


Barnet Clinical Commissioning Group

Barnet
Clinical Commissioning Group (CCG)

Local clinicians working with local people for a healthier future

Integrated Strategic and Operational Plan

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Barnet Clinical Commissioning Group

Local clinicians working with local people for a healthier future

Key Facts about Barnet CCG

NHS
Barnet Clinical Commissioning Group

373,000 Registered patients

67 member practices

Budget 13/14 £430m

Co-Terminous with London Borough of Barnet and covers 33.5 square miles

Four Main NHS Providers

•Barnet and Chase Farm NHS Trust
•Royal Free (London) NHS Trust
•Central London Community Health Care NHS Trust
•Barnet, Enfield and Haringey Mental Health Trust

Ranked 27th least deprived out of 33 London Boroughs (where 1 is the most deprived)

Ranked 165 least deprived out of 326 local authorities in England (where 1 is the most deprived)

Diverse population with the largest Chinese community in London and the largest Jewish community in the UK

Over 144 different languages spoken in schools

Local economy made up mainly of small and medium-sized businesses

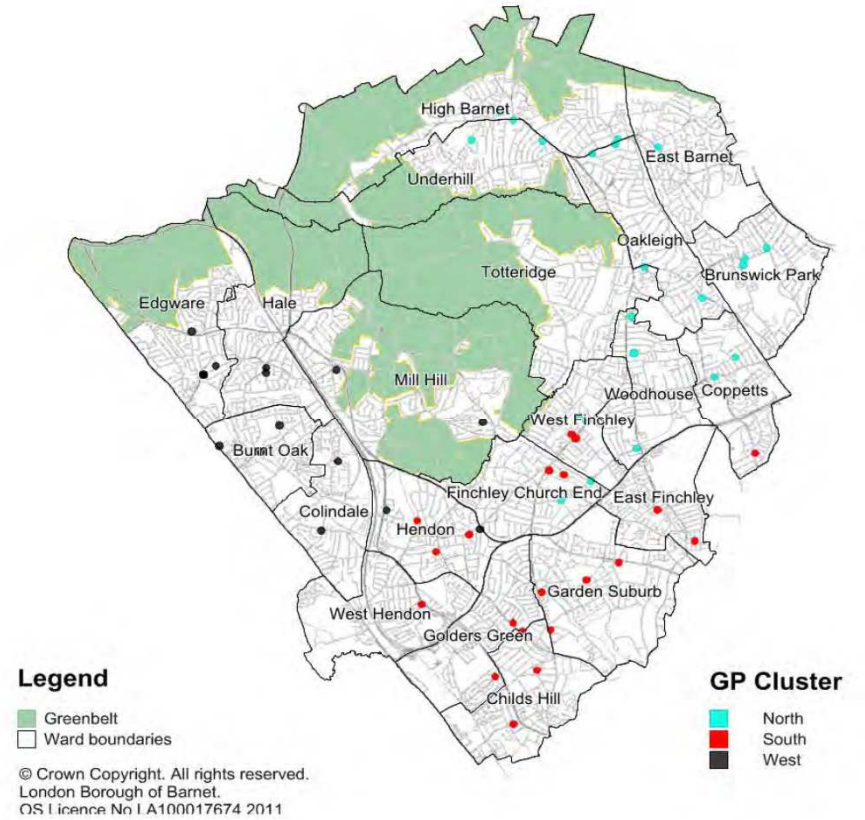
Comparatively expensive accommodation relative to the earnings of its residents.

Barnet Clinical Commissioning Group
Who are we?

Barnet Clinical Commissioning Group

Barnet Clinical Commissioning Group (CCG) is made up of 67 GP practices. The Clinical Commissioning Group was authorised by the NHS Clinical Commissioning Board in February 2013.

The 67 Member practices work together in three localities; North, South and West. The CCG Governing Body consists of 9 elected members (3 from each locality), 2 lay members, a secondary care consultant, a nurse member, the Chief Officer and the Chief Financial Officer. There are eleven out fifteen board members who are clinicians.



Local clinicians working with local people for a healthier future

Our Vision and Strategy 2012 - 2015

Barnet Clinical Commissioning Group

Local clinicians working with local people for a healthier future

We will work in partnership with local people to strive to improve the health and well-being of the population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

What will success look like?

3 Years

- In collaboration with our partner CCGs we will have delivered the Barnet, Enfield and Haringey Clinical strategy and the development of the Royal Free/ Barnet and Chase Farm acquisition and clinical systems
- Quality and innovation will be recognised as the key priorities in our organisation
- We will be leading the developments of integrated care systems across our providers

5 Years

People living in Barnet will understand and experience their health and social care system which will:

- Encourage healthier lives and independent lives
- Support people taking responsibility for their own lives
- Provide seamless care when needed

Our Commitments

Barnet Clinical Commissioning Group

As a Clinical Commissioning Group we have considered our approach to developing and implementing our strategy and have made the following commitments:

We will:

- Continue to improve the health and well-being of the local population by focusing on preventative services, reducing health inequalities, and enabling the population to take responsibility for their own health
- Ensure the provision of high quality, efficient and effective health services for the population, within available resources
- Facilitate integration between health and social care services.
- Ensure good quality, safe healthcare in all settings.
- Establish a Barnet strategy that is clinically led, draws on evidence, and uses innovative, radical solutions to deliver the best possible care to patients and their carers within allocated resources.
- Focus on education and development support to clinicians to improve care and ensure that high quality services are delivered.
- Take action when we are not receiving high quality, efficient and effective health services.

How we will achieve this?

Barnet Clinical Commissioning Group

Through:

Visible clinical leadership and succession planning across the CCG

Implementation of our vision for high quality care across the economy utilising:

- ✓Health and Wellbeing Strategy
- ✓BEH Clinical Strategy
- ✓Primary Care Strategy
- ✓Integrated Care Provision

Engagement, collaboration and partnership working with our providers and clinicians across Barnet to develop high quality effective and fully integrated pathways

Engagement and listening to our public, patients and responding to patient feedback

Strong governance and organisational development

Collaborative working and risk share with our partners across Barnet and other neighbouring CCGs

How have we developed our Strategic Plan and Priorities?

Barnet Clinical Commissioning Group

What do people living in Barnet need?

There have been a number of ways in which the case for change has been established. These include:

- Barnet Joint Strategic Needs Assessment
- North Central London CSP 2012/15 Case for Change
- London Health Quality and Safety Programme Case for Change
- Advice and guidance from NICE and other National organisations

How are our current NHS Providers performing?

We have taken the following aspects about our local NHS providers into account when developing the priorities for our plan:

- Foundation pipeline status
- Performance against national targets
- Benchmarking performance
- Quality and Safety
- Financial position

Integrated Strategic and Operational Plan

How are we finding out what our stakeholders think?

We have used our knowledge, previous experience and a series of stakeholder events in Barnet to develop and implement our Communications and Engagement Strategy . This includes engaging with:

- Patients, users and the public
- Partners
- Providers
- Member Practices

Building on a solid foundation

Barnet CCG in collaboration with partner organisations and other stakeholders is already implementing the following strategic plans:

- Health and Well Being Strategy
- Barnet, Enfield and Haringey Clinical Strategy
- Primary Care Strategy
- North Central London CSP 2012/15

How do we make best use of our resources?

In developing our plan we have:

- Considered the financial position of the organisations and the local economy.
- Reviewed our financial position (2010 – 2013)
- Assessed the improvements that we have made and established size of the financial challenge that needs to be met by our strategic and operating plan.

What do People living in Barnet need?
Barnet Demography

NHS
Barnet Clinical Commissioning Group

356,000 people live in Barnet and there are 373,000 people registered with Barnet GPs

The local population has been growing consistently over the last ten years and is expected to increase by a further 5.5% (19,400) by 2016. Barnet is London's most populous Borough.

The elderly population is set to rise by 21% over the next 10 years. 18% increase in the 65 – 69 year olds and 17% increase in the number of people aged 90+.

The fastest growing age group in the Borough is 5 – 14 year olds. This group will increase by 6,600 by 2016 and includes a 23% increase in 5 – 9 year olds.

33.1% of the local population belonging to non-white communities, 117,836 people. This is projected to increase to 35% over the next five years.

Barnet's fastest growing ethnic group is 'Other' (which includes Iranians, Afghans and Arabs). Growth over the next five years will be 19% (an increase of 4,400 people).

Barnet has the highest number of Jews of any district nationally with around 47,000 Jews resident here. Jews make up 15% of the population of Barnet and represent almost one fifth of all Jews in the country.

What do People living in Barnet need?

NHS
Barnet Clinical Commissioning Group

Life Expectancy

- The health of the people in Barnet is mixed compared to the England Average.
- Life expectancy is 7.1 years lower for men and 5 years lower for women in the most deprived areas of Barnet (Burnt Oak) than the least deprived (Garden Suburb.)
- Women's Life expectancy is 84.3 years
- Men's life expectancy is 80.2 years

Ill Health

- Over the last 10 years the mortality rate has fallen. Early death rates from cancer and heart disease and stroke have fallen and are better that the England average. Cancer, CVD and Stroke and Respiratory disease are still the major cause of mortality in Barnet
- There were 294 early deaths from cancer, 158 from CVD and Stroke and 153 deaths related to winter in Barnet in 2011/12.
- During 2009/10, there were almost 23,000 residents suffering from depression recorded on local GP lists.

Causes of Ill Health

- About 17.6 % of children in year 6 are classified as obese
- A lower percentage than average pupils spend less than 3 hours per week on school sport
- There were 5379 hospitals stays for alcohol related harm in 2009/10 and there are 353 deaths from smoking each year
- 10% of expectant mothers smoke during pregnancy

What do People living in Barnet need?
Deprivation

NHS
Barnet Clinical Commissioning Group

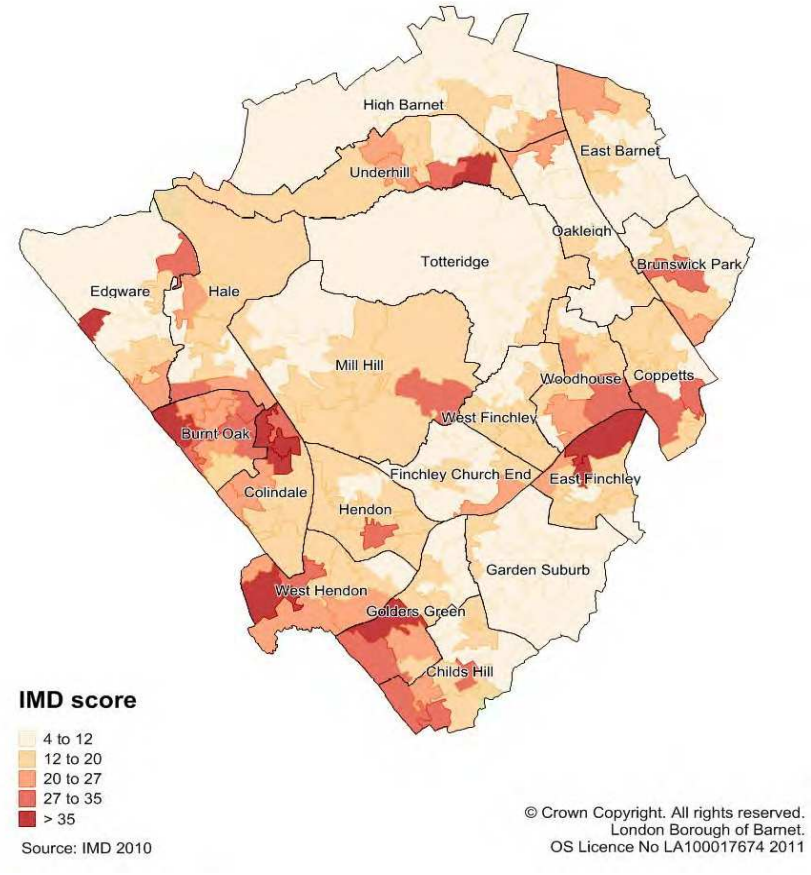
Ranked 165th out of 326 local authorities in England (where 1 is the most deprived) but with wide variation across the Borough.

15,700 of our children live in poverty (living in a family receiving means tested benefits).

Difference in life expectancy for boys born in the most deprived parts of the borough compared to those in the most affluent 7.6 years.

Unemployment is 9% compared to a national average of 7.9%.

Indices of Multiple Deprivation scores 2010, by LSOA



Local clinicians working with local people for a healthier future

What are our stakeholders and partners telling us?
Patients and Public

Barnet Clinical Commissioning Group

We gained feedback from patients and people by:

- Supporting the establishment of Patient Participation Groups and developing a system for regular feedback through locality representatives to the CCG Board
- Involving user groups and patients in service reviews and commissioning plan development
- Regular meetings with LINk and in future Healthwatch
- Inviting LINk representatives to attend Barnet CCG Board Meetings
- Involving patient and user representatives in procurement processes and Partnership Boards
- Patient Surveys and review of complaints
- 'Listening to you' through the Barnet CCG Website
- Regular public events to engage with the public

Patients and Communities tell us:

- To ensure that there is feedback about services so that all services commissioned by the CCG are of a high quality
- Some of the difficulties patients face in accessing primary care and how these could be resolved through providing information, using web based technologies and promoting and making better use of community pharmacies
- To ensure that care is received in the right place at the right time with support to help patients navigate through the NHS.
- To make sure that attention is paid to engaging hard to reach groups in planning and developing services
- That some patients feel unsupported to manage their condition

What are our stakeholders and partners telling us?
GP Member Practices

Barnet Clinical Commissioning Group

We gained feedback from GP Members Practices by:

- Engaging with GPs in regular locality meetings
- Reflecting on the commissioning and development issues raised in local Peer Review sessions
- Setting up feedback and comment systems on the GP Intranet
- Establishing a GP Blog to share developments and comments on topical issues and developments
- Involving GPs in workshop discussions with local NHS Trusts and other providers
- Regular dialogue with Barnet Local Medical Committee

GP Member Practices told us that:

- There needs to be more opportunities for GPs and clinicians to get together, to build understanding of different perspectives
- Clinicians from primary and secondary care need to work together to agree key messages to give to patients
- We need to help GPs to manage patients better and help patients to manage themselves
- We need to work towards more integrated care for patients

What are our stakeholders and partners telling us?
Partners and other Stakeholders

Barnet Clinical Commissioning Group

We gained feedback from Partners and Stakeholders by:

- Sharing and developing plans and with our partners on the Health and Well Being Board
- Working with local authority colleagues and local clinicians and users on the Children's Trust Board and the Partnership Boards for carers, Mental Health, Learning Disabilities, Older Adults, Physical and Sensory Impairments and Adult Safeguarding
- Facilitating discussions in workshops with local NHS and other providers
- Establish robust systems for monitoring and developing contract performance
- Providing regular updates and reports to the Joint Overview and Scrutiny Committee and The Barnet overview and scrutiny committee.

Partners and Stakeholders tell us:

• We need to take a whole pathway approach to developing services in the community

• GPs require better access to consultants and vice versa;

•There are benefits in working towards more integrated care for patients

What has been achieved so far?

Barnet Clinical Commissioning Group

Whilst Barnet CCG has been developing as a new commissioning organisation it has made a number of significant achievements. These include:

Finchley Memorial Hospital
Establishing an award winning, £28m purpose built hospital in Finchley that provides a modern and friendly environment. Services offered include rehabilitation, inpatient beds, a walk-in centre, outpatients departments, therapies, diagnostics, podiatry, audiology, cardiology, musculoskeletal services, GP surgeries, pharmacy, diabetic retinopathy and pathology.

Medicines Management
The CCG Governing Body and local Clinical champions achieved a $£4.3m reduction in the cost of medicines. They worked with GP members across Barnet to establish individual budgets with targets and incentivised savings supported with face to face and on line training.

Primary Care Strategy
The Barnet Primary Care Implementation Board are working with primary care colleagues across Barnet to invest and implement the Barnet Primary Care Strategy. The Implementation programme supports the development of the Barnet Integrated Strategic and Operational Plan by enabling primary care providers to be confident and supported to provide effective quality services to Barnet patients.

Referral Management Service
The Referral Management service has supported GPs to review referral care pathways and working with colleagues in secondary Care to develop effective and appropriate referrals or support in primary and community services. The service is being further developed to include Consultant level triage in some specialities.

How do we make best use of our resources?

Barnet Clinical Commissioning Group

We have considered the financial position of organisations in the local health economy. We have reviewed our recent financial position (2010 – 2013), the improvements that we have made and the size of the financial challenge that needs to be met by our Integrated Strategic Plan.

In 2010/11 NHS Barnet had officially been declared in turnaround with a £75.4m gap of which £30m was to be bridged by savings initiatives implemented during the course of the year and underpinned by a robust turnaround infrastructure headed by the Recovery Board and supported by a newly formed PMO. Savings achieved in the year amounted to £28.7m of which 65% was considered recurrent.

In 2011/12 NHS Barnet successfully achieved its control total with a final year end deficit of £14m representing a favourable position of £3.2m against plan. This was in the main due to a reduction in the growth in expenditure and was a significant achievement which included a £21.6m QIPP, £3m of which was related to improved medicines management.

The 2012/13 financial target for Barnet is to deliver a break-even position. At Month 11 the forecast outturn stands at £2.8m positive to plan after £17.3m non-recurrent support & the further benefit in movement of reserves. This figure includes delivery of £14.3m QIPP of which £4m relates to acute productivity and £5m to further improvements in primary care medicines management.

Barnet CCG formally takes over from 1st April 2013. An opening indicative budget deficit of £45.4m pre QIPP has been identified taking into account growth and inflation, known cost pressures and conversion from PCT to CCG budget.

The current estimate of the 2013/14 FOT post QIPP is a deficit of £20.9m, which includes the added non recurring benefit of £1.9m due to the increase in 12/13 control totals.

How do we make best use of our resources?

Barnet Clinical Commissioning Group

This position has been identified after taking into account the current progress of 2013/14 contract negotiations and budget setting and the impact of QIPP delivery in 2013/14 of £17.04m. The figures include an allowance for 0.5% contingency. Per the last update meeting with the NCB & as advised, the 2% headroom has been used to offset the deficit.

In addition it should be noted that the current negative imbalance on NHSCB & PH deductions as well as the RCA issue are included in the figures reported, the total impact being £9m. Further, property void & sessional cost pressures of £3.9m have been incorporated into the 13/14 position.

In view of the deficit position, the CCG is currently undertaking a Financial Recovery project in conjunction with PwC & additional benefit from this is anticipated however no assumption on this has been made within this submission

The CCG does face a number of predominantly operational risks in 13/14, namely the outcome of the contract negotiation process with providers, the potential for QIPP under-delivery, in year contract acute over-performance and the unknown potential for high cost/low volume activity. Additionally, there are concerns around the level of CHC retrospective liability passing to CCGs although the exact degree has yet to be confirmed.

The risks associated with our QIPP programme are currently being addressed by strengthening the supporting PMO governance framework, supplemented by re-launch training sessions in order to ensure that program managers & sponsors take ownership of their individual QIPP programs are clear about their responsibilities. A listing of current schemes follows this introductory narrative.

As a final point, it is important to note that the CCG is currently undertaking a Financial Recovery project in conjunction with PWC & additional benefit from this is anticipated however no assumption on this has been made.

Our Service Providers

NHS
Barnet Clinical Commissioning Group

Primary Care
There are 67 General Practices covering a registered population of 373,715 patients (as at 1 July 2011.)

Type of Contractor			
General Practice	67	Dental Practices	70
Optometrists	88	Community Pharmacies	71

Central London Community Health NHS Trust
Central London Community Health (CLCH) delivers a comprehensive portfolio of community services. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across Barnet, Hammersmith, Fulham, Chelsea and Westminster. These are currently commissioned using block contracts. We wish to develop community services as part of our objective of establishing integrated care systems. The assurance stage of the CLCH application process for foundation trust status should be complete by October 2013.

Barnet, Enfield and Haringey Mental Health Trust.
Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) provides a range of mental health services for adults and children. We are keen to work with BEHMHT to improve service delivery and patient experiences as part of our clinical commissioning programmes. BEHMHT foundation trust application is being considered by the Secretary of State.

Our Service Providers

Barnet Clinical Commissioning Group

Royal Free (London) NHS Foundation Trust
The Royal Free (London) NHS Foundation Trust (Royal Free) became a Foundation Trust in 2012 and is currently exploring the acquisition of Barnet and Chase Farm NHS Trust. An outline business case will be completed by July 2013. The Trust employs 5,254 staff to provide services to 150,000 patients each year. Barnet CCG is the lead commissioning CCG for this trust and we are keen to ensure that Barnet patients continue to receive quality services that support integrated care.

Barnet and Chase Farm NHS Trust
Barnet and Chase Farm NHS Trust (BCF) was assessed as not being viable as a stand alone Foundation Trust in July 2012 and is working with the Royal Free to develop an outline business case for acquisition. The CCG is keen to ensure that the trust delivers the acute service changes in the BEH clinical strategy and supports the development of integrated care. Barnet CCG will be working with BCF to ensure that performance and patient experience is improved.

Other Service Providers
Barnet CCG also commissions services from a range of local providers and organisations. These can range from individual packages of care to larger community service contracts. These services are often commissioned in partnership with the London Borough of Barnet.

Building on a Solid Foundation

Barnet Clinical Commissioning Group

Barnet CCG in collaboration with partner organisations and other stakeholders is already implementing the following strategic plans:

- Health and Well Being Strategy
- Barnet, Enfield and Haringey Clinical Strategy
- Primary Care Strategy
- North Central London Commissioning Strategic Plan 2012/15

Building on a Solid Foundation
Implementing our Health and Well Being Strategy

Barnet Clinical Commissioning Group

There are four themes for health and social care commissioning identified in Keeping Well, Keeping Independent, (the Barnet Health & Well-being Strategy 2012 – 2015), Barnet Joint Strategic Needs Assessment and the 2012-13 Barnet Public Health Report.

- Preparation for a healthy life - Enabling the delivery of effective pre-natal advice and maternity care and early-years development
- Wellbeing in the community - Creating circumstances that better enable people to be healthier and have greater life opportunities;
- How we live - Enabling and encouraging healthier lifestyles;
- Care when needed - Providing appropriate care and support to facilitate good outcomes and improve the patient experience

These four health and wellbeing themes and the health programmes are an integral part of our Strategic and Operational Plans. Critical within this, is targeting people at highest risk both systematically (through specific health improvement programmes) and opportunistically ('making every contact count'.)

Our Health programmes are focussed upon:

▪Reducing smoking prevalence through tobacco control and increasing smoking cessation
▪Promoting healthier eating and increasing physical activity in people's everyday lives to reduce overweight and obesity and to reduce the risk of other conditions, including cardiovascular disease, dementia, poor mobility
▪Encouraging and enabling people to be more independent, including those with physical, mental and learning disabilities, through various social development schemes and in the way that health and social care is provided
▪Ensuring the recognition and proper management of concomitant mental health problems in people who have physical health problems
▪Encouraging and enabling people to use alcohol in a sensible and healthy way if their lifestyle / religion permits its use
▪Encouraging and enabling better sexual health
▪Encouraging and enabling the earlier detection and thus early management of disease through screening and earlier presentation of suspicious symptoms

These themes and health programmes form the basis of our strategic direction and the priorities in our plan, particularly improving health outcomes for children, frail older people and people with mental health needs.

Building on a Solid Foundation Implementing the Barnet, Enfield and Haringey Clinical Strategy

NHS
Barnet Clinical Commissioning Group

Improvements to primary care and community services since the consultation in 2007

•Significant developments at Edgware Community Hospital

•Two fully functioning walk-in centres at Edgware and Finchley

•In November 2011 a nurse navigation scheme opened at Barnet A&E to redirect people with primary care problems to GPs and pharmacies

More services provided in the community (MSK, COPD, diagnostics, urology, gynaecology, ENT, minor oral surgery, ophthalmology, cardiology and dermatology)

•68% of practices score above the England average for their Quality Outcome Framework (QOF) score

•88% of practices provide extended opening hours

•Referral management system for all GP and dental referrals to make sure patients get to the right service first

•Expansion of Information Communication Technology (ICT) and enablement services with 2 hour response time

•Rapid response palliative care service for people in own home and care homes

- Redeveloped Finchley Memorial Hospital opened in October 2012 with rehabilitation beds, additional outpatient services, pharmacy, walk in service, out of hours and GP practices.
- Established 'learning through peer review' scheme whereby GP practices join together in peer groups to review their referrals and identify areas of education need or service development need
- Primary Care Implementation plan in place with investment of £11.7m 2012-2015
- 88% of practices signed up to text messaging for patient reminders
- 5 practices have started the Productive General Practice Programme

Next Steps 2013 – 2014

- Urgent Care Centre at Barnet Hospital to be fully operational by April 2013
- Development of integrated frail elderly service that includes urgent response, complex case assessment and management and rehabilitation, underway
- Improvements to GP IT systems fully rolled out by April 2014
- Development of community stroke and dementia pathways

Building on a Solid Foundation
Implementing our Primary Care Strategy

Barnet Clinical Commissioning Group

Patient and public involvement through Patient Participation Groups

Learning through peer review

Enhanced care for patients with complex needs:
Risk stratification to target resources to patients with greatest need;
Self care and health coaching; Integrated care planning;
Easy access to specialist advice

Improving access to primary care:
New approaches to urgent access to primary care including self-care information; Use of new technologies;
Greater use of pharmacy – for example Minor Ailments Scheme

Organisational development:
Premises, IT,
Productive general practice;
Workforce and leadership development;
Building collaboration / network development

Implementing North Central London Strategic Initiatives

Barnet Clinical Commissioning Group

We have built upon the development and implementation of the strategic initiatives in the North Central London Strategic Plan that relate to the needs and priorities of Barnet patients.

North Central London Strategic Programmes	Strategic Initiatives	Barnet CCG Clinical Commissioning Programmes and Supporting Work Programme
Prevention	Alcohol	Health and Well Being
Primary Care	Primary Care Strategy	Primary Care Strategy (enabling programme)
Integrated Care	Frail Older People	Frail Older People
	Unscheduled Care	Urgent and Emergency Care
	Mental Health	Mental Health and Learning Disability
	New Care Pathways	Elective Care
	Cancer	Cancer/Elective Care
Clinical and Cost Effectiveness	Referral Management	Referral Management
	Productivity	Contracting
	Medicine Management	Medicines Management and local peer review

Clinical Commissioning Programmes

Barnet Clinical Commissioning Group

Barnet CCG is responsible for commissioning population-based general health care services for the registered population. While the CCG does not have direct responsibility for specialist, public health and primary care contracting, we will have a fundamental interest in ensuring these services are commissioned well for our population.

Clinical Commissioning Programmes need to be grouped in ways which people recognise and, collectively, these need to cover the whole health system which we have responsibility for. However, the health system is complex and each approach taken to dividing up into manageable parts has both advantages and disadvantages. Barnet CCG has chosen to develop Clinical Commissioning Programmes based upon care groups, or settings of care, with each clinical commissioning programme leading on a range of disease groups which largely, but not exclusively, fall within the care group. This will allow the Clinical Commissioning Programmers to work on a sensible grouping of clinical services and relate to specialist clinicians /providers in a manageable way.

Each Clinical Commissioning Programme will be led by a GP board member (some may have two) and be supported by a senior project manager reporting to a Director. The Clinical Commissioning Programme will:

- Work on the initial phases of the commissioning cycle.
- Be responsible for delivering the relevant Quality, Innovation, Prevention and Productivity (QIPP) projects in each annual operating plan.
- Be expected to engage in discussions with providers and other stakeholders to shape and progress plans and pathways.
- Identify, scope and prioritise projects for implementation in current and future years.

For 2014/15 and beyond the overall CCG priorities will be set by the CCG members, the CCG governing body, the health and wellbeing board and the public. This will be achieved by considering the CCP programmes and prioritising investment and disinvestment.

We will work in partnership with local people to strive to: Improve the health and wellbeing of the population of Barnet , find solutions to challenges and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

Context

Health Inequalities in Cancer, CVD, Stroke and Respiratory conditions There were 294 early deaths from cancer, 158 from CVD and Stroke and 153 deaths related to winter in Barnet. in 2011/12	Barnet has the second largest cohort of Children in London with a 6.8% increase in the next 5 years.	Elderly population set to rise by 21% over next 10 years. Over 90 population to increase by 55% (1600)	Economic pressures and historic debt in the local health economy (7 years of over investment in Acute NHS Services)	The London Borough with the largest number of nursing home beds (999.)	Projected 26% increase in people with Dementia by 2020 (4743)	Challenged Local NHS Providers

Objectives	Clinical Commissioning Programmes	Initiatives	Outcomes To meet National Outcome Indicator Targets, and NHS Constitution standards, local, Health and Wellbeing and QIPP Outcome Measures – For example
Improve Inequalities in Health	Health and Well Being	Review of Cardiology Care Pathway, Prevention CQUIN Supporting Public Health colleagues to develop and implement ' preparing for a healthy life programme Lead with the London Borough of Barnet on the "Care when needed" programme, Identifying potential stroke patients	Improve Potential Years of Life Lost (PYLL) from causes considered amenable to health care for adults and children and young people by 3.2% (59 deaths) Diagnosing unrecognised atrial fibrillation patients Reduce the Under 75 mortality rate for Cardiovascular disease
Prepare Children and Young People for a Healthy Life	Children, Young People and Maternity	Maternity Care Pathways and Tariff Acute Paediatric Care Pathways Strategic Commissioning of CAMHS Barnet Children and Young Person's Plan Joint Procurement of Speech and Language Therapy	90% of pregnant women in Barnet to access NICE compliant maternity care by 12 weeks Gestation by March 2014. Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5% by 2015. Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet
Provide the Right Care at the Right Time, in the Right Place	Elective Care	Care Closer to Home – ENT, Ophthalmology, MSK, Pain Management, Gastroenterology Glaucoma screening. Cancer early diagnosis Acute Medicines Management Diabetes and Respiratory care pathways	90% of Admitted patients will have started treatment within 18 weeks from referral Increased percentage of patients using community health services All patients who have cancelled operations on or after the day of admission for non clinical reasons will be offered another date within 28 days, or provided at the time and hospital of the patients choice.
	Emergency and Urgent Care	NHS 111; Urgent Care Centre; Ambulatory Care; GP Out of Hours Primary Care front Door at Barnet Hospital Elderly Assessment Service	Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Reduce emergency admissions for acute conditions that should not usually require hospital admission. The OOH Service meets all the national OOHs Quality Standards
Develop an Integrated Care System across health and social care	Mental Health and Learning Disabilities	Improving Access to Psychological Therapies RAID, Primary Care Mental Health Team Development Alcohol Standards, Complex and Secure Care pathways London Model of Care – Long Term Conditions	Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check. Increase the number of patients receiving psychological therapies to 10% of those assessed as having depression or anxiety disorders.
	Frail Older People	Primary Care Risk Stratification, Care Navigators, Multidisciplinary Team and Case Management. Rapid Response and Enablement Plus, Palliative Care Services, Telehealth and Telecare, Admission Avoidance, Fracture Liaison Services, Enhanced Falls Service, Stroke Care Pathway, Dementia Care pathway.	Increase the percentage of people aged 65+ who are still at home 91 days after discharge into rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015. Increase in the number of people who are receiving end of life care that are supported to die outside of hospital.

Enablers

Quality, Safety and Patient Experience	Primary Care Strategy	Medicines Management	BEH Clinical Strategy	Demand Management , and Productivity	Health Promotion and Well Being

Children and Young People Clinical Commissioning Programme

NHS
Barnet Clinical Commissioning Group

Strategic Objectives
All children and young people in Barnet should achieve the best possible outcomes, to enable them to become successful adults, especially our most vulnerable children. They should be supported by high quality; integrated and inclusive services that identify additional support needs early; are accessible, responsive and affordable for the individual child and their family.

Joint Strategic Needs Assessment
- Barnet has the second largest cohort of Children in London with a 6.8% increase in the next 5 years.
- About 17.6 % of children in year 6 are classified as obese.
- A lower percentage than average pupils spend less than 3 hours per week on school sport.
- 10% of expectant mothers smoke during pregnancy.

NHS Mandate
- Ensuring that people have a positive experience of care
- Preventing people from dying prematurely
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Enhancing the quality of life for people with long term conditions

Health and Well Being Board Strategy Objectives
- Enable all women to plan and prepare their pregnancies to maximise health outcomes
- Increase the uptake of immunisations
- Expand the Family Nurse Partnership Initiative
- Embed active lifestyles programmes in schools and reduce obesity
- Reduce by 4.3% the number of young people who are not in education employment or training
- Plan for transition from children's to adult's services
- Discourage uptake of smoking in children by working with partners in education and community groups and to increase the range of people within the public and private sector trained to provide smoking cessation advice.

Health and Well Being Outcomes
- All women in Barnet to access NICE compliant maternity care by 12 weeks gestation (Public health Lead)
- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5% (Public Health Lead)
- Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet. (National Commissioning Board and Public health Lead)
- Reduce the rate of obesity in reception year school children from 11% to be better than the London average. Reduce the rate of obesity in year 6 children from 17.5% baseline towards the England best of 10.7% (Public Health Lead)
- Reduce the number of children and young people misusing alcohol and drugs by 91% by 2014/15.(Public Health Lead)
- Work with the local authority to improve the management of children with complex needs including the development of transition pathways (London Borough of Barnet Lead)

Children and Young People Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Children and Young People Clinical Commissioning Programme Objectives

1. Effective Implementation of the Maternity Pathways Tariffs by April 2013
2. The implementation of the Barnet, Enfield and Haringey Clinical Strategy that will end the provision of maternity services at Chase Farm and support increasing numbers of women to use expanded services at Barnet and North Middlesex University Hospital from November 2013.
4. Ensure appropriate use of paediatric tertiary services at Great Ormond Street Hospital and ensure that children and families are supported within secondary and primary care when appropriate.
5. Achieve more effective and efficient provision of paediatric speech and language therapy services through a joint procurement with the London Borough of Barnet.
6. Continue to roll out the Family Nurse Partnership and enrol 100 families to the programme
7. Develop a section 75 agreement with the local authority for the joint commissioning of Child and Adolescent Mental Health Services

Clinical Lead: Dr Clare Stephens

Existing Projects and Developments	**New Projects and Developments**
Maternity Care Pathways Strategic Re - Commissioning of Child and Adolescent Mental Health Services Paediatric Acute Care Pathways Family Focus and Intensive Family Focus teams	Barnet Children and Young People's Plan 2013/15 Develop Paediatric Emergency Care Pathways as part of the Acute Care Pathways project Joint Procurement of Speech and Language Therapy service

Future Scoping

Development of a Children and Young People's Health network to co-ordinate a local response to the challenges set out in the Children and Young People's Health Outcome Forum report

Work with the local authority to develop and implement a local programme for children with disability and special needs, in line with the Government's Support and Aspiration Green paper

Stakeholder Engagement

In addition to the mainstream engagement activities Barnet CCG is engaging stakeholders in this service area through the Barnet Maternity Services Liaison Committee, North Central London Maternity Provider Network, North East London Children's Commissioners Group, Children's Trust Board and CAMHS Core group

CCG Children and Young People's Clinical Commissioning Programme Outcomes

Quality
•Ensuring that all expectant mothers book with maternity services by the 12th week of gestation
•Clear standards for speech and language services set out in joint service specification.
•CAMHS providers demonstrate how they meet the DH 'You're Welcome' standards for young people
•Improving the safety of maternity services focusing on admission of full-term babies to neonatal care (NHS Outcome framework)
•Improving women and their families' experience of maternity services (NHS outcome framework)
•Develop service specifications that reflect the NHS outcome framework and good maternity provision

Prevention
•Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%
•Achieve the breast feeding 6-8 week target
•Encourage healthy lifestyles and choices to combat obesity in children and young people.
•Continue to support children and young people's mental health and emotional wellbeing.
•Reducing deaths in babies and young children focusing on Infant mortality, neonatal mortality and stillbirths and *five year survival from all cancers in children (NHS Outcome framework)*
•Preventing lower respiratory tract infections (LRTI) in children from becoming serious by reducing emergency admissions for children with LRTI (NHS Outcome Framework)

Innovation
Health input in the multi agency safeguarding hub for children
Embed the Family Nurse partnership
Review the paediatric intake team as part of the complex needs delivery programme

Productivity
Implement the maternity tariff
Implement the paediatric diabetes best practice tariff
Reducing time spent in hospital by people with long-term conditions focusing on reducing unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS Outcome framework)

Financial Implications

Need to show phasing of current QIPP schemes investment and savings
CAMHS Tier 3 450k - the projection is that this QIPP will start to deliver from Q2
Maternity national tariff £2m
Maternity – quality QIPP-delivery in Q1
Re- procurement of Speech and language Therapy 130k- Delivery end of Q2
Children's Services – elective and non-elective 113k part year effect delivery in Q4 2012/13 full year effect anticipated from Q1 2013/14

Assumptions about exiting and new projects
CAMHS Tier 3- delivery of this project is subject to contract negotiations
Maternity national tariff- delivery subject to contract negotiation and the contract delivering the modelled assumptions
Re- procurement of Speech and language Therapy- savings of 130k will be realised from the end of quarter 2 when the contract starts
Maternity – quality QIPP- delivery subject to contract negotiation
Children's Services – elective and non-elective- non elective care project subject to scoping as it is part of the wider urgent care work stream

Risk Management	
Transition of commissioning responsibility to different parts of the health system may cause instability this has been mitigated by ensuring that there are agreed handover arrangements in place	Barnet have a comparatively lower trajectory of health visiting numbers which may impact on the delivery of service. This will be mitigated by working with the National Commissioning Board in their workforce assumptions to ensure that they take into account Barnet's population needs

Elective Care Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Objectives

Ensure that good quality care is provided in the right place at the right time by the right person first time round.

Joint Strategic Needs Assessment

•It is important that episodes of medical treatment are used as opportunities for people to improve their ability to look after themselves and therefore return home safely
•The spending profile is skewed towards acute hospital based care
•In Barnet, the rates of people with a diagnosis of diabetes are higher than the London average.
•The rates of alcohol hospital related admissions has steadily increased over a 6 year period from 696 per annum in 2004/05 to 1444 in 2009/10
•During 2009/10 the majority of admissions in hospital were due to Pneumonia followed by Chronic obstructive pulmonary disease (COPD) and Asthma. Admissions due to Asthma were highest from the West locality, whereas residents from the North locality had higher admissions for COPD and Pneumonia.
•Barnet performs poorly in terms of GPs recording cholesterol and blood pressure, and those that survive stroke receive only an average standard of primary care.
•45-64 year olds are another expanding age group they are most at risk of developing long-term conditions including obesity, raised cholesterol, high blood pressure, diabetes, stroke and heart failure.
•The obesity epidemic and the growth in Barnet's middle aged population mean that we can expect more people to be at risk of Cardio vascular disease than before
•Barnet Social Services keeps records of people who are registered with visual and hearing impairments. As at March 2011, 1,884 people were registered with a visual impairment

Health and Well Being Board Strategy Objectives

•Support the delivery of safe, high-quality health and social care services, within available resources directed to providing the greatest benefit for the greatest number of people in need
•Joining up services to ensure timely and effective solutions to individual problem
•Wherever practical services should be accessible locally within the community or at home.
•Ensure that service users' experiences are good across the range of services available
•Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions.

Health and Well Being Outcomes

•Rates of increasing and higher risk drinking are reduced from 17.7% of the population aged 16+ towards the best performance in England of 11.5%
•Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%

NHS Mandate

•Preventing people from dying prematurely
•Enhancing quality of life for people with long-term conditions
•Helping people to recover from episodes of ill health or following injury
•Ensuring that people have a positive experience of care
•Treating and caring for people in a safe environment and protecting them from avoidable harm.
•Improving standards of care and not just treatment, especially for the elderly
•Better diagnosis, treatment and care for people with dementia
•By 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online
•Putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment
• Preventing premature deaths from the biggest killers

Elective Care Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Elective Care pathway Clinical Commissioning Programme Objectives

1.Move care closer to home where possible providing services in settings and locations closer to people's homes making services easier for patients to access.
2. To ensure that patients are seen by the appropriate clinician with the appropriate skills first time
3. To rationalise the existing services making it easier and straight forward for GPs to understand where they need to refer to and ensure patient pathways are reviewed, updated and implemented
4. To ensure that there is sufficient capacity in acute care to deal with red flags and more complex patients requiring their specialist knowledge and that waiting times for complex problems are reduced
5. Ensure that GP practices utilise the referral management system as part of the demand management programme
6.To increase the knowledge and skills of local GPs using the Peer Learning review as a leaver for developing improvement and appropriate education
7. Ensure that every referral that is made is appropriate, it goes to the right place the first time around and it has the relevant information to aid early diagnosis and management of the patient

Clinical Lead:

Existing Projects and Developments

Providing an interface service bridging the gap between primary and secondary care in community locations (Care Closer to Home) in a range of services including – Ophthalmology, ENT, MSK, Cardiology, Urology, Dermatology
Diagnostic and screening Management
Acute Medicines Management

New Projects and Developments

Extend Care Closer to Home to include Pain Management, microsuction, Further development of the Urology, Cardiology and MSK services, Rapid Response service for complex patients to avoid unnecessary admissions
Community Diabetes

Future Scoping

Care Closer to Home - Microsuction, Gastroenterology and GI Surgery and Diabetes
Improving evidence based diagnostic requests through the implementation of TQUEST

Stakeholder Engagement

In addition to the mainstream engagement activities Barnet CCG is engaging stakeholders in this service area through patient public events to discuss the care closer to home agenda. There is an on going dialogue with providers and other stakeholders to agree mechanisms of managing demand. The CCG also works with GP to improve the quality of care and engage them in service development using the learning from the peer review process.

Elective Care Clinical Commissioning Programme

Barnet Clinical Commissioning Group

CCG Elective Care Clinical Commissioning Programme Outcomes

Quality

100% of all service providers have the requisite accreditation for their clinical speciality
Develop and ratify all primary care pathways across all elective specialities
Lead clinicians to provide education programme for 95% of their referring cohort
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of all patients (all cancers) (NHS Constitution)
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers (NHS Constitution)
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice (NHS Constitution)
Reducing time spent in hospital by people with long-term conditions focusing on unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome framework)
Improving recovery from injuries and trauma, proportion of people who recover from major trauma (NHS Outcome framework)
Improving outcomes from planned treatments. Total health gain as assessed by patients for elective procedures **i** Hip replacement **ii** Knee replacement **iii** Groin hernia **iv** Varicose veins (NHS Outcome framework)
Improving hospitals' responsiveness to personal needs focusing on responsiveness to in-patients' personal needs (NHS Outcome Framework)
Improving people's experience of outpatient care (NHS Outcome Framework)

Innovation

Strengthen the learning through peer reviews to enable GPs to manage the range of elective conditions in primary care, make appropriate referrals to secondary care and increase their clinical knowledge.
Working with acute clinicians to develop primary care pathways to avoid unnecessary follow up in hospitals
Using the information from Referral management system to inform the educational needs of general practice
Utilise the feedback from the learning through peer review to inform future commissioning strategy plans
Remote monitoring of prostate cancer

Prevention

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy (NHS Constitution)
Ensuring that prevention is built into the patient pathway routinely

Productivity

Diagnosing cancer earlier should deliver productivity benefits as pathways are less complex, requiring less resources to co-ordinate. Early stage cancers can be treated less aggressively which is cost effective and may eventually be cost saving.
Patients waiting for a diagnostic test should have been waiting less than 6 from referral (NHS Constitution)
Maximum 31-day wait for subsequent treatment where the treatment is surgery (NHS Constitution)
Develop local tariffs for care closer to home

Financial Implications
Need to show phasing of current QIPP schemes investment and savings Diabetes decommissioning- 27k Expand Community MSK Service-115k Pain management service-42k Dermatology-289k Community ophthalmology service procurement-314k- PID under development therefore not able to fully phase savings Urology-136k Cardiology-74k Gastro & GI surgery-End of Q2 partial impact with full impact end of Q4 2013/14 Audiology-250k –End of Q1 2013/14 complete re-commissioning, end of Q2 start delivery of QIPP Respiratory-Scoping identified that less significant savings are likely, contrary to benchmarking. Community ENT-273k- Delivery in Q1 on track as contract has been awarded
Assumptions about exiting and new projects Community ENT service Contract awarded to UCLH Diabetes decommissioning- Community service already in place but further opportunity to shift additional follow-up activity from acute setting. Expand Community MSK Service-further opportunity to shift additional out patient activity in line with targets set of the community provider. Pain management service-Agreed to mirror Enfield contract variation with BCF. Dermatology- shift all appropriate acute activity into community and primary care. Aim for 70% shift from acute Community ophthalmology service procurement-Provision of non-complex ophthalmology treatment in the community, including stable glaucoma. Urology-Expand existing community service beyond continence and relocate hormone therapy into primary care. Cardiology-Savings possible from diagnostic coding have been removed as a result of tariff unbundling - £1m impact. Gastro & GI surgery-Currently scoping full scale of opportunity identified by benchmarking. Likely to result in shift of outpatient activity to community setting. Audiology-Shift of acute micro-suction to primary care setting. Respiratory-Currently scoping cough clinic and relocating sleep apnoea testing

Risk Management	
Delays in getting large numbers of primary care pathways approved, this will be mitigated by setting up a steering group that will ratify care pathways	As more services move into primary care there may be challenges with finding premises that are fit for purpose. This will be mitigated by using a cluster approach in some cases to deliver care closer to home and by constantly reviewing space utilisation in primary care
The board GPs are over stretched in the number of QIPP schemes they are involved in, further clinical engagement will be achieved by inviting GPs with an interest in particular areas to take on the leadership roles	Commissioning GPs are

Emergency and Urgent Care
Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Objectives

Ensure that good quality care is provided in the right place at the right time.

Joint Strategic Needs Assessment

•There were 5379 hospitals stays for alcohol related harm in 2009/10 and there are 353 deaths from smoking each year

•There are an estimated 20,359 people aged 65 or over with limiting long term illness

•By 2020 many chronic and long term illnesses are projected to increase by more than 20%

•13,146 people aged 65 and over are expected to have a fall, the number of people admitted to hospital as a result of a fall is expected to increase by 20% between 2010 and 2015

•Hospital admissions and mortality rates from respiratory disease increase in the colder months. There is a correlation between these, and the incidence of influenza-like illness

•70% of all visits to accident and emergency (A&E) departments, at peak times, are due to alcohol misuse

NHS Mandate

•Preventing people from dying prematurely

•Enhancing quality of life for people with long-term conditions

•Helping people to recover from episodes of ill health or following injury

•Ensuring that people have a positive experience of care

•Treating and caring for people in a safe environment and protecting them from avoidable harm.

•Improving standards of care and not just treatment, especially for the elderly

•Better diagnosis, treatment and care for people with dementia

•By 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online

•Putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment

• Preventing premature deaths from the biggest killers

Health and Well Being Board Strategy Objectives

Develop and implement a comprehensive frail elderly pathway that spans across health and social care moving from prevention through multiple episodes of illness to end of life care

Health and Well Being Outcomes

The percentage of frail and elderly people who are admitted into hospital three or more times in a 12 month period is reduced from 2009/10 baseline

The number of emergency admissions related to fractures in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015

Emergency and Urgent Care
Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Emergency and Urgent Care Clinical Commissioning Programme Objectives

1. Implement the Barnet, Enfield and Haringey (BEH) Clinical strategy for urgent care ensuring effective estate utilisation and commissioning of service
2. Reduction in Adult and Childhood admissions for ambulatory care conditions
3. Reduction in admissions as a result of alcohol related harm
4. Improve access to primary care and out of hours services to reduce the number of patients who use emergency and urgent care services for primary care
5. Review the walk in service using the public health data to gain an understanding of the impact on health
6. Develop new integrated service models of un scheduled care that will result in appropriate patient entry in the care pathway

Clinical Lead:

Existing Projects and Developments

- Implementation and review of NHS 111
- Open an Urgent Care Centre at Barnet Hospital as part of the BEH Clinical Strategy – GP fronted model
- Support the Mobilisation of Out of Hours provider post procurement
- Review of unscheduled care services including WIC (walk-in centre) arrangements

New Projects and Developments

- Implement the new out of hours contract with effect from April 2013
- Implementation of BEH clinical strategy streamlining of service provision

Future Scoping

Ambulatory Care pathways for Paediatrics and Mental Health out of A&E

Stakeholder Engagement

In addition to the mainstream engagement activities Barnet CCG is engaging stakeholders in this service area through the a series of meetings to discuss unscheduled care in Barnet. Patients attending their GP practices are also able to tweet their feedback and GPs have been asked to access survey monkey. Stakeholders include professional groups i.e. LMC (Local Medical Council), hard to reach groups, BME (Black and Minority Ethnic) groups including Mental Health and women with young children

Emergency and Urgent Care Clinical Commissioning Programme

Barnet Clinical Commissioning Group

CCG Elective Care Clinical Commissioning Programme Outcomes

Quality

•New service specification and Key performance indicators (KPI) for urgent care centre model at Barnet Hospital
•Local Clinical Governance Group for NHS 111 stakeholders
•Implementation of the BEH Urgent Care Network
•New service specification and KPIs for OOHs service
•95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A and e department (NHS constitution)
•No waits from decision to admit to admission (trolley waits) over 12 hours (NHS constitution)
•Maximum four-hour wait in A&E from arrival to admission, transfer or discharge (NHS Constitution)
•All ambulance trusts to respond to 75 per cent of Red 1 Category A and 75 per cent of Red 2 Category A calls within eight minutes. To respond to 95 per cent of all Category A calls within 19 minutes of a request being made for a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner (NHS Constitution)
•All handovers between ambulance and A and E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes (NHS Constitution)
•Improving people's experience of accident and emergency services Patient experience of A &E services (NHS Outcome Framework)

Innovation

• NHS 111 Supports the delivery of a whole system transformation across unscheduled care
• Integrated Walk in centres and Out of Hours (OOHs) service

Prevention

•Implementation of the London Ambulance Service Urgent Care Centre Alternative Care Pathway as part of Urgent Care Centre model
•Implementation of Minor Ailments Scheme in primary care
•NHS 111 directing to most appropriate urgent care service

Productivity

•Reduce the number of attendances at A&E
•Reduce the number of unscheduled admissions
•Reduce the duration of unscheduled stays in hospital
•Reduction in the number of emergency related ambulance journeys

Emergency and Urgent Care Clinical Commissioning Programme

NHS
Barnet Clinical Commissioning Group

Financial Implications
Need to show phasing of current QIPP schemes investment and savings Urgent Care Centre 300k- UCC to be in place from Q1 – negotiations underway regarding tariff to be applied. Monitoring of UCC activity and A&E banding to track activity levels Alcohol related admission 114k- Implementation due to commence Q1 2013/14
Assumptions about exiting and new projects Urgent Care Centre-UCC in place at Barnet General Hospital – 40% shift of A&E activity to UCC at lower tariff. Alcohol related admissions-Significant impact on acute activity through reduced A&E and emergency admissions

Risk Management	
The full impact of BEH clinical strategy on emergency and urgent care is unknown this will be mitigated by working with the programme board to ensure risks and issues are managed robustly	Delays in completing the activity modelling for the schemes, this will be mitigated by ensuring that there is adequate informatics and project support
Programme Board and work streams are resource intensive this will be mitigated by using the available resources effectively to deliver the objectives of the programme	Delivery of the QIPP scheme is dependent on the opening of BH UCC, this risk has been mitigated by developing a robust project plan and setting up a steering group to over see the implementation of the project

Mental Health and Learning Disability Clinical Commissioning Programme

Barnet Clinical Commissioning Group

To develop and commission high quality and safe services that are person-centred and promote people's recovery and independence, enabling them to live rewarding and fulfilling lives.
To ensure that all mental health and learning disabilities commissioned services take into account the physical health conditions as part of the holistic assessment and treatment process.

Joint Strategic Needs Assessment
•Approximately 40,000 people in Barnet experience common mental health problems.
•Life expectancy amongst people with learning disabilities and people who experience mental ill health is lower that the general population associated with significantly higher levels of obesity and respiratory disease including COPD.
•An estimated 25% of people with long term health conditions such as diabetes, COPD etc. also experience CMI which affect their recovery.
•There is a higher level of social exclusion and unemployment amongst this population group. Over 40% of those on Incapacity Benefit in Barnet, are claiming as a result of mental ill health.

Health and Well Being Board Strategy Objectives
-People are being free of avoidable ill-health and disability;
-Work in collaboration with partners in the statutory, commercial and third sectors, and with stakeholders in the community, to enhance individual and family self-reliance;
-Support the delivery of safe, high-quality health and social care services, within available resources directed to providing the greatest benefit for the greatest number of people in need
-Ensure that service users' experiences are good across the range of services available.

NHS Mandate
•Preventing people from dying prematurely
•Enhancing quality of life for people with long-term conditions
•Helping people to recover from episodes of ill health or following injury
•Ensuring that people have a positive experience of care
•Treating and caring for people in a safe environment and protecting them from avoidable harm.
•Improving standards of care and not just treatment, especially for the elderly
•Better diagnosis, treatment and care for people with dementia
•By 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online
•Putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment
•Preventing premature deaths from the biggest killers

Health and Well Being Outcomes
Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check.
Increase by 9% the number of people with long term mental health problems and people with a learning disability in regular paid employment for 2012/13, increasing to 10% for 2013/14 and 11% by 2014/15.

Mental Health and Learning Disability Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Mental Health and Learning Disability Clinical Commissioning Programme Objectives

1. To develop a mental health commissioning plan;
2. Increase the availability of NICE compliant evidence based talking therapies and recommission the Barnet IAPT & Wellbeing Service;
3. Support the developments of 'RAID' style liaison arrangements between acute and mental health providers to achieve a redesigned effective pathway for patients with mental health conditions in acute hospitals settings;
4. Review and develop care pathways for co-morbid conditions including autism, ADHD, substance misuse and personality disorder;
5. Collaborate with Enfield and Haringey CCGs to develop and implement rehabilitation and recovery care pathways and systems to reduce need for Out of Area Treatments and other high cost placement;
6. To improve access to health care including annual health checks and health screening programmes for people with learning disabilities.
7. Building on the DH Concordat, to work with the Council to secure further opportunities for community based options that reduces the need for inpatient and out of area treatment options for people with learning disabilities.
8. Council to lead on the recommissioning of prevention services for people with learning disabilities, autism and mental health conditions

Clinical Lead: Charlotte Benjamin

Existing Projects and Developments

•Improving Access to Psychological Therapies
•Primary Care Mental Health Team Remodelling
•Complex Care pathways
•Recommissioning of the Mental Health Day Opportunities Service

New Projects and Developments

•Developing a mental health commissioning plan
•IAPT recommissioning
•Develop care pathways for co-morbid conditions
•Recommissioning of mental health and learning disability prevention services

Future Scoping

•Scoping the benefits and outcome of an integrated RAID model based on the Birmingham model

Stakeholder Engagement

In addition to the mainstream engagement activities, Barnet CCG and London Borough of Barnet, jointly engage stakeholders including patients/service users, their carers and voluntary sector providers through the Mental Health and Learning Disability Partnership boards. We have engaged stakeholders through the Mental Health Partnership Board in the development and prioritisation of our commissioning intentions as well as through the Learning Disability Partnership Board in the Barnet Learning Disability Health Self-assessment process.

Mental Health and Learning Disability Clinical Commissioning Programme

Barnet Clinical Commissioning Group

CCG Mental Health and Learning Disability Clinical Commissioning Programme Outcomes

Quality **Enhancing quality of life for people with mental illness.** Recovery rate for people in receipt of IAPT treatment: 50% **Waiting times for IAPT Treatment: 28 days** **Employment of people with mental illness and learning:** 10% 2013/14 **Reducing premature death in people with serious mental illness** Excess under 75 mortality rate in adults with serious mental illness Reduce premature death in people with learning disability Excess under 60 mortality rates in adults with learning disability Improving experience of healthcare for people with mental illness Patient experience of community mental health services (NHS outcome framework	**Innovation** Develop a mental health commissioning plan that supports whole system approach and integration across the provider landscape as well as in primary care. Implementing the Patient Reported Experience Measures for learning disability and mental health in 2013/14. Implementing the patient reported outcome measure in people with mental health problems in 2013/14. Implement the new mental health PBR in shadow form in 2013/14.
Prevention - Early Intervention in Psychosis service to support: 47 new people supported in 2013/14 - Suicide prevention: 100% of psychiatric in-patients on CPA followed up within 7 days of discharge. (NHS Constitution) - Improving Access to Psychological Therapies: 6000 people receiving IAPT treatment by 2014/15 -Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check. - Re- commission the learning disability and autism prevention service by March 2014	**Productivity** To build on the findings of the 2012 Maudsley International review and ensure that the range and care pathways delivered by adult mental health inpatient services are delivered within an integrated system of care, and are appropriately supported by the right balance of community resources so that productivity expectations are achievable. Ensure consistency and compliance with timetables to move service users out of forensic services, including, for example, prison transfer protocols

Financial Implications
Increasing Access Psychological Therapies (IAPT): The CCG is investing an additional £430,462 bringing overall investment in the Barnet IAPT programme to £1.2m
Mental Health Budgets: Budget of £36m for Mental Health contracts, high cost placements and Out of Area Treatments. Significant cost pressure in HCP and Out of Area Treatments as well as in contracts relating to cross-border activity.

Need to show phasing of current QIPP schemes investment and savings
The 2013/14 QIPP schemes in development include:
-Mental Health – OATs: (Being Scoped)
- Mental Health/Acute – RAID model: Further scoping work required. Any savings will only be delivered after April 2014

Assumptions about existing and new projects
Mental Health Out of Area Treatment:
-Scoping exercise will be concluded on time in order to deliver savings in 2013/14

Mental Health /Acute Health Services Rapid Assessment and Intervention Discharge Service
- There is buy-in across clinicians, providers and partners needed to scope and develop model

-There is appropriate project management capacity to develop a tri-borough approach through 2013/14

Risk Management	
A: Out of Area Treatment QIPP does not deliver expected savings	A1: Review assumptions and develop clear metrics for measuring progress and savings A2: Identify top and bottom estimate of potential savings A3: Account for new activity as part of modelling exercise.

Frail Older People
Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Objectives
To further develop proactive, planned care approaches to older people including effective multidisciplinary working between providers.
Ensure the commissioning process enables the development of treatment and clinical/non-clinical case management of older people reducing the need for non-elective and unscheduled care.

Joint Strategic Needs Assessment
Elderly population set to rise by 21% over next 10 years.
38% of older adults living alone.
Older people are three times more likely to be admitted to hospital following attendance at an A+E department. Once there older people are more likely to stay and suffer life-threatening infections, falls and confusion
Older people are more likely to suffer from chronic and long-term conditions, mental health issues, and are also more likely to suffer from falls and fractures
Hip fractures are the events that prompt entry to a care home in up to 10% of cases.
The number of people with dementia is expected to increase however with early diagnosis, treatment and support they can continue to live good lives
There is an increased risk of social disconnectedness and isolation an estimated 18,300 older adults in living alone, making up 38% of the elderly population in the borough. Over two-thirds of these single pensioner households will be aged 75 or over

Health and Well Being Board Strategy Objectives
•Develop Neighbourhood and community support networks
•Implement a comprehensive frail elderly pathway
•Roll out tele health and telecare solutions
•Personal budgets for health and social care
•Support the health care aspects of residents in care homes
•Implement Barnet Carers Strategy
•Ensure individual end of life plans

NHS Mandate
•Preventing people from dying prematurely
•Enhancing quality of life for people with long-term conditions
•Helping people to recover from episodes of ill health or following injury
•Ensuring that people have a positive experience of care
•Treating and caring for people in a safe environment and protecting them from avoidable harm.
•Improving standards of care and not just treatment, especially for the elderly
•Better diagnosis, treatment and care for people with dementia
•By 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online
•Putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment
•Preventing premature deaths from the biggest killers

Health and Well Being Outcomes
•The balance of spend on older people in both the NHS and Social Care has been realigned to provide a greater focus on prevention.
•The percentage of frail elderly people who are admitted to hospital three or more times in a 12 month period is reduced from 2009/10 baseline.
•The number of emergency admissions related to hip fracture in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015.
•Increase the percentage of people aged 65+ who are still at home 91 days after discharge into rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015.
•That all people who have continuing healthcare needs are able to have a personal health budget by 1st April 2014
•An increase of 20% by 2015 in the number of carers who self report that they are supported to sustain their caring role from the 2011/12 baseline
•Increase in the number of people who are receiving end of life care that are supported to die outside of hospital

Frail Older People
Clinical Commissioning Programme

Barnet Clinical Commissioning Group

Frail and Elderly People Clinical Commissioning Programme Objectives

1. Supporting people to stay living at home for as long as possible and enabling them to take more responsibility for their own health, which in turn will help reduce or delay the rising admissions to residential care
2. Increased use of health and social care preventative programmes and improved practice in use of medication leading to a reduction in unplanned and emergency admissions to hospital and A&E
3. Services that are designed, accessible and targeted at those who need them the most
4. Reductions of incorrect or untimely interventions via increased risk assessment
5. Pro-active care to ensure long term conditions do not deteriorate leading to the need for acute care
6. Supporting people to remain connected to their family and community and influencing well-being
7. Reducing the number of interventions that take a person away from their main place of residence

Clinical Lead: Dr Jonathan Lubin

Existing Projects and Developments

•Primary Care Risk Stratification of patients
•Care Navigators in Primary Care
•Multidisciplinary Team and Case Management
•Intermediate Care Team Rapid Response and Enablement Plus
•Reduction in adverse impact of drugs and address medication needs of the frail elderly
•Admission Avoidance
•Re-commissioning of older adults day opportunities (LBB led)
•The Barnet Ageing Well Programme

New Projects and Developments

•Prevention and management of falls- whole system re-design of current falls pathway
•Care Home Pilot
•Stroke; Prevention (detection of Atrial Fibrillation), increased capacity for early supported discharge, comprehensive stroke reviews
•Dementia pathway; re-design of memory service, creation of Barnet Dementia hub to include a dementia adviser service
•care of elderly led MDT at FMH
•Frailty clinic at FMH

Future Scoping

•Development of Telehealth and Telecare
•IT requirements for integrated reporting
•Introduction of a frailty clinic

Stakeholder Engagement

In addition to the mainstream engagement activities Barnet CCG is engaging stakeholders in this service area through the Older Person's Partnership Board, Barnet Older People's Assembly, Barnet CCG also engages stakeholders and service users in the frail and elderly people's network. There are various patient forums where frail and elderly people are involved in the development of care pathway and take part in consultation events

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CCG Frail Older People Clinical Commissioning Programme Outcomes

Quality

•Frail elderly patients with co-morbidities have their care reviewed by MDT led by consultant geriatrician
•Reduction in people with 3 or more admissions in previous 12 months through better management in primary/community care.
•Number of older people that are discharged to their own home rather than a care home
•By year two, 90% of fragility fracture patients who have osteoporosis diagnosed should be treated with appropriate osteoporosis medication in line with NICE TA187 guidance unless contraindicated.
•Enhancing quality of life for people with dementia. Estimated diagnosis rate for people with dementia. *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life* (NHS Outcome Framework). Target agreed to increase early diagnosis rate from 57% to 69% over the next 5 years.
•Improving recovery from fragility fractures Proportion of patients recovering to their previous levels of mobility/walking ability at 30 and 120 days (NHS Outcome Framework)
•Helping older people to recover their independence after illness or injury. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service. Proportion offered rehabilitation following discharge from acute or community hospital (NHS Outcome Framework)

Innovation

•Extend Telehealth and Telecare to patients who have been risk stratified and able to benefit from the packages offered
•Proactive management of patients that have been risk stratified and identified as needing additional support
•Creation of Barnet Dementia Hub
Frailty clinic at FMH
Use of telehealth by care staff to use in consultation with GP and care of elderly consultants at distance to help manage sudden changes of health in care home residents to aid reduction in unnecessary admissions to hospital

Prevention

•Increase the number of people ' at risk of falling' referred to falls management services
•By year two, no more than 20% of yearly Fracture Liaison Service cohort should re-fracture.
•Reduced incidence of grade 3 and 4 pressure ulcers occurring in nursing and residential homes with a year on year baseline reduction
•Stroke – prevention of first stroke and secondary stroke
•Dementia – improved early diagnosis and support will mean people can stay in the community for longer

Productivity

•Reduce emergency admissions via A&E of older people
•Reduce A&E attendances by older people
•Number of emergency admissions of people over 65 years.
•Reduction of 30% the number of emergency admissions from care homes

Financial Implications
Need to show phasing of current QIPP schemes investment and savings •Continuing care is likely to deliver 500k •Comprehensive fall service 108k •Stroke prevention intermediate care review 53k •Dementia Memory Assessment clinic 412k
Assumptions about exiting and new projects •Dementia – Memory Assessment Clinic- Agreeing modelling and costs with current provider Barnet, Enfield & Haringey MHT for new proposed clinic. Joint project with London Borough of Barnet. •Fracture Liaison Service- Prevention of secondary osteoporotic fractures. BCF to provide the fracture liaison service within financial envelope available. •Admissions avoidance – phase 2-Risk stratification to prioritise care planning; MDT meetings to case manage patients and frailty clinics to be established. Integrated care team (rapid response) and pall care teams already established in 12/13.

Risk Management	
Lack of support (IT or shared work space) to facilitate communications and information sharing limits the ability to work collaboratively and deliver joined-up health and social care This will be mitigated by scoping the IT requirements for integrated reporting systems	The major transformational changes occurring across LBB and Health disrupts projects, causing delays or reducing the ability of new service model to deliver its objectives of integrated health and social care offer. This can be mitigated by implementing a programme management approach with senior responsible officer responsible for delivery
A lack of understanding and buy-in from all stakeholders that need to be involved means that they do not understand their own contribution or embrace the new ways of working that are required to deliver the integrated health and social care offer. This can be mitigated by including change management with effective communication and training on benefit realisation	

Supporting Work Programmes

Barnet Clinical Commissioning Group

Communications and Engagement
Clinical Leads – Dr Frost
Delivery of Patient and Public Engagement Strategy to: •Provide a clear method of engaging with stakeholders to inform CCG decision making •Increase confidence of Barnet CCG as an effective commissioning organisation •Ensure member practices and staff members are well informed and feel able to contribute to decision making processes.

Contracting
Clinical Leads – Dr Subel, Dr Frost and Dr Wagman
• Establish and implement robust collaborative contracting arrangements agreed local CCGs and supported by the CSU. • Contract Lead CCG for Royal Free, CLCH Contract and RNOH Contracts. • Develop and Implement effective CQUINS, Procedures of limited clinical effectiveness and productivity metrics

Medicines Management
Clinical Leads – Dr Wagman
• Optimisation of medicine usage for frail elderly people e.g. falls/Chronic Obstructive Pulmonary Disease • Primary Care Medicine Management QIPP • Acute Medicines Management QIPP • Participate in the North Central London Joint Drug and Therapeutics Committee

Supporting Work Programmes

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Quality, Safety and Patient Experience

Clinical Lead – Dr Bentley

Implementation of Francis Report recommendations

- Robust processes for the performance management of NHS Trusts and other providers
- Safeguarding for Children and young people
- Safeguarding for Adults
- CQUIN development
- London Quality and Safety Programme

Estates Management

CCG Lead – Steve Hobbs (Interim Chief Financial Officer)

- Develop strategic approach to estates management
- Minimise estates voids
- Effective management of facilities service level agreements

Governance

CCG Lead –Mr David Riddle (Lay Board Member)

- Engagement and communication strategy
- Public Sector Equality Duty Compliance
- Audit programme