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Clinical Commissioning Group



Building for the Future

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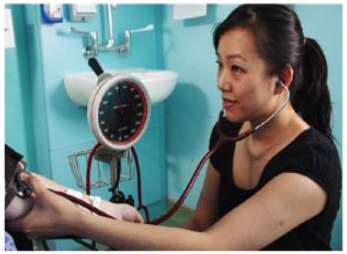


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For you.

What is Building the Future?

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- 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

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Vision for Integrated Care

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- 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

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Ambitions

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- **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)

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What does FtFT mean for West Lancs?

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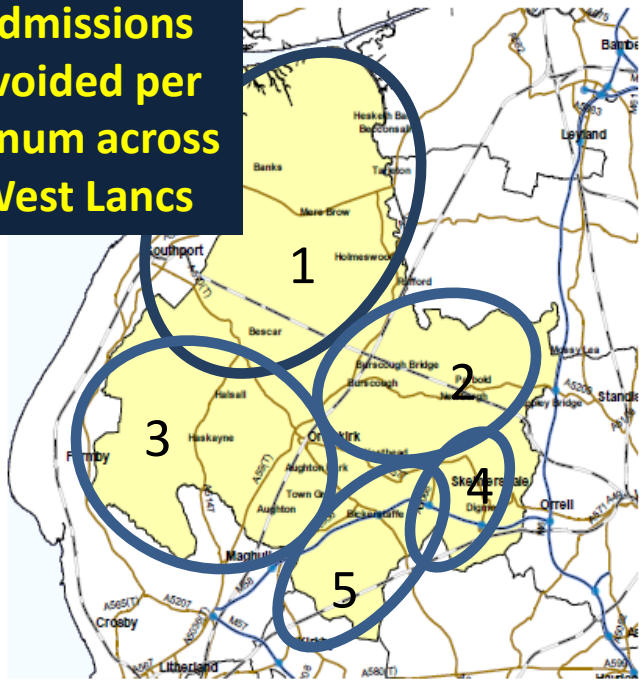
1716 admissions avoided per annum across West Lancs



4 per day on average

33 admissions avoided per week across West lancs

less than one per neighbourhood per day

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3 Pillars of the Service Model

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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"*

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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…

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- NWAS
- EARLY ACTION
  Lancashire Constabulary
- ADULT SOCIAL SERVICES
  Lancashire County Council
- PHARMACISTS
- WELLBEING SERVICE
  Lancashire County Council
- VCFS
- GPs
- HEALTH INEQUALITIES
- CARE HOMES
- IT

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Event on 9th December 2015

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- 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….

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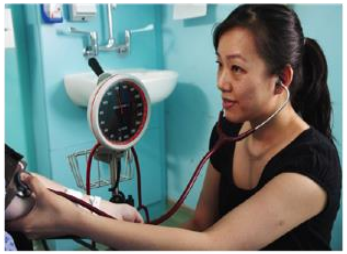
Questions?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