

Appendix 1

A. 2017/18 Work plan linked to the Care Closer to Home (CC2H) principles

Scheme	CC2H Objectives	Timeline to start
Extending GP access 8-8, 7 days	Widening primary care access	Work commenced
Development of GP Federation	Provider delivery redesign Sustainability of primary care practices Back office sharing	Work Commenced
Pharmacists in GP practices and Nursing homes	Scheme developed with national programme	June 17
Development of Finchley memorial Health & Wellbeing centre (hospital)	Re-imagining form and function GP practices to relocate GP admit and manage beds	Work commenced
Self-management scheme	Patient self-care, self-management programme	April 17
LCS & Improving quality incentive scheme (One Hackney Model)	Variety of new interventions and activity shift to community / CC2H aligned programmes. QIST ¹ brings up the minimum, improving raises to a higher level.	April 17
Recruit iGPs	Form a cohort of “future leaders in primary care”	Sep 17
CEPN ² education programme and workforce development	Workforce skills development, support sustainability, reduce variance, care navigation, sign-posting, medical assistants	April 17
Urgent care and Frail elderly fellows	CC2H	June 17
Primary care workforce review	Linked to sustainability, workforce planning	April 17
Practice nurse development scheme Increasing practice nursing numbers scheme	Workforce skills development, support sustainability, reduce variance	April 17
Pharmacists training on minor illness mgmt	GPFV ³ , workforce development	May 17
GP staff training on self-care, self-mgmt	CC2H, GPFV work streams	April 17
Practice based mental health therapist development scheme.	CC2H, GPFV work streams	May 17
Develop idea of accountable care model for 30-50k population groups	Develop an approach to move from CHIN model to accountable care models.	TBA
Other CCG business cases being developed to support CC2H	Wound care, Urgent care, Frailty, Diabetes, Cardiology, Musculoskeletal, Urology, Children. Resource & funding needs to transform to meet objectives.	Work commenced

¹ QIST - Quality Improvement Support Teams

² CEPN – Community Education Providers Network

³ GPFV – GP Forward View

B. CHIN development plan for Barnet implementation in 17/18

Model presented at the “lock in”

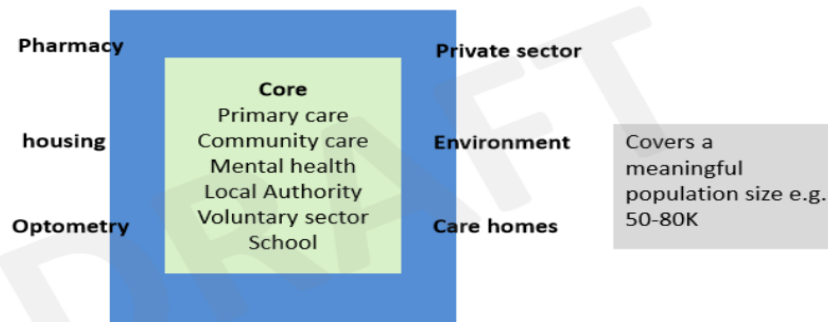
Care closer to home integrated networks (CHIN)



Principle

Network/hub does commissioning and providing

- Network has a multidisciplinary teams – pulled from core group supplemented by locally determined key players



Commissioning

- Needs analysis (public health and outcomes)
- Agree care pathways that are in scope
- Delegated budget
- Set an agreed commissioner plan
- Review aim to reduce variation – to achieve upper 25% across key players

Providing

- Acute reactive – clinician agnostic
- LTC chronic – clinician specific
- Rehabilitation
- Admission prevention
- Discharge facilitation

CHIN delivery plan for CHIN 1 (Barnet CCG)

CHIN 1

Phase	CHIN development domain	Date	Activities
CHIN Development phase	CHIN expression of interest	Mar 17	<ul style="list-style-type: none"> Engage and identify practices interested in taking part in the CHIN Identify the support requirements needed by the CHIN to develop domains 1-4 Identify clinical and managerial leads for the CHIN
	1. Build collaborative leadership around a shared vision		<ul style="list-style-type: none"> Develop clinical leadership needed for the CHIN Develop the leadership and partnership from across health and social care and establish CHIN management board Develop the CHIN approach to co-production and activation of community resources to support local engagement
	2. Establish a transparent governance structure		<ul style="list-style-type: none"> Develop the governance structure for the CHIN Establish CHIN approach to managing conflicts of interest Establish CHIN approach to data sharing and IG between providers
	3. Understand the different needs of the CHIN population		<ul style="list-style-type: none"> Work with partners from public health to understand the specific needs of the CHIN population Map the workforce pressures and create a workforce strategy for the CHIN with support from the CCG Map the current IT infrastructure and with support from the CCG, set out the IT roadmap for the CHIN
	4. Develop logic models to explain how the transformational work will meet the outcomes of the CHIN		<ul style="list-style-type: none"> Identify the outcomes the CHIN aspires to improve Set out logic model for achieving the desired outcome
CHIN delivery phase	CHIN Operating Plan	May 17	<ul style="list-style-type: none"> Utilise the logic model to present the financial and non-financial benefits of the CHIN Set out the proposed CHIN governance Present the CHIN needs assessment and approach to engaging with local people
	Design and document each of the specific component parts of the care redesign		<ul style="list-style-type: none"> Identify and redesign pathways based on the needs of the local population Where required, work with the CCG to re-specify services around the needs of the CHIN
	CHIN Delivery	June 17	<ul style="list-style-type: none"> Mobilise changes identified to key pathways