

	Health and Wellbeing Board 28th March 2019
Title	Care Closer to Home - Development of a dementia focused Care Home Integrated Network (CHIN)
Report of	Head of Commissioning, Mental Health and Dementia
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Sarah Perrin, Head of Commissioning Mental Health and Dementia Sarah.perrin@barnet.gov.uk / sarah.perrin1@nhs.net 020 8359 3487

Summary

This report provides an overview of work achieved to date through the Care Closer to Home Programme with a specific focus on work occurring to develop CHIN 5 as a dementia focused CHIN. The Board is asked to note developments and discuss integrated working.

Recommendations

- 1. The Board is asked to note the contents of the report and developments.**
- 2. That Board members provide advice and support to maximise the impact of the work being undertaken and discuss how to support integrated working.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Care Closer to Home Programme is a key programme of work for both Barnet Clinical Commissioning Group and Barnet Council. The programme aims to transform how care and support is delivered so that patients receive

care and support closer to their homes and is intended to act as a foundation for development of a local integrated care system.

- 1.2 This report aims to provide an overview of work achieved to date via the Programme with a specific focus on work occurring through CHIN 5 which will be aiming to improve support for adults with dementia and their carers. The Board is asked to note the contents of this report and discuss how to support integrated working to improve outcomes for Barnet residents.
- 1.3 The Care Closer to Home Programme supports development of Care Home Integrated Networks (CHINs) which are networks of GP Practices with each CHIN having a specialist focus to inform further development and roll out across the borough following evaluation.
- 1.4 The Care Closer to Home programme has a shared vision for the implementation of **Care Closer to Home Integrated Networks (CHINs)**:
 - Each CHIN will serve a local population of adults and children, providing community health and well-being services that are integrated, holistic, person-centred and strengths-based.
 - Partner organisations work together with a shared purpose and pooled resources.
 - Each CHIN has a strong team ethos with a sense of a single team delivering highly personalised care in a local setting.
 - There are effective relationships between providers, residents and patients, both at an organisational level and between individuals who work together to provide services “on the ground”.
 - CHINs are never “finished”, they are always evolving and improving.
- 1.5 Since the Programme began in Barnet there has been significant and tangible progress in developing CHINs with population coverage being achieved at 95%. 6 Care and Health Integrated Networks have been identified with newly proposed CHINs currently going through a governance process to support delivery of their work. The aim is that all CHINs will be fully mobilised during 2019.
- 1.6 The table below sets out the intended outcomes to be achieved via CHINs: -

Benefits to patients	Benefits to staff	System wide benefits
Equitable access to new services and pathways	Releasing capacity within General Practice by developing innovative service models and pathways	New models of care to support Care Closer to Home
Patient centred care tailored around communities	Opportunities for cross and multi organisational working and upskilling of staff	More patients being supported within a primary and community care setting
Integrated services with wider system partners	Being part of an innovation hub and	Opportunity to bridge health and social care

to deliver Care Closer to Home	improving quality for patients and carer	closer together through project delivery
Improved access and coordination of care and support		Scale what is working well to support current and future system pressures

1.7 The current areas of focus for each CHIN to test out new models of care and support delivery are as follows: -

- CHIN 1- Paediatrics (CHIN is mobilised)
- CHIN 2: - Frailty (CHIN is mobilised)
- CHIN 3:- Diagnostics (CHIN is mobilised)
- CHIN 4: - Digital (mobilisation during Q1 2019)
- CHIN 5: - Dementia (mobilisation during Q1-2 2019)
- CHIN 6:- Diagnostics (mobilisation during Q1-2 2019)

1.8 In Barnet meeting the needs of people with dementia and their carers is one of the key challenges for both health and social care. Not only does Barnet have significantly higher numbers of people with dementia than the rest of London, with an estimated 4,000 people living with dementia but estimations also indicate that by 2021 the number of people with dementia within Barnet will have increased by a further 24% compared with a London wide figure of 19%¹.

1.9 Additionally, it is worth noting that evidence indicates that carer breakdown is one of the four reasons why people access social care and in particular for why people enter residential care.² Research also indicates that people with dementia are five times more likely to enter institutional care than people without.³ Therefore, development of a CHIN focused on improving localised support for adults with dementia and their carers intends to significantly impact on improving outcomes for patients with dementia and their carers and reduce pressure on the system as a whole.

1.10 CHIN 5 intends to deliver improved support through improving and strengthening support available at the following points in the dementia pathway:

- Pre- diagnosis
- Diagnosis
- Post diagnostic support

1.11 Prevention will be a core theme running throughout the offer being developed with each practice within the CHIN become a dementia friendly practice. Additional support currently being scoped includes: -

¹ https://engage.barnet.gov.uk/commissioning-group/joint-hwb-strategy-2016-2020/user_uploads/draft-joint-health-and-wellbeing-strategy.pdf

² Mittelman MS, Ferris SH, Shulman E, Steinberg G, Levin B. JAMA. 1996 Dec 4; 276(21):1725-31. www.ncbi.nlm.nih.gov/pubmed

³ Mittelman MS, Ferris SH, Shulman E, Steinberg G, Levin B. JAMA. 1996 Dec 4; 276(21):1725-31. www.ncbi.nlm.nih.gov/pubmed

- opportunities to strengthen links with the voluntary community sector
- developing an assistive technology offer within primary care for adults with dementia and their carers
- putting into place a specialist dementia nurse;
 - supporting with development of care plans and reviews
 - improving care coordination
 - supporting with advanced care planning (end of life support)
 - delivering outreach support (health checks- nutrition, hydration, blood pressure)
- developing a “keep well” pack for adults with dementia and their carers (will include urine test strips, emergency antibiotics, hydration and nutrition fact sheets)
- developing an offer with adult social care which links into the Adults and Communities Specialist Dementia Support Team
- stronger links with VCS (Barnet Alzheimer’s Society – Dementia Advisors and hub/ Age UK/ Carers Centre)
- developing practice volunteers to offer support to adults with dementia and their carers (befriending/ support with shopping/ cooking etc)

1.12 CHIN 5 is currently made up on the following practices and serves a total population cohort of 39,154: -

- St George’s Medical Centre
- Hillview Surgery
- The Phoenix Practice / Boyne Avenue
- Dr Azim & Partners Practice
- Ravenscroft Medical Centre
- Pennine Drive Surgery
- Greenfield Medical Centre

1.13 The broad outcomes to be achieved via CHIN 5 include: -

- to help support and maintain the health and wellbeing of carers
- to help support and maintain the health and wellbeing of people with dementia
- to delay admissions into residential care for people with dementia and help support them to remain in the community
- to reduce avoidable presentations for adults with dementia and carers in primary care
- to help reduce avoidable admissions into hospitals
- to help reduce and manage demand for adult social care

2. REASONS FOR RECOMMENDATIONS

2.1 Dementia is a key challenge for both health and social care and therefore, the development of a CHIN focused on improving support within primary care for adults with dementia and their carers presents a unique opportunity to model

how additional interventions and joint working within primary care should improve outcomes and support health and social care to better manage demand.

- 2.2 Supporting integration of health and social care is a priority for the Health and Wellbeing Board for 2019 – 24 and as part of this the Board has signalled its support of development of the Care Closer to Home Programme. Therefore, the Board is asked to note developments occurring via the Care Closer to Home Programme; specifically work to develop a dementia focused CHIN occurring at present and provide advice and support to maximise the impact of the work being undertaken.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 CHIN 5 intends to mobilise throughout Quarter one of 2019.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Barnet Council and Clinical Commissioning Group are committed to supporting people with dementia to live a full and active life, enabling them to maximise their independence and wellbeing and ensuring that they and their friends and family are empowered to maintain their own health and wellbeing. This commitment had been implemented through the Barnet's Dementia Manifesto (2015) and significant progress has been made towards becoming a dementia friendly borough.
- 5.1.2 In 2015 Barnet Council published its Carers and Young Carers Strategy clearly setting out our vision for improving support for carers within the borough.
- 5.1.3 The purpose of the Joint Health and Wellbeing Strategy 2015-2020 is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Priorities articulated in the Strategy link to the current Corporate Plan, with an emphasis on prevention and early help, toxic trio and health and care integration.

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

- 5.2.1 Barnet Clinical Commissioning Group and Barnet Council are delivering the Care Closer to Home Programme through existing staffing resource. The ambition is that work delivered through the programme will improve patient outcomes, better manage demand across the system, improve resource sharing and deliver savings.

5.3 Social Value

The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. A whole systems approach to prevention considers

the ways that their service areas can promote healthier communities, contributing to each of these wider benefits.

5.4 Legal and Constitutional References

5.4.1 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- To promote partnership across all necessary areas.

5.5 Risk Management

5.5.1 The effectiveness of work occurring to deliver the Care Closer to Home Programme is dependent on several factors including strong partnership working, clear communications and engagement and robust evaluation of schemes being implemented.

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of Policies and the delivery of services.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues.

5.7 Corporate Parenting

5.7.1 No concerns identified.

5.8 Consultation and Engagement

5.8.1 Extensive engagement is being carried out to inform shaping delivery of the Care Closer to Home Programme. For CHIN 5 key stakeholders already actively engaged with or to be engaged with include Barnet Council, Barnet Clinical Commissioning Group, patients, Barnet, Enfield and Haringey Mental Health Trust, Public Health, and the voluntary and community sector.

5.9 **Insight**

- 5.9.1 Dementia priorities are informed by local data, particularly the Joint Strategic Needs Assessment.

6. **BACKGROUND PAPERS**

- 6.1 [Barnet Joint Health and Wellbeing Strategy 2015-20](#)

- 6.2 Barnet Adults and Communities priorities for 2018/19 are set out in the Barnet Corporate Plan 2018/19 Addendum which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-andperformance/corporate-plan-and-performance>.

- 6.3 [Barnet Joint Strategic Needs Assessment](#)

- 6.4 Barnet Dementia Manifesto 2015