To our first Annual General Meeting (AGM)

Local clinicians working with local people for a healthier future
<table>
<thead>
<tr>
<th>TIME</th>
<th>ITEM</th>
<th>LEAD</th>
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<tbody>
<tr>
<td>1:00pm</td>
<td>Welcome and Governing Body introductions</td>
<td>Liz Wise, Chief Officer</td>
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<tr>
<td>1:05pm</td>
<td>Presentation of the Annual Report</td>
<td>Liz Wise, Chief Officer and Dr Mo Abedi, Chair</td>
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<tr>
<td>1:25pm</td>
<td>Presentation of the Annual Accounts</td>
<td>Ian Winning, Interim Director of Finance</td>
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<tr>
<td>1:35pm</td>
<td>Our plans to improve the health of Enfield</td>
<td>Graham MacDougall, Director of Strategy and Partnerships</td>
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<tr>
<td>1:50pm</td>
<td>Any questions Thank you and close</td>
<td>Panel Liz Wise, Chief Officer</td>
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Local clinicians working with local people for a healthier future
Annual Report 2013/14

Liz Wise, Chief Officer
and Dr Mo Abedi, Chair

Local clinicians working with local people for a healthier future
Our first Annual Report

Enfield CCG is pleased to present our first Annual Report and Accounts which have been produced in line with NHS England’s requirements.

The Annual Report and Accounts are available online www.enfieldccg.nhs.uk

We have also produced a summary report.

At our AGM today we are presenting to you the highlights of the Annual Report and Accounts.

Local clinicians working with local people for a healthier future
Our organisation

• We are a new NHS organisation created by the Health and Social Care Act 2012.
• We took over many of the responsibilities of Enfield Primary Care Trust (PCT) to commission health services for people living in the London Borough of Enfield on 1 April 2013.
• We were a wave 4 CCG and went through a vigorous authorisation process overseen by NHS England to become a CCG.
• We were licensed on 1 April 2013 with seven conditions and we are proud to say that these were all lifted by October 2013.
• CCGs were created to empower GPs to work together to buy the health services that their patients need.
• All GP practices in Enfield are members of Enfield CCG and have signed a Constitution which describes how they will work together to commission local health services.

The two key differences between a CCG and a PCT are:
1. Our organisation is led by local GPs supported by other clinicians and NHS managers.
2. Some of PCT’s responsibilities have transferred to other organisations including: primary care contracting and specialist commissioning which is now the responsibility of NHS England, and Public Health, which now is based with Enfield Council.
Vision, mission and strategic goals

Our mission
Local clinicians working with local people for a healthier future.

Our vision
Enfield CCG is committed to commissioning services that improve the health and wellbeing of residents of Enfield borough through the securing of sustainable whole system care.

Our strategic goals are to:

- Enable the people of Enfield to live longer fuller lives by tackling the significant health inequalities that exist between communities
- Provide children with the best start in life
- Ensure the right care in the right place, first time
- Deliver the greatest value for money for every NHS pound spent
- Commission care in a way which delivers integration between health, primary, community and secondary care and social care services

Local clinicians working with local people for a healthier future
Commissioning for quality

- Commissioning is about planning, buying and monitoring health services.
- We are a clinically led organisation and want to buy the best quality services that will make a measurable difference to the health of patients in Enfield.
- We undertake quality impact analyses of every planned service improvement.

We use three key areas to evaluate the quality of the services we purchase:

- **Safe service (Patient Safety)**
  The right staff, correctly trained, learning from experience

- **Effective service (Clinical Effectiveness)**
  Evidence based, right care, right place, first time

- **Good experience (Patient Experience)**
  Service users feel valued and cared for
# Governing Body

Local clinicians working with local people for a healthier future

<table>
<thead>
<tr>
<th>Elected GP members</th>
<th>Role</th>
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<tbody>
<tr>
<td>Dr Alpesh Patel</td>
<td>Chair</td>
</tr>
<tr>
<td>Dr Janet High</td>
<td>Clinical Vice Chair</td>
</tr>
<tr>
<td>Dr Anshumen Bhagat</td>
<td>GP member</td>
</tr>
<tr>
<td>Dr Tim Fenn</td>
<td>GP member (to 31 July 2013)</td>
</tr>
<tr>
<td>Dr Fahim Chowdhury</td>
<td>GP member (from 30 October 2013)</td>
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<tr>
<td>Dr Raj Mazumder</td>
<td>GP member</td>
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<tr>
<td>Dr Mike Gocman</td>
<td>GP member</td>
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<tr>
<td>Dr Pavan Sardana</td>
<td>GP member</td>
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<tr>
<td>Dr Ujjal Sarkar</td>
<td>GP member</td>
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<tr>
<th>Executive members</th>
<th>Role</th>
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<tbody>
<tr>
<td>Liz Wise</td>
<td>Chief Officer</td>
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<tr>
<td>Simon East</td>
<td>Interim Chief Finance Officer (from 1 January 2014)</td>
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<tr>
<td>Richard Quinton</td>
<td>Chief Finance Officer (until 31 December 2013)</td>
</tr>
<tr>
<td>Aimee Fairbairns</td>
<td>Director of Quality and Integrated Governance</td>
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<tr>
<td>Dr Mo Abedi</td>
<td>Medical Director</td>
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<tr>
<th>Lay members</th>
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<tr>
<td>Karen Trew</td>
<td>Lay Member for Governance and Vice Chair</td>
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<tr>
<td>Teri Okoro</td>
<td>Lay Member for Patient and Public Engagement</td>
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<tr>
<th>Other members</th>
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<tr>
<td>Angela Dempsey</td>
<td>Registered Nurse Member</td>
</tr>
<tr>
<td>Professor Robert Elkeles</td>
<td>Secondary Care Clinical Lead</td>
</tr>
<tr>
<td>Rathai Thevananth</td>
<td>Practice Manager Member</td>
</tr>
<tr>
<td>Dr Shahed Ahmad</td>
<td>Director of Public Health</td>
</tr>
<tr>
<td>Ray James</td>
<td>London Borough of Enfield (Director of Health, Housing and Adult Social Care)</td>
</tr>
<tr>
<td>Bill Mackay and Litsa Worrall</td>
<td>Patient Participation Group representatives (shared role)</td>
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<tr>
<td>Deborah Fowler</td>
<td>Chair, Healthwatch Enfield (from July 2013)</td>
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Governance

Our Governing Body was supported by five sub committees this year.

The terms of reference for each Committee are included in the Constitution. Each Committee has manages a portfolio of work and has delegated responsibility to manage key areas of work.

The sub committees are supported by other steering and sub groups as required.

All the corporate governance arrangements are set out in our Constitution.

The Governing Body adheres to the “Nolan Principles” which are set out in its Constitution and outline the ways in which holders of Public Office should behave in the discharge of their duties and act as a guiding principle for decision making.

Our Risk Management strategy along with the Board Assurance Framework and governance arrangements were the subject of a comprehensive internal audit in January 2014. This audit produced a green opinion, meaning that all our governance arrangements are robust.
Enfield CCG has progressed well this year against a range of performance indicators which are nationally set and also against those performance indicators which the CCG has set locally to address the key issues within the local health community.

**Local Indicators**

In its 2013/14 Operating Plan, the CCG set three specific local targets to address local health issues:-

- To improve primary care access – performance to date indicates that we are currently achieving a 71.3% positive response from the local population against this target, however our aim is to achieve 78%+ and work is ongoing to further increase access.

- To improve the diagnosis rate of individuals with dementia and we will be able to assess our performance against this measure in August 2014 when the information is available.

- To reduce the number of readmissions within 30 days into acute hospital, assuring appropriate discharge and support within community health services. Performance to date shows that against a 12.2% baseline a 1.5% improvement has been achieved and this will be measured again at the end of March.

**National indicators**  The table below shows Enfield CCG’s position against the indicators within the National Quality Premium.

<table>
<thead>
<tr>
<th>Quality Premium – NHS Constitution</th>
<th>Target</th>
<th>Performance Month 10</th>
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<tbody>
<tr>
<td>Referral to treatment within 18 weeks</td>
<td>92%</td>
<td>91.9%</td>
</tr>
<tr>
<td>A and E waiting times</td>
<td>95%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Waits for Cancer services [62 day referral to treatment] standard</td>
<td>85%</td>
<td>85.3%</td>
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<tr>
<td>Category ‘A’ ambulance calls</td>
<td>75%</td>
<td>77.3%</td>
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Equality and diversity

• The CCG has adopted the NHS Equality Delivery System (EDS2)
• We are committed to improving quality and no policy decision is made without an equality analysis.

This year we achieved the following:
• Developed governance in the organisation to oversee equality and diversity.
• Provided training for staff on equality and diversity and equality analysis.
• Engaged patients and carers from diverse communities in commissioning.
• Developed tools to carry out equality analyses.
• Produced regular updates for the Governing Body on equality policy and progress.
• Worked with providers, Healthwatch Enfield and partners to address health inequalities.
• Ensured our human resources policies and practice fully reflect the requirements of the Equality Act 2010 in relation to disabled applicants and staff. We currently monitor staff equality data and include it in the publication of our annual Equality Information.

Local clinicians working with local people for a healthier future
Working as a membership organisation

- We are a clinically led organisation and member practices elect two GPs from each locality onto the Governing Body. The elected GPs provide clinical leadership at the highest level of our organisation and our Governing Body is chaired by a GP supported by a clinical Vice Chair.
- Each elected GP member has a strategic portfolio and provides clinical leadership for their specialist area.

Here are a few examples that demonstrate the value of being a clinically led organisation:
- GPs supported by NHS managers have worked closely with local providers to redesign clinical pathways across community services, musculoskeletal services and diabetes.
- We have implemented a quality alerts system for GPs that has been adopted by other CCGs as a best practice model.
- GPs regularly attend “walk the pathway” visits to quality check the services we commission.
- GPs are involved in supporting and monitoring contracts with providers, ensuring the CCG is getting quality and value for money.
- We have commissioned new services including ambulatory care, Older People’s Assessment Units and a risk stratification tool to support general practice.
- GPs work very closely with clinicians at provider organisations to ensure that primary, secondary and community care works together for the benefit of patients.
- We are working to support member practices to reduce prescribing costs and improve medicines management.
- We are working closely with partnership organisations such as the Health and Wellbeing Board, Enfield Council and the voluntary sector to develop strategic plans to improve health and social care for patients including developing a new mental health and dementia strategy.

*Local clinicians working with local people for a healthier future*
Improving primary care

NHS England are now responsible for primary care commissioning but we recognise that as a membership organisation of GPs we can work together to improve the quality and delivery of primary care.

The former PCTs in North Central London developed a primary care strategy in 2012 and in our first year we have carried on with a local investment and improvement programme. Key achievements include:

• Over 55,000 extra appointments provided through our improving access scheme.
• The carers’ health support project now has a GP liaison worker who supports practices to provide additional support for carers, improving their mental and physical health.
• A joint initiative with University College London began in January 2014. The project has a number of service improvement objectives across elderly mental health, palliative care, A&E attendance reduction and diabetic management with associated conditions such as cardiovascular disease and stroke. The project also aims to raise the profile of Enfield as a borough for newly qualified GPs to work in.
• 33 practices signed up to the patient experience tracker project which has provided tablet devices that can capture real-time patient feedback.
• 17 practices are working to increase the identification and referral of domestic violence and abuse through the training and support of practice staff.
• Our Minor Ailments Scheme delivered prescribing through pharmacies offering an alternative to GP appointments.
• The CCG purchased blood pressure and body mass index PODs for most GP practices in Enfield. Patients can use these machines for free and share the results with their GP practice.

Local clinicians working with local people for a healthier future
Implementing the Barnet, Enfield and Haringey (BEH) Clinical Strategy

• This year the BEH Clinical Strategy implemented a number of service changes to deliver safer and better healthcare for patients in Barnet, Enfield and Haringey. It delivered the biggest ever planned change to the local health economy investing over £100 million in reorganising hospital care over three key sites. This included:

• The expansion and redevelopment of emergency services at Barnet Hospital and North Middlesex University Hospitals. Accident and Emergency services moved from Chase Farm Hospital on 9 December 2013 to Barnet Hospital and North Middlesex University Hospitals.

• The expansion and redevelopment of maternity and neonatal services at Barnet Hospital and North Middlesex University Hospitals, including the development/expansion of midwife led birthing units at both sites. Maternity services moved from Chase Farm Hospital to Barnet Hospital and North Middlesex University Hospitals on 20 November 2013.

• Development of an Urgent Care Centre at Chase Farm Hospital

• as well as assessment centres for children and older people.

• The expansion of planned surgery at Chase Farm Hospital.

Local clinicians working with local people for a healthier future
Our Transformation Programme is key in delivering best value for NHS resources and maintaining and improving quality across patient pathways.

• New services commissioned in 2013/14 were Pain Management, Cardiology and Respiratory services
• We will be continuing with same six programmes and governance processes in 2014/15
• There will be a greater focus on system wide change such as:
  - Whole pathway redesign e.g. MSK and Diabetes
  - Outcomes based commissioning and introducing a lead contractor model
  - Redesigning outpatient pathways across local providers to ensure consistency and continuity of care

Local clinicians working with local people for a healthier future
Engaging with our local stakeholders

• We believe that empowering patients to understand more about their NHS and increasing patient involvement in designing the health services they use will lead to better health outcomes for our local population. This year we commissioned in partnership with Barnet and Haringey CCGs a Choose Well campaign that explains the range of local health services available and also our first App Choose Well North London.
• This year we also developed our Communications and Engagement strategy which describes the way we communicate with patients and partners to tell the story of our organisation and also the range of ways that we engage with the public.
• We supported the development of Patient Participation Groups (PPG) and recruited two interim PPG representatives to sit on the Governing Body and Patient and Public Engagement Committee.

Engaging with our local community
We want you to get involved with the CCG and help us to deliver changes to local services. There are lots of ways you can get involved:
• Get involved with your GP practice’s patient participation group (PPG) - ask at reception to see if your practice has a group.
• Visit our website www.enfieldccg.nhs.uk
• Take part in consultations or surveys about local health services. Come along to one of our Governing Body meetings which are held in public to hear how we make decisions and ask us questions.
• Volunteer to be a patient or carer representative and help us to redesign NHS services around the needs of local patients.
• Attend one of our public engagement events – we have three main events a year and the dates are advertised on our website and in the local press.
• Follow us on Twitter @EnfieldCCG
• Ask us to talk to come and talk to a community group
• Speak to Healthwatch Enfield to tell them what you think about local health and social care services
• We welcome your comments and suggestions on improving the ways we engage with our community going forwards. To discuss involvement opportunities or to join our CCG engagement email list please contact communications@enfieldccg.nhs.uk

Local clinicians working with local people for a healthier future
Thank you

Local clinicians working with local people for a healthier future
Annual Accounts 2013/14

Ian Winning
Interim Director of Finance

Local clinicians working with local people for a healthier future
Historic financial position

- Although we are a new organisation, the NHS in Enfield has been facing a very challenging financial position for a number of years with the former Enfield PCT’s recurrent run rate deficit reaching £39.3m at the end of 2011/2012.

- In 2012/13 the PCT and shadow CCG continued to make significant progress on the run rate deficit.

- During our first financial year, we continued to close this spending gap, although we are still working on reducing the run rate deficit.
CCGs have three statutory financial duties:

- Remain within revenue resource limit*
- Remain within the capital resource limit
- Remain within the cash limit

* The additional money the CCG invested in local health services above our allocation money was funded through a risk share agreement with local CCGs.

We are pleased to report that in our first year we met our financial plans and ended the year with a small surplus.

Local clinicians working with local people for a healthier future
What we spent this year

Local clinicians working with local people for a healthier future
Managing our risks

Whilst Enfield CCG achieved its targets in 2013/14 a number of significant factors have increased the recurrent deficit position above the £8m target including:

- An adverse impact of £5.7m arising from the transfer of Specialised Commissioning to NHS England
- Difficulties in achieving the full £15m 2013/14 QIPP Programme with £2.9m being unallocated against specific schemes and being covered on a non-recurrent basis in 2013/14.
- The recurrent impact of over performance against a number of acute contracts in particular NMH, BCF and UCLH.

The impact of these factors has been to significantly increase the underlying recurrent deficit prior to the application of the growth in 2014/15 allocation and the 2014/15 QIPP Programme.

Local clinicians working with local people for a healthier future
Main risks over the next five years

- Underachievement of Transformation Programmes
- Over-activity of acute payments by results service level agreements
- Managing the impact of the Better Care Fund in 2015/16 which will transfer around £18 million of Enfield CCG’s funding to Enfield Council

How we will mitigate these risks

- Continue to identify savings and robustly managing our Transformation Programme
- Maximise savings through the contracting process
- Negotiate the risk share agreement with NCL CCGs
- Work closely with our partners across the health economy to make sure we get the best quality and value for every NHS pound spent.
New funding formula

• NHS England have launched a new funding formula for NHS commissioning organisations that aims to address population growth, health inequalities and give extra help to areas where there is an ageing population.
• All CCGs in England have been given an increase in funding in line with inflation over the next two years. Some CCGs are also being allocated some additional monies above the inflationary award if they have been assessed as being underfunded using the new formula.
• The introduction of the new funding formula means that Enfield will receive an above inflation increase in allocation.
• The implementation of the new funding formula is a complex process and it will take longer than two years for all CCGs to reach the allocation based on the new formula. As NHS England’s Call to Action describes, the NHS also faces many challenges including the increasing costs of healthcare and rising demand for services.
• Despite the introduction of a new funding formula in 2014/15 we will still face a challenging financial position as we will still be around £20 million below the target allocation.

Local clinicians working with local people for a healthier future
Future financial position

- Current financial plans show, even after assuming delivery of a £12 million local Transformation (QIPP) Programme and after applying the national assumption of 0.5% contingency with no application of headroom or transformation as agreed with NHS England, Enfield CCG will have a £5.6 million deficit in 2014/15.

- The position improves in 2015/16 to a cumulative deficit of £5.2 million and returns to a cumulative balanced position in 2016/17.

- Over the next few years, our allocation will also begin to move closer to target.

- We will be planning our finances carefully to ensure we reach a balanced financial position and maximise investment opportunities to improve the health of our community.

*Local clinicians working with local people for a healthier future*
Questions

Local clinicians working with local people for a healthier future
Our plans to improve the health of Enfield

Graham MacDougall
Director of Strategy and Partnerships

Local clinicians working with local people for a healthier future
Working with partners to achieve our vision

**Our Vision:** Enfield CCG is committed to commissioning services that improve the health and wellbeing of residents of Enfield borough through the securing of sustainable whole system care.

We will plan to deliver good healthcare in Enfield by working with our partners to:

- Build strong and lasting relationships
- Deliver effective commissioning
- Manage risk and;
- Deliver our statutory obligations towards patients and the public and Health and Wellbeing Board

We also aim to work closely with partners in the voluntary sector, Healthwatch Enfield and with patients and the public to commission services that meet the needs and health aspirations of our community.

*Local clinicians working with local people for a healthier future*
Our strategic priorities

We have six Transformation Programmes. We plan to improve services across these areas.

1. **Prevention and Primary Care** – Raising community aspirations for health and preventing illness. Commissioning tools to help patients self care and self manage their health.

2. **Integrated Care** – Designing new pathways with providers to ensure that services are planned around the individual needs of patients.

3. **Urgent Care** – Expanding the provision of urgent care services.

4. **Planned Care and long-term conditions** - Redesigning pathways across primary, secondary and community services to ensure they are consistent across all providers and to improve patient experience.

5. **Children and maternity** – To improve physical and mental health services for women and children.

6. **Mental health, learning difficulties and continuing healthcare** – To improve access and quality for services. To ensure that we commission services that meet people’s needs.

*Local clinicians working with local people for a healthier future*
## Five Year Strategy

**Narrowing the Gap in healthy life expectancy**
- Promoting healthy Lifestyles and Making Healthy Choices

**Ensuring people are safe, independent and will and delivering high quality health and care services**
- Creating Stronger, Healthier Communities

**Ensuring the Best Start in Life**
- Creating Stronger, Healthier Communities

**Ensuring people are safe, independent and will and delivering high quality health and care service**
- Creating Stronger, Healthier Communities

**Creating Stronger, Healthier Communities**
- Ensuring people are safe, independent and will and delivering high quality health and care services
- Creating Stronger, Healthier Communities

<table>
<thead>
<tr>
<th>Prevention and Primary Care</th>
<th>Integrated Care for Older People</th>
<th>Planned Care and Long term conditions</th>
<th>Improving Care for Children and Young People</th>
<th>Mental Health, Learning Disabilities &amp; Continuing Healthcare</th>
<th>Unscheduled Care</th>
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<tbody>
<tr>
<td>Meeting immunization targets</td>
<td>Further development of the Integrated care Model:</td>
<td>Commissioning integrated services for people with long terms conditions including the development of integrated local teams</td>
<td>Ongoing implementation of health visiting programme</td>
<td>Substantial transformation of MH services to focus on enablement account of recovery and prevention of illness, employment, housing and income</td>
<td>Continue commissioning of urgent care centres at both NMUH and CFH (managing adults and children).</td>
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<tr>
<td>Access to maternity services</td>
<td>Continuing to develop OPAU Development of locality integrated teams</td>
<td>Commission redesigned MSK, trauma and orthopaedics, rheumatology and pain services as a single integrated service</td>
<td>Continued work on developing and implementing integrated care for children and development of Child health networks</td>
<td>Review of current RAID models and agree model of care going forward</td>
<td>Continue to commission integrated 111 and GP OOH services and review entire urgent care model including UCCs to look for further integration opportunities</td>
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<tr>
<td>Develop primary care co-commissioning with NHSE and continue to develop primary care locally around accessible, co-ordinated and proactive care</td>
<td>Develop use of technology including telehealth, risk stratification, telemedicine Commission redesigned community services</td>
<td>Commission redesigned diagnostic services</td>
<td>Development of new CAMHS Strategy</td>
<td>Commissioning community options for people with MH who require long term care – EMI and enhanced EMI</td>
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<tr>
<td>Supporting population on public health targets including stop smoking, reducing obesity, Healthchecks</td>
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<td>Ongoing implementation of health visiting programme</td>
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<td>Commissioning community options for people with MH who require long term care – EMI and enhanced EMI</td>
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<td></td>
<td></td>
<td>Commission ambulatory care services across range of specialties</td>
<td>Further commissioning of Paediatric Assessment Unit at CFH</td>
<td>Working with Schools and families, jointly implement Children and families Bill</td>
<td>Take account of MH Strategy once consultation completed</td>
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**Clinically effective and safe services**

**Patient centred – a good patient experience**

**Most effective use of NHS resources**
Overview of the Integrated Care Programme

Integrated Care for those > 65 has the following objectives:

1. Deliver care in patient’s preferred place
2. Move to a proactive, preventative care model in the community
3. Encourage patients to self care and provide tools to manage care for patients and clinicians e.g. tele-health
4. Increase joint working and communication amongst providers
5. Reduce hospital admissions and length of stay for patients 65 years and older

Local clinicians working with local people for a healthier future
Integrated care for older people

- We will commission integrated health and social care teams to provide care and case management to locality populations
- We will develop manned Single Point of Access to support Integrated Locality Teams, OPAUs, Rapid Response and Falls Service operational 24/7
- We will develop an Estates Strategy based on our Integrated Care provision and delivery
- We will review and re-commission a Fracture Liaison and Bone Health Service as part of the wider Integrated Care Programme
- We will re-commission Palliative Care to ensure the service ties in with the overarching programme
- We will review and commission primary care support to care homes, relationship Care Homes Team, OPAU and the impact of the Integrated Locality Teams
- We will re-commission the OPAU based on evaluation and outcomes of service review
- We will move to a tariff for OPAU and re-commission contractual arrangements on geographical boundaries; Haringey, Barnet, Herts
- We will develop value based commissioning across the Integrated Care Pathway
- We will commission and procure VCS specific to the care needs of the frail and elderly
- We will commission dementia services in line with service review to include Dementia Hub in the community, Community Dementia Services and Admiral Nurses

Local clinicians working with local people for a healthier future
Urgent care

We are developing an Urgent Care Strategy within Enfield to ensure we create an integrated urgent care system of which we expect the main elements to be:

• We have sufficient urgent care capacity
• We will develop and procure an integrated 111 and Out of Hours GP service across the five CCG’s within North Central London.
• We will maximise opportunities of integration across all urgent care services to ensure that there are efficient systems in places for our patients
• We will look at the commissioning a planned Urgent Primary Care Service which will deliver a reduction in A&E and Urgent Care Centre attendances and work towards 8am-8pm primary care coverage across Enfield and the model for that delivery.
• We will carry out a review of our Walk In Centre to inform the future commissioning model as part of the wider review to inform the Urgent Care Strategy.

Local clinicians working with local people for a healthier future
Better Care Fund

• The Government has announced the creation of a new Better Care Fund from April 2015 of a pooled budget valued at £3.8 billion nationally drawn from existing financial allocation across Adult Social Care and Clinical Commissioning Groups (CCGs).

• The purpose of the Better Care Fund is to improve integration between health and social care

• The budget requires Councils and CCGs to work together to develop and agree local spending plans. This will be managed through Local Health and Wellbeing Boards. Final sign off for the plans will be given by NHS England.

• The vision, aims and objectives for the local joint plan should align with the Council’s vision, the CCG’s draft five year strategy and the draft Health and Wellbeing Strategy.

• In Enfield, the allocation for the Better Care Fund is £20.585m. This is made up of £18.518 million in revenue (money transferred from the NHS) and £2.068 capital committed expenditure (money transferred from the Council).

Local clinicians working with local people for a healthier future
Better Care Fund – How the money will be spent

- £6m of the better care fund is allocated for protecting adult social care budgets
- £12.5m is allocated to providing more integrated care.
- The Integration Working Group have recommended that the following client groups are targeted:
  - Integrated care for older people
  - Adults with mental ill health
  - Adults with long-term conditions
  - Children with health needs
- Example of some of the work streams under integrated care for older people:
  * Reduction in delayed transfers of care – 3.5% reduction
  * Reducing and managing increased demand for emergency or unplanned admissions to hospital
  * Increasing the effectiveness of enablement/preventative services
  * Reducing admissions to nursing or residential care services
  * Diagnosis of dementia (increasing the rate and providing better services to patients, families and carers)
  * Improving patient and service user experience of services.
- We are required to deliver our plans against national metrics. All of the above example work streams match national metrics*, except for dementia*, which is a local priority.

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Improving outcomes for patients

In future, we want health services to be more personalised, more focussed on outcomes and more integrated with other services.

<table>
<thead>
<tr>
<th>1</th>
<th>Based on populations</th>
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<tbody>
<tr>
<td></td>
<td>Similar ages</td>
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<tr>
<td></td>
<td>Similar health conditions and needs</td>
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<tr>
<td></td>
<td>Developing a better understanding of the range of needs an individual has rather than just a health condition.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Focussed on patient outcomes</th>
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<tbody>
<tr>
<td></td>
<td>We are working with partners and patients to develop and commission outcomes across a range of populations in Enfield</td>
</tr>
<tr>
<td></td>
<td>Older people</td>
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<td></td>
<td>People with LTCs</td>
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<td></td>
<td>MSK</td>
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<td></td>
<td>We will use nationally benchmarked outcomes</td>
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<table>
<thead>
<tr>
<th>3</th>
<th>Fully integrated into all health and care services</th>
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<tbody>
<tr>
<td></td>
<td>Providers work together taking responsibility for delivery of agreed outcomes</td>
</tr>
<tr>
<td></td>
<td>Co-ordinated services</td>
</tr>
<tr>
<td></td>
<td>Seamless patient transfers between providers</td>
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</tbody>
</table>

Local clinicians working with local people for a healthier future
Using patients’ ideas to improve future models of care

<table>
<thead>
<tr>
<th><strong>Care delivered at home when clinically viable and desired by patients and their carers</strong></th>
<th><strong>The avoidance of unplanned and unexpected care</strong></th>
<th><strong>Improvement of physical, emotional, and behavioural health and wellbeing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timely care</strong></td>
<td><strong>Pro-active support for patients to self-manage a long-term condition</strong></td>
<td><strong>Care delivered in as few places as possible</strong></td>
</tr>
<tr>
<td><strong>Treatment by health professionals who know their patients well</strong></td>
<td><strong>The need for easy-to-understand patient information about their conditions</strong></td>
<td><strong>Support in regaining independence</strong></td>
</tr>
<tr>
<td><strong>Improvement patient self-awareness about their health needs</strong></td>
<td><strong>Patients respected and valued as individuals</strong></td>
<td><strong>Support and information to make healthier lifestyle choices</strong></td>
</tr>
<tr>
<td><strong>Support for social, educational, and employment outcomes</strong></td>
<td><strong>Patient and carer involvement in decisions about the services and support they receive</strong></td>
<td><strong>Easy navigation of the health and social care system</strong></td>
</tr>
</tbody>
</table>

*Local clinicians working with local people for a healthier future*
How we will change the way we commission services

Enfield CCG plans and buys most health services for patients in Enfield.

Now:
We make decisions on what services to buy by looking at the health needs of our community, now and in the future.
We buy many different services from a range of providers to meet these needs.
We monitor our contracts by reviewing the number of patients being seen and the quality of services provided.

In the future:
There will not be any changes to the range of services that are currently offered or the way that patients are referred to services.
For the CCG this means we will:
• Change the way that we commission care, from planning for the whole population based on treatment of conditions to a more detailed population group approach.
• Develop more local multi-disciplinary teams that can better respond to the growing health needs of our local population.
• Help providers to work together to meet patient’s needs

We want better health for our local population and more sustainable health services that can respond flexibly to the needs of patients now and in the future.

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What will these changes mean?

We want to change the way we commission from buying treatment for episodes of ill health to planning care in partnership with patients to meet their needs.

For patients this means:

1. Health services will be provided locally in a more joined-up way
Like most other CCGs, we are planning to commission more services to be provided in the community or at home in the future because patients tell us that’s what they want. It’s very important that all health services work together to support patients to stay as well as they can at home or in the community wherever possible.

2. Services will be targeted towards smaller population groups with similar health needs.
If services are delivered to smaller population groups, we believe that they will better understand and support the personal health needs and goals of patients.

3. Services will support you to reach your aspirations for health
This means that services will not only assess and treat you, but develop care plans in partnership with you that will help you to meet personal health goals that you agree with your clinician. This is called “outcomes based commissioning” and it’s a new model of care that many NHS organisations are moving towards. We will measure how the provider supports you to stay as well and healthy as you can.

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Working with CCGs in North Central London

An integrated care network of organisations focused on outcomes and shaped by patients

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Questions

Clinical Commissioning Group

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