

	<p align="center">Health and Wellbeing Board</p> <p align="center">21 July 2016</p>
Title	Finchley Memorial Hospital Transformation Project
Report of	Alan Gavurin, Strategic Estates Director (Interim) Barnet CCG Dr Debbie Frost, Chair Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Update on Barnet CCG plans for Finchley Memorial Hospital
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Summary

Barnet Clinical Commissioning Group (CCG) has been running a programme to transform how Finchley Memorial Hospital (FMH) is utilised as the space has not been used as originally intended and parts of the building have remained empty since it opened.

In developing the CCGs Primary Care Strategic Framework document (May 2016), we held a number of engagement events with local residents through Healthwatch and the Youth Parliament and a number of GP practices. This helped to define the vision for primary care and articulated the need to better use a number of key locations across the borough where existing services were being delivered.

This paper reports on the CCG's progress in developing new services to meet the healthcare needs of local people, increasing how the space is utilised and generate more footfall in the building. This includes:

- Breast Screening services – no longer in a mobile unit
- Older Persons Assessment Unit – to prevent admission to acute facilities
- Inpatient beds for rehabilitation
- Additional blood taking services
- A GP service – possibly with additional specialist services such as home visiting or care home activity

Finally the paper explains how improved centre management is the key to delivering these new aspirations and also to securing greater community involvement and engagement in

the building.

Recommendations

- 1. The Health and Wellbeing Board notes and provides feedback on the plans and development activities set out in this report.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The CCG previously indicated to the HWBB in May 2016 that they would provide an update regarding the utilisation and development of the FMH site.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The CCG recognises the importance of constructive dialogue with all partners and the need to better utilise existing facilities in the borough. The HWBB is a crucial partner in commissioning services that affect our resident populations.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The CCG is exploring all options for the use of the building to deliver its commissioning objectives and support the needs of the people of Barnet.

4. POST DECISION IMPLEMENTATION

- 4.1 Feedback from the members of the HWBB is welcomed to ensure that approach is fully understood and compatible with wider plans and integration with social care and voluntary sectors partners.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Monitoring reports of service developments will be available via the CCG's Strategic Estates Working Group and progress on delivering the framework approaches reported back to HWBB in September 2017.

- 5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in the development of the CCG's estates strategy and approaches to better using FMH.

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

- 5.2.1 This report does not ask the HWBB, nor partners for any additional funds. Primary care is currently commissioned in the main by NHS England in partnership with the CCG, and the FMH site is used by different providers as commissioned by the CCG. We will seek the best ways to further support other providers, social care and voluntary sector in better using the site in line with strategic aims and improving health outcomes.

- 5.2.2 The NHS have announced a number of funding streams to enhance primary care

provision and we will be bidding for those monies to deliver long term changes that promotes the sustainability of primary care services through innovative changes.

5.3 **Social Value**

- 5.3.1 The report considers utilising patient self-care, families, carers and voluntary sector in a much more coordinated fashion, developing the skill sets and including social community integration of the services.

5.4 **Legal and Constitutional References**

- 5.4.1 The CCG's duties to provide, commission and arrange primary care services are given under the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

- 5.4.2 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution Responsibility for Functions (Appendix A) and includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), 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. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

- 5.5.1 The CCG are undertaking a full Risk and Issues log in managing the delivery of this approach alongside a detailed implementation plan over the next 1-2 years.

5.6 **Equalities and Diversity**

- 5.6.1 The CCG will be completing its own Equality and Diversity assessment for each

service commissioned prior to commencement, starting in October 2016 for breast screening, November 2016 for Older Persons Unit, in December 2016 for Discharge to Assess. The Equality and Diversity Assessment for the GP practice element will be completed later in 2017, again prior to service commencement. In order to narrow the gap in Quality Adjusted Life Years and life expectancy we will need to target certain communities, notably in the west of the borough. This will, by its nature, result in some differences of service provision, but will yield an improvement of outcomes for those most affected.

5.7 Consultation and Engagement

5.7.1 Future service provision with FMH has been subject to numerous discussions with various groups since its planning, building and commissioning. From November – December 2015, the CCG undertook consultation work through Healthwatch and with the Youth Parliament on a range of primary care issues in developing its Strategic framework for Primary care. The use of existing buildings across the borough featured highly as a way of integrating health and social and community services together in one place.

5.7.2 The CCG has linked with current NHS providers such as CLCH during February - March 2016 who use FMH to deliver specific clinical services about better utilisation, space and layout along with how they would envisage using the site.

5.7.3 The CCG has also worked with GP practices across the whole borough through its multi-professional education groups to ascertain how they would see modern health services at a community level to be delivered. Eight sessions across the borough during June 2016 contributed to the picture with views from GPs, practice managers, nurses and pharmacists.

5.7.4 The CCG welcomes further opportunity to share the report and its development with key stakeholders, public and patients across the borough.

5.8 Insight

5.8.1 Not applicable.

6. BACKGROUND PAPERS

6.1 Health Overview and Scrutiny, Finchley Memorial Hospital, 4 July 2016, item 10: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=8782&Ver=4>

6.2 NHS England produced the following papers in relation to specific Primary care funding against which we have submitted bids: <https://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/>