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Meeting	Health and Well-Being Board
Date	27 June 2013
<b>Subject</b>	<b>Barnet Clinical Commissioning Group Recovery Plan</b>
Report of	Chief Officer, Barnet CCG
Summary of item and decision being sought	The Health and Well-Being Board is asked to consider and approve the Barnet CCG Recovery Plan.

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Officer Contributors	John Morton, Chief Officer, Barnet CCG
Reason for Report	The Health and Well-Being Board is asked to consider and approve the Barnet CCG Recovery Plan outlined in this Report
Partnership flexibility being exercised	N/A
Wards Affected	All
Contact for further information	John Morton, Chief Officer, Barnet CCG, <a href="mailto:john.morton@barnetccg.nhs.uk">john.morton@barnetccg.nhs.uk</a>

## **1. RECOMMENDATION**

- 1.1 That the Health and Well-Being Board consider and approve the Barnet CCG Recovery Plan (attached in Appendix 1).

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 The Barnet CCG Recovery Plan has been approved by the CCG Finance Performance and QIPP committee and the CCG governing body.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The Plan sets out the Barnet Clinical Commissioning Group vision, strategic objectives and clinical commissioning programmes and explains how these reflect the key themes from the Barnet Joint Strategic Needs Assessment. It confirms how these will support the implementation of the Health and Well-Being Strategy and the achievement of the NHS Mandate and NHS Constitution standards.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 The Plan identifies the main themes from the Barnet Joint Strategic Needs Assessment and how these will be managed in each Clinical Commissioning Programme. There has been no equality impact assessment of the Plan as a whole but each of the Quality Improvement Prevention and Productivity projects will have been equality impact assessed as part of the project development process.

## **5. RISK MANAGEMENT**

- 5.1 Risks identified within the Plan will be managed through the Barnet Clinical Commissioning Group Board Assurance Framework and Risk Register.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 The financial position of Barnet Clinical Commissioning Group is a significant component of the Plan.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 The Plan on a page summary and clinical commissioning programmes have been shared and discussed with user representatives and stakeholders at Partnership Boards, CCG Locality Boards, meetings with voluntary sector providers and public engagement events.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 N/A

## **10. DETAIL**

### **10.1 Introduction**

NHS Barnet CCG is committed to improving the quality and outcomes of the services we commission for the people of Barnet. We believe as a Board that by tackling duplication and waste in the system we can improve patient experience and safety and reduce costs. We are embarking on some very significant and once in a generation changes in the local health system. These will have absolute synergy with what we are doing and result in an aligned primary, secondary and community service; in other words providing the right care in the right place at the right time. We believe as a Board that this is what will deliver a vibrant caring and effective health care system for the people of Barnet.

### **10.2 Major Changes**

#### **10.3 Barnet, Enfield and Haringey clinical strategy**

The first major change is the Barnet, Enfield and Haringey clinical strategy. This will see a reduction in the range of services provided at Chase Farm Hospital in Enfield, resulting in a shift, particularly in Accident and Emergency, Paediatric and Maternity Services to Barnet Hospital, and North Middlesex Hospital in Enfield. The strategy is working with partners towards a planned move in November 2013.

This aligns Barnet & Chase Farm Hospitals Trust with the CCG's strategy of supporting people in the community and avoiding unnecessary hospital admissions and reducing overall secondary care activity. There is a planned reduction in acute beds and this is being supported by services in the community and urgent clinics providing alternatives to admission.

An update on progress with this strategy is included in Appendix 2.

#### **10.4 Potential Acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free London NHS Foundation Trust**

The second major change is the potential acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free London NHS Foundation Trust. Barnet and Chase Farm Hospitals NHS Trust approach to managing a challenging health economy has been to increase income by increasing

activity both directly and indirectly. Work in 2012/13 has confirmed that the Trust's income for both maternity and A and E admissions was greater than indicated by the activity. The CCG is working closely with the new interim CEO and leadership team at Barnet and Chase Farm and we are already seeing a change in approach. The Royal Free health economy has over recent time been working collaboratively with commissioners to provide integrated care, for example, they have both an Executive and GP Director working to reduce hospital activity. We are now working with both trusts towards a more balanced system.

Barnet and Chase Farm is not viable on an ongoing basis; once its income reduces to an affordable level which is appropriate for the catchment population, the infrastructure which has been built up will not be sustainable, hence the current option of acquisition. Acquisition would be both a transaction and a transformation.

The transaction is likely to take place early in 2014, the transformation over the next three to five years. A tangible example of the potential of this transformation are the seven pathway workshops held on 30th April and 1st May 2013 where secondary and primary care clinicians from the Royal Free, Barnet and Chase Farm, and Barnet, Camden, Enfield, and Hertfordshire CCGs came together to consider Cardiology, Respiratory, Orthopaedics, MSK, Pain, Rheumatology, Hepatology, Gastroenterology and Gynaecology pathways. These workshops completed the initial design of new systems which will be much more effective at getting the right decisions made much earlier in patient journeys by senior clinicians. This will be supported by systems, including technology, to ensure that the treatment is in the right care setting. Incentives will be attached to shared achievement of outcomes and value for the speciality or disease group, rather than individual provider activity.

An update on progress with this potential acquisition is included in Appendix 3

## **10.5 Challenged Health Economy**

We recognise that NHS Barnet CCG is one of the most challenged health economies in the new system. This is partly due to the new system design and we have an expectation that this will be recognised by NHS England and that over time there will be some re-balance. However it is largely due to the historic position which we now assume responsibility for, the mantle has passed from the PCT to the CCG. We are very clear on the reasons for this historic position and these are set out in the Recovery Plan.

## **10.6 Principal Areas of Spend for Barnet CCG**

We have the following principal areas of spend:

1. On mental health and community we set out the evidence that our spend is below or at average. These are critical areas to deliver our strategic

aims, we will drive efficiency and effectiveness but we will not reduce spending in real terms.

2. In acute hospital services we spend about £43M more than other London Boroughs for the same population. This is partly for the reasons set out above and partly because GPs refer more people to hospital in Barnet than elsewhere and there are more consultant to consultant referrals than elsewhere. This is the core of the Barnet problem and it must be addressed, this recovery plan is built on achieving this over the next three to five years.
3. We have a large primary care estate primarily based at Edgware Community and Finchley Memorial Hospitals. Barnet has two large acute hospitals, one just across the boundary, two very large community hospitals and a specialist orthopaedic hospital on the western boundary. As a new organisation we will need to spend some time considering how this estate can best be utilised to support our strategy, recognising our residents appreciate local access above most other measures. We will need to reduce estate costs; however this is likely to be over a longer period.

## **10.7 Recommendation**

That the Health and Well-Being Board considers and approves the Barnet CCG Recovery Plan.