Appendix 2: Investment and Delivery Road Map

The Care Closer to Home programme has made significant progress during 2018/19 and this paper summarises the key areas for the Health and Wellbeing Board:

Care and Health Integrated Networks (CHINs)

At the start of the year there were three CHINs in Barnet that had come together through an organic process and were beginning to design transformative services around their patient populations through qualitative and quantitative analysis. The overall population coverage was 38% of the registered patient population in the borough.

In order to build on and maximise our transformation efforts, the most important objective for the Care Closer to Home programme is to have all of the Barnet GP practices being part of a CHIN. This would enable a borough-wide approach to transformation and new integrated ways of working that cross organisational boundaries and builds an at scale primary care model.

In order to achieve this objective, a number of engagement activities took place with GP Practices and wider primary care and social care provers to promote the programme and the benefits of working in integrated networks. These are detailed below:

1. **Multi-Collaborative Learning Groups (MCLG):** The primary care team attended 9 meetings across the month of June 2018 and reached an audience of 40+ practices. All questions asked were captured and subsequently answered.
2. **Barnet Federated GP's Membership Event:** The federation and clinical commissioning group (CCG) jointly presented the programme to the whole GP Federation membership
3. **Barnet Clinical Commissioning Group Annual General Meeting (AGM):** The primary care team hosted an area where individual practices could ask questions and be furnished with information on how to become part of a CHIN.
4. **Joint Meeting with Barnet Clinical Commissioning Group, Barnet Federated GP's and Community Provider Education Network (CPEN):** 145 clinicians and non-clinicians from primary care attended the event and the Care Closer to Home programme was promoted.

Following the MCLG meetings, a CHIN Frequently Asked Question (FAQ) document was developed and disseminated to all GP Practices within the borough. The engagement process helped shape the new process for becoming part of a CHIN or creating a new one and resulted in a CHIN Infrastructure Locally Commissioned Service (LCS) being developed, which was open to all GP practices.

This was launched in October 2018 and provided funding of £1,500 per practice, an overall investment of £90,000, to stimulate CHIN development. The outputs expected from this process are a nominated CHIN Lead and Quality Improvement lead, a signed memorandum of information (MoI) between the practices for working together and a commitment to undertake a baseline assessment across workforce, estates and digital.

At the time of writing this paper, we have received responses from 48 out of the 54 GP Practices within the borough and there are six proposed CHINs within Barnet. This also means that our population coverage has moved from **38%** to **89%**.

To support the development of the CHINs and also to undertake targeted engagement with any practices yet to respond to the infrastructure LCS, a CHIN Steering Group (CSG) has been created and the CCG and Barnet Federated GP's have jointly appointed a clinical lead to undertake this role. We are confident that we will achieve full borough wide coverage by the end of December 2018 and this will allow the CHINS to become the innovation and transformation hubs for the communities that they serve during 2019/20.

A new delivery plan for the programme in 2019/20 is currently under development, underpinned by agile principles, to ensure we meet our key short and medium term objectives and deliverables.

Further details in respect of the CHINs within Barnet can be found in the accompanying CHIN Deep Dive enclosure.

System Integration

In Barnet, the Care Closer to Home Programme is being jointly developed by the CCG and the Council, in recognition of the importance of a coordinated and integrated approach to promote local health and social care delivery in ways that best meet the needs of the residents and registered population of Barnet.

The primary care element of the CHINs are now beginning to take shape within the borough and the next important objective is to begin the health and social care integration and transformation element within the CHINs and the communities they serve. In order to understand the council offer to the CHINS, an extremely helpful guide titled "*GP guide to Council services that support wellbeing and independence for adults, children and families"* was produced by the council. This has been shared with all GP practices within Barnet and is informing the discussions around the 'wrap around' of council services and increasing awareness of the services that patients can be signposted to.

Opportunities for linking public and patient engagement groups and community groups around the CHINs is currently being explored so that the communities can have a voice in shaping their health and social care services and be at the heart of service and pathway redesign.

Wider integration of the programme is also underway with continued engagement with the acute and community healthcare providers, who are represented at the Care Closer to Home board, and we are now exploring how these providers can support the pipeline ideas .

Access to Primary Care services

Extended Access

Barnet CCG has commissioned a primary care extended access service, which has been in operation since April 2017. This service provides GP appointments to all registered patients of Barnet CCG between 8.00am and 8.00pm, 7 days a week (including Bank Holidays).

This service is provided by the Barnet GP Federation – a local GP Federation that has a membership of the 55 Barnet GP practices. This enables whole CCG registered population coverage. The CCG has commissioned 48,000 appointments during 2018/19 as part of the Extended Access Service.

This equates to approximately 920 additional primary care appointments each week. This service offers extra GP appointments:

- During weekday evenings between 6.30pm and 8.00pm
- During the weekend and on Bank Holidays between 8.00am and 8.00pm

Improved Access Locally Commissioned Service (LCS)

The CCG has in addition commissioned an Improved Access Locally Commissioned Service (LCS) which is being delivered by practices between 1st October 2017 and 31st March 2019. This LCS has been invested into general practice as part of the GP Five Year Forward View (GPFV) £3 per head funding.

The Improved Access LCS is being delivered in two stages: the first stage is for practices to review their capacity including how they offer appointments and to develop an improvement plan; and the second stage (to be delivered by GP practices from late July 2018 / early August 2018) is for practices to implement their improvement plan. The outcomes will vary by practice depending on the content of the action plan submitted as part of stage one, but it is anticipated that the following outcomes will be achieved:

- Improving access to general practice services for the Barnet population
- Manage the demand on primary care services, encouraging active signposting to other support services where appropriate
- Support the future sustainability of primary care in Barnet through collaboration and resilience
- Improved patient experience to demonstrate high levels of patient satisfaction with the service
- Improved staff satisfaction within the practice
- Improved skill mixed workforce to demonstrate high levels of staff, releasing GP time for care
- Improved appointment availability within the practice, including utilisation of ‘new consultation types’

Investment into the Programme

The Care Closer to Home programme is receiving investment from centrally funded non-recurrent NHS England programmes and recurrent local investment from the CCG's Primary Care allocation. The budget for the programme during the 2018/19 operating year just over £2m with £1.3m being invested from local budgets.

This is in addition to the core primary budget and the investment into the GP Extended Access Service (EAS),

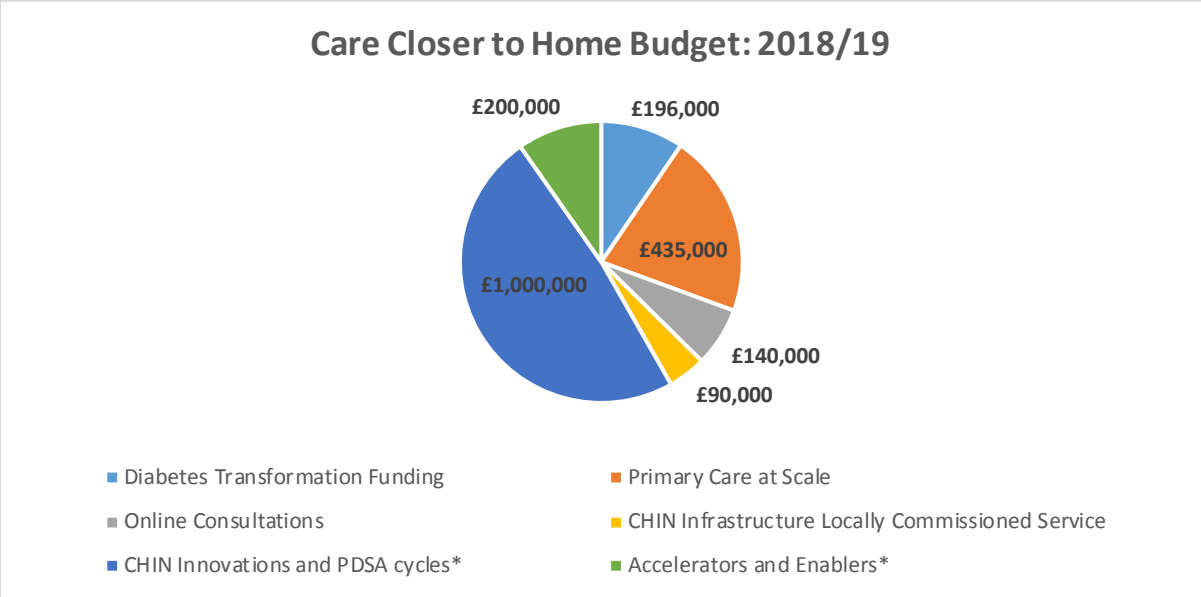
The breakdown of the budget is shown below:

Table 1: Care Closer to Home Budget

Budet Line	Type	Duration	Source	Value
Diabetes Transformation Funding	Recurrent	2 years	NHS England	£ 196,000
Primary Care at Scale	Non-recurrent	N/A	NHS England	£ 435,000
Online Consultations	Recurrent	2 years	NHS England	£ 140,000
CHIN Infrastructure Locally Commissioned Service	Non-recurrent	N/A	Barnet CCG	£ 90,000
CHIN Innovations and PDSA cycles*	Recurrent	5 years	Barnet CCG	£ 1,000,000
Accelerators and Enablers*	Recurrent	5 years	Barnet CCG	£ 200,000
Grand Total				£ 2,061,000

* = These figures are due to increase, year on year, based on the success of the program

Chart 1: Care Closer to Home Budget



The expectation is that each one of the CHINs within the borough will review data and unwarranted variation and design new pathways and services that will benefit their patient

population. Each innovation will require a business case to be developed and following the appropriate governance routes, investment will be released for a Plan, Do, Study, Act (PDSA) cycle to test the assumptions, measure impact and outcomes and inform whether the pathway or service can be scaled to be delivered at a borough wide level.

All decisions for the scaling up of services will be dependent on the outcomes of the PDSA cycle and if the assumptions are validated and the impact measurable, this investment will be in addition to the Care Closer to Home programme budget.

Resourcing

Each CHIN will be allocated and supported by Barnet CCG and Barnet Federated GP's resources from pipeline idea generation through to mobilisation. This end to end approach will be beneficial for each CHIN to ensure that relationships mature and there is a consistent offer.

The CCG has fully recruited a highly skilled and substantive primary care transformation team to support the delivery of the programme and each CHIN is assigned a Senior Primary Care Transformation Manager as their Specified Point of Contact (SPoC) and will work with the CHINs to harness their pipeline ideas into something tangible and deliverable.

Summary

We are excited about the future of the programme and the progress made in the past three months and we must now capitalise on the enthusiasm of General Practice, in the short term, to deliver new and innovative models of care services and to positively engage with the wider system partners and deliver a sustainable, integrated care and health model across the borough.