| | |
|---|---|
| | **Health and Wellbeing Board**<br>**25 January 2018** |
| **Title** | **Development of Care Closer to Home Integrated Networks (CHINs) in Barnet** |
| **Report of** | Strategic Director for Adults, Communities and Health<br>Chief Operating Officer, Barnet CCG |
| **Wards** | All |
| **Date added to Forward Plan** | November 2016 |
| **Status** | Public |
| **Urgent** | No |
| **Key** | No |
| **Enclosures** | None |
| **Officer Contact Details** | Colette Wood, Director of Care Closer to Home<br>colette.wood1@nhs.net<br><br>Joanne Humphreys, Project Lead<br>joanne.humphreys@barnet.gov.uk |


## Summary

This report provides an update on the progress of the Care Closer to Home Programme in Barnet.


## Recommendations

1. **That the Health and Wellbeing Board notes and comments on the progress of Care Closer to Home Integrated Networks in Barnet.**

## 1. WHY THIS REPORT IS NEEDED

### Background

1.1 Care Closer to Home is a place based population health system of care delivery supporting a programme of work to deliver more care and treatment in local community settings. The benefits of this model are that it will reduce dependence on avoidable and unnecessary hospital attendances and

admissions, enable earlier interventions, promote individual and community health and wellbeing and provide more integrated, coordinated support to those most in need, including the frail elderly, children and those with long term conditions.

1.2 In Barnet the Care Closer to Home programme of work has been co-designed by the CCG and the Council, in recognition of the imperative of a coordinated and integrated approach to promote local health and social care delivery in ways which best meet the needs of the residents and registered population of Barnet. Design and delivery work is being taken forward under the direction of the local Joint Commissioning Executive Group, itself overseen by the Barnet Health and Wellbeing Board and CCG Governing Body. This ensures that action to promote the delivery of care closer to home is consistent with broader commitment to improvements in local health and wellbeing.

1.3 The Care Closer to Home work stream within North Central London is overseen by the Health and Care Closer to Home Board. This is chaired by Andrew Ridley, Chief Executive of Central London Community Healthcare Trust. The Senior Responsible Officer for the Programme is Tony Hoolaghan, Haringey and Islington Chief Operating Officer.

1.4 Barnet CCG's Primary Care team is delivering this work within existing resource with support from the Council's Adults Transformation team and from a Programme Director covering North Central London.

**Context: North Central London Sustainability and Transformation Plan (STP)**

1.5 The strengthening of health and care closer to home is one of the fundamental platforms for change in the North Central London STP. The STP identifies a number of delivery/enabling mechanisms for the enhancement of care closer to home. Collectively, these require an integrated approach across health and social care and strengthened federated working by providers, including primary care. This should include the more flexible deployment of workforce skills across organisations.

1.6 The three main drivers of change are:

- **Improved Access**
    - Patients will be able to access consultations with GPs or other Primary Care professionals in their local area for pre-bookable and unscheduled care appointments 8am - 8pm seven days a week.

      Planned outcomes: improved patient satisfaction with access to primary care and a reduced number of patients seen in A&E/Urgent Care with a primary care appropriate problem.

- **Care Closer to Home Integrated Networks (CHINs)**
    - CHINs may be virtual or physical. Typically covering populations of c.50-80,000, they will be home to a number of services, providing an integrated, holistic, person-centred model of health and social care and support. At the heart of this will be integrated health and social care multi-disciplinary teams, care planning, risk stratification and care coordination. Support from specialist consultants should be accessible to enable GPs and their teams to manage more care closer to home.

      Planned outcomes: reduction in clinical variation, reduction in hospital care activity and cost, reduction in the number of residents dying prematurely, enhanced quality of life for people with long-term conditions, more patients having a positive experience of care, more people supported to live with increased resilience and independence, while building upon their connections with the local community; faster and easier access to health professionals and other services that can help people to resolve their issues at an early stage before they become more serious.

- **Quality Improvement Support Teams (QISTs)**
    - These GP-led teams will be tasked with improving quality in primary care and reducing unwarranted variation. They will play a central role in supporting CHINs, providing hands-on practical help for individual GP practices to ensure a consistent quality standard and offer of service. They will help to identify, promote and roll out best practice, clinical innovation and proven technologies in a systematic and consistent way. This will include support to maximise early identification and support and the proactive management of high blood pressure, atrial fibrillation, chronic kidney disease and diabetes.

      Planned outcomes: reduction in clinical variation, reduction in hospital care activity and cost, reduction in the number of residents dying prematurely, enhancement of the quality of life for people with long-term conditions and an increase in the number of patients having a positive experience of care.

## 2. PROGRESS IN 2017/18

### Extended access

2.1 Following a procurement exercise, a contract award for extended access was made to the Barnet GP Federation. Extended access is now provided from 3 community hubs with 6 satellite sites, the service has been operational since April 2017 and will provide an additional 38,000 appointment slots per annum

for local patients. Investment comes from a mix of pre-existing CCG investment and further dedicated resources received from NHS England.

2.2 The CCG has monthly contract meetings with the GP Federation to assure progress.

**Care Closer to Home Integrated Networks (CHINs)**

2.3 Working closely with the Barnet GP Federation, expressions of interest from local practices to become CHINs were invited. Five expressions of interest from local clusters of practices were received and evaluated and three were approved. The first Barnet CHIN is centred on a group of five practices located in Edgware/Burnt Oak/Watling Way. Together these practices have a registered population of c.50,000, equating to c.12.5% of the Borough's total GP registered population and will focus on Diabetes and paediatric access.

2.4 The second CHIN will be centred across a group of practices in the North Locality and will focus on frailty based on prevalence and demography.

2.5 The aim was to launch the Burnt Oak CHIN in September 2017, and the second CHIN through the second half of 2017/18. However this timeline has slipped and it is now envisaged that the first CHIN will become operational in January 2018 with the second CHIN coming online in March 2018.

2.6 The Barnet GP Federation has indicated a desire to progress this first phase of CHIN development and it has been agreed that they will work in partnership with the CCG to take this forward. Discussions are now progressing with the Barnet GP Federation to agree a programme of mobilisation and a deployment of resources and to agree the future footprint for CHIN development to achieve universal coverage in Barnet.

2.7 Over time the aspiration is to shape all community commissioning and delivery around the delivery vehicle of CHINs, aligning resource and giving permission to front line staff to work differently. CHINs will be used as a vehicle for testing new ways of working such as the sharing of diabetic registers and practice resources.

**Quality Improvement Support Teams (QISTs)**

2.8 Barnet CCG was successful in a bid to the Diabetes Transformation programme for money to support diabetes management in primary care and received £249k to be invested in a D-QIST. The aim of the D-QIST is to work collaboratively with the CHINs to deliver three treatment targets. The CCG has now commissioned the Barnet GP Federation to deliver the D-QIST

working in partnership with CLCH and this will be operational to support the Burnt Oak CHIN in January 2018.

2.9 The D-QIST will be used as a "prototype" for QIST development in Barnet and pending review of its outcomes discussion will extend to consider how the concept and intended outcomes of a QIST can be rolled out across Barnet and developed for the CHIN footprint.

**Prevention and supported self-management**

2.10 CHINs will take a person-centred (holistic) approach, which focuses on the person and their wellbeing, rather than upon their specific illness/problem. People will be supported to use online resources, universal services and local community and voluntary sector services to enhance their personal resilience and independence and achieve the outcomes they want in ways that strengthen their connections with their communities.

2.11 The Council is working with the Burnt Oak CHIN to establish links between the CHIN and services provided/supported by the Council that support residents' physical, mental, emotional and financial wellbeing, including:

- Burnt Oak Opportunity Support Team (BOOST): a multi-agency team with staff from JobCentre Plus, Barnet Homes, and the Council's Benefits Service and Education and Skills Team. BOOST helps people to become more involved with their wider community and overcome barriers to employment.
- The Council's borough wide local area co-ordination service, which connects people to community activities and self-help.
- A range of Neighbourhood Services for older adults including befriending, lunch clubs, health promotion, a handyperson scheme, Later Life Planning and falls prevention activities.
- Adult social care services, including information and advice available from two Care Space hubs, co-located with the voluntary sector.
- Resources and services that support self-care, self-management and social prescribing, led by Barnet's Public Health Team.
- Access to exercise referral through the Council's leisure services.
- Housing advice and support provided by Barnet Homes and Homeless Action in Barnet (HAB).

2.12 The Burnt Oak CHIN will be able to provide information about these services and make referrals or support people to self-refer to these services. Staff and/or volunteers from some of these services may also be available on-site at the CHIN for advice sessions.

2.13 The connections between the above services, the CHINs and the wider Care Closer to Home programme will be formalised and strengthened over time.

## 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

## 4. POST DECISION IMPLEMENTATION

4.1 The Care Closer to Home work stream of the North Central London STP has brought a renewed focus on the need to build a sustainable and robust primary care system that has the capacity and capability to support out of hospital care and is an opportunity to transfer services over time. There remain challenges, however, with workforce and estates continuing to undermine efforts to meet demand which must be addressed as a key enabler for this programme of work. In addition a transformational change programme at this scale will require resourcing and investment.

4.2 With the establishment of CHINs and QISTs there is a unique opportunity to consider how they can potentially be used as a platform for broader working between providers and commissioners to deliver good patient outcomes, create resilience in primary care and transfer services from acute to primary and community care over time.

4.3 An investment and delivery plan will be developed and presented to the March 2018 meetings of both the Health and Wellbeing Board and the CCG's Governing Body.

## 5. IMPLICATIONS OF DECISION

### 5.1 Corporate Priorities and Performance

- The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.

- Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

- Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

### 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT,

**Property, Sustainability)**

- The Joint Commissioning Executive, Care Closer to Home Programme Board acts as the senior joint commissioning group for integrated health and social care in Barnet.

- No dedicated funding has been received by the CCG to support the development of CHINs and QISTs however the CCG has allocated funding to CHIN 1 to support infrastructure and project management costs and also made a successful bid to the Diabetes Transformation Fund to secure funding for the DQIST. It is clear however that to support the ongoing development of CHINs and QISTs investment will be required to support their infrastructure and operational costs. Their impact, in terms of reducing avoidable demand and costs in other sectors is therefore of particular importance in developing a return on investment plan.

- In addition, both the CCG and the Council will actively consider how existing resources can be "re-purposed" in support of a more integrated and federated approach which is central to the development of CHINs and QISTs.

5.3 **Social Value**

- Social value will be considered and maximised in all policies and commissioning activity overseen by the Board.

5.4 **Legal and Constitutional References**

- The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

  *To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.*

  *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.*

- The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and

priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

- Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

  *s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.*

  *s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.*

- As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

- NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 **Risk Management**

- There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this

as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 **Equalities and Diversity**

- All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

    a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

    b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

    c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

- The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

- The MTFS has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 **Consultation and Engagement**

- Communication and Engagement is a key work-stream in Barnet's Care Closer to Home Programme. A public engagement event was held in June 2017 which was attended by 85 delegates, including 29 members of the public and 33 representatives from community and voluntary sector stakeholders. The event was organised by Barnet CCG in conjunction with Healthwatch Barnet and CommUNITY Barnet. It focused on Care Closer to Home, particularly in relation to extended access, new models of provider working and GP online services.

- A further engagement event "Reimagining Care Closer to Home" was held on 7 December 2017 with local people, voluntary organisations, the NHS and local government representatives from Enfield, Haringey, Camden, Islington and Barnet.

- The communication strategy for the programme will be further developed over coming months.

- The Joint Commissioning Executive, Care Closer to Home Programme Board will use engagement with users and stakeholders to shape its decision-

making and will seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 **Insight**

- N/A

## 6. BACKGROUND PAPERS

6.1 None.