Building for the Future

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What is Building the Future?

• Community services were transferred to Southport & Ormskirk Hospitals under the national initiative of Transferring Community Services in 2011.

• Forming an integrated care organisation

• Had 5 years to shift care into the community and beyond, emphasis of keeping people at home, self care, getting people back home safe and well

• Milestones and gateways to show how things are delivering last year but little progress

• Took legal advice and we need to test the market

• Contract ends March 2016 but we will extend for 12 months whilst testing the market

• Procurement process – new service expecting to go live April 2017
Vision for Integrated Care

- Co-ordinated, person-centred, wrap-around services targeted at the frail elderly
- Services that are delivered in or as close to the person as possible; in a way that maximises independence and quality of life, throughout their lives
- Clinically-led multi-speciality teams that take responsibility for the continuum of care
- Tapping into and valuing all of our communities assets and talents to offer the best care and support at the most affordable cost
Ambitions

- **Patient Centred, Coordinated Care**
  (e.g. Easy access, more care delivered closer to home, self care, support for carers, joined up care, targeted intervention, tell their story once).

- **Reduction of Urgent Care Demand**
  (e.g. Reduced avoidable emergency admissions, reduction of A&E attendances, appropriate time in hospital, keeping people at home as long as possible and as well as possible)

- **Quality**
  (e.g. working in partnership, best information and evidence, fully supported by technology, right first time, every time, demonstrate outcomes, high quality care, VFM)
What does FtFT mean for West Lancs?

1716 admissions avoided per annum across West Lancs

33 admissions avoided per week across West Lancs

4 per day on average

less than one per neighbourhood per day
3 Pillars of the Service Model

Care Co-ordination

• “the deliberate organisation of patient care activities between two or more participants involved in a patient’s care to facilitate the appropriate delivery of health care services.”

Population management

• “the coordination of care delivery across a population to improve clinical and financial outcomes, through disease management, case management and demand management”

Collective Accountability

• “the joint accountability of all involved parties to deliver the required outcome”
This Procurement

- A vehicle for change;
- An opportunity for delivering a new model of care;
- Involvement / engagement / listening and changing throughout the procurement;
- Bottom up rather than top down.
SOME OF OUR JIGSAW PIECES…

- NWAS
- EARLY ACTION
  Lancashire Constabulary
- ADULT SOCIAL SERVICES
  Lancashire County Council
- PHARMACISTS
- WELLBEING SERVICE
  Lancashire County Council
- VCFS
- GPs
- HEALTH INEQUALITIES
- CARE HOMES
- IT
Event on 9th December 2015

• Follows on from 30th September 2015 event

• 9th December is
  – For all stakeholders and interested bidders
  – To explore how you could work together
  – Either through formal contractual arrangements or through pathways

  – For you to
    • Describe the services you can provide;
    • What benefits you can deliver for the patient and for service delivery;
    • How you envisage working together;
    • Etc….
Questions?