

MEETING:	Adults and Health Scrutiny Panel
DATE:	Tuesday, 10 October 2017
TITLE:	Primary Care Update: Care Closer to Home and Primary Care Estates
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SUMMARY:

This report provides a brief summary of information which will be provided in a presentation at the Adults and Health Scrutiny Panel on 10th October 2017.

The Primary Care update will focus on two particular areas:

- Care Closer to Home – a workstream of the North London Partners in Health and Social Care’s Sustainability and Transformation Plan (STP)
- Primary Care Estates – an update of work being undertaken that has previously been presented to this Panel

SUPPORTING PAPERS:

None

RECOMMENDED ACTION:

This report is provided for INFORMATION

1. Introduction

This report provides a brief summary of information which will be provided in a presentation at the Adults and Health Scrutiny Panel on 10th October 2017. This primary care update will provide information about two particular areas:

- Care Closer to Home
- Primary Care Estates

1. Care Closer to Home

North London Partners in Health and Social Care's Sustainability and Transformation Plan (STP) has identified various priority areas, including the Care Closer to Home workstream. At the heart of this workstream are three areas:

- Extended Primary Care Access
- Care Closer to Home Integrated Networks (CHINs)
- Primary Care Quality Improvement Support Teams (QISTs)

Haringey CCG is working with partners to deliver the goals of this workstream.

1.1 Extended Primary Care Access

Haringey practices have now established a borough-wide GP federation, which every practice belongs to. Since September 2016, they have been providing extended access appointments in 3-4 hubs across Haringey. These supplement the core primary care offer, by providing appointments between 6.30-8.30pm on weekday evenings and 8am-8pm on Saturday and Sunday. In April, the federation won the contract to provide this across Haringey for a further 2 years. Approximately 40% of those who filled out feedback forms said that they would have gone to A&E if they had not been able to access a primary care appointment.

1.2 Care Closer to Home Integrated Networks

These are multidisciplinary teams (health, social care, voluntary sector) which cover a population of 50,000-80,000 and who provide care for the whole population that they cover. The goal is to provide a more integrated and holistic, person-centred community model. The diagram below shows how this might work.

Four CHINs are emerging in Haringey. They are in the very earliest stages of development and will need time to progress. They are each starting with a certain population group, which is a priority for their area to focus on. Two CHINs in the East are working to improving long term conditions management and are starting with diabetes and hypertension. The Central and West CHINs are working with people who are frailty.

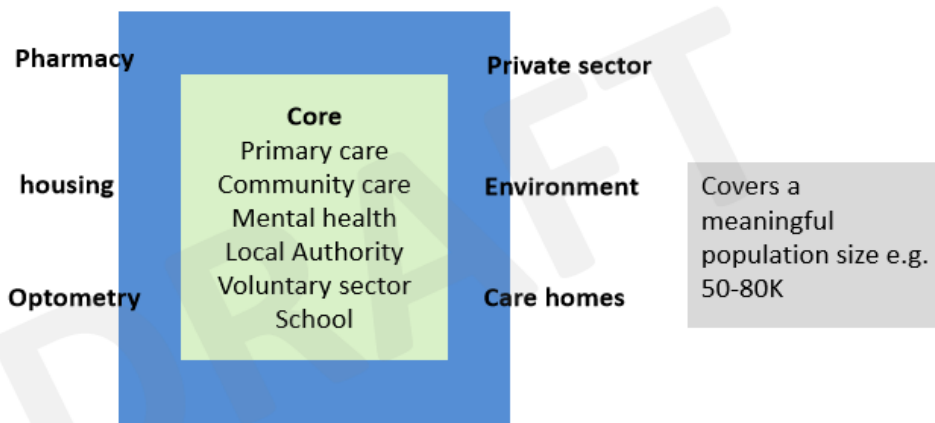
This new partnership approach requires the engagement of all health and social care parties. It will prioritise keeping the population well, focusing on prevention and helping patients being active in their own care. It will also help people to avoid hospital when they don't need to be there, providing the care closer to home.

Care closer to home integrated networks (CHIN)

Principle

Network/hub does commissioning and providing

- Network has a multidisciplinary teams – pulled from core group supplemented by locally determined key players



Commissioning

- Needs analysis (public health and outcomes)
- Agree care pathways that are in scope
- Delegated budget
- Set an agreed commissioner plan
- Review aim to reduce variation – to achieve upper 25% across key players

Providing

- Acute reactive – clinician agnostic
- LTC chronic – clinician specific
- Rehabilitation
- Admission prevention
- Discharge facilitation

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Note: CHINs involvement in commissioning has not yet been established.

1.3 Quality Improvement Support Teams

Across Primary Care there is both warranted and unwarranted variation in quality. Some variation is due to different populations and therefore health needs. The CHIN focus on the particular population will support proactive management of these particular needs. Where the variation is not due to population variation, there will be a focus on improving quality. QISTs will work with practices to provide practical support to improve systems and processes and will include providing additional clinical time where required to improve patient outcomes and patient experience.

In year one, the Haringey QIST will focus on improving diabetes treatment targets across all practices, improving the ability of patients to get appointments in practices where this is most challenging and reducing variation in referral patterns to hospitals.

2. Estates

In November 2016, Haringey CCG were informed that they had been provisionally successful in three bids to the NHS England Estates and Technology Transformation Fund. This potentially provides £11 million of capital for the development of three new primary care facilities in Wood Green, Tottenham Hale and Green Lanes. All three areas have been previously identified as high priorities in Haringey CCG's estates strategy.

In order to secure the money, it is necessary to submit project initiation documents (PIDs), if successful then outline business cases (OBC) are developed and finally full business cases. PIDs were submitted in quarter one of this year and OBCs are being submitted for approval in October 2017. The goal is for these sites to be built by 2020-2021 and to house existing practices, currently in non-fit for purpose buildings, who have the capacity to expand their list to approximately 15,000-20,000.

Whilst these three sites were the highest priorities for Haringey, it is acknowledged that there are other areas which need estates solutions in the next 3-5 years. The CCG continues to explore avenues to ensure that Primary Care needs of Haringey are met in fit for purpose buildings.

2. Conclusion

This paper provides a summary of information that will be presented at the Adults and Health Scrutiny Panel.