MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 9TH JULY, 2012

AT 10.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item Nos	Title of Report	Pages
6, 7 and 8	PRESENATIONS	1 - 66

Rob Mack, London Borough of Haringey 020 8489 2921 rob.mack@haringey.gov.uk

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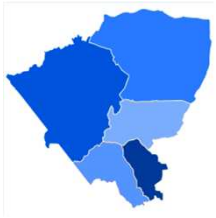
NHS
North Central London

NHS North Central London Commissioning Strategy and QIPP Plan 2012/13-2014/15

Joint Health Overview and Scrutiny Committee
9th July 2012

Sylvia Kennedy
AD Strategy & Planning

AGENDA ITEM 1

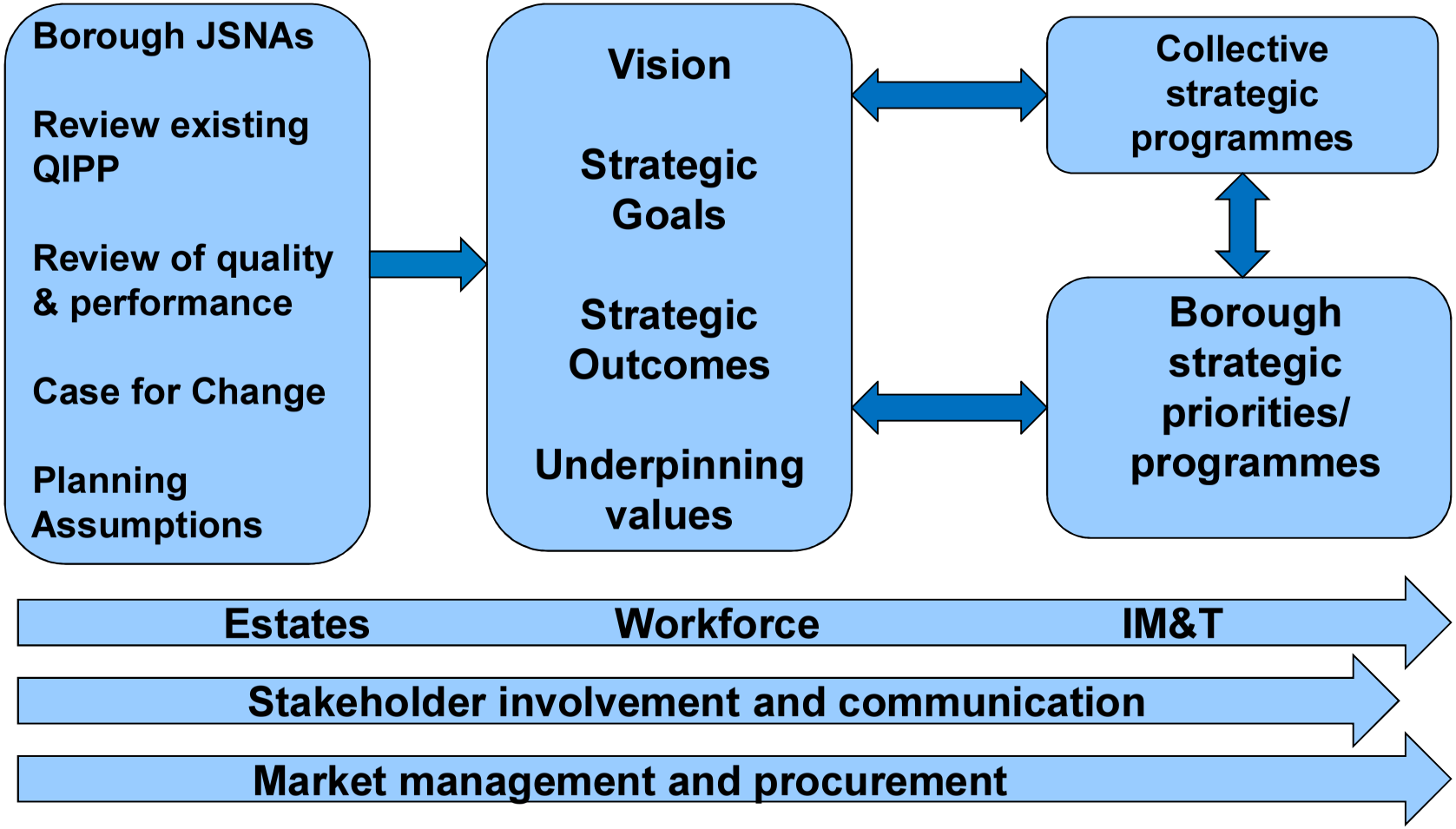


Key messages

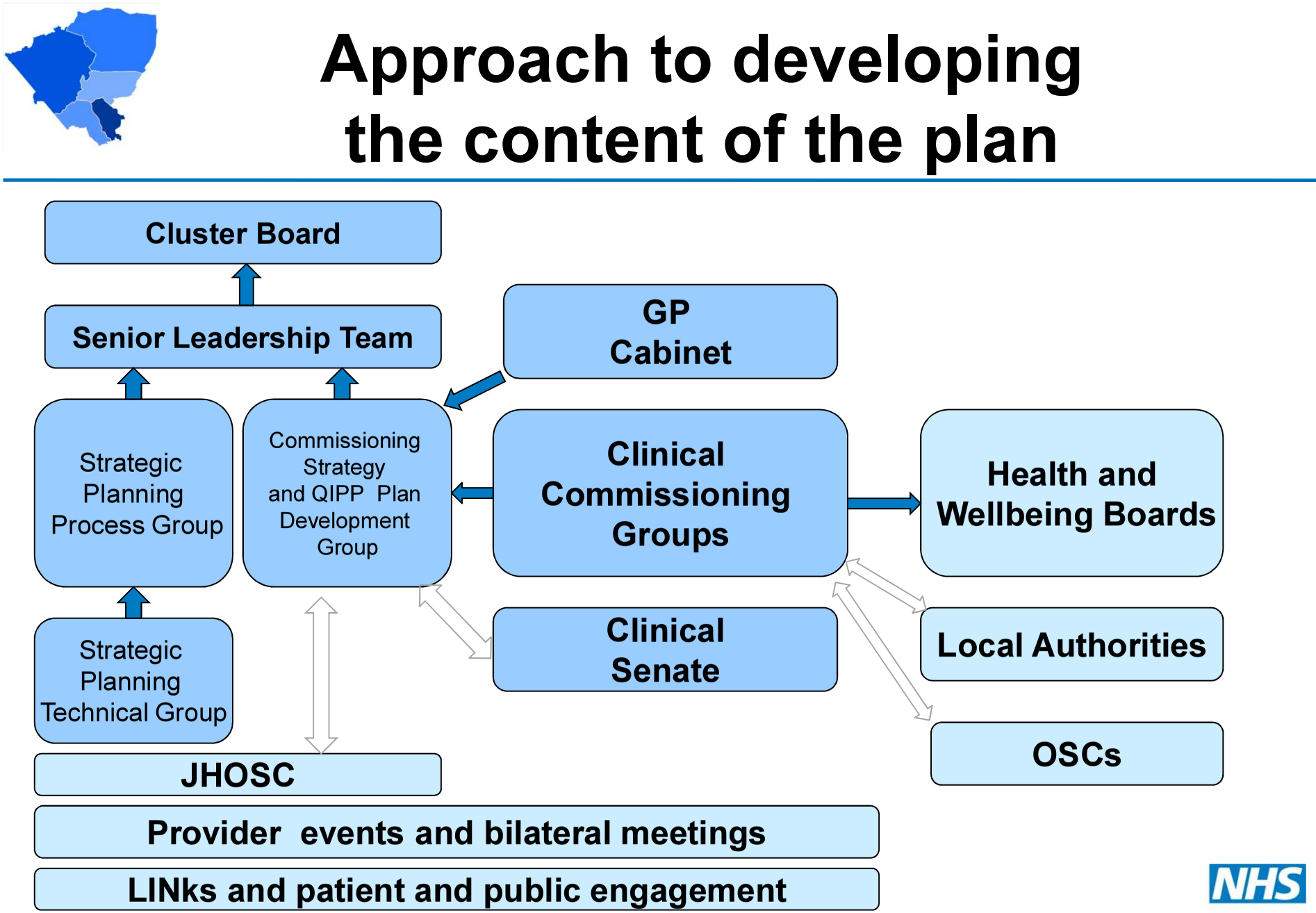
- Approach to developing the Plan
- Programmes and initiatives
- Impact
- Implementation
- Progress so far

North Central London

Our planning process



Approach to developing the content of the plan



NCL Strategic Plan – Key Messages

Our Case for Change demonstrates:

- Profound health inequalities and prevalence gaps
- Care of our most vulnerable (frail elderly, LTCs, mental health) is unplanned and fragmented

To turn this around:

- Primary Care requires radical change through investment and performance management
- Community Services require development

To deliver this:

- We must cease overtrading with acute services
- We must rebalance our health economy

Summary of financial plan 2012/13

PCT £m	2011/12 Final outturn Surplus/ (deficit)	2012/13 Recurrent	2012/13 Plan Surplus
Barnet	(14.0)	34.5	0.0
Enfield	(17.2)	34.3	0.0
Haringey	(17.4)	28.9	0.5
Camden	43.2	2.4	21.6
Islington	20.8	10.5	9.1
NCL	**15.4**	**110.6**	**31.2**

- 2011/23 Barnet, Enfield, Haringey deficits – plan to be written off by Department of Health in 2012/13, reducing burden on 2012/13. Camden and Islington surpluses came forward
- Plan for 2012/13 is for all PCTs to be breakeven or in surplus in year; and to be in recurrent surplus by the end of the year.
- Low risk to 2012/13 plan for Camden and Islington


Vision
"Through working with local people and partners we will improve the health and wellbeing of our population, reduce inequalities and maximise value in terms of outcomes, quality and efficiency from services provided to patients."
Strategic Goals
Enable our population to live longer, healthier lives, in particular tackling the significant health inequalities that exist between communities
Provide children with the best start in life
Ensure patients receive the right care, in the right place, first time
Deliver the greatest value from every NHS pound invested
Strategic Outcomes
By actively engaging local people in decisions about their own and their community's health and wellbeing
Underpinning Values
Through working collaboratively with partners to deliver seamless care.

NCL Strategic Plan

Our poorest communities do not receive the healthcare they need when they need it. Men in our poorest communities die at least 10 years earlier than those in our richest communities. We estimate over 71,000 people with stroke, heart disease, diabetes or respiratory disease in North Central London who are not known to their GPs, and up to a further 136,000 have undiagnosed high blood pressure. Enfield's infant mortality is one of the highest in London.

We must focus on prevention, early diagnosis and intervention to reduce health inequalities

This is our **Prevention Programme** which aims to reduce the undiagnosed prevalence gaps and improve healthy lifestyles

Prevention

Outline

- Integrate prevention into all care pathways
- Specifically invest to improve uptake of NHS health-checks in all boroughs
- Childhood immunisations
- Alcohol and smoking
- Risk stratification

Impact

- Investment - £1.8m (year 1) £5.4m (year 3)
- Reduction in prevalence gap

NCL Strategic Plan

Many of our frailest and sickest groups receive care in a fragmented and disorganised way – both planned care - for long Term Conditions or mental illness - and unplanned – 40% of people using our accident and emergency departments need primary not emergency care. We need to develop new ways of commissioning and delivering healthcare so that peoples' care is planned and managed close to their home with the resources to enable this.

This is our **Integrated Care Programme**. By 2015 we will be commissioning for our older people and those with long term conditions on a year of care/population basis from providers who deliver to pathways, care will be managed not chaotic and urgent care will be transformed.

Integrated care

- Transformational programme over three years
- Case management, multi disciplinary community based teams
- A population based approach to commissioning and provision
- Transform unscheduled into managed care
- Potential financial opportunity £16m year 1; £30m by year 3

Integrated care – early wins

- Frail elderly and people with Long term conditions – frailty pathway, falls prevention, admission avoidance, LTC and elective care pathways
- Unscheduled care – urgent care centres and potential integration with OOH services, review of access points, Single Point of Access (111), alcohol pathway
- Mental health – dementia pathway, implementation of London model of care
- Cancer - begin implementation of integrated cancer systems

NCL Strategic Plan

To achieve this:

We need radical changes in primary care - developing its capability and capacity and its quality and productivity. We will invest in quality and we will not tolerate poor performance. These changes will be tough on some practitioners and will need up front investment.

This is our **Primary Care Development Programme**

Primary Care Development

- Three year primary care strategy published in January 2012
- Reshaping primary care – networks of practices delivering comprehensive primary care under revised contractual arrangements with clear quality standards and robust performance management
- Investment 2012-2015 Barnet £11.7m, Camden £7.2m, Enfield£10.7m, Haringey £9.9m, Islington £7.2m. Total for 2012/13 £12m from non recurrent funds; future years from acute savings.
- Key enabler for integrated care
- Early wins – review of PMS, effective contract management for all primary care contracts, recovery of under performance, list maintenance processes
- Potential financial impact - £2m year 1; £4.3m year 3

NCL Strategic Plan

To resource these changes sustainably we need the following to happen:

We are overtrading with our acute hospitals and primary and community services are underdeveloped. As well as an over-reliance on acute services for basic healthcare our services are inefficient, quality of care is variable and we are commissioning treatments which are ineffective

This is our **Clinical and Cost Effectiveness Programme**. We need to re-profile our PCTs' investments in healthcare between acute and community/primary care and rebalance our health economy

Clinical and Cost Effectiveness

- Quality and Safety Programme
- Procedures of limited clinical effectiveness
- Primary care referral management
- Medicines management – acute and primary care
- Productivity – acute, community and primary care
- Robust contract management

Our Programmes & Initiatives

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Prevention	**1.Integrating Prevention Outcomes**	2012 - 2015						•
	2. Stop Smoking	2012 – 2015						•
	3. Alcohol *(links to Unscheduled Care & Mental Health initiative 5)	2012 - 2015						•
	4. Physical and Mental Health *(links to Mental Health initiative 3)	2012 - 2015						•
	5. Healthy lifestyles: Health Checks	2011 - 2015						•
	6.Child Immunisation Rates	2011 - 2013						•
	7. Public Health Services: Camden	2011 - 2012				•		

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Primary Care	**1.Primary Care Strategy**	2012 - 2015	•	•	•	•	•	
	2. PMS Review- Strategic Project	2011 - 2013	•	•	•	•	•	
	3.Optimising Contracts/ Performance (Dental, Optometry, Pharmacy)	2012 - 2013	•	•	•	•	•	
	4.Optimising GP Contracts	2012 - 2013						•
	5. Performance Monitoring in Primary Care	2012 - 2013						•

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Integrated Care Older People	**1. Admissions Avoidance**	2011 - 2013	•	•	•			
	2&3.Fracture Fragility Service	2012 - 2014	•	•	•			
	4. Older People	2012 - 2015	•	•	•			
	5. Harm Free Care in Residential and Nursing Homes	2012 -2015	•	•				
Unscheduled Care	**1. NHS 111 Implementation**	2013 - 2015						•
	2-7 Borough Urgent Care initiatives with acute trusts/Haringey and Barnet integration of OOH services	2011 - 2012	•	•	•	•	•	

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Mental Health	**1. Implement London Wide Model of Care: Long Term Mental Health Conditions** *(links to Prevention initiative 4)	2012 - 2015						•
	2. Pathways and Shared Care Model: Crisis	2012 - 2015						•
	3. Transform Acute Hospital Pathways: Dementia	2012 - 2015						•
	4. Transform Community Services: Dementia	2012 - 2015						•
	5. To transform services in relation to NICE alcohol related harm quality standards *(links to Prevention initiative 3)	2012 - 2015						•
	6. Adult Care Pathway: Complex and Secure	2012 - 2015						•
	7. Secure Care Pathway: Improve Services, Productivity and Value for Money	2012 - 2015						•
	8.Strategic Commissioning of Child and Adolescent Mental Health	2012 - 2015						•
	9.Introductory Year of Payment by Results	2012 - 2013						•
	10.Improving access to Psychological Therapies	2012 - 2015						•

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Cancer	**1. Detect Earlier Disease – cervical cancer (HPV)**	2012 - 2014						•
	2. Detect Earlier Stage Disease – bowel cancer	2012 - 2016						•
	3. Chemotherapy costs	2013 - 2014						•
	4. GP Access to diagnostics - Survivorship and Follow-up Care	2012 - 2015						•
	5. London Model of Care	2012 - 2015						•
	7. Supporting cancer prevention initiatives	2012 - 2015						•
	8. Supporting End of Life Care for cancer patients in North Central London	2012 - 2015						•
	9. Introduction of genetic testing programmes and personalized cancer treatment	2012 - 2015						•
	10. Implementation of Breast Cancer Familial History plan.	2012 - 2013						•

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
New Pathways	**1 – 5 Care Pathways for Long Term Conditions**	2012 - 2015	•	•	•	•	•	
	6-10 Local Acute Outpatient Assessment- Camden, Enfield, Haringey, Islington	2012 - 2015		•	•	•	•	
	11 and 12 .Heart Failure North Central Cluster pilot and Barnet	2012 - 2014	•			•	•	
	13. Pain Management	2012 - 2014		•		•		

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Clinical and Cost Effectiveness Quality and Safety Programme	**1. Adult Emergency services**	2012 - 2014						•
Procedures of Limited Effectiveness	**1. Procedures of Limited Clinical Effectiveness Policy Implementation**	2012 - 2013						•
Medicines management: Primary Care	**1-5 Medicines Management: Primary Care**	2012 - 2013	•	•	•	•	•	•
Medicines Management: Acute Hospitals	**1. Implement drug schedule in contracts and validate information for PbR**	2012 - 2015						•
	2. Biosimilar drugs	2012 - 2014						•
	3. Review of Devices commissioned	2012 - 2014						•
	4. Review of UCLH drug on costs	2012 - 2013						UCLH only

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Referral Management	**1-3 Borough based Referral Management schemes**	2012 - 2015	•	•			•	
Acute Productivity	**1. Ambulatory services**	2012 - 2013						•
	2. Consultant to Consultant Referrals	2012 - 2013						•
	3. Outpatient first to follow up	2012 - 2013						•
	4. Conversion rate from A&E	2012 - 2013						•
	5. Continuing Health Care	2012 - 2015	•	•	•	•	•	
	6. Community Productivity	2012 - 2015	•	•	•	•	•	
	7. Contract Management	2012 - 2015						•

Strategic Programme	Initiatives	Phasing	Barnet	Enfield	Haringey	Camden	Islington	Collective
Other Clinical Priorities Cardiovascular disease	**1. Identification and management of primary care patients with atrial fibrillation (AF)**	2012 - 2015						•
	2. Cardiovascular London Model of Care and Standards	2012 - 2015						•
Maternity Services	**1. Access to Pre conceptual Care and Maternity Care**	2012 - 2015						•
	2. Pathways & Models of Care	2012 - 2015						•
	3. Increase Normal birth & reducing intervention	2012 - 2015						•
Children and Young People	**1. Health visiting services**	2011 - 2015	•	•	•	•	•	
	2. Paediatric Emergency Services	2012 - 2014						•
	3. Children's community services	2012 - 2014	•	•	•	•	•	
	4. Transition from specialist to acute services	2012 - 2014						•
	5. Tertiary Paediatrics	2012 - 2015						•

Realising Our Strategic Goals & Impact on Patients

Strategic Programme	Enable our population to live longer, healthier lives, in particular tackling the significant health inequalities that exist between communities	Provide children with the best start in life	Ensure patients receive the right care, in the right place, first time	Deliver the greatest value from every NHS pound invested
Prevention	✓	✓		✓
Primary care	✓	✓	✓	✓
Integrated care				
Older people	✓		✓	✓
Unscheduled care			✓	✓
Cancer	✓		✓	✓
Mental health	✓	✓	✓	✓
New pathways	✓		✓	✓

Realising Our Strategic Goals & Impact on Patients cont.

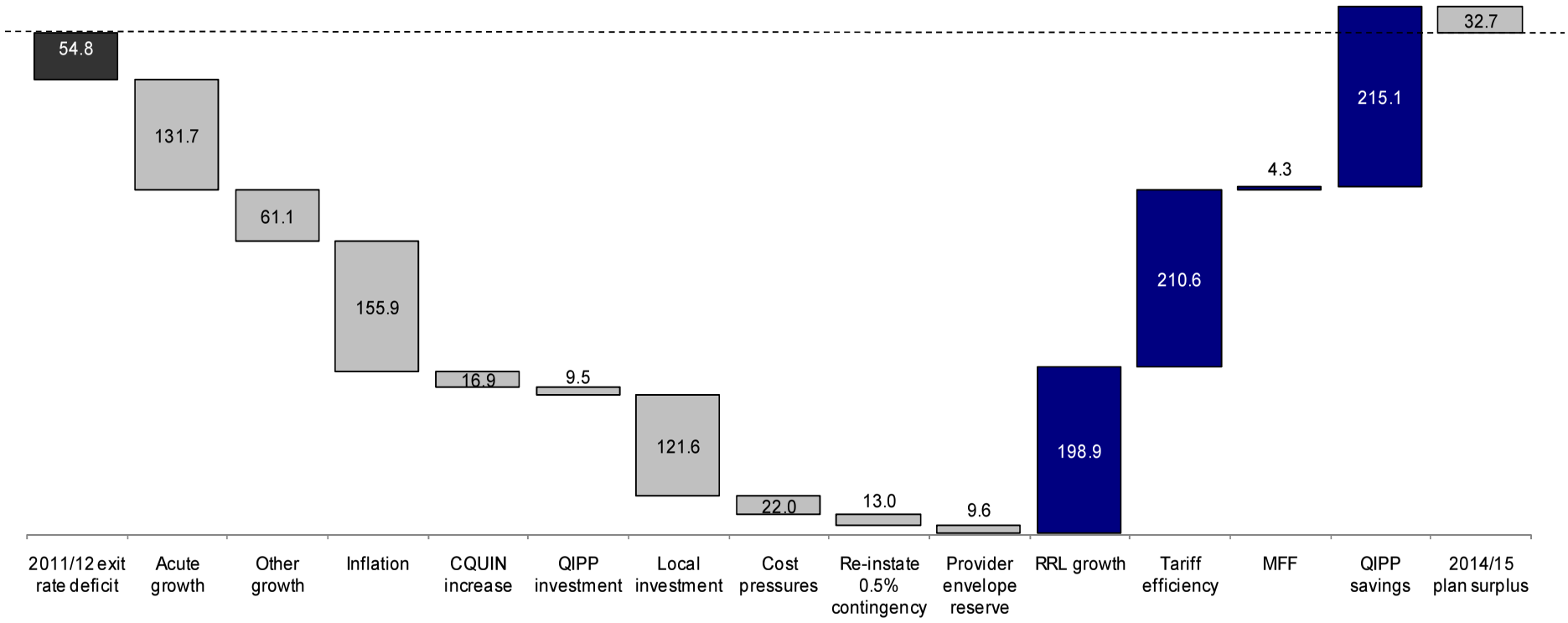
Strategic Programme	Enable our population to live longer, healthier lives, in particular tackling the significant health inequalities that exist between communities	Provide children with the best start in life	Ensure patients receive the right care, in the right place, first time	Deliver the greatest value from every NHS pound invested
Clinical and Cost Effectiveness				
Acute Productivity				✓
Procedures of Limited Clinical Effectiveness (PoLCE)			✓	✓
Primary Care Medicines Management			✓	✓
Acute Medicines Management			✓	✓
Referral Management			✓	✓
Quality and Safety Programme			✓	✓
Other Clinical Priorities				
CVD	✓		✓	✓
Maternity		✓	✓	✓
Children and Young People		✓	✓	✓

Financial Impact of the Plan (As at March 2012)

NCL 2011/12 forecast exit rate deficit to 2014/15 plan surplus after QIPP

£m

The forecast exit rate for 2011/12 based on the financial position at month 08 is a £54.8m deficit. The impact of activity growth, inflation and other planning requirements lead to a projected Cluster deficit of £182.5m under the 'do nothing' scenario. The QIPP programme delivers savings of £215.1m over the 3 year period, leading to a plan surplus for 2014/15 of £32.7m, of which the outer PCTs share is £14.1m.

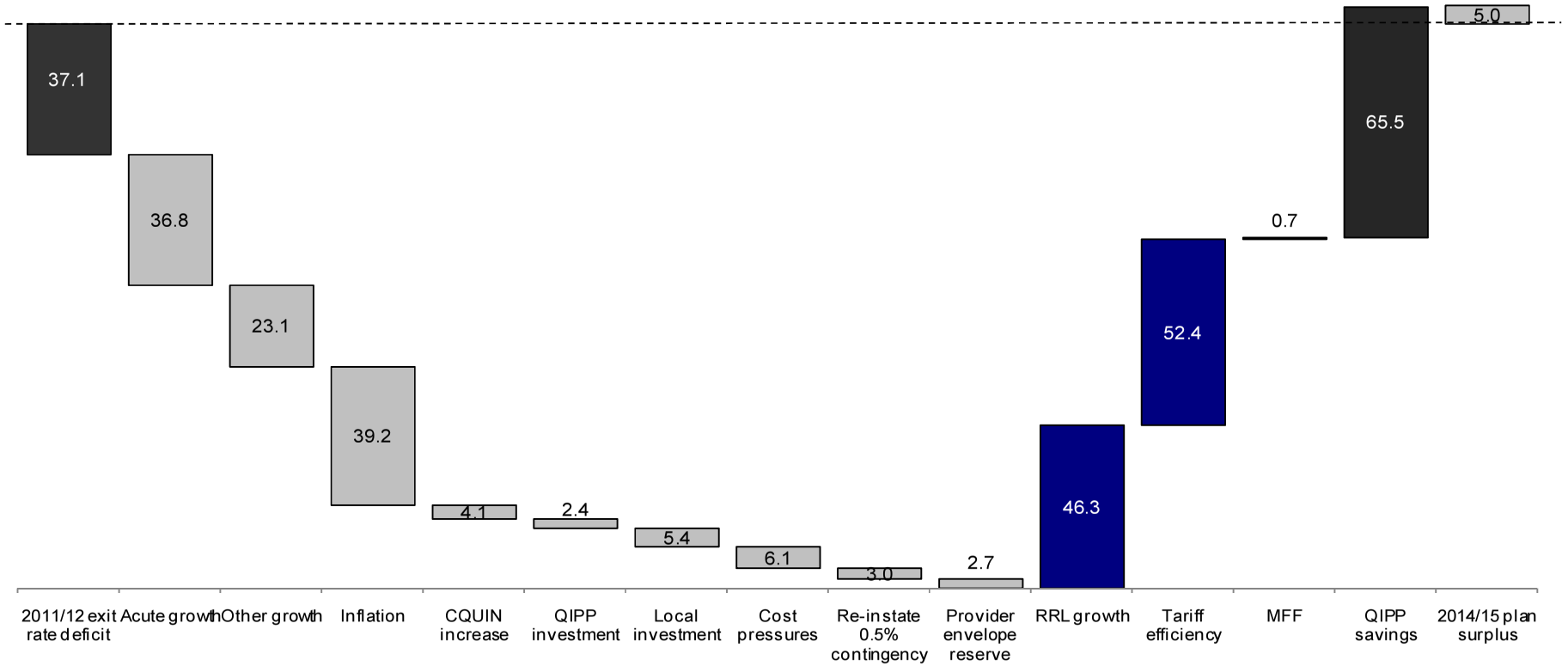


Financial Impact of the Plan (As at March 2012)

Barnet PCT 2011/12 forecast exit rate to 2014/15 plan surplus after QIPP

£m

The forecast exit rate for 2011/12 based on the financial position at month 08 is a £37.1m deficit. The impact of activity growth, inflation and other planning requirements lead to a projected deficit of £60.5m under the 'do nothing' scenario. The QIPP programme delivers savings of £65.5m over the 3 year period, leading to a plan surplus for 2014/15 of £5.0m.

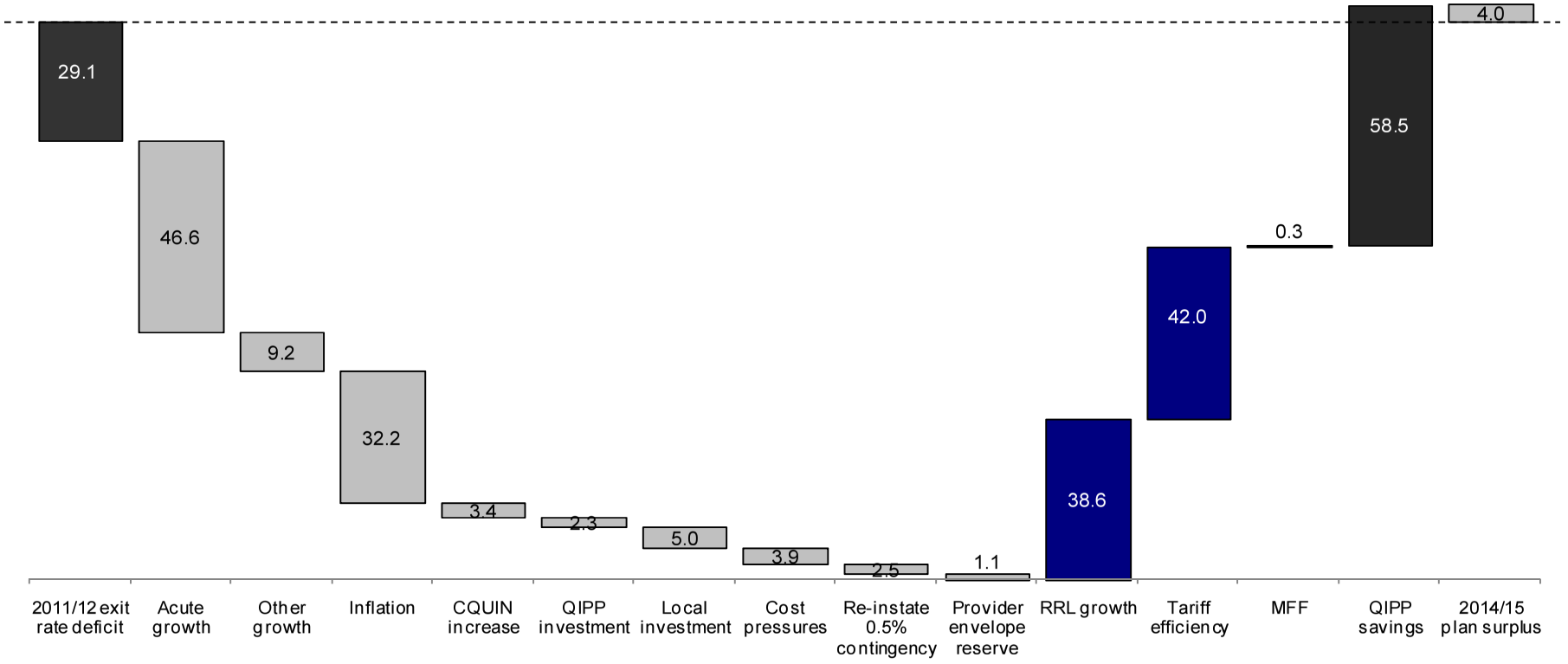


Financial Impact of the Plan (As at March 2012)

Enfield PCT 2011/12 forecast exit rate to 2014/15 plan surplus after QIPP

£m

The forecast exit rate for 2011/12 based on the financial position at month 08 is a £29.1m deficit. The impact of activity growth, inflation and other planning requirements lead to a projected deficit of £54.4m under the 'do nothing' scenario. The QIPP programme delivers savings of £58.5m over the 3 year period, leading to a plan surplus for 2014/15 of £4.0m.

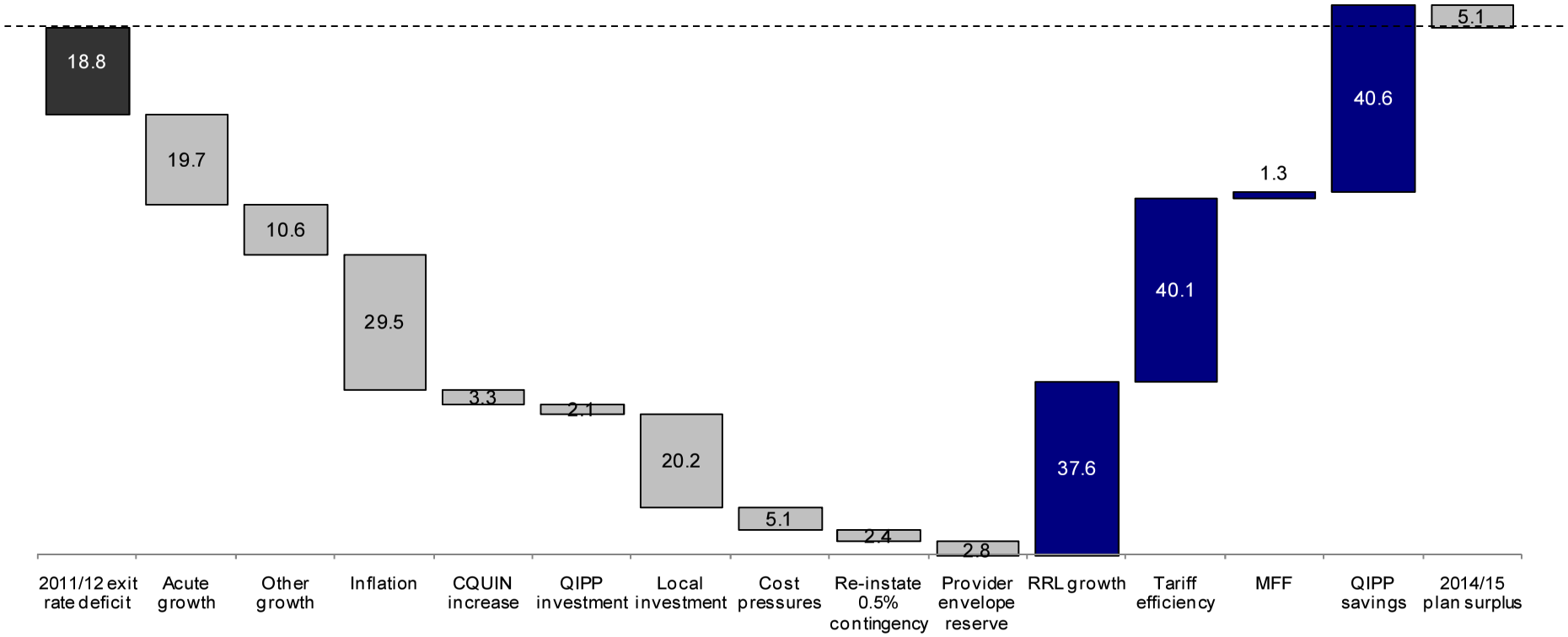


Financial Impact of the Plan (As at March 2012)

Haringey PCT 2011/12 forecast exit rate to 2014/15 plan surplus after QIPP

£m

The forecast exit rate for 2011/12 based on the financial position at month 08 is a £18.8m deficit. The impact of activity growth, inflation and other planning requirements lead to a projected deficit of £35.5m under the 'do nothing' scenario. The QIPP programme delivers savings of £40.6m over the 3 year period, leading to a plan surplus for 2014/15 of £5.1m.

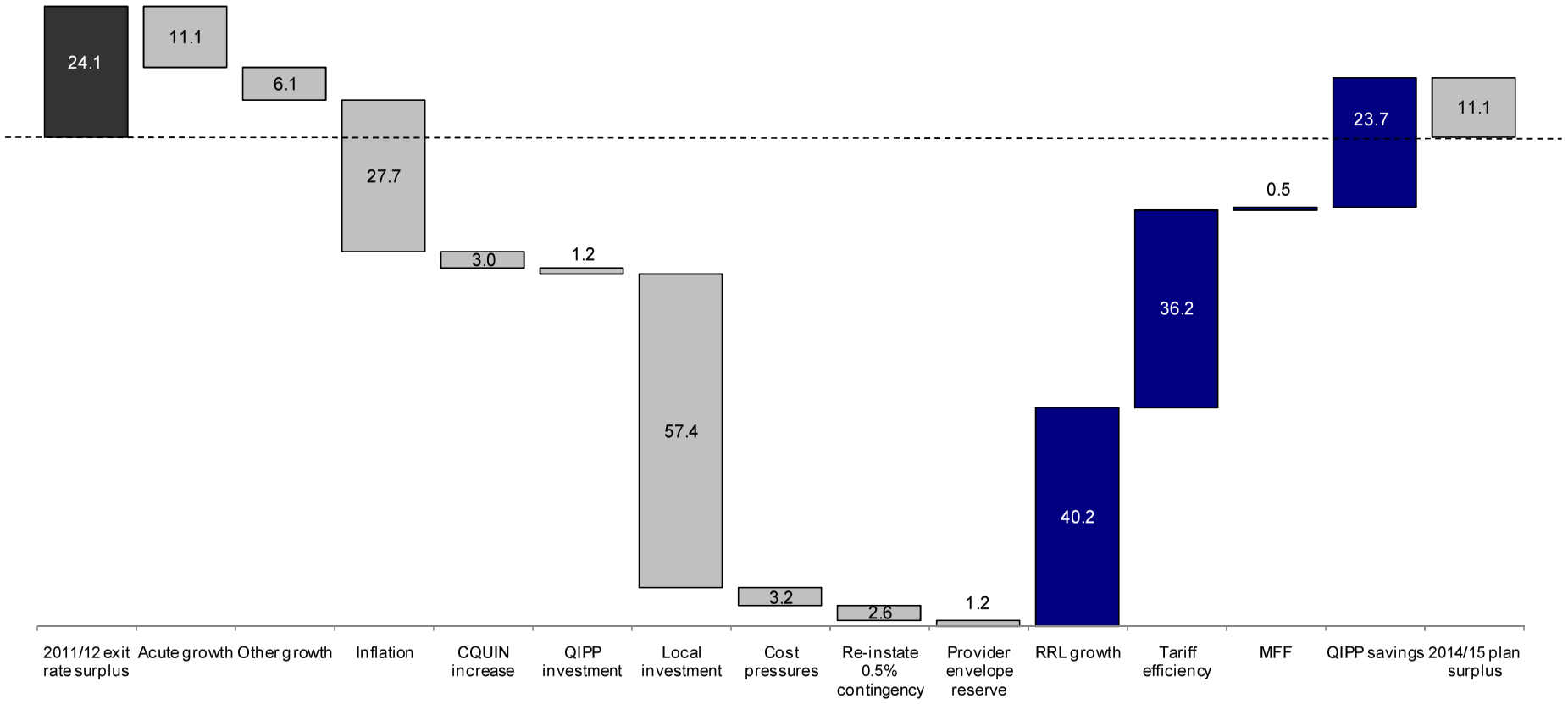


Financial Impact of the Plan (As at March 2012)

Camden PCT 2011/12 forecast exit rate to 2014/15 plan surplus after QIPP

£m

The forecast exit rate for 2011/12 based on the financial position at month 08 is a £24.1m surplus. The impact of activity growth, inflation and other planning requirements lead to a projected deficit of £12.6m under the 'do nothing' scenario. The QIPP programme delivers savings of £23.7m over the 3 year period, leading to a plan surplus for 2014/15 of £11.1m.

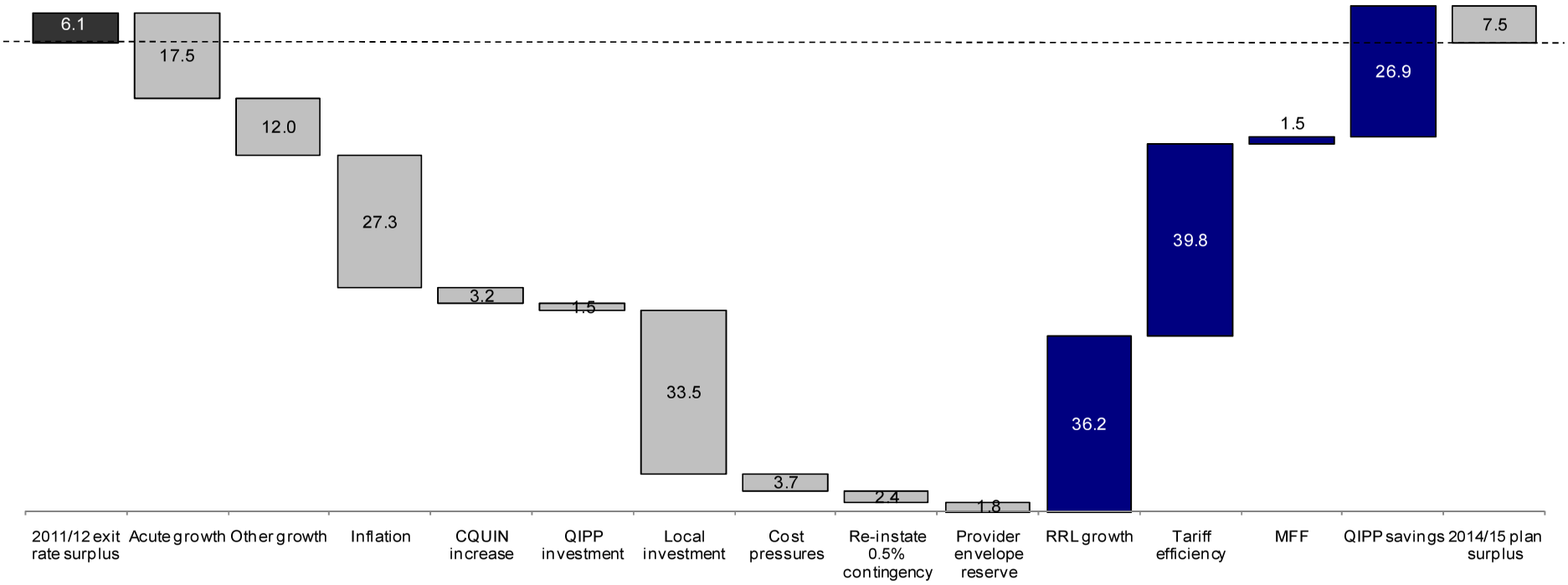


Financial Impact of the Plan (As at March 2012)

Islington PCT 2011/12 forecast exit rate to 2014/15 plan surplus after QIPP

£m

The forecast exit rate for 2011/12 based on the financial position at month 08 is a £6.1m surplus. The impact of activity growth, inflation and other planning requirements lead to a projected deficit of £19.4m under the 'do nothing' scenario. The QIPP programme delivers savings of £26.9m over the 3 year period, leading to a plan surplus for 2014/15 of £7.5m.

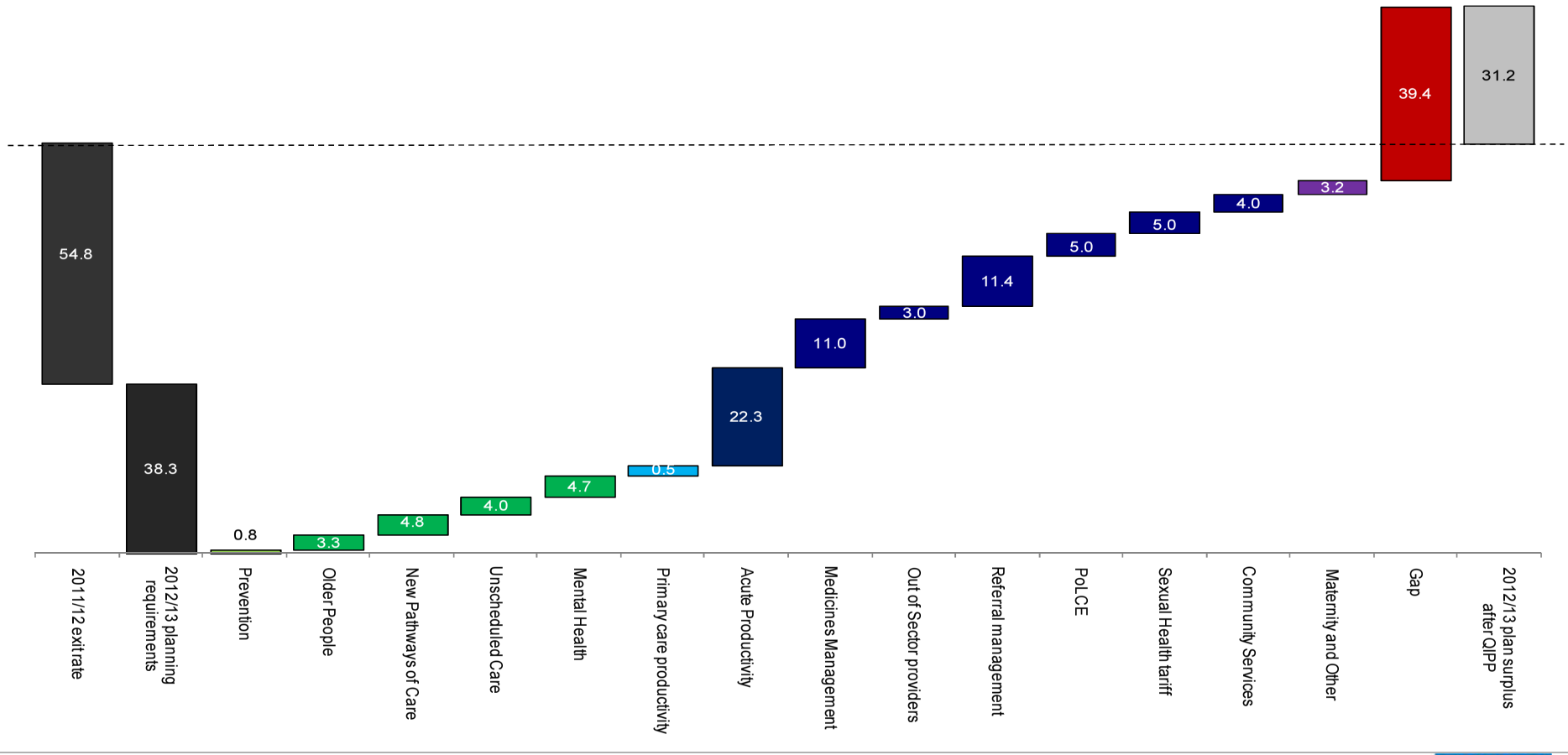


Financial Impact of the Plan (As at March 2012)

Impact of NCL QIPP 2012/13 by Programme

£m

The 2012/13 forecast exit rate is £54.8m deficit which grows to a deficit of £93.1m following application of the 2012/13 planning assumptions. The QIPP programme delivers a saving of £124.2m bringing the Cluster to a plan surplus for 2012/13 of £31.2m.



Impact on Providers

- The impact of the Plan on acute providers:

  - Income, the QIPP programme delivers significant savings to commissioners from acute contracts as a consequence of productivity improvement and pathway re-design.

  - Activity, through reductions in A&E attendances, emergency admissions, new and follow-up out-patient appointments and day cases. The drive to shift procedures to out-patients may also increase this activity

  - Capacity, reductions in beds and out patient clinics.

- Primary care – key thrust of plan is to retain and provide greater proportion of care within a primary care setting and attempts have been made to assess the potential increase in GP consultations
- Community Services – yet to be quantified

From Plan to Implementation

- Collaborative approach, including population based commissioning for key areas
- Incentives such CQUINs
- Robust contract mechanisms
- Market testing where necessary
- PMO to support and track delivery
- Flexible working across boroughs and cluster
- Risk management at individual initiative, programme and overall Plan level
- Delivery at a time of transition

Progress So Far

- Completed assurance of all ‘core’ initiatives and implementation plans developed
- Governance and reporting arrangements agreed and initiated
- Delivery of ‘core’ initiatives underway
- Contracts for 2012/13 signed incorporating QIPP delivery expectations
- Exploring further opportunities to close the financial gap
- Investment plans for Camden and Islington being developed
- 4 out of 5 boroughs achieved full delegated budget responsibility
- Borough specific versions of the Plan being developed for CCG authorisation process

More Information

- Full plan and all supporting appendices

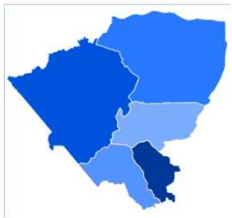
http://www.ncl.nhs.uk/media/38398/2012-03-29%20joint%20boards%20supp%20pack.pdf

NHS
North Central London

Integrated Care in North Central London

5th July 2012

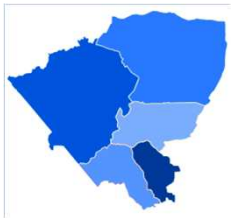
Sylvia Kennedy
AD Strategy & Planning



Strategic context

Many of our frailest and sickest groups receive care in a fragmented and disorganised way – both planned care - for long Term Conditions or mental illness - and unplanned – 40% of people using our accident and emergency departments need primary not emergency care. We need to develop new ways of commissioning and delivering healthcare so that peoples' care is planned and managed close to their home with the resources to enable this.

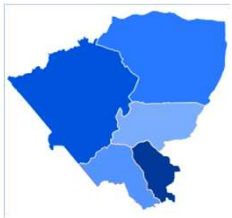
This is our **Integrated Care Programme**. By 2015 we will be commissioning for our older people and those with long term conditions on a year of care/population basis from providers who deliver to pathways, care will be managed not chaotic and urgent care will be transformed.



Strategic context

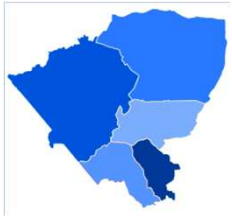
Primary Care Strategy

- Significant investment in primary care
- Primary care fundamental to all integrated care systems in UK
- Developments of networks for integrated primary care commenced in NCL – needs synergy between networks for primary care and networks for integrated care
- Improving quality and reducing inconsistencies in primary care across NCL
- Development of web based systems to enable integrated working across practices



What is Integrated Care?

Integrated care enables delivery of joined up health and social care for specific populations of patients. Providers work together in partnership to deliver both uni-disciplinary and multi-disciplinary care as well as multi-disciplinary case management. As a consequence planned care replaces unscheduled care, leading to better clinical outcomes, patient experience and value for money in terms of health and social care investment.

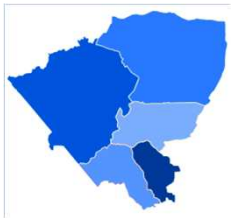


What is an Integrated Care System?

Integrated care needs to have a system which supports the new way of delivering care by a range of providers. The systems in North Central London will include primary care, one or more acute trust and community providers, a mental health provider and social care providers. The IC System is the partnership and infrastructure that enables delivery to take place.

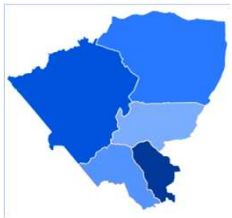
An Integrated Care Organisation has an advantage but is not a pre-requisite.

Leadership and commitment to integrated care across the system is essential for successful delivery.



Integrated Care: 7 pillars

- Patient Registry
- Risk Stratification
- Clinical Protocols
- Single Care Plan
- Planned Care Focus
- MDT Case Conferences
- Performance Reviews of MDTs

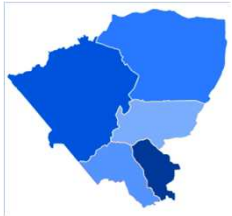


Why Integrated Care

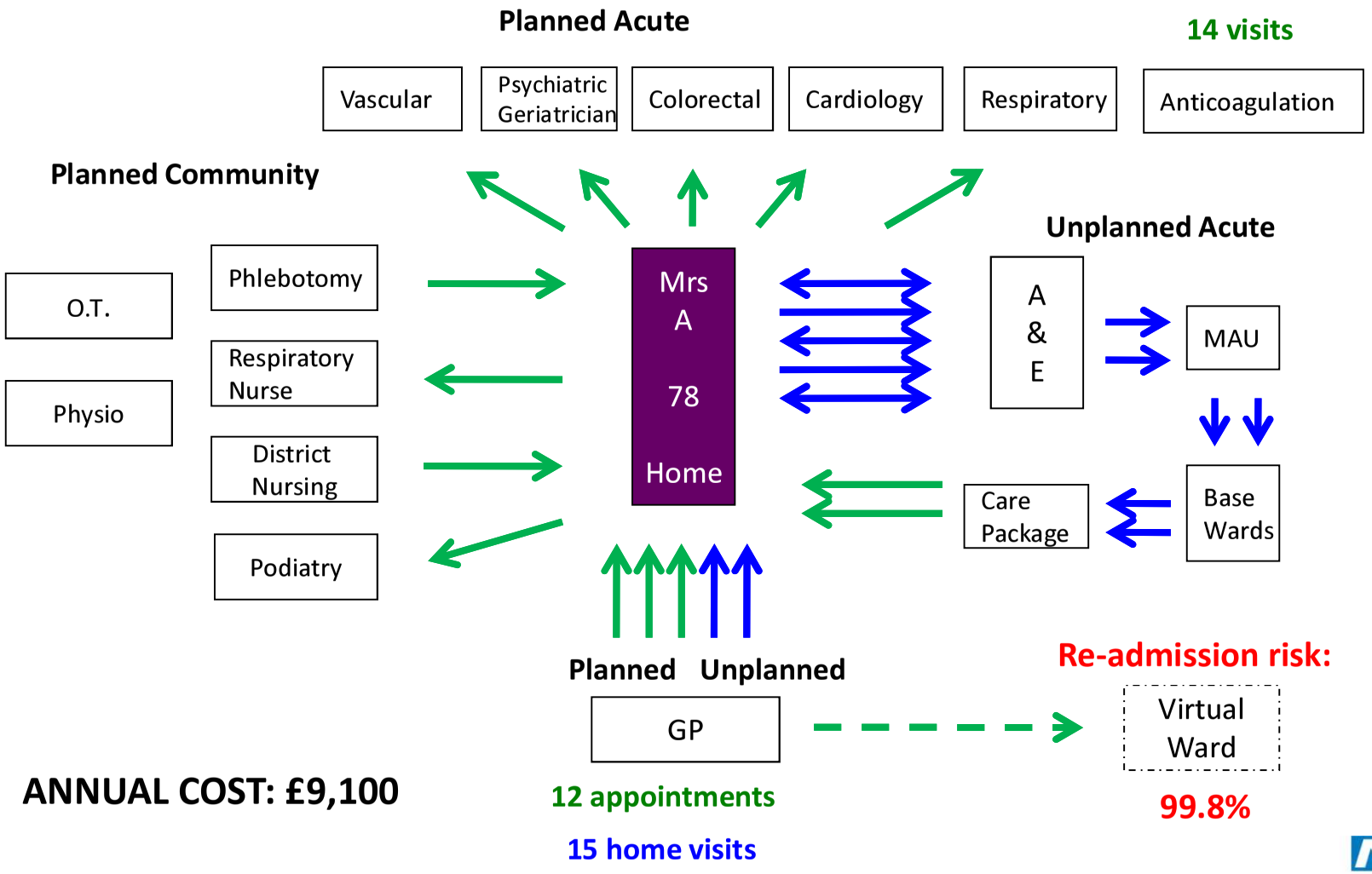
- Only 19% of patients with COPD have just COPD
- Only 14% of patients with Diabetes have just Diabetes
- Only 5% of patient with Dementia have just Dementia
- Non-elective admissions have risen by 36% in NHS since 2000 and by 1.6% over same period in Sweden with more than a decade of integrated care

John Oldham, 2012

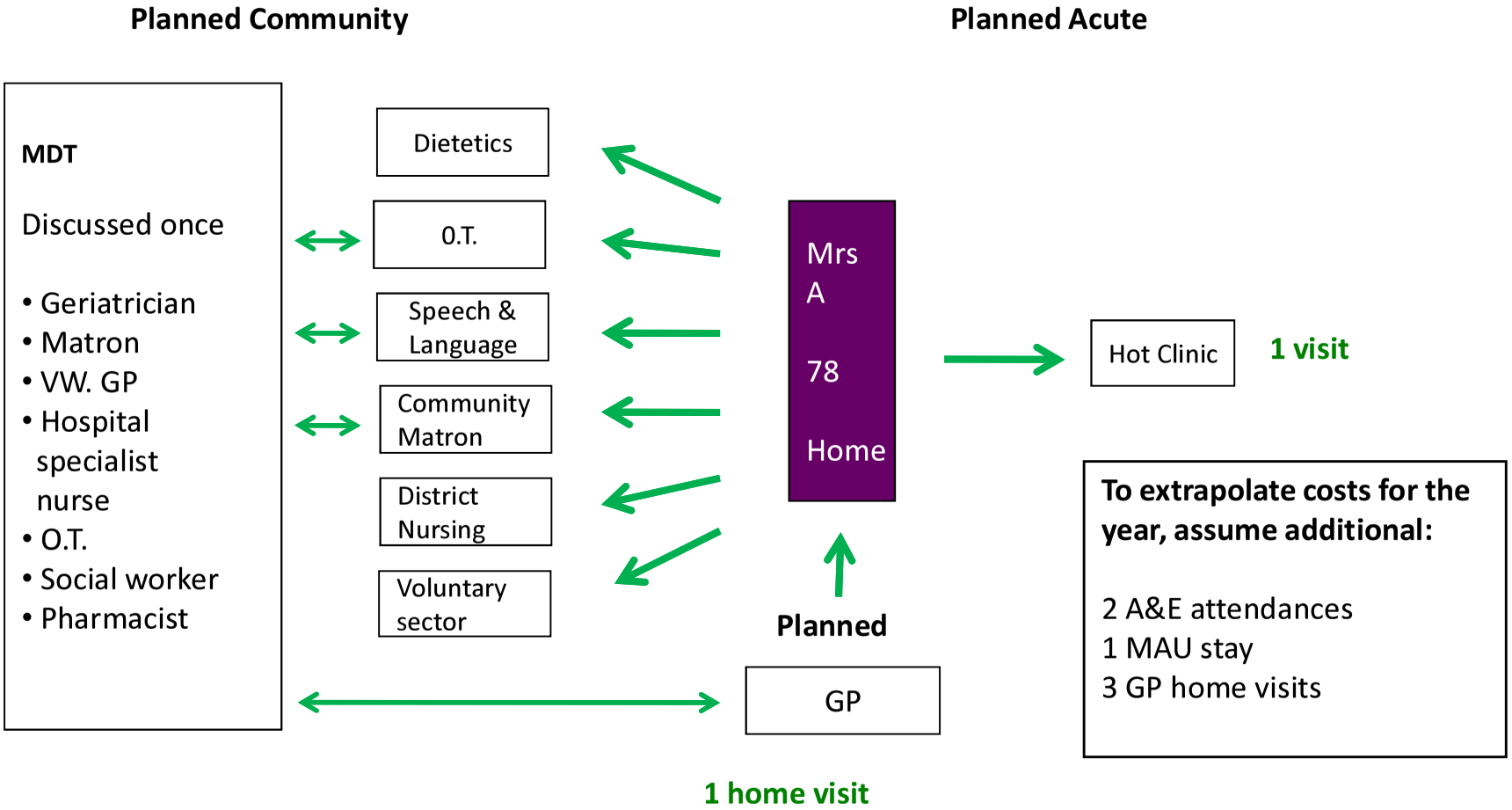
- In NCL, more than four fifths of all admissions for those aged 75 years and above are non-elective, at a cost of nearly £87m



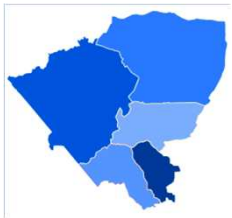
A patient journey before care planning: Camden



A patient journey in the 6 months following care planning

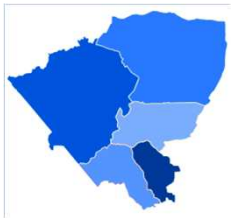


ANNUAL COST: £3,600



Impact on Patients and Service Users

- Most patients and service users expect their data will be shared amongst professionals in order to facilitate the delivery of care however explicit consent to share will be obtained
- Individuals will not need to give the same information over and over to different professionals
- Individuals will see a reduction of duplicate diagnostics or interventions due to information being available to all necessary professionals
- Individuals will have discussions with professionals that can bring in other aspects of their care which are important to that discussion by accessing a shared view of care
- Individual's experience of care will be improved



Impact on Professionals

- Professionals will have access to real time information about patients and service users across range of providers
- Professionals working as part of multi-disciplinary teams, virtual or real, will all have access to shared care view to enable case conferences to take place and shared agreements on next steps in care provision
- Professionals will reduce the time and effort required to find out pieces of information for them to undertake assessments and appropriate interventions due to the shared view of the care record
- Both the individual professional experience and the inter-professional experience should be improved
- Professionals will be able to monitor patient and service user outcomes much more effectively, provide clear comparison of norm, and agree and plan any necessary interventions

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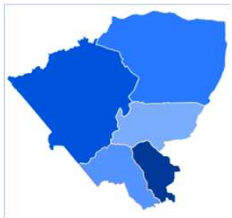
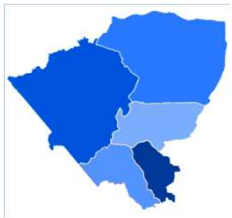


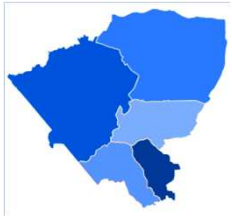
Impact on Commissioners

- Commissioners can have greater confidence in terms of the individual's outcomes they commission
- Commissioners will have access to aggregated data from all providers within the local health and social care system for the first time
- Local commissioners will have access to network and borough level information
- Commissioner reporting to CCGs will be enhanced
- The provision of information to CCGs for strategic planning will be enhanced
- Commissioners can support agreed research projects with datasets e.g. UCLP tariff Project



Progress to Date in North Central London Collective

- Senior leadership stakeholder event across health and social care with strong engagement and agreement on areas to undertake on NCL wide basis as well as those areas at borough /CCG basis
- Discussions with King's Fund about their involvement in NCL integrated care programme
- NHS London approved £500k from Regional Innovation Fund to support integrated care across Whittington Health and North Middlesex Hospital with particular focus on Haringey
- Initial draft of business case prepared for an IT solution to meet the information requirements of integrated care
- Evaluation brief developed in consultation with UCLP, NHS London and King's Fund to evaluate integrated across North Central London
- North Central London part of NHS London "Community of Practice" which is a network of integrated care leads across London



Progress to Date in North Central London Barnet

•Developed integrated health and social care teams for rapid response frail elderly as part of system wide redesign of frail elderly services

• Implemented enhanced GP support to care homes as pilot

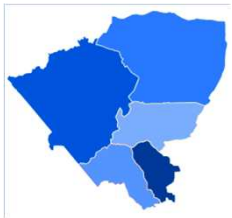
•Service specification and pathway developed for frail elderly

•Integration summit with health and social care providers planned for July

•Integrated commissioning plan developed for approval at HWBB

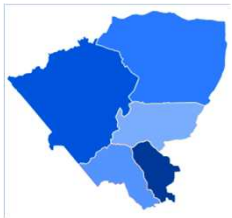
•Further development of integrated approach with children's services particularly SALT and CAMHs Tier 3

•Initiated redesign of dementia and stroke integrated community pathways



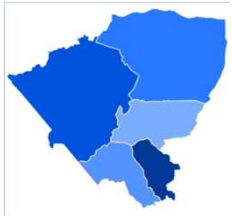
Progress to Date in North Central London
Camden

- Significant work with stakeholders in developing approach to integrated care
- Launched 2 year pilot for integrated working
- Practice networks being established
- Central hub established for integrated teams: diabetes/CKD, dermatology and shortly COPD, heart failure, memory service,
- Retinal screening to be available at diabetes/CKD hub
- Practices developing frailty registers and weekly MDT for complex frail patients
- Patients with 3 or more long term conditions referred to MDT for assessment
- Psychological support being embedded into integrated teams
- Patient experience evaluation to commence shortly
- Restructuring of therapies underway
- Progressing with information sharing protocols and procurement of IT solution



Progress to Date in North Central London
Enfield

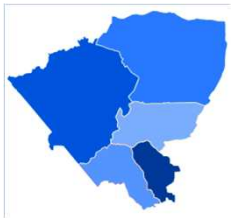
- Integrated care team established for northern care homes with positive outcomes including 50% reduction in emergency admissions and shortly roll out to southern care homes
- Stakeholder event with key providers , some agreed areas for action, programme being developed including governance and work streams
- Developing A&E based rapid response and early supported discharge in collaboration with acute trusts
- Practice networks being established
- Joint work with London Borough of Enfield on developing risk stratification
- Strong focus on implementing Primary Care Strategy as key enabler



Progress to Date in North Central London

Haringey

- Partnership Board established across health and social care
- North East Haringey Collaborative of GP practices piloting integrated care approach including running case conferences for complex patients 65 years or older
- Roll out to 3 more collaboratives over next 4 months
- Mapping and modelling of community services to align with integrated care model
- Joint London Borough of Haringey and NHS Haringey business plan for integrated care developed
- GP practices to be incentivised for care planning



Progress to Date in North Central London Islington

- Programme Board established
- Emerging model of integrated care aligned to sub-localities (GP Networks) and localities
- Stakeholder work completed to define outcomes for COPD and diabetes models and review and implementation of recommendations underway
- Launch of COPD and Diabetes pathways planned for September
- Developing operational guide for implementation of MDTs and case conferences
- Realignment of community service to develop integrated care teams in sub-localities
- Developing clinical commissioning enhanced service to develop care planning for those risk stratified as Tier 3

Transforming the primary care landscape in North Central London - Update

North Central London

Primary Care Strategy

Joint Overview
and Scrutiny Committee

July 2012

Henrietta Hughes
Acting Medical Director
NHS North Central London

www.ncl.nhs.uk

How we want it to be

NHS
North Central London

- **Access**
  - Minimum practice opening hours 8am - 6.30pm Mon-Fri
  - Same day urgent access
  - Appointment booking by phone, on-line or in person
- **Patient experience**
  - The right care in the right place, first time
  - Early diagnosis, treatment and support for long-term conditions
  - Receptions more responsive
  - Pharmacies offering more
- **Supported self-care for patients & carers**

How we want it to be

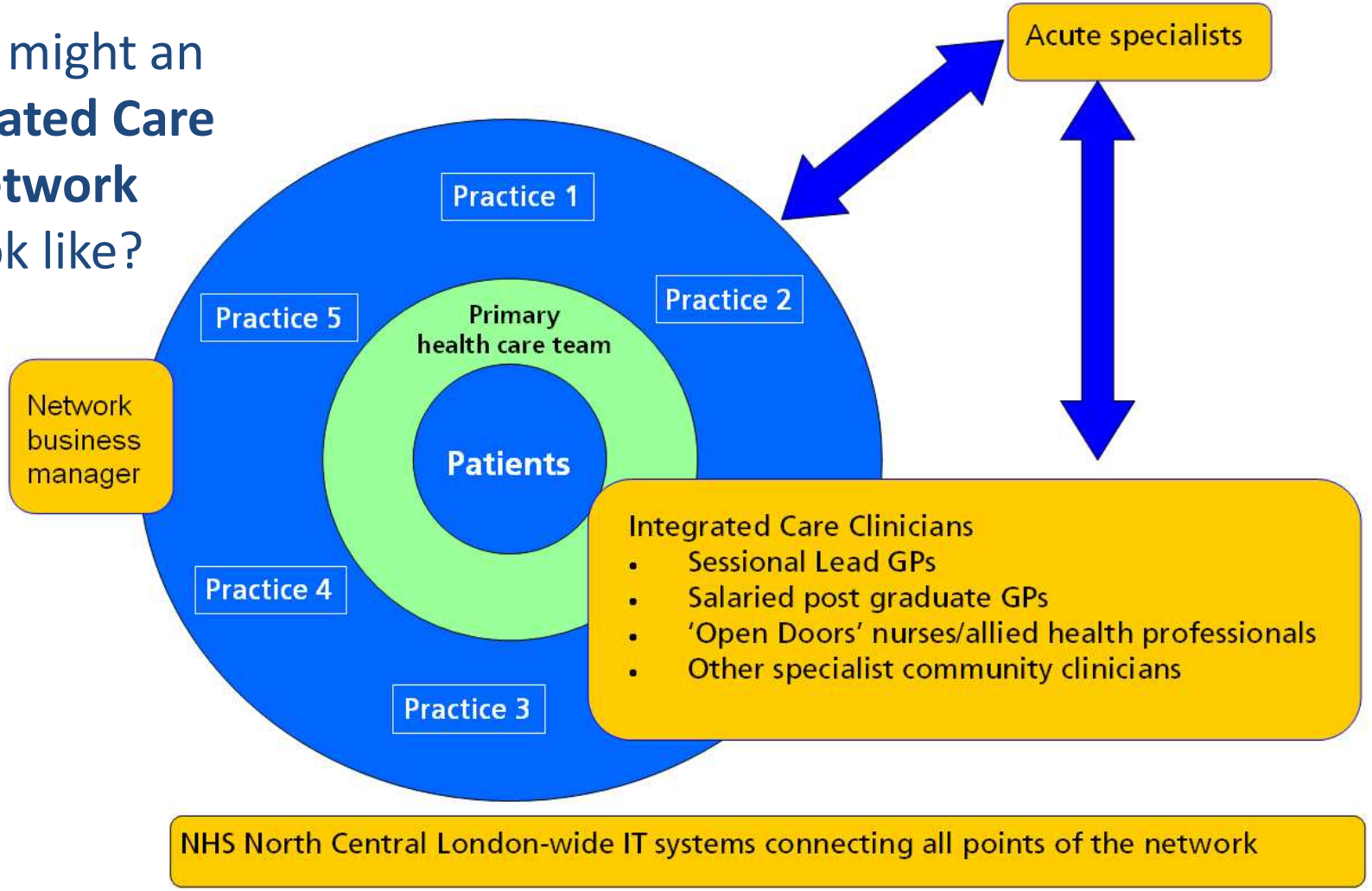
North Central London

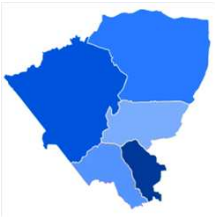
We aim to offer you a high quality primary care service linked to more specialist services. We want to help you live a lifestyle of optimal health and wellbeing.

Networks - a key enabler

North Central London

What might an **Integrated Care Network** look like?





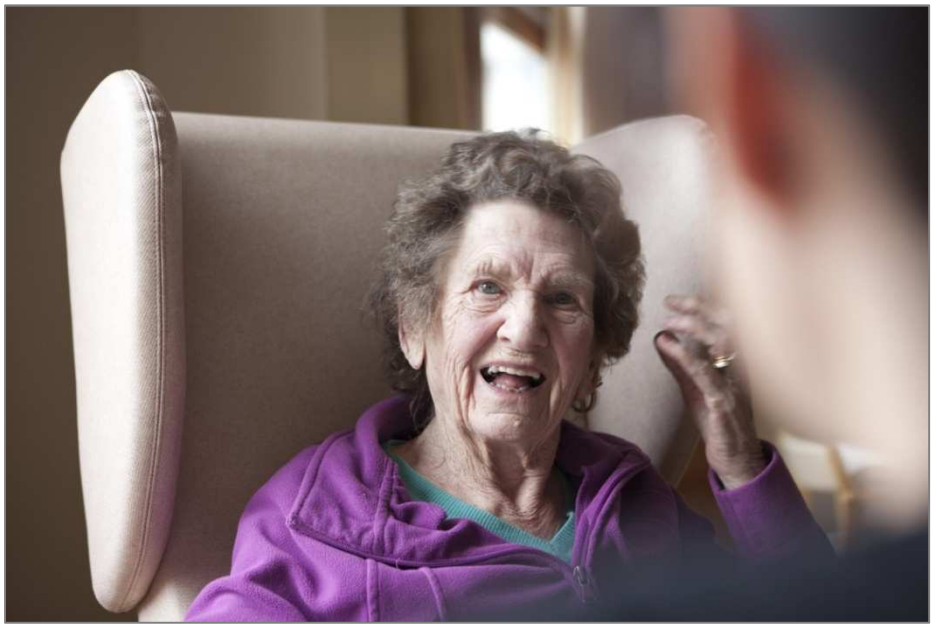
Borough implementation plans approved June 2012

NHS
North Central London

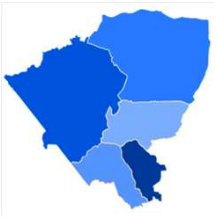
Strong clinical leadership from within the boroughs

Focus for the boroughs:

- Developing networks
- Appointing clinical leaders and business support
- Clinical priorities for 2012/13:
  - Access
  - Frail elderly
  - Long term conditions
- Continue early implementation



Barnet, Enfield and Haringey plans integral to the implementation of the BEH Clinical Strategy



Early implementation

NHS
North Central London

Information Technology

- Completed audit of GP IT systems
- Implementing web-based GP IT systems
- Enfield personal computer refresh
- Appointment text messaging for 50 practices in Barnet and Enfield

Premises

- Premises surveys for CQC July – Dec 2012
- Bidding limited premises improvement July 2012

Performance

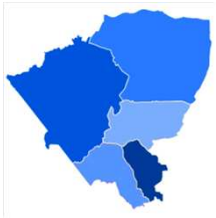
- Focus on contract management

Productivity

- Dr First pilot

Workforce

- Practice Nurse training & development Sept 2012



Planned investment for 2012 – 2015

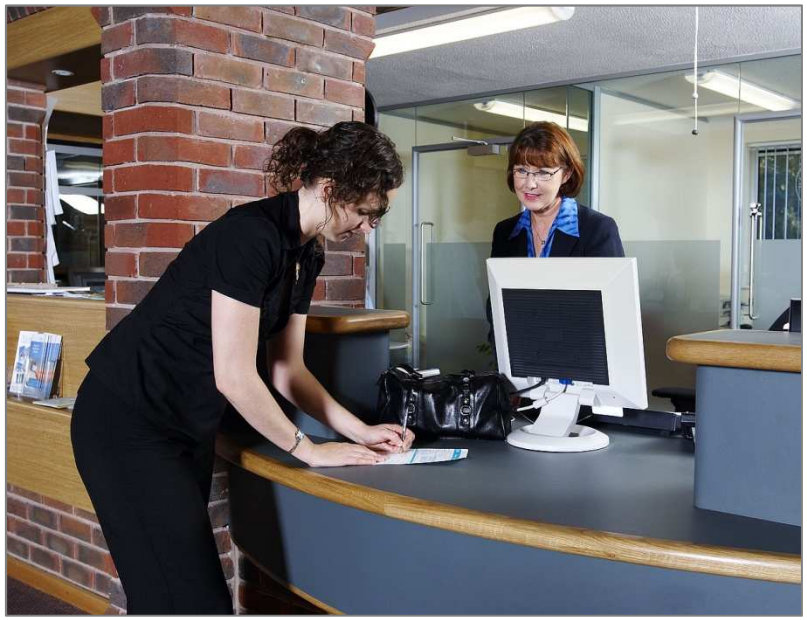
NHS
North Central London

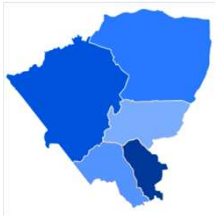
	Barnet	Enfield	Haringey	Camden	Islington	NCL 3 year total £000s
Year 1	£2,910	£2,797	£2,697	£1,798	£1,798	£12,000
Year 2	£4,835	£3,953	£3,665	£2,751	£2,751	£17,505
Year 3	£4,419	£3,945	£3,629	£2,630	£2,630	£17,253
Total	**£11,714**	**£10,695**	**£9,991**	**£7,179**	**£7,179**	**£46,757**

Next Steps

North Central London

- Ongoing engagement with stakeholders
- Implementation of borough plans
- Continued implementation of cluster-wide projects
- Continued alignment with the BEH Clinical Strategy and integrated care plans underway across North Central London





NHS
North Central London

Thank you

henrietta.hughes@nclondon.nhs.uk
http://www.ncl.nhs.uk/future-planning/primary-care-strategy.aspx

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