

Central London Community Healthcare NHS Trust

Programme Area	Services	Commissioning Intention
Long Term Conditions	Cardiology - End to End Pathway	Implementing an End-to-End Cardiology pathway that includes a community-based heart functioning improvement service, which went live on the 6th June 2016.
Long Term Conditions	MSK - procure new pathway model	The Right Care Value pack has identified Barnet as an outlier, a review of the pathway is currently underway and it is anticipated that a new model of care will be procured.
Long Term Conditions	Neurology	The CCG seeks to develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. Thus ensuring that NHS resources are directed towards investing in quality and not paying for the costs of failure, as has happened in the past. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice
Integrated Care	Discharge to Assess	The objective will be to ensure the onward care of a patient is prioritised by moving patients out of an acute bed, and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process
Integrated Care	Frailty Pathway	Development of Frailty pathway including review of Rapid Response services and locality based Integrated Teams

Programme Area	Services	Commissioning Intention
Integrated Care	Stroke Services	NCL-wide review of the end to end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.
Integrated Care	Tissue Viability	A review of the current pathway as identified a number gaps in primary care provision. 1. New model will support the delivery of care in a community setting. 2. Enable the reduction of unscheduled attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care
Children and young People	Integrated S<, Occupational Therapy and Physiotherapy and Orthotic service re-commissioning	Decommission three existing services across two providers. Complete a review and re-specify to ensure sustainability within resources, a revised Children's community therapies specification jointly commissioned via a pooled budget between the CCG and London Borough of Barnet
Children and young People	Orthoptics	Move to an integrated service model. On hold. Decommission CLCH and Royal Free. Re-specify and procure during 2017/18
Children and young People	Transition (children and young people services)	All providers to implement the NICE quality standards for transition to adult services.
Children and young People	Child Safe House model	To explore options for reconfiguring existing services across providers to support the development of a child safe house in NCL if the model is progressed

Programme Area	Services	Commissioning Intention
Children and young People	Looked After Children	Decommission associated CLCH services and re-specify and procure an integrated service that improves the pathway between Initial Health Assessment (IHA) and Review Health Assessments (RHA).
All Areas	All Services	Enablement of Care Integrated Digital Records (CIDR) services across all local health and social care providers. This includes the continual evolution of data sharing for clinical and social care information - access to data at the point of care (part of Five Year Forward View - Digital by 2020) All Providers will need to be able to share patient records digitally (their IT systems will have open API capabilities enabled)
Unplanned care	Walk-In Centre	Review of the Walk-in Centre service commissioning arrangements as part of the wider urgent care review and the Finchley Memorial Hospital development to enhance primary care service
Primary Care	Provision of 7 day 8-8 services out of hours	Commission the Barnet GP Federation to provide additional appointments both bookable and urgent from 6.30-8.00pm Monday to Friday and 12 hours per day on Saturday and Sundays in the three Barnet Localities
Primary Care	Commission a new Local Commission Service	Commission one universal local commissioned service from Barnet GP practices/service provider(s) that supports the requirements of the Transforming Primary Care - SCF and health needs of the Barnet population
Primary Care	Future commissioning of existing Local Commissioned Services from GP Practices	Consider decommissioning the following LCSs from Barnet GPs: Anti-coagulation, End of Life Care, Looked After Children, homeless, methotrexate and medicines management. Conditional on reprovision of services as part of a universal LCS