



North Central London

# NHS North Central London QIPP/ Finance Update 2012/13

# Joint Health Overview and Scrutiny Committee 22 October 2012

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### Outline

- Month 05 Indications
- Closing the Gap





# Month 05 Indications

- At Month 05, the reported forecast year end control totals remained on target for all 5 PCTs.
- Barnet, Enfield and Haringey all significantly reduced both year to date and forecast outturn expenditure at month 5. The year to date deficit reduced by £1.5m the majority of which was due to reduced acute spend.
- Achieving financial targets remains a significant challenge for Barnet, Enfield and Haringey PCTs in particular, and key to achieving this will be continued delivery of the QIPP plan in the remaining months of the year.
- Performance of individual QIPP categories is shown in the next slide



## **Month 05 Indications**

STRATEGIC PROGRAMME	SUB-PROGRAMME	RAG (Full Year Outturn)
Clinical & Cost Effectiveness	Acute Productivity	R
	Continuing Care	G
	Contract Management	G
	Medicines Management (Acute)	Α
	Medicines Management (Primary Care)	G
	PoLCE	R
	Referral Management	Α
Integeratd Care	Commissioning Approach	G
	Mental Health	G
	New Pathways of Care	R
	Older People	Α
	Unscheduled Care	R
Prevention	Prevention	G
Primary Care	Primary Care	Α
Other Clinical Priorities	Children & Young People	G
	Maternity	Α
	Sexual Health Tariff	R
	Stroke Trauma & CVD	G
Unidentified QIPP	Unidentified QIPP	R





We are currently working to identify and implement further schemes – includes:

- Alcohol-related admissions (Cluster wide)
- Pain management (Barnet, Enfield, Haringey)
- Comprehensive Falls Service (Barnet, Enfield, Haringey)
- Patient navigator (Barnet, Enfield, Haringey)
- Review of elective procedures (Barnet, Enfield, Haringey)





### Alcohol-related admissions (Cluster wide)

- Meetings to take stock of current arrangements completed in 4 boroughs
- Final discussion (Islington) arranged for w/c 22nd Oct 12.
- From discussions held so far, all boroughs actively looking to develop their alcohol activities with both acute providers and in community services.
- It is also evident that some cross borough information sharing would be beneficial to share best practice.





### Pain management (Barnet, Enfield, Haringey)

#### Enfield (next steps)

- 5th Oct 12 Acute Trusts draft service delivery model ready for discussion
- 12th Oct 12 Acute Trusts meet and agree joint service delivery model
- 18th Oct 12 Submit final service delivery model to NCL Project lead

#### Barnet

• Business case is being drafted. Scheme impact likely to be predominantly in 2013/14. Agreed that scheme will build on existing MSK provision, and explore overlaps with specialities such as rheumatology / orthopaedics.

#### Haringey

- Agreed to build on existing MSK provision and explore overlaps with other specialities such as rheumatology / orthopaedics.
- Service costing delayed slightly awaiting Acute Trust finance information
- Next implementation steps being finalised includes GP education programme.





### **Comprehensive Falls Service (Barnet, Enfield, Haringey)** Enfield:

- Follow up Falls Model workshop complete. Stakeholders agreed the new model for service and early identification of people susceptible to falls. Next meeting (Nov 12) will finalise the model, build business plan assumptions, and commence cost benefit analysis.
- Dec 12 finalise the business model and agree commissioning / procurement decisions with key senior stakeholders.

#### Barnet:

Stakeholder workshop in September identified key areas

- Early identification of patients susceptible to falls.
- A unified, comprehensive falls service, seamless pathway with single point of access. Strengthening prevention and innovative community services.
- Care homes, managing dementia, and people with learning disabilities.
- Task and finish groups in Oct / Nov 12 to work up detail of new Falls system model commence business plan development in Dec 12.





### **Comprehensive Falls Service (Barnet, Enfield, Haringey)**

### Haringey:

- Multi-stakeholder workshop held on 25<sup>th</sup> Sep 12.
- Two task and finish groups formed, aligned to priority areas identified by stakeholders, to work in October.
- Access: early identification of people at risk of falls, and may benefit from therapy, medical intervention or environmental risk reduction.
- Service: aligning current services, aiming for a comprehensive Falls service single point of access.
- Final workshop in Nov 12.





### **Patient navigator**

- Barnet, Enfield and Haringey are pursuing this potential opportunity and are continuing the preparation of their PIDs.
- Enfield are leading this initiative and are coordinating meetings with North Middlesex University Hospital, and Barnet & Chase Farm Hospital, on behalf of Barnet, Enfield and Haringey.





### **Review of elective procedures (Barnet, Enfield, Haringey)**

- Comprehensive data analysis review of planned elective care activity, to identify immediate QIPP opportunities and also longer term opportunities. Benchmarking indicates possible savings if activity could be aligned to SHA and National levels.
- Presentation of key findings to Barnet and Haringey CCGs and smaller GP working groups mid / late Oct 12. Following which action plans will be drawn up.
- Joint NCL Barnet and Chase Farm and North Middlesex University Hospital QIPP/CIP Boards are a possible 'vehicle' to deliver opportunities identified.

