

	<p align="center">Health and Wellbeing Board</p> <p align="center">9 March 2017</p>
Title	Care Closer to Home
Report of	Director of Commissioning Barnet CCG
Wards	All
Date added to the forward plan	September 2016
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – 2017/18 outline work programme
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<p>Summary</p>
<p>Barnet Health and Social Care commissioners are looking at different ways that services could be provided in the future. In line with the aspirations already set out in the Barnet Better Care Fund plan, and the Integration Concordat, NHS Barnet CCG aims to shift the balance from the current situation where most funding goes into hospital services to a greater emphasis on care provided by out of hospital service providers. There will also be a much greater focus on preventing the public from getting ill or not becoming more unwell if they have a long-term condition, such as diabetes. This means care will be tailored to individual needs as well as bringing it closer to where people live. To achieve this, it will require existing practitioners such as doctors, community nurses, therapists to work in multi-disciplinary teams alongside new dynamic managed-care skills based roles delivering services closer to people's homes, preventing people travelling any further than necessary to receive the necessary care. We are calling this Care Closer to Home (CC2H), and it forms a key workstream of the North Central London STP (NCL STP).</p> <p>The purpose of the report to the Health and Wellbeing Board is to:</p> <ul style="list-style-type: none"> • Outline the rationale to implement care closer to home, which will cover all age groups • Provide an outline of the planned programme of work for care closer to home for 2017/18

- Provide an opportunity to comment / discuss the outlined approach.

Recommendations

- 1. That the Health and Wellbeing Board notes and comments on the plans to implement Care Closer to Home.**
- 2. That the Health and Wellbeing Board endorses a shared approach between health and social care commissioners and providers to implement Care Closer to Home.**

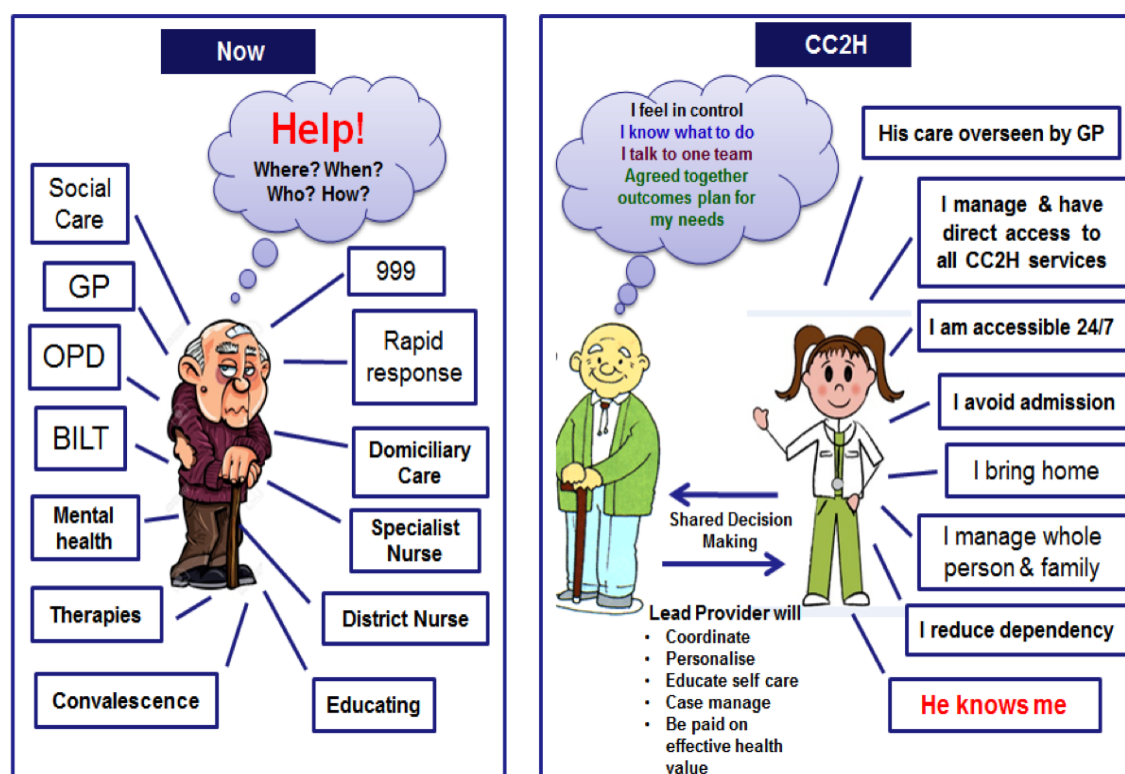
1. WHY THIS REPORT IS NEEDED

- 1.1 The sustainability of the current model of health and social care is now being questioned, prompting unprecedented ambitions of productivity aligned to the development of transformational, whole-system plans designed to create a sustainable health and social care system. This challenge for Barnet Health and Social Care is encapsulated in the North Central London (NCL) Sustainability and Transformation Plan (STP).
- 1.2 The scope of STPs is broad. Initial guidance from NHS England and other national NHS bodies set out around 60 questions for local leaders to consider in their plans, covering three headline issues: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Health and Care system leaders (Health commissioners, local authorities and NHS providers) were asked to identify the key priorities needed for their local area to meet these challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with Local Authority services including social care. They also needed to be long term, covering October 2016 to March 2021.
- 1.3 Central to these sustainability plans is the need to radically change, enhance and provide care closer to home (CC2H). CC2H builds on the delivery of the borough's Health & Social Care Integration (HSCI) aspirations for Tiers 1-4 of Barnet's Better Care Fund service model: Developing greater self-management (Tier 1), promoting health and wellbeing and building the capacity of individuals and communities (Tier 2), 'No Wrong Door' approach to access services (Tier 3), investing in community intensive support (Tier 4).
- 1.4 Developing this approach of working and commissioning of services will lead to a step change in levels of self-care, earlier intervention supported by risk stratification and population segmentation and enhanced access to integrated services, particularly for the frail, those with long term conditions and those with mental ill-health. For residents, this will mean:
 - Positive change
 - A reduction of complexity of services
 - Giving control and strengthening capacity to care for ourselves and each other. Delivering quality care values that the public believe in

- Care and treatment will be accessible closer to home and in the most appropriate primary care and community setting
 - Reduce need to visit A&E due to alternatives available locally
 - Greater understanding of which health service to use and when, due to clear signposting and easier access
 - Multidisciplinary teams for people with complex needs, including social care, mental health and other services
 - Support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions
 - Creating services that offer an alternative to hospital stay
 - Building an infrastructure to support the model based on these components including,
 - Using outcome measures to incentivise and pay for services.
 - Develop new capabilities for existing resources and harness the power of the wider community.
- 1.5 The Better Care Fund plans include details of the jointly commissioned NHS community services and social care services to reduce the risk of individuals entering the health and social care system through a non-elective admission. The alignment with the CC2H model is evident: self-care, earlier intervention supported by risk stratification; and enhanced access to integrated services, particularly for the frail, those with long term conditions.
- 1.6 CC2H allows the borough to fulfil aspirations of the Joint Health and Wellbeing Strategy (2015 – 2020). In particular, the Care When Needed theme of the Strategy has integrating health and social care as a priority and details that programmes will be develop teams across primary and community health and social care to support people with complex long term conditions. This commitment has been met through the development of BILT as a borough wide service, supported by the use of the risk stratification tool and rapid care. In November 2016, the Health and Wellbeing Board refined the focus for the second year of the strategy's delivery which included Care Closer to Home as a priority.
- 1.7 The CC2H approach requires locality-based teams that are grouped around primary care and natural geographies, offering 24/7 services as standard, and complemented by highly flexible and responsive community and social care services. CC2H is used to extend a strengths based practice model into NHS primary and community care services. This would enable a fundamental shift from a 'treatment' model of care to co-production with patients.
- 1.8 CC2H is an emerging commitment and the joint governance of its delivery is still being developed to align with BCF and STP governance and will include roles for the Joint Commissioning Executive Group and the Health and Wellbeing Board.

Figure 1:

What a Care Closer to Home commitment will feel like for the public



1.9 In Barnet, the NHS and local authority will develop a series of care closer to home service initiatives and developments. To enable progress a joint approach to the following transformational steps will be developed.

- A shared strategic approach
- The alignment and combination of budgets
- Rethinking and redesigning the commissioning of acute primary, community, mental health, voluntary and social care services
- Implement care models/pathways at scale through a lead provider contracted approach to include access to specialist support and diagnostics
- Creating a strong integrated care platform linked to measureable outcomes (reporting and payment)
- Implementation of affordable and evidence based new technology.

2. REASONS FOR RECOMMENDATIONS

2.1 The purpose of the paper is to provide the Health and Wellbeing Board with the opportunity to comment on the plans to implement services closer to home. The paper:

- Outlines the rationale to implement care closer to home.
- Seek support regarding the transformational steps required.
- Outlines the immediate transformation and developments in 2017/18 across key themes so care close to home can be a reality.

- Describes the planned management approach to implement the care closer to home initiatives.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The alternative to this integrated approach and commitment is to maintain the status quo. Currently the pressures on current systems and ways of working are not meeting the public's needs and requirements.
- 3.2 Furthermore, by drawing on all resources across health, social care and public health in a unified way this fundamental change in approach for a more integrated health and care system under the principles of care closer to home will bring benefits to many people. In particular it will make a real difference to older people, those with long-term conditions like diabetes and to carers. People don't want health care or social care; they just want the best care in their own environment. The care closer to home vision is a vital step in creating a truly joined up system that puts people first and real innovation could also bring efficiency and financial benefits.

4. POST DECISION IMPLEMENTATION

- 4.1 Progress continues in delivering this shared strategic approach across Barnet health, social care and public health which articulates the vision, the ambition and the task in hand.
- 4.2 Agree on a delivery roadmap incorporating timelines for full implementation of Care Closer to Home. This roadmap will take into account the levers to deliver to outcome such as de-commissioning, re-commissioning, and contracting processes.
- 4.3 A number of immediate projects, tasks and service developments have been identified from local and NCL STP strategies for delivery in 2017/18. Collaborating across health and social care these programmes of work will help create founding principles of care closer to home and contribute directly to the vision. See appendix 1 for further detail.
- 4.4 A key Barnet development in 2017/18 is the roll out of Care Closer to Home Integrated networks (CHINs) and Quality Improvement Support Teams (QISTs). These models build on the work already underway across Barnet (i.e. BILT) but will aim to significantly move much further towards developing integrated working and person centred care. Adopting a consistent approach to CHINs and QISTs in Barnet will drive improvement and reduce the variation that we currently see in people's health outcomes and quality of life. See appendix 1 for further detail.
- 4.5 Larger and more fundamental initiatives need to be developed further, with appropriate resident, patient and service user consultation at the appropriate time.
- 4.6 Through the creation of an inclusive Barnet Care Closer to Home programme management approach, the schemes will be grouped and prioritised. This

committee will oversee a number of task and finish groups to progress operational delivery.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The 'Five Year Forward View' (NHS England, 2014) and GP Forward View (NHS England, 2016) and The Councils Corporate Plan (2015-2020) sets out the vision why change and a transformational approach is required for public sector services to become more integrated, intuitive and efficient. Care closer to home is fully aligned to these strategies.

5.1.2 Barnet's Joint Health and Wellbeing Strategy (2015 – 2020) outlines the borough's focus on health and social care integration. Care Closer to Home is a priority of the strategy as agreed by the HWBB in November 2016.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The partnership across health, social care and public health will provide the initial project support to deliver on the programmes of work.

5.2.2 The transformation of existing models of delivery through existing contracts with providers will support the vision and ambition. Where investment is required to support this transformation additional funding will be sourced through the STP.

5.3 Social Value

5.3.1 Before any procurement process is entered securing the benefits required will be clearly established in the preceding business case.

5.4 Legal and Constitutional References

5.4.1 Under the Council's Constitution – Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- a) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- b) To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care.
- c) To champion the commissioning of services and activities across the range of responsibilities of all partners to achieve this.
- d) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

- e) To explore partnership work across North Central London where appropriate.
- f) Specific responsibilities for:
 - o Overseeing public health
 - o Developing further health and social care integration

5.5 Risk Management

- 5.5.1 There is a risk that the sustainability of the current model of health and social care is now being fundamentally questioned. Currently the pressures on current systems and ways of working are not meeting the public's needs and requirements. The risks associated with not transforming services will remain and the health and social care concerns will not have been addressed. Managing these risks will have oversight at an STP level and Barnet level through the Health and well-being board.

5.6 Equalities and Diversity

- 5.6.1 The 2010 Equality Act outlines the provisions of the Public-Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the local authority and the CCGs are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Equality impact assessments will be carried out on specific schemes and proposals.

5.7 Consultation and Engagement

- 5.7.1 To further support the evidence base a public consultation programme will be established. Events are being planned with the first taking place w/c 27/2/17.

5.8 Insight

- 5.8.1 Local intelligence has been principally drawn from the Council's and Health data bases.

6. BACKGROUND PAPERS

- 6.1 North Central London Sustainability and Transformation Plan Update, Health and Wellbeing Board, 10 November 2016, item 7:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8715&Ver=4>
- 6.2 NHS five year forward view.
<https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/>

- 6.3 Barnet Council Corporate Strategy 2015 - 2020
<https://barnet.moderngov.co.uk/documents/s22195/Appendix%20A.pdf>