Health Overview and Scrutiny Committee

NHS Barnet Clinical Commissioning Group

Report Title	Update on Integration Barnet CCG	Agenda Item

Governing Body Sponsor	Dr Debbie Frost, Chair	Email	debbiefrost@nhs.net
Lead Director / Manager	Kay Matthews, Chief Operating Officer	Email	kay.matthews5@nhs.net
Report Author	Kay Matthews, Chief Operating Officer	Email	kay.matthews5@nhs.net
Report Summary	The North London Partnership was formed in 2017. The partnership published their strategic narrative the same year which highlighted the need for the system to work together to support delivery of health and care for the population of north central London. The clinical commissioning group is in the process of developing two key programmes to support integration locally, which relate to: 1. The development of new and innovative approaches to commissioning which support a move towards commissioning for population health, contracts where outcomes feature more prominently and where integration and quality improvement feature as a core component of how services are delivered and managed. 2. The implementation of care and health integrated networks as the place based delivery model for services. The care and health integrated network is the coming together of providers to deliver services proactively to populations. As part of the care and health integrated network model, providers will be required to support groups of GP practices in the proactive management of their combined registered practice population, usually between 30-50,000 patients. This report provides an overview of the way in which the clinical commissioning group intends to change the way in which we commission and most recent developments which relate to the implementation of care and health integrated networks.		
Recommendation	To note progress made to date on integration		

Identified Risks and Risk Management Actions	There are no risks identified
Conflicts of Interest	Not applicable
Resource Implications	Not applicable
Engagement	Not Applicable

Equality Impact Analysis	Not Applicable

Report History and Key Decisions	
Next Steps	
Appendices	

1. Introduction

In 2016 health and care organisations across north central London came together in order to develop a Sustainability and Transformation Plan with and for the local community. This developed into the North London Partnership in 2017 when we published our 'Strategic Narrative' focusing on working together for better health and care. A significant part of the way in which we work together is through the integration of front line services. Integration is considered to bring about a range of potential benefits, which include:

- Improvements in patient experience;
- Greater efficiency and value from the health and care system;
- Reduction in fragmentation, greater co-ordination and continuation of care, frequently for an ageing population whose care is increasingly related to chronic conditions.

Barnet Clinical Commissioning Group, alongside other stakeholders, notably London Borough of Barnet, has started the process of developing plans for integrating local services at Borough level, with a specific emphasis on population health management. The Clinical Commissioning Group are also looking at how we create system wide outcomes and how we utilise integrated delivery models.

Across north central London, work is taking place at different geographical 'levels' to understand what integration might mean: neighbourhood, borough, and across the five boroughs. This is looking at how we can work in new ways to integrate services in a way that will improve the lives of our residents.

In some cases, this is making use of existing commissioning arrangements such as sections 75 agreements. In others areas it is using the larger geography to explore how we might work more effectively together on challenges such as workforce recruitment and retention across north central London.

A summary of some of the work taking place across north central London can be found in appendix 1.

2. Changes to the way we commission

Barnet Clinical Commissioning Group is committed to working with providers to move away from traditional ways of commissioning services, particularly for community services. The CCG are keen to develop a new approach to how we work with providers to support innovation, develop provider partnerships, reduce duplication and remove barriers to support better outcomes and experience for service users. Our efforts today resemble the start of a journey along a path towards how we facilitate integration locally.

Over the next three to five years we want to move towards the following approach:

- A population health approach
- An outcome based payment model with a proportion of income linked to outcomes.
- Clear set of outcomes which drive integration and are meaningful to users
- Extended 'whole person care' approach to service delivery
- Further promote the use of technology and new ways of working
- Further integration with other key providers including Acute, Mental Health, General Practice Federations, Social Care/ Local Authority providers and the Third and Voluntary Sector
- Quality Improvement methodology embedded across the services
- Promoting prevention and self-care, including social prescribing and wellbeing.

This approach will require a significant amount of transformation both in terms of the way we commission and the way in which services are delivered and will require a significant amount of engagement with health and social care staff along with the voluntary sector and local people.

3. Changes to the way in which services are delivered

3.1. Care and Health Integrated Networks

The care and health integrated network is a network of providers working together with a group of GP practices around a practice population of 30-50,000 local people to deliver integrated pathways of care for specific cohorts within the population. The care and health integrated network is not a physical hub, it is a different approach to the delivery of care, placing the responsibility for proactive management of the populations health with community providers as well as local GPs. Barnet clinical commissioning group will use the care and health integrated network delivery model as the structure for delivering integration.

By October 2018, all practices in Barnet will have the opportunity to be part of a care and health integrated network. GP practices will be provided with resources to:

- geographically align;
- form a network of practices which serve a population of 30-50,000 patients (combined practice population);
- meet minimum standards for take up on areas such as digital, and;
- have access to and work with a Quality Improvement Support Team who will support the group of practices to understand variation in outcomes and create plans for improvement.

By the end of October 2018, the clinical commissioning group expects there to be 5 care and health integrated network groupings which each have a named lead, along with a signed memorandum of understanding (MOU) and agreed governance structure to formalise their relationship as providers working together.

The clinical commissioning group has two care and health integrated networks currently operating as pilot test and learn sites. The two existing care and health integrated networks have started to develop their approach to supporting children and Diabetes (network 1) and Frailty (network 2). The learning from both test sites will be spread to the other areas once established.

3.2. Next steps

Over the next 6 months the clinical commissioning group will continue to work towards integration, with the following as key milestones:

- Commissioning intentions finalised which set out the clinical commissioning groups aspiration to commission for population outcomes
- Establish multi-stakeholder clinical pathway group with a focus on outcomes for Frailty
- Meet with patient representatives to discuss plans for Frailty commissioning and ways of involving local people in the development of outcomes
- Establish patient participation group with a focus on outcomes for Frailty
- 5 x care and health integration networks operating, led by a GP lead jointly appointed between the clinical commissioning group and GP federation
- Learning from Children’s and Frailty test and learn sites spread to the newly formed networks