suggests that if no improvement action is taken, the CCG could be faced with an ever-growing accumulated deficit in the region of £25m to £30m by 2018/19.

Barnet CCG needs to change the way services are delivered so that we can provide better quality services in the most productive and cost-effective way possible, making best use of the potential for innovation. This is called QIPP – Quality, Innovation, Productivity and Prevention. QIPP is the umbrella term used to describe the approach that the CCG is taking to redesign services in light of operational and financial requirements.

QIPP savings in the order of £12m to £15m will be required recurrently to pay off the current accumulated deficit of £11m and achieve a surplus financial position by 2016/17, with all cumulative deficits repaid, and to achieve the aim of fully meeting NHSE business rules by 2017/18.

The annual QIPP savings required represent on average 3.5% of Barnet CCG's annual resource allocations over the same period. This level of annual efficiencies is only achievable if Barnet CCG and its associate commissioners in NCL, together with all providers in the system, work collaboratively.

The following charts show Barnet CCG's expenditure by services and by main healthcare providers.



All areas are required to deliver efficiencies of at least 3.5% in 2016/17, which may be through increased throughput, for the same inputs, removing costs from the system by fewer steps in the delivery of care; decommissioning clinically ineffective procedures, treatments and therapies; and price re-negotiation.

An overall summary of 2015/16 QIPP schemes is shown in **Appendices 2 and 3**, with indicative amounts for the following years.

7. Approach to Contracting

As stated in section 6, the financial challenge for CCG commissioners and provider organisations in NCL over the next five years means that existing ways of working together through contracts are not sustainable. With forecast financial deficit positions in 2015/16 for Barnet CCG, the Royal Free London NHS Foundation Trust (RFL) and Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), our objective is to take costs out of the system and not to continue to pass risk around the system.

We believe this can be achieved through mutual agreement of a financial approach with underpinning contractual terms in 2016/17 that share gain and risk equitably. There are a number of clinical services that lend themselves to this, which could include access to: Endoscopy, MRI and Urology services as three examples.

Agreement of a financial approach would also include the following elements:

- Aligning commissioner QIPP and provider Cost Improvement Plans (CIP) with agreed outcomes;
- Commissioning end to end clinical pathways for planned care with a view to securing best in market value for money;
- Ensuring that hospital beds are accessed in line with the agreed Barnet, Enfield and Haringey Clinical Strategy;
- Designing new integrated clinical services at locations such as Finchley Memorial Hospital;
- Using new methods of procurement of clinical services where this adds real value, for example value based or outcomes based contracting over longer durations.
- Barnet CCG will utilise its contractual powers alongside clinically based dialogue to secure high quality care for patients, including access to care within the NHS Constitution stipulated waiting times. It will, as a matter of course, agree contracts and contract variations using the NHS standard contract.

Barnet CCG is fully committed to delivering fully integrated services that will support a range of borough based care pathways in accordance with our key strategic goal of '*Ensure Right care, First time*'.

In line with the Barnet, Enfield and Haringey Clinical Strategy, RFL Integrated Business Case for the Acquisition of Barnet and Chase Farm Hospitals NHS Trust (January 2014) and Transaction Agreement (June 2014) there is agreement to use the beds at Barnet and Chase Farm Hospitals in more clinically effective ways.

All borough based care pathways will have the single priority in supporting a timely and safe discharge directly from Barnet Hospital and there will be no clinical commissioning agreement for any internal hospital transfer to Chase Farm Hospital. This extends to all patients admitted following an unplanned episode of care and

includes all wards operational at any point throughout the year such as escalation, re-enablement and rehabilitation.

Barnet CCG is working to transform the local role and capability of services at Finchley Memorial Hospital through enhanced integration across health and social care to include primary care. This will increase the local capacity which will underpin borough based care pathway delivery to support both admission avoidance and early supported discharge from Barnet Hospital.

Work on utilisation of the facilities at Finchley Memorial Hospital has commenced with agreement by Barnet CCG commissioners to undertake detailed service design work on:

- Filling the empty inpatient beds
- New GP primary care services/closer working with the Walk-in Centre
- An older people's assessment service
- Dementia services

Barnet CCG has a commissioning intention to develop an agreed financial approach to underpin contracts in 2016/17 that will be progressed through the following business arrangements:

- Negotiations for the 16/17 contracts will run from January 2016 until the end of March 2016.
- Governance arrangements for decision making and escalation of issues in dispute will be agreed before the negotiations commence.
- Contracts not agreed and signed by the end of March will go to NHS mediation/arbitration (non FTs) or a mediation/arbitration process agreed between Barnet CCG as lead commissioner and the provider.
- Any contract not agreed by 1st April 2016 will be paid monthly 1/2th of the first contract offer made by the commissioners until the contract is agreed and signed. Any required adjustments will be made retrospectively. If delays are significant the CCG will consider the use of a Non-Contracted Activity basis for making payments to providers.
- Financial sanctions for breaches of national and locally agreed contract, quality, information and other standards will be applied without exception.

Contracting Intentions for 2016/17 include the following:

- Notice is given that reporting of key services and indicators must be by hospital site and GP practice where required by commissioners. Services that are failing to meet national or local access or other quality indicators must always be reported by hospital site
- 6 months' notice is given to Central London Community Healthcare (CLCH), RFL and North Middlesex University Hospital (NMUH) that Barnet CCG will undertake a review of readmission avoidance thresholds in line with the Barnet, Enfield and Haringey Clinical Strategy. This work will be undertaken by relevant CCGs across NCL in line with national technical guidance.

- 6 months' notice is given to RFL that following a benchmarking review of local pricing led by Barnet CCG that local prices will need to demonstrate comparative value for money and any that do not, will need to be reduced from 1st April 2016.
- Any changes to counting and coding that providers wish to propose must be submitted on templates supplied by Barnet CCG, no later than the end of November, in order for commissioners to review.
- Any changes to counting and coding that are agreed will be subject to 6 months shadow monitoring before going live.
- Any notifications received from providers will be evaluated in light of the financial challenges in the NCL system and in light of work undertaken to agree the financial gap across NCL.
- 6 months' notice is given to RFL that Barnet CCG will undertake a review of pricing for regular day attenders with a view to a reduction in prices with effect from 1st April 2016.
- 6 months' notice is given to RFL that following a review of pricing of critical care bed days the price charged by RFL may need to be reduced to ensure that equitable pricing is in place that stands scrutiny.
- 6 months' notice is given to RFL that following reviews of pricing in relation to the following block agreements, prices for these services may need to be reduced to demonstrate value for money. It should be noted that this list is not exhaustive:
 - Stroke rehabilitation
 - Community Paediatrics
 - Cystic Fibrosis
 - Diabetes development
 - Eating Disorders
 - Pain management
- 6 months' notice is given to RFL that Barnet CCG will undertake a review of pricing for patient transport services to ensure that pricing is appropriate and stands scrutiny following the transfer of the service to a new provider.
- 6 months' notice is given to RFL that Barnet CCG will undertake a review of high cost drug prices to ensure that pricing is appropriate in relation to acquisition cost and stands scrutiny.
- 6 months' notice is given to RFL that Barnet CCG will undertake a review of SLA exclusions to the main contract, and associated service lines, with a view to following national guidance and having no exclusions.
- 6 months' notice is given to RFL that Barnet CCG will base the market forces factor (MFF) used in the contract on national guidance.
- Notice has previously been given to RFL that Barnet CCG will not contract for any outpatient or support services in relation to TB from 1st November 2015, therefore this will continue to be excluded from the 16/17 contract with RFL
- 6 months' notice is given that Barnet CCG will establish contracts with providers in 2016/17 where there is sufficient volume and value of non-contracted clinical activity flows in 2015/16, normally £200,000 and above.
- 6 months' notice is given to all secondary care acute and any other relevant providers that Barnet CCG intends to commission PbR related activity based

on any revised national PbR tariffs for 2016/17 thus eliminating Enhanced Tariff Option (ETO) / Default Tariff Rollover (DTR) tariffs used in 2015/16.

- 6 months' notice is given to all providers that Barnet CCG expects to re-introduce the Commissioning for Quality and Innovation (CQUIN) payment for the achievement of stretch targets and innovative measurable schemes in line with national guidance and best practice.
- 6 months' notice is given to providers of mental health services of the possible requirement to move to (or shadow) mental health PbR arrangements. To do so will require improved confidence in activity recording by mental health providers.
- 6 months' notice is given to mental health providers that Barnet CCG will be introducing access targets and waiting time targets to mental health services.
- 6 months' notice is given to mental health providers that Barnet, Enfield and Haringey CCGs will be exploring a move to a consistent priced contract across the boroughs. Such a move would be price neutral to providers overall and will require CCGs to also ensure movement of resources between them to ensure cost neutrality.
- Barnet CCG will continue to monitor activity baselines in the CLCH contract, with the view to develop sound baseline activity in 2016/17 to identify areas of increased activity that may need to move to a cost and volume contract in 2017/18.
- 6 months' notice is given that Barnet CCG requires improved data quality and timeliness for activity reporting in line with the standard contract Information Schedule (schedule 6B) and Data Quality Improvement Plan (schedule 6C).
- Barnet CCG will work to ensure robust benchmarking of activity, costs and securing clinical efficiencies with 2016/17 contracts.

8. Commissioning Priorities

8.1. Overview

We have identified the following seven commissioning priorities that we will focus on to transform services, aligned to our four strategic goals.

Strategic Goal	Commissioning Priority
1. Promote health and wellbeing	
2. Utilise the knowledge of skills of GP membership	1. Primary Care 2. Medicine Optimisation
3. Ensure right care first time	3. Planned Care and Cancer Care 4. Urgent Care 5. Children and Maternity Care
4. Develop local and joined up care	6. Adult Integrated Care 7. Adult Mental Health Care

For each commissioning priority we have set out:

- A brief description of the service area(s) covered; and
- Details of Barnet CCG's Commissioning Intentions for 2016/17.

8.2. Primary Care

What do we mean by Primary Care?

Primary care is usually a patient's first point of contact with the NHS. This involves contact with community based services such as GPs, Community Nurses, Allied Health Professionals such as Physiotherapists and Occupational Therapists, Midwives and Pharmacists.

What action will Barnet CCG take in 2016/17?

Barnet CCG is responsible for improving the quality of local primary care services, working closely with NHS England with joint responsibility for commissioning primary medical care commencing from 1 October 2015. As the CCG is a membership organisation it has a unique working relationship with the local GPs and nominated clinical leads sharing management responsibilities for designated programmes of work.

The strategic context for primary care in Barnet is currently defined by the Transforming Primary Care in London: A Strategic Commissioning Framework and from October 2015 arrangements for the Joint Co-commissioning of primary care across the NCL CCGs and NHS England will be in place. This Framework also aligns to the challenges set out in the Five Year Forward View and to the vision to a seamless seven day health service.

Commissioning intentions for 2016/17 include the following:

- Barnet CCG will produce a Primary Care Strategy that supports patient and out of hospital care, that builds on the direction of travel for primary care development and complements the London and NCL-wide strategic approaches for implementation during 2016/17.
- Barnet CCG will undertake a review of all Local Commissioned Services (LCS), and GP practices are therefore given 6 months' notice that the existing LCSs will cease from 31 March 2016. The review of the current LCSs will determine the options for future commissioning arrangements of these services and whether the CCG commissions one new LCS that supports the delivery, and management of long term conditions within primary care from 1 April 2016. A requirement of the new LCS will be for practices to sign up to information sharing agreements that promotes and supports integrated care across health and social care provision. The NHS Standard contract will be used as the contracting vehicle for the LCS.
- Barnet CCG will work with primary care providers to implement and deliver an equitable 7 day service in primary care that can be accessed in at least one of the CCG's Localities extended to other Localities in future years.
- Barnet CCG will support estates planning as part of its co-commissioning role with NHS England, including Primary Care Improvement funded projects that support the strategic direction of travel for further development of out of hospital care.
- Barnet CCG will support the development of all providers including Barnet GP Networks, to ensure there is a robust, sustainable market of providers within Barnet.

- Barnet CCG will actively contribute to the joint co-commissioning of primary care across NCL so that there are real benefits to delivering primary care at scale in Barnet while addressing local needs.
- Barnet CCG will define the education programme with Community Education Provider Networks (CEPN) to deliver multi-professional learning events that support the commissioning priorities of the CCG and development needs of the Barnet workforce, encouraging recruitment and retention of both GPs and practice nurses across the Barnet area.

8.3. Medicine Optimisation

What do we mean by Medicines Optimisation?

Barnet CCG's aspiration for medicines optimisation going forward into 2016/17 is to improve the quality of medicines management through evidenced based prescribing.

The new term 'Medicines Optimisation' is broadly defined as the approach by which the NHS optimises the use of medicines and ensures evidence based medication prescribing protocols based on shared decision making, informed consent, and the principle of 'do no harm' in all care settings. This is targeted at a multi professional approach inclusive of patients and carers. Self-care must be at the heart of the approach and decisions about medicines should be made jointly with patients.

What action will Barnet CCG take?

Barnet CCG aims to support effective medicines optimisation, helping people to get the most out of their medicines.

The medicines optimisation commissioning intentions and QIPP plans for 2016/17 build on existing work to drive improvements in quality and efficiency through effective medicines use. These include:

- 6 months' notice is given to RFL that Barnet CCG will reduce handling charges for certain groups of PbR exclusion drugs, such as the Anti-Tumour Necrosis Factor (TNF) drugs Adalimumab and Etanercept, to bring costs in line with the Barts Health NHS Trust charges of £50 per year. This will be an NCL CCG wide change.
- Barnet CCG will expect the RFL to monitor outpatient pharmacy waiting times on a three monthly basis and report back to the CCG on mean waiting times and the percentage of patients that had to wait one hour or above for their prescription to be dispensed.
- 6 months' notice is given to Moorfields Eye Hospital NHS Foundation Trust that Barnet CCG will agree a reduction to the overall cost of the medication and administration of anti-vascular endothelial growth factor (Anti-VEG) drugs. The current overall cost of this treatment is more than other local secondary care providers therefore costs will be aligned across NCL.
- Barnet CCG will reduce medication waste, promote cost effective evidence-based prescribing, and reduce the risks of Residential and Nursing Home residents experiencing medication adverse effects and possibly being admitted to hospital. To support this work the CCG will be recruiting an

additional Pharmacist to support the Barnet CCG's Medicine Management Team in 2015. Barnet CCG is working with the RFL on this initiative.

- 6 months' notice is given to all secondary care providers that Barnet CCG requires 30% of the intravenous anti-TNF drug infliximab to be the Biosimilar product.
- Barnet CCG with other NCL associate commissioners will review the treatment of wet macular degeneration (AMD) with a view to delivering the most cost effective treatment options for patients.
- Following the introduction of the Biosimilar Follitropin Alfa drug (Bemfola®), six months' notice is given to Guy's and St Thomas' NHS Foundation Trust of a 25% reduction in any costs associated with IVF treatment.

8.4. Planned Care and Cancer Care

What do we mean by Planned Care?

Planned Care can be defined as the provision of routine services with planned appointments or interventions within community settings such as GP surgeries, health centres and other community facilities. This term can also encompass routine surgical and medical interventions provided in a secondary care setting and in some instances long term conditions such as diabetes and musculoskeletal conditions. Simply put, planned care refers to those services and treatments which are not carried out in an emergency.

For Barnet residents, Planned Care is usually carried out by Barnet's community service provider CLCH or from secondary care providers, such as the RFL.

The CCG will focus on planned care by ensuring that member practices refer the right patients for a specialist opinion and/or treatment in an outpatients setting, based on clinical effectiveness protocols through the effective use of the Barnet Referral Management Service (RMS). This should result in a reduction to the number of hospital based outpatients appointments.

A key part of Barnet CCG's strategy is to manage and streamline activity through a single point of access into the system and the Barnet RMS is the central point through which referrals should be routed. This will ensure that:

- All agreed pathways have been followed prior to referral to acute trust
- All relevant diagnostics are attached
- The purpose of the referral is clear
- Any lack of clarity can be clarified with the referring GP in advance
- The patient is referred into the correct service according to their clinical need
- Patients are not required for unnecessary follow ups and can be seen and treated/diagnosed in one appointment where possible.
- Any sudden changes in referral activity can be identified early, and where appropriate, mitigating actions are put in place.

It is essential, and in the best interests of the patient, the provider and the commissioner, that this initiative is fully supported.

Barnet CCG will also be reviewing a number of clinical pathways to ensure that patients receive the right care in the right place at the right time. When the CCG is considering pathway transformation, it will take into account all components of the pathway to understand the impact of any potential service changes on other providers.

As part of the planned care agenda, Barnet CCG will need to work with providers on considering when it would be appropriate to spread local services over 7 days using existing resources. Nationally there is evidence that many patients are not discharged from hospital at weekends when they are clinically fit, because the supporting services are not available to facilitate it.

Barnet CCG is also working on optimising the use of Finchley Memorial Hospital (FMH) to ensure that the venue is utilised to its maximum capacity. Making more effective use of FMH is also a local driver along with tackling the cost pressure resulting from the current under-utilisation. It is intended that plans to progress advances to the venue will begin to take place in 2016/17, with patients benefitting from improved, accessible services in a community setting.

What action will Barnet CCG take in 2016/17?

- 6 months' notice is given to all NHS and private providers of Procedures of Limited Clinical Effectiveness (PoLCE) treatments that Barnet CCG and Enfield CCG will not fund any procedures undertaken without the relevant prior approval form. The current PoLCE policy, 2015-2016, outlines these procedures and HRG codes and is available as part of providers 2015/16 contract. This includes all procedures irrespective of the referrer. Applications for approval should be directed to either the Barnet RMS (Barnet Patients) or the Enfield Referral Service (Enfield Patients).

The consequence of non-compliance with the prior approval procedure will be the cost of the PoLCE treatment, plus the MFF; any associated new and follow up appointments; and prescribing costs. This will be validated by requesting the approval forms for a random number of PoLCE treatments each month. Any treatment carried out without the relevant prior approval, will not be funded, whether or not the criteria has been met.

- Notice is given to all NHS and private providers of PoLCE procedures that the NCL PoLCE Policy covering Barnet, Enfield, Haringey, Camden and Islington will undertake a rolling programme of content review and updates to ensure that it is up to date in terms of NICE guidance, best practice and evidence based medicine. One month's notice will be given to providers of any changes to any sections of the Policy.
- 6 months' notice is given to all providers that, with effect from 1st April 2016, all referrals listed below that are received by providers from Barnet GPs must have been assessed, triaged and prior approved by the Barnet RMS. An electronic stamp will be visible on each referral to indicate that this has happened. Where this is not present, the referral should be returned to the RMS for processing and prior approval.

The referrals that must be assessed, triaged and prior approved by the RMS are:

- Routine referrals to acute trusts
- Routine referrals to community interface services e.g.
 - Community Ophthalmology Service
 - Community ENT Service
 - Community Cardiology Service
 - Community Dermatology Service
 - Community MSK
 - Community COPD Service
 - Community Gynaecology Service
 - AQP Audiology Service
- Referrals for Direct Access Endoscopy
- Referrals for Direct Access MRI

Any referrals in these categories that do not have prior approval will not be paid for.

Referrals currently excluded are:

- Mental Health referrals
 - Referrals to the provider of community services, CLCH
 - Urgent Referrals
 - Suspected Cancer referrals (2 week waits)
 - Direct Access Diagnostics (excluding Endoscopy and MRI as stated above)
- New to follow up ratios will be inserted into 16/17 contracts in priority areas which will be identified following a review of 15/16 performance and benchmarking with peers to ensure effective services. Activity relating to these ratios will be removed from the 16/17 contract in April 16 and any excess activity over and above this will be managed by the provider with support from the commissioner.
 - 12 months' notice is given to UCLH, RFL, In Health Limited, Scrivens the Opticians and Hearing Group, Specsavers Healthcare Limited and The Outside Clinic that their service in relation to AQP Audiology is decommissioned with effect from 30th September 2016. A new service combining Adult Audiology, Wax Removal and Community ENT will be procured effective from that date.
 - 12 months' notice is given to UCLH, UCLH Community ENT Service and RFL and Barndoc Healthcare Ltd (Cricklewood Walk in Centre) that their service in relation to primary care/GP referred Ear Wax Removal is decommissioned with effect from 30th September 2016. A new service combining Adult Audiology, Wax Removal and Community ENT Service will be procured effective from that date.
 - 12 months' notice is given to UCLH Community ENT that their Community ENT service is decommissioned for Barnet patients with effect from 30th September 2016. A combined Adult Audiology, Wax Removal and Community ENT Service will be procured effective from that date.
 - Barnet CCG will undertake a review of the RFL Community Ophthalmology Service with a view to widening and enhancing the current service specification in order to carry out a procurement exercise.

- Barnet CCG is undertaking an end-to-end pathway review of Cardiology in 2015-16, which will result in a new updated service specification for the provision of a community cardiology service, including the provision of a new heart failure service. Procurement of a community cardiology service is to be commenced in 2016. A new acute cardiology specification is currently in development and will require contract variation to 15/16 and alignment to new procured service in 16/17.
- Barnet CCG will be undertaking an end-to-end pathway review of the Dermatology speciality in 2016-17, the outcome of which will be a revised new service specification for the provision of dermatology services provided within the community improving the quality of services and access in terms of waiting times. The service review will consider commissioning arrangements for the provision of a primary care tele-dermatology service as a means of supporting early identification of conditions that will support a reduction in secondary care outpatient appointments. Consideration will be given to procurement options and lead provider arrangements during 2016/17.
- Barnet CCG will be undertaking an end-to-end pathway review of the Musculoskeletal (MSK) speciality and a new service specification is expected to be available from April 2016. This will include;
 - Orthopaedics
 - Rheumatology
 - Physiotherapy
 - Pain management
 - Biomechanics as part of podiatry

Consideration will be given to procurement and lead provider arrangements during 2016/17.

- 6 months' notice is given that Barnet CCG will be extending the AQP contracts for the provision of the Termination of Pregnancy services for one year from 1st April 2016. The service will be reviewed and a re-procurement process will be undertaken. We would welcome interest from providers for the new service, which will start 1st April 2017. Barnet CCG is currently in discussion with NCL CCGs about whether this service should be provided following the AQP contracting approach. Current providers of the service are the British Pregnancy Advisory Service; Pregnancy Advisory Service (Frater Drive); Marie Stopes; RFL; St George's University Hospitals NHS Foundation Trust and Homerton University Hospital NHS Foundation Trust.
- Barnet CCG will work collaboratively with the RFL and CLCH to enhance the current community respiratory service to include a pathway for patients with Bronchiectasis. The outcome of this work will result in service specification changes to the current community service, provided by CLCH. Consideration will be given to lead provider arrangements.
- Barnet CCG is currently working with providers to further develop an integrated end to end diabetes service model based upon the NCL model. The new service will see the vast majority of diabetes patients of the most common conditions managed within an out of hospital setting. It will build upon allied health care disciplines providing intermediate services to bridge from primary care to in-hospital care. This transformational programme will

ensure that the system makes focused use of secondary care capacity and skills. NCL wide services specifications are currently under review by NCL local clinicians and formal procurement is expected in 2016/17.

- For 2016-17, at least 50% full year effect of current diabetes follow-up appointments will be followed up within a community multidisciplinary team setting with consultant supervision. Follow-up activity will be decommissioned in 2016/17 to reflect the shift of activity outside of a hospital setting.
- Any diagnostic undertaken at the request of a GP shall be reported back to the GP within five working days of the diagnostic being undertaken.
- Any diagnostic undertaken at the request of a GP in relation to a patient with suspected cancer shall be reported back to the GP within 24 hours of the diagnostic being undertaken.

Cancer Care

Cancer services will be commissioned in line with the requirements of NICE Improving Outcomes Guidance and NICE quality standards (QS), the London Model of Care for cancer services and the National Cancer Survivorship Initiative (NCSI).

Currently there are draft London wide cancer commissioning intentions in development, which will be ready to be published in October 2015.

8.5. Urgent Care

What do we mean by Urgent Care?

Urgent care services are those health services which patients use in an emergency or when they require urgent advice, support or care. This includes advice from the NHS 111 phone line, out-of-hour's services provided by local GPs, phoning 999 for the London Ambulance Service (LAS), the walk-in-centres (WiCs) at Edgware Community Hospital, Finchley Memorial Hospital and Cricklewood Health Centre and the Accident and Emergency departments (A&E) including the Urgent Care Centres (UCC) based at the RFL.

What action will Barnet CCG take in 2016/17?

Barnet CCG aims to support local people to receive the right care in the right place, at the right time. It is not always possible to plan healthcare in advance so when emergency or urgent treatment is needed, Barnet CCG is planning to make it simpler to access the services required.

The number of patients accessing urgent care services has increased across Barnet and neighbouring CCGs, and Barnet, Enfield and Haringey CCG will be working together, alongside local people and providers, to review local urgent care services to ensure that they are accessed appropriately and provide the right care to patients.

The need to review urgent care services locally has arisen from a number of changes in the local and national landscape. These include the changing needs of an ageing population, rising demand from a number of local regeneration developments, and changing expectations of patients as a result of a 24/7 culture.

National guidance outlines the need for urgent and emergency care services to be redesigned to integrate between A&E departments, GP out-of-hours services, Urgent Care Services, NHS 111, and ambulance services (Five Year Forward View, NHS England 2014). A local urgent care review has been undertaken in 2015, which will determine changes in 2016/17. The local review will look into developing:

- 8am-8pm provision of diagnostics, including weekends, at local WiCs to ensure equity of access and consistency of provision across all sites.
- Review and gap analysis of current services and walk in facilities to minimise emergency admissions.
- Turning a level of walk-in appointments currently provided in the WiCs at FMH and ECH into appointments that can be booked directly by GP practices.
- Reviewing mental health support availability in local urgent care services.

Specific commissioning intentions for urgent care are outlined below.

- Barnet CCG is working in collaboration with the five NCL CCGs on the procurement of an integrated NHS 111 and GP Out-of-Hours service and the new service is expected to go live in October 2016.
- As part of the local urgent care review, Barnet CCG will be considering the future commissioning arrangements of the Cricklewood Walk-in-Centre service, provided by Barndoc Healthcare Ltd. The CCG will work in collaboration with NHS England who have responsibility for contract arrangements of the GP practice, which is part of the integrated service provided by Barndoc Healthcare Ltd.
- 6 months' notice is given to RFL that Barnet CCG expects that a minimum of 50% of all A&E Activity is seen within the Urgent Care Centre and charged under urgent care centre national tariff during opening hours, resulting in less activity going through the A&E departments. UCCs are classed as Type 3 departments according to the PbR rules and as such will attract the Type 3 tariff.
- 6 months' notice is given to the RFL that the Post-Acute Enablement (PACE), Triage Rapid Elderly Assessment Team (TREAT) and Mental Health Liaison Service (MHLS, also known as RAID) services will not be commissioned from 1st April 2016. A review will be undertaken to redefine the most appropriate services and procure the provider most able to meet our requirements in these areas.

Barnet's System Resilience Group (SRG) formed in 2014/15 and has provided the opportunity for all parts of the local health and social care system to work closely together to develop strategies and plan safe and efficient services for the local population.

In 2016/17, Barnet System Resilience Group will continue to focus on:

- Developing and implementing demand and capacity plans in urgent and planned care;

- Initiating local changes to manage pressures and surge in demand across the local system;
- Building effective system working;
- Reviewing existing communication processes to ensure that patients and the public are aware of what services they can access in times of urgent need, as alternatives to A&E departments.
- Barnet CCG has evaluated the individual provider bidding process, moderated by the SRG, which took place in 2015/16 and resulted in advising it on additional services it might purchase to improve resilience in planned and unplanned care. Its intention in 2016/17 is proactively to invite suitable and capable providers and groups of providers to submit proposals for evidence based services for commissioning by Barnet CCG within its affordable envelope. This will be a more streamlined and purposeful approach, within which whole system interdependence will be support and demonstrated.

NCL System Resilience Groups will be forming an Urgent and Emergency Care Network, which will build on existing System Resilience Group work in the area. This will ensure a consistent approach to the delivery of services and formally link the community and hospital components of the urgent and emergency care system. They are a key recommendation of the national Urgent and Emergency Care Review Phase 1 Report and will be implemented in 2015 with work programmes going into 2016/17.

8.6. Adult Integrated Care

What do we mean by Integrated Care?

Integrated care is working to ensure that the people of Barnet receive targeted and more personalised care appropriate to their needs, as the result of systems that proactively work together to identify and support patients before a crisis.

The development of integrated care, alongside primary care, will enable the shifting activity from acute settings of care. Clear themes relating to integrated care include: self-help for supporting those patients managing more than one long term condition; proactive management of those most at risk of A&E admission in primary care; consistent models of integrated care focusing on patient access, empowerment, wellbeing and prevention, and admission avoidance schemes to reduce inappropriate admissions. Barnet CCG will review each 2015/16 contract for services for older people relating to multidisciplinary care in patient's own homes that link with primary, secondary, social and voluntary care sectors, and including access to Rapid Care, Triage Rapid Elderly Assessment Team (TREAT), Post-Acute Care Enablement (PACE) Service, Integrated Care Teams and the Barnet Integrated Locality Teams (BILT). Barnet CCG will act on the outcomes in year (2016/17) in order to deliver a further integrated service.

Barnet CCG will work with the LBB as lead commissioner on arrangements to extend the existing contract for integrated learning disability services with CLCH and BEHMHT by one year until February 2017. During this time a re-procurement options appraisal will be undertaken.

Integrated care includes services to both children and adults, the commissioning intentions for adults health care services are as follows.

What action will Barnet CCG take in 2016/17?

- Barnet CCG will be reviewing the current annual contract for learning disability specialist residential services, which is provided by the Hertfordshire Partnership University NHS Foundation Trust (HPFT), with a view to moving to a two year contract from April 2016 to allow patients to be repatriated to the community.
- Barnet CCG will work with the local health community to develop a strategy for increasing services and choice in end of life care in 2016/17. Barnet CCG will be giving notice in April 2016 to the North London Hospice, Marie Curie, and CLCH while considering future service development and re-procurement options.
- Early notice is given to CLCH and RFL that Barnet CCG will be decommissioning the Parkinson's Disease Service and the Neuro Rehab service in 2016/17 with a view to develop a single integrated pathway.
- Early notice is given that Barnet CCG will commence a formal procurement exercise from January 2016 for the procurement of an independent brokerage service to support the delivery of personal health budgets for patients accessing continuing healthcare. The current contract with MySupportBroker will be extended while procurement options are considered.
- Notice is given to CLCH that Barnet CCG will decommission the assessment element of the Wheelchair service and this service will be re-procured in 2016/17 as part of the wider North West London Collaborative. Notice will be given in line with procurement requirements. The new service is expected to start in June 2016.
- Barnet CCG gives notice to CLCH, provider of the Care Navigation service that it will be moving the resources aligned to this service to be delivered within Locality Teams from 1st April 2016.

8.7. Children and Maternity Care

What do we mean by Children and Maternity Care?

The standard definition of children and young people is those aged from 0 to 19 years, and up to 25 for those with a disability following health care criteria assessment. Within Barnet there are a number of services that manage and treat children's health and mental health conditions.

Maternity care covers a wide range of services that provide women and their partners with advice, support and care from preconception, during pregnancy (antenatal care), child birth and after care (postnatal care).

Context

Children's services are commissioned by a range of organisations, which include providers, the CCG, the LBB and NHS England. Current responsibilities are outlined below:

- Barnet CCG commissions community services such as therapies, continuing and complex care, maternity and acute services.
- NHS England commissions immunisation screening and specialist services such as those provided by Great Ormond Street Hospital.
- The LBB commissions public health services, health visiting, breast feeding support, oral health, school nursing and the National Child Measure Programme, collectively this is the 0 to 19 Healthy Child Programme.

Barnet CCG and the LBB work in partnership with local families to integrate services, and to ensure safe and seamless services for families in Barnet. Barnet CCG is currently reviewing children's services to better understand where existing service strands can be aligned for efficiency. Barnet CCG sits on the Barnet Safeguarding Children Board, a multi-agency group that exists to ensure and promote the safety and wellbeing of children and young people in the area. The CCG recognises and supports the priorities of the Safeguarding Children Board including Female Genital Mutilation (FGM) and plays a role in ensuring that these issues are supported across health partners.

The key themes and challenges facing children's services in 2015/16 are:

- Building and maintaining a sufficient and skilled workforce;
- An increase in the local child population; and
- The need for a systematic approach to delivering services, including integrated information sharing across the local system.

The CCG wishes to review the reasons for children's unplanned visits to A&E and resultant admissions and to develop an integrated care pathway for the most common reasons for attendances. It is intended that this work will inform the wider work being undertaken to review local emergency and urgent care services.

Another area of focus will be on implementing the Children and Family Act 2014 (inclusive of Special Educational Needs and Disabilities, SEND), which involves transforming children's health services to provide personalised care for the most complex children and young people. This will include personal budgets and integrated services. As part of this work, we are also working with the LBB to consider the benefits of integrating children's 0-25 services with the CCG's Children Complex and Continuing Care service provided by CLCH. This will also include working with NHS England as necessary on pathways for life limiting conditions. The outcome of this work may result in a new service specification in 2016/17, with new commissioning and contract arrangements for implementation in 2017/18.

In addition the CCG will be working closely with partners on developing local transformation plans to support improvement in Children and Young people's Mental Health and Wellbeing over the next five years. These plans are due for submission to NHSE in October 2015. This work will reflect the key priorities identified by the

NHS and DOH Taskforce review '*Future in Mind*', which establishes a clear direction and key principles about how to make it easier for children and young people to access high quality mental health services when they need it. Additional funding will be available to support this plan and the key priorities are outlined below:

- Building capacity in the system;
- Roll-out of Children and Young People's IAPT programmes;
- Developing evidence based community Eating Disorder services for children and young people;
- Improve perinatal care;
- Bringing education and local children and young people's mental health services together around the needs of the individual child through joint mental health training programme (testing this over 15 CCGS).

Barnet CCG will also focus on strengthening transition planning, to ensure that clear pathways are outlined for children who require transfer to adult services, for example in relation to an acute episode or for children with physical, emotional and/or learning difficulties.

Following the publication in November 2015 of the Obesity National Strategy, the CCG will review national requirements with a view to implementing an appropriate procurement strategy in 2016-17.

What action will Barnet CCG take in 2016/17?

Maternity

- Trusts delivering maternity services are required to submit data on time to enable completion of the NCL dashboard. Any dashboard indicators showing amber or above for three consecutive months will be required to have a remedial action plan setting out how services will be improved within timescales agreed by Barnet CCG.
- Barnet CCG and the maternity sector lead will work with NHS England to ensure that new immunisation requirements are embedded in all relevant provider practice, for example baby BCG.
- A London-wide service specification has been developed by the Maternity Strategic Clinical Network during 2015-16. This has been consulted on by commissioners and providers from across London and will be implemented within the 2016-17 contract. NHS England and Monitor have recently published the proposed 2016-17 Tariff which proposes to update the case mix assumptions for the antenatal phase of maternity pathway. This is intended to ensure that Trusts are reimbursed for the additional care provided to those women allocated to the intermediate and intensive aspects of the antenatal phase. The Trusts will be expected to work with CCGs in the sector through the maternity network to ensure that the clinical pathways for these women are appropriate, meet best practice guidelines (e.g. NICE, RCOG) and offer value for money.
- Whilst NHS England commissions antenatal new born screening, Barnet CCG requires:

- All maternity units to have a dedicated screening coordinator and deputy to oversee all programmes to ensure robust coordination of ANNB screening.
- Maternity IT systems to provide ANNB screening programmes cohort data.
- Maternity units to ensure Safe Transfer of Women (STOW) processes are in place and are being audited.
- All maternity services to action the National Diabetic Eye Screening (DES) service specification.
- During 2016-17 NCL CCGs intend to commission specialist community perinatal mental health services as recommended within best practice guidance. By April 2016 a preferred model of care will have been developed in conjunction with local providers and a service specification developed. In preparation for this service development providers of maternity services will have identified obstetric and midwifery leads for perinatal mental health that have time identified within their work plan to undertake this work. The maternity pathway tariff includes additional funding for women with mental health needs.

Children's Services

- Barnet CCG will work with the LBB in 2015/16 to consider the benefits of the integrated provision of the CLCH children's OT/Physiotherapy and orthotics services with social care and education.
- Current work on the enuresis pathway will result in a new pathway and service specification with the procurement of this service being undertaken in 2016/17.
- Following a recent review of the Children's Paediatric Eye (Orthoptic) services provided by CLCH and the RFL, Barnet CCG will be undertaking a process for a consolidated service with CLCH in 2016. Notice is given that that service provided by the RFL will be decommissioned in 2016.
- Barnet CCG is undertaking an end to end pathway redesign, collaboratively across NCL, of the existing CAMHS services during 2015/16. This could result in the decommissioning of the current service, with a re-procurement process being undertaken in 2016/17.
- Barnet CCG will procure a CAMHS out-of-hour's service in 2016/17, which may involve working with NCL boroughs on a co-ordinated response.
- Barnet CCG is working with young people across the borough to scope what an accessible drop in service for CAMHS and linked services could look like with a view to developing a service specification – such as a SMS text based service feedback survey within 30 minutes of an appointment with CAMHS services
- Barnet CCG is working to explore the potential use of technology to deliver services in response to feedback from young people and public engagement
- Barnet CCG expects all providers to work with the CCG and other relevant providers to ensure a transition plan is agreed with the child and their families/carers from the age of 14 years, working towards adult services and independence where possible.

Improving the new mental health data and IT infrastructure

Good data is essential to improve services and ensure that they are working for people in the way they need to. Robust service planning needs good quality information to succeed. The local health system is reliant on access to data from providers that demonstrates how effective they are being in meeting local needs and meeting national standards of care. This data needs to be of high quality and needs to show both outputs, the things providers actually do for people and how this affects those people, their health outcomes.

NHS England is developing a combined data set covering both the Mental Health and Learning Disabilities Data Set (MHLDDS) v1.1 and CAMHS v2.0, forming the new Mental Health Services Data Set (MHSDS), across the whole of CAMHS. This new data set will include the specifications for specialist providers to use to measure referral to treatment pathway activity and outcomes for the assessment and treatment of children and young people. The Information Standards Notice which mandates the NHS and system suppliers to make the relevant changes was published on 16 July 2015. Providers are mandated to begin collecting the relevant data no later than 1 January 2016 and we will be ensuring these data set and system changes are in place by then.

8.8. Adult Mental Health Care

What do we mean by Mental Health Care?

Mental health is about physical, emotional and social wellbeing. Themes relating to integrated care covering mental health include: the opportunity to scale up integrated services across NCL; outcomes based commissioning to prioritise those people with the most acute need and who also account for the majority of costs; consistent models of care for mental health that deliver consistently high quality care across NCL and productivity opportunities.

Barnet CCG has been undertaking a programme of work called 'Reimagining Mental Health' in collaboration with the LBB in 2015/16. Reimagining Mental Health encompasses a range of directions to improve the outcomes for people with mental health needs. Within constraints, there is opportunity to review the range and breadth of current services to find new ways of maximising delivery of good mental health support. The programme so far has provided organisations, individuals and the wider community the opportunity to take part in the early co-production of the high level principles governing the approach through workshop-style collaboration. The Reimagining Mental Health work could result in the decommissioning of some existing adult mental health services and the procurement of new services in 2015/16 and 2016/17, with an aim to reduce avoidable admissions to acute services. Barnet CCG anticipates strong engagement of the voluntary sector and potentially a lead provider model that may be voluntary sector led.

Barnet CCG will continue the work with Enfield and Haringey CCGs on the implementation of the Mental Health Crisis Care Concordat plan. The Mental Health Crisis Care Concordat is a national agreement between services, commissioners and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a

section on prevention and intervention. The Concordat builds on and does not replace existing guidance and current service provision will continue while the plan is being implemented.

Barnet CCG will also develop a new Autism diagnostic pathway in line with national guidelines. This will align with other pathways, including the Attention Deficit and Hyperactivity Disorder pathway, and a procurement options appraisal will be undertaken.

What action will Barnet CCG take in 2016/17?

- Recovery Houses support people who leave acute inpatient care in a mental health hospital to access support for a short time to help with re-entering the community. The service in Barnet at Elysian House is commissioned from Rethink Mental Illness across Barnet, Enfield and Haringey. The current provision provides good quality support, but many people stay longer than the commissioned service was designed for. Barnet CCG will work with Enfield and Haringey CCGs to review the Recovery House provision with a view to improving discharge pathways by April 2017. The outcome of this review will be enhanced service specifications and the re-commissioning of some services following a process of procurement. This could mean that some services may be subject to decommissioning prior to retendering and will be subject to contractual notice sufficient to allow the re-commissioning the service without gaps in provision.
- Mental Health Liaison Services (MHLS also known as RAID) provide mental health consultation and advice to people in A&E and on physical health care wards in acute hospitals. Barnet CCG will work with Enfield and Haringey CCGs to review the MHLS provision to make better use of resources. Following this review the service will be procured from providers able to meet the needs of commissioners and service users, and will no longer be sub-contracted by the RFL.
- Barnet CCG will work to support BEHMHT to review and redesign Springwell Day Hospital, which supports the healthcare needs of older people's mental health. This will result in an updated service specification for the service in 2016/17.
- Barnet CCG is supporting BEHMHT to undertake a review of the patients on Ken Porter Ward, which is a 27 bedded hospital inpatient facility, and will be considering the needs of the patients on the ward. It has been clear that although the provision meets quality standards, there has been a system-wide need to review hospital inpatient bedded healthcare since the Winterbourne View findings that highlighted poor outcomes in long-term inpatient bedded health care for people who do not require physical nursing care. The review will look at the needs of individual patients, including their social care and physical healthcare needs, and whether the current provision will meet their individual needs in the future. This will include an updated service specification and re-procurement options in 2016/17.
- The Personality Disorder service is a two year programme for 12 patients offering specialist Mentalisation Behaviour Therapy. 6 months' notice is given to BEHMHT that Barnet CCG will be decommissioning the Personality

Disorder service in 2016/17 and will be undertaking a re-procurement process for this service.

9. Enablers

9.1. Co-design with public and partners

Barnet CCG will work in partnership with local organisations and local people to meet the following objectives:

- To improve the health and wellbeing of the population of Barnet by commissioning new and improved collaborative pathways of care which address the health needs of the Barnet population;
- To ensure that Barnet residents are put at the centre of the CCG's decision-making process and are able to influence commissioning decisions and the design of local health services;
- To commission high quality, responsive services working in partnership with the patient public to make best use of the available resources.

We will work closely with Healthwatch Barnet, the independent organisation responsible for representing the views of local residents with community Barnet and the voluntary sector and the Partnership Boards and networks at Barnet Council.

In relation to involving people, our commitments are:

- To involve the public early in our decision making about commissioning new services and re-designing existing ones
- To listen to what people tell us and ensure so far as is possible that public views are acted upon
- To feed back what we have done to take account of patients' views, and where we have not made any changes to explain why.
- Make sure that the organisations we commission services from have effective public engagement and systems in place to gather patient views and patient experience information
- Make sure that everyone who works with us will share our views about the importance of involving the public.

9.2. Ensure the quality of services

Clinical quality is defined by three elements; patient safety, clinical effectiveness and patient experience. Issues with clinical quality were exposed by reviews such as 'The Mid Staffordshire NHS Foundation Trust Public Inquiry' in 2013. The service delivery described in this report has led to the development of processes to effectively measure clinical quality as part of the contract management process applied to all healthcare providers through monthly Clinical Quality Review Groups (CQRGs).

Since the creation of this mechanism, it has been constantly evolving through review and reflection by the provider and commissioning organisations to monitor the three elements. Currently, Barnet CCG is reviewing and updating its Clinical Quality Strategy, to be finalised in the autumn 2015, which will define the organisation's processes to develop quality over the next three years. The process of strategic

definition will be collaborative and will include the local health providers and patients groups. The aims are to reference the organisation's own strategies, and where appropriate, to align the CCG's strategies to these and also to give patient groups and providers an opportunity to feed into the CCG's strategy.

In addition to the development of the strategy, three areas of quality are included in the 2016/17 Commissioning Intentions which address patient safety, clinical effectiveness and patient experience (inclusive of dementia friendly hospitals):

9.2.1. NHS Serious Incidents Framework

Patient safety is inherent to clinical quality and the serious incident framework is vital to its management. It was reissued in April 2015 and its impact will be monitored and managed throughout the financial year 2015/16. During this time, the CCG aims to work collaboratively with providers to ensure that the SI framework is embedded and that providers are adhering to the policy.

In 2015/16 and 2016/17 the CCG will address any deficiencies in serious incident reporting that have been impacted by the adoption of the new framework and will develop Key Performance Indicators (KPIs) to monitor these. This will ensure that there are no gaps in serious incident monitoring, and therefore patient safety, as a result of the changes to the policy.

9.2.2. NICE technology appraisals

One measure of clinical effectiveness is through the National Institute for Health and Care Excellence (NICE) technology appraisals which 'assess the clinical and cost effectiveness of health technologies, such as new pharmaceutical and biopharmaceutical products, to ensure that all NHS patients have equitable access to the most clinically and cost-effective treatments that are available.

Regulations require clinical commissioning groups, NHS England and local authorities to comply with recommendations in a technology appraisal within 3 three months of its date of publication'.

The CSU will continue to work with the CCG and providers to ensure that providers evidence their compliance with and implementation of NICE directives through the CQRGs, to fully develop the review of these new technologies in the individual healthcare settings and ensure these are visible to all parties.

9.2.3. Patient stories and patient involvement

This will be an area of strategic development for the CCG and healthcare providers. The CCG requests that, where programmes of patient stories have not been developed, these are added to providers existing patient experience methodologies in 2016/17 and report on the progress of this will be through the CQRG.

For providers that have developed patient experience programmes, the CCG asks that the provider works collaboratively to share and learn their stories through the patient involvement teams so that organisations can gain further understanding of the views of the Barnet population.

We would also request that organisations utilise patient surveys to ensure that patient experience and patient reported outcomes can be measured when undertaking service review or improvement projects. Service reviews may address

areas of review or concern highlighted through any route including contractual, clinical quality and patient or carer concerns. These should be both responsive to patient experience and effective in ensuring patient safety and clinical effectiveness.

9.3. Innovate with technology

Barnet CCG's Information Management and Technology (IM&T) vision is "to better exploit information and technology; both within the CCG and across the whole of health and social care".

9.3.1. Key components of Barnet's IM&T vision are:

- Ensuring access to the right information, in the right place at the right time;
- Use of technology and information to drive towards paperless working across the entire health and social care sector;
- Use of technology to support patient access, patient choice and reduce health inequalities;
- Harness technology and information to improve and reduce health inequalities;
- Development of a digital healthcare environment that supports and enables the integrated care model;
- Mandatory use of the NHS number as a primary identifier in all settings when information sharing;
- Implement protocols to facilitate information sharing across health and social care settings;
- Optimise the use of IM&T to streamline sharing of patient records, processes and procedures in order to improve patient outcomes.

9.3.2. Nine delivery themes of the Barnet IM&T Strategy:

- **IT Management and Governance** – development of IMT integrated governance structures/IT portfolio management structure;
- **Information Governance and Security** – Review of current Information governance and review of CCG's "Safe Haven Status";
- **Service management** – Appointment of the CCG IM&T Strategy Coordinator to oversee strategy implementation, establish local service management regime and KPIs and undertaking the review of current IT Service provision;
- **Infrastructure** – Complete infrastructure review
- **Information and knowledge Management** – Develop information management strategy
- **Digital by 2018** – Leverage existing investments in Docman EDI hub and work with providers to develop a joint plan to become paperless, including strategy for funding
- **Shared Care Records** – work with LBB to evaluate options for shared care records and aligning IG arrangements to support sharing of information across care pathways
- **Patient Access and Enablement** – Increase digital access for patients
- **Referral management** – Development of the e-Referral Strategy and implementation of the e-referral solution

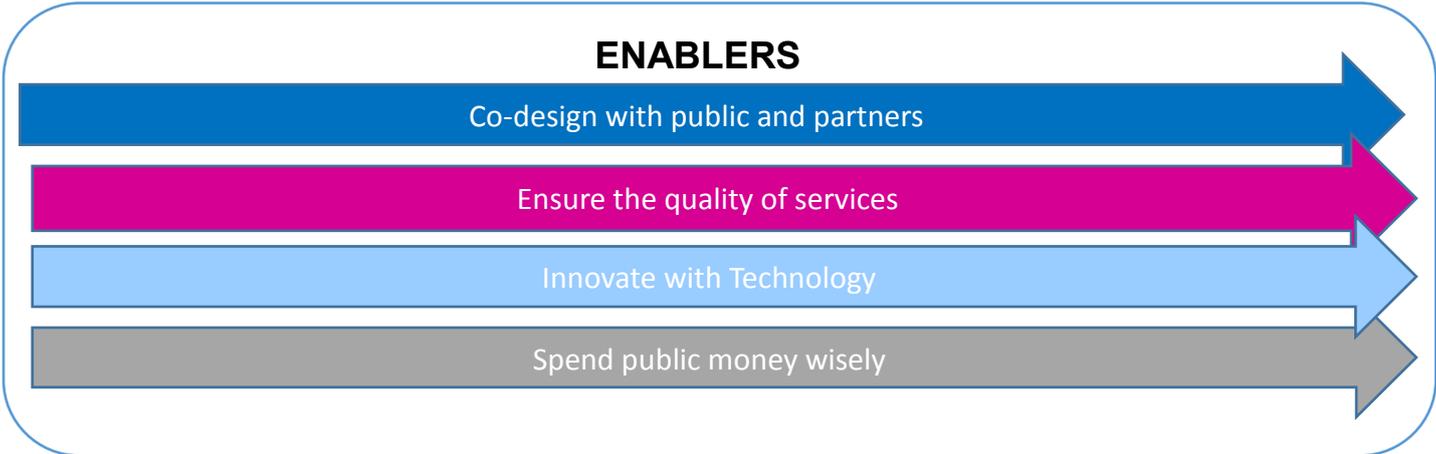
9.3.3. IM&T Priority Priorities for 2016/17

- Complete Infrastructure review and Information governance needs
- Conduct a review of IT Service provision and re-tender of contracts, where they are in place
- Develop an infrastructure improvement programme and full implementation of mobile working
- Enable service delivery in additional care settings;
- Development of the Information Management Strategy and work with providers to develop a joint plan to become paperless, including strategy for funding
- Leverage funding solution to support GP IT (EMIS MIG and SCR)
- Develop a traffic light system on quality indicators for GP practices for use in 2016-2017
- Continue to develop and embed referral forms in EMIS directly linked to either RMS or to the provider
- Develop a plan for use of EMIS by GPs in care homes, by using laptops
- Produce a comprehensive online directory of all services available to patients that can be referred to by GPs, with a PC and phone app, with the ability to refer direct from the app.
- Develop a Pan CCG Patient Access Strategy and Communications Plan; and
- Develop e-Referral Strategy and commence the implementation of National e-Referral Solution

10. Appendices

10.1. Appendix 1: Barnet CCG's Vision and Enablers

VISION
Working with local people to develop seamless, accessible care for a healthier Barnet.



10.2. Appendix 2: Overview of draft QIPP Schemes 2016/17 – 2018/19

Area	Scheme Name	15-16	16-17	17-18	18-19
		Planned '£000s	Draft Plan '£000s	Draft Plan '£000s	Draft Plan '£000s
Children, Young People and Maternity		-	-	-	-
Extended Primary Care Services		-	-	-	-
Quality Premium		-	-	-	-
<i>Community Health Services</i>	Community Services Efficiencies	£795	£750	£750	£750
	Continuing Healthcare	£745	£500	£500	£500
	Decommissioning Stand Alone Services	£175	-	-	-
Community Health Service		£1,715	£1,250	£1,250	£1,250
<i>Corporate</i>	Estates	£1,500	-	£500	£500
	CCG Running Costs				
Corporate		£1,500	-	£500	£500
<i>Elective Care</i>	Contract Metrics	£4,830	-	-	-
	Demand Management - Outpatients (inc direct access and MRI)	£3,480	£700	-	-
	Pathway Redesign	-	£3,000	£3,000	£3,000
	Prescribing Medicines Management (Acute)	£224	£500	£500	£500
	Prescribing Primary Care	£1,140	£750	£750	£750
	Regular and Frequent Flyers	-	-	-	-
Elective Care		£9,674	£4,950	£4,250	£4,250
<i>Emergency and Urgent Care</i>	Ambulatory Care	£523	£500	-	-
	Barnet Hospital Urgent Care Centre - Tariff and	-	-	-	-
	Hampstead Urgent Care Centre - Tariff and	-	-	-	-
	Regular and Frequent Flyers	-	-	-	-
Emergency and Urgent Care		£523	£500	-	-
<i>Integrated Care</i>	Integrated Care - Managing Crisis Better (Better Care Fund)	£1,098	£3,000	£3,000	£3,000
	Integrated Care - Mental Health	-	£600	£600	£600
Integrated Care		£1,098	£3,600	£3,600	£3,600
<i>Mental Health and Learning Disabilities</i>	CAMHS	-	-	-	-
	LD\MH CHC High Cost Placements	£200	-	-	-
	Mental Health Transformation	-	-	-	-
Mental Health and Learning Disabilities		£200	-	-	-
<i>Reprovision</i>	Reprovision	-£66	-£800	-£600	-£600
Subtotal of Current QIPP Ideas		£14,644	£9,500	£9,000	£9,000
QIPP GAP (QIPP Schemes to quantified)		-	£5,100	£5,900	£6,400
QIPP PLANNING REQUIREMENT		£14,644	£14,600	£14,900	£15,400

10.3 Appendix 3: 2016/17 Draft QIPP Profile and Themes

Workstream	Main Aims	Key Areas of Focus	Expected Outcomes
1. Planned Care	To review expenditure on elective care (outpatients, day cases and elective inpatients)	Data quality (cost of pathways)	Fewer acute new/ follow-up outpatient attendances/ elective admissions per head of population
	To determine short, medium and longer term QIPP schemes to deliver savings	Treatment in the 'right place'	Reduced overall cost of delivering acute elective activity across the system
	To provide the most productive quality service within the funding available.	Referral Management & clinical thresholds	Delivery of Efficiencies
	Health and Lifestyle Promotion	Use of single provider for specific elective work	Appropriate management of hernias, haemorrhoids, cataracts, bunions and pathways leading to hysterectomies.
		Discharge planning	Weight Management Service
2. Mental Health Care	To develop an integrated physical/mental health approach to patient care which will focus on improved patient outcomes, experience and whole system savings	Data quality and Service Line Reporting	Delivery of a sustainable mental health service
	To increase partnership working with local authority commissioners, housing providers, the voluntary sector, community services and primary care	What can be learnt from cost effective models in use elsewhere	Delivery of efficiencies
	To continue to address the current health and access inequalities experienced by our patients	Place of care (community vs inpatient)	Improved integration/ alignment between physical and mental health care and clinical outcomes
	Collaborate with current Mental Health service providers and make sure system is resilient.	Opportunities for greater use of voluntary sector and community resources to support patients	Improved patient satisfaction of service delivery
		Impact of mental health on physical health and vice versa.	Equality of Access CCG-wide

Workstream	Main Aims	Key Areas of Focus	Expected Outcomes
3. Urgent Care	To review expenditure on urgent care	Delayed transfers of care Ÿ	Reduced delayed transfers of care
	A&E and non-elective admissions	Treatment in the 'right place'	Decrease in inappropriate use of A&E/ increase in number of patients treated in 'right' location
	To determine short, medium and longer term QIPP schemes to deliver savings	Front end A&E model. Explore GP presence at A&E.	Greater coordination between services
	To provide the most productive quality service within the funding available.	Urgent Care Centres: Service and Tariff harmonisation	Right PbR Tariff for each Emergency Department Type
		Links between GPs & ambulance service	Delivery of efficiencies
		Single points of access for patients and professionals	
4. Integrated Care (Incl Frail Elderly and Vulnerable Adults)	To improve outcomes and patients' experiences of older people services	Unplanned acute hospital care for older people	To drive improvement in quality and outcomes by:
	For older people's services to be organised around the needs of the patient	Improved community health services for older people & adults	Ensuring people have an excellent & equitable experience of care and support, with care organised around the patient
	To make sure older patients have the right support to stay healthy, to maintain their independence and receive care in their home or local community whenever possible with hospitalisation as a last resort	Older People Mental Health Services Enhanced primary care, voluntary sector input	Treating and caring for people in safe environment and protecting them from avoidable harm
	Manage frail elderly crisis better		Developing an organisational culture of joined-up working , patient-centred care, empowered staff and effective information sharing
	Deliver Better Care Fund Ambitions (the Intergrated Care Programme aligns with BCF)		Early intervention to promote health, well-being and independence
			Long term recovery and sustainability of health Care and support for people at the end of their lives.

Workstream	Main Aims	Key Areas of Focus	Expected Outcomes
5. Children & Maternity	To review and redesign children and maternity services across Barnet	Maternity and newborn	Increased integration with London Borough of Barnet services
	To develop a new service models	Acute care, especially A&E attendances	Increased integration across the pathway (primary care to acute)
	To determine how to implement new services to fit the agreed model	Long term conditions and Complex Continuing Care	Reduction in hospital attendances and admissions
		Caesaereans without medical grounds	Increase in community based service delivery
			Reduced caesaereans without medical grounds