

	Health and Well Being Board 10th November 2016
Title	Care Homes Project Progress Report
Report of	Dr Debbie Frost, Barnet CCG Chair
Wards	
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 Care Homes Project Update Report
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<h2 style="text-align: center;">Summary</h2> <p>Barnet CCG, An Integrated Framework for the Frail and Elderly (2015) aim is to improve the experience, efficiency and quality of care home services for the frail elderly of Barnet. The strategy identified four priorities-</p> <ul style="list-style-type: none"> • Workforce, Training and Development • Urgent Care and Resilience • Primary Care (including Medicines Management) • Quality and Patient Safety <p>This strategy focuses on facilitating whole system working in the care sector between the Local Authority and the CCG with a drive on improving quality and safety for the residents and commissioned services that are value for money.</p> <p>In line with the strategy, services have been developed in addressing the priorities outlined. The Care Homes project has two schemes that are being piloted and operational since September 2016. There is a third scheme-single quality assessment framework currently being scoped by the Local Authority and the CCG.</p> <p>The Care Homes project aims to improve quality of care for the residents, reduce</p>

unplanned admissions, reduce London Ambulance Services (LAS) conveyances, develop work force competency and provide missing evidence to support a full Business Case for a future sustainable model.

Recommendations

- 1. That the Health and Wellbeing Board notes the progress made by Barnet CCG in improving quality in Care Homes through collaborative working with key stakeholders.**

1. BARNET CCG CARE HOMES PROJECT PROGRESS REPORT- INTEGRATED CARE

BACKGROUND

- 1.1 Barnet CCG Integrated Care Home Framework Strategy (2015) recommended enablers through integrated working with the Local Authority and support for Care Homes within the wider health and social care infrastructure.
- 1.2 The strategy identified areas of strengths in the health and social care system and areas that requires improvement. The report in Appendix 1 updates the Board on the schemes of work already started and the other scheme being scoped to address the areas of priorities.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board is asked to note the progress made to support implementing the work outline in the Strategy to support the wider work in the NHS around patient experience and admission avoidance.
- 2.2 The Health and Wellbeing Board is asked to support further development of this work following the success of the pilot.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not relevant to the content of this report. Care Homes Project is in the pilot phase and learning from previous Care Homes projects have been taken on board.

4. POST DECISION IMPLEMENTATION

- 4.1 The schemes will be evaluated in January 2017 to support the development of a full Business Case. This will be submitted through the CCG Project Management Office (PMO) Process.

The work programme will consist of:

- Developing the detailed Implementation Plan of the schemes.
- Engagement Plan with all key stakeholders
- Linking service within Transformation of Primary Care and Urgent Care.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Monitoring reports of service developments will be available via the governing body reports and progress on delivering the framework approaches.

- 5.1.2 Barnet CCG Integrated Care Home Framework Strategy supports the overarching aims of the Council's Corporate Plan 2015-2020. The Care Homes Project is focused on improving health outcomes.

- 5.1.3 The CCG continue to build good relationships with the Local Authority through collaborative working in addressing the gaps in the health and social care needs of our residents. This also includes Healthwatch and our providers through regular contacts and forums.

- 5.1.4 The report helps to assure the Health and Wellbeing Board of the progress made in implementing the intentions of the Joint Health and Wellbeing Strategy.

- 5.1.5 The report supports the outcomes of Better Care Fund (BCF) around the effective delivery of integrated care that places the people and their carers' at the heart of the service

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

- 5.2.1 Funding of £300k was made available from the CCG to pilot this programme of work. This project does not require additional funding at this time as the project is in its pilot phase. To further scale up and sustain this model of care, additional funding will be required and will be accessed through Barnet CCG PMO process.

5.2.2 The sustainable model of this scheme will have a direct impact on reducing spend on LAS and Hospital Length of Stay (LOS).

5.2.3 The QAF tool currently in scope will enable Barnet CCG and the Local Authority to merge resources and work collaboratively in ensuring quality assurance for commissioned services.

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 The CCG is aware that in order to engage more widely a greater degree of stakeholder involvement in designing services is required. We intend to achieve this through greater participation through Health Watch, Care Sector and the Local Authority Care Quality Advisors and other key stakeholders.

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 (Annex 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 programme of delivery is managed through the PMO at the CCG. This office logs and tracks all risks and issues that arise during the project deployment.

5.5.2 Risk 1: Project delays caused by workforce challenges-workforce planning and the restrictions of agency staff for the providers. This has now been rectified as the pilot is fully operational with the adequate workforce required.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups, foster good relations between people from different groups.

5.6.2 All staff are up to date with equality and diversity training in ensuring services developed have an inclusive approach in meeting the diverse needs of our residents.

5.7 Consultation and Engagement

5.7.1 The CCG recognises that it is important that we improve engagement with the Care Sector, General Practitioners and other key stakeholders. The CCG has engaged with the Care Sector through Local Authority Forums for Care Staff and Managers in March, May and June 2016. A GP and Care Homes event has been scheduled for the 1st December 2016. In addition, Telephone contacts have been made with all GP's involved with the pilot. Further engagement will include LAS.

5.8 Insight

5.8.1 Barnet CCG welcomes further input and thanks Health Watch and the Local Authority Care Quality Advisors. For wider engagement, a resident forum will be arranged. The CCG has been invited to a Care Home Forum, dates to be agreed.

6. BACKGROUND PAPERS

- 6.1 An Integrated Care Home Framework For The Frail and Elderly- A Barnet Strategy (2015)-available on request.