



Challenging ourselves to create a health and care model that looks and works differently – what can we learn for London?

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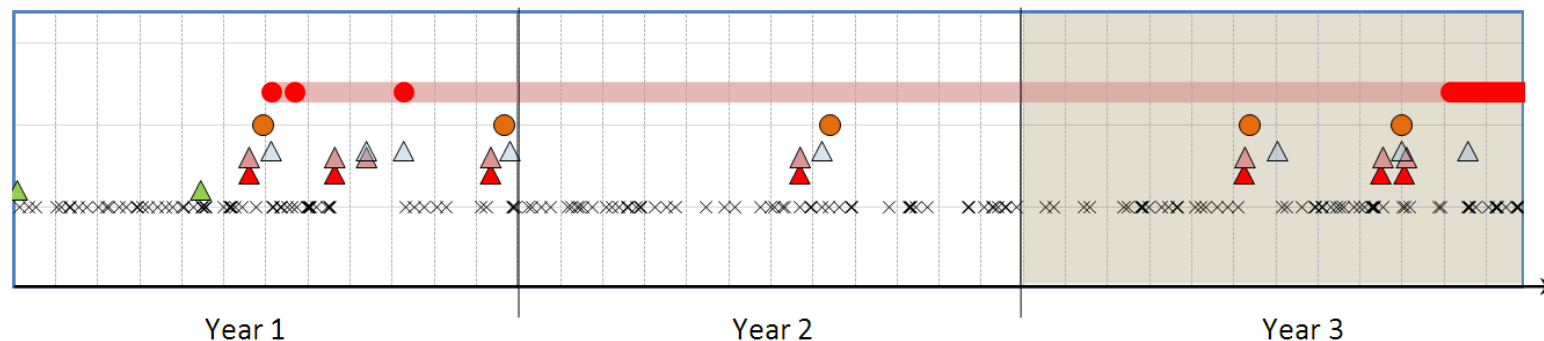




Contents

- We will discuss how understanding our local population's needs serves as a critical starting point to the deployment of differentiated delivery models

Health and Social Care usage



Of 75+ population in one year:-

- 10% will use social services
- 50% will use hospital services
- 7.5% will use both

Of social services users:-

- 72% will use hospital services

Of hospital users:-

- 14% will use social services

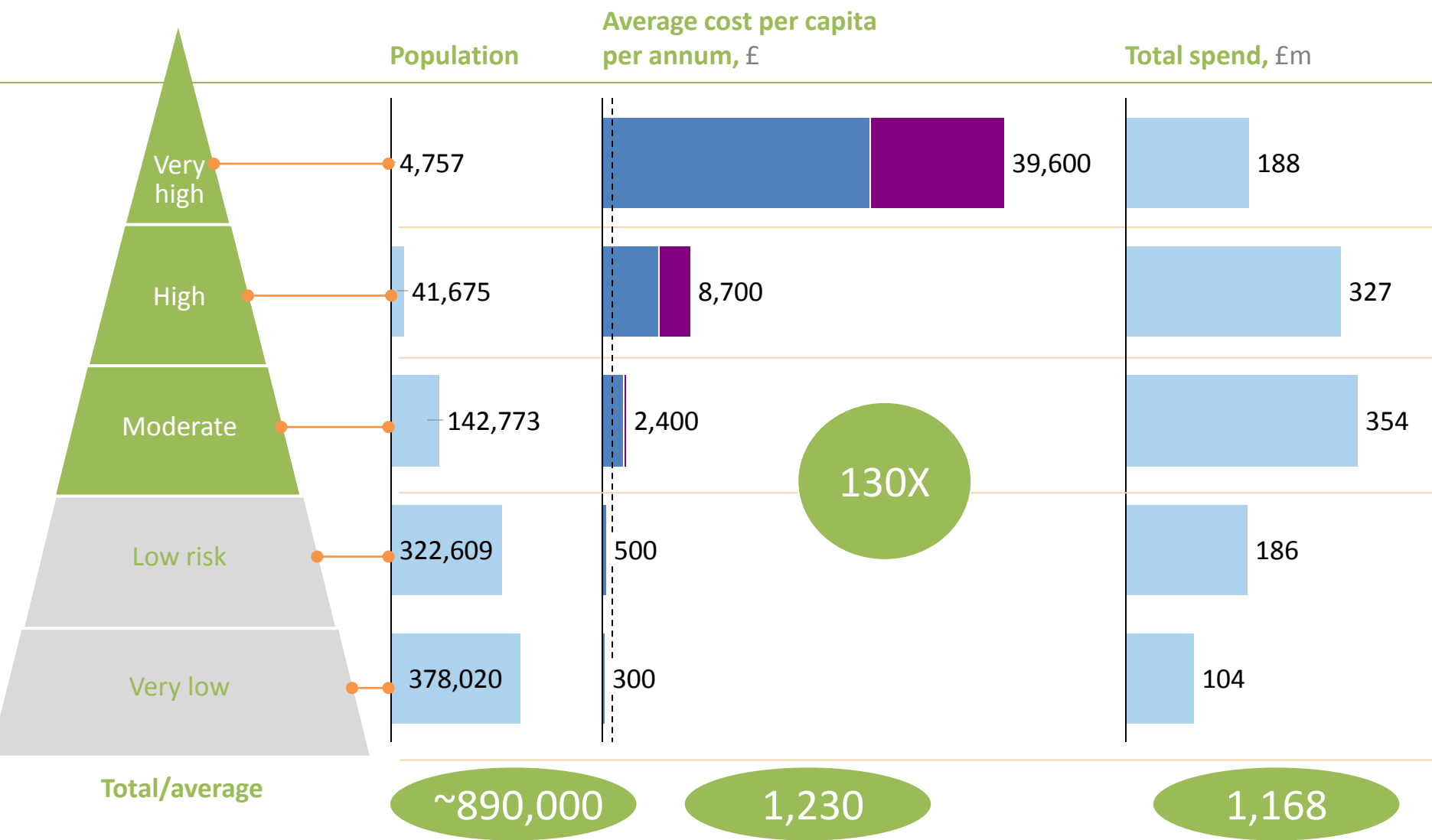
Of people using both (7.5%)

- 4.8% incurred costs, which accounted for:-
 - 37% of all social care costs
 - 29% of all hospital costs

Need is highly differentiated

2010/11 data, 4 London CCGs

Health spend
Social care spend



1 Includes elective admissions, outpatient, and A&E

2 Includes community health & primary care

SOURCE: McKinsey team analysis, NHS NWL data; HES 2010/11, FIMS, Q research/NHS Information centre, PSSEX; NHS Reference Costs



Understanding people's needs to integrate care

People need care that is ...





- Co-ordinated
- Accessible
- Proactive care

But people are DIFFERENT...

...and therefore have DIFFERENT NEEDS

A one-size-fits-all approach isn't good enough...

...In NWL, we are thinking how to tailor care to people who have similar needs

Possible group		Key needs
Mostly healthy adults		<ul style="list-style-type: none">• Quick, convenient and urgent access to routine care• Continuity for single episode of care• Longer opening hours
Elderly adults and adults with LTCs		<ul style="list-style-type: none">• Longer appointments• Sustained continuity of care• Close coordination of services
Adults with specialist medical and social care needs		<ul style="list-style-type: none">• Outreach / outbound care• Significant specialist input
Children with ongoing and specialist medical and social care needs		<ul style="list-style-type: none">• Parental education and support• Specialist input



And listen to people...



NWL approach to thinking about different needs

Age	Mostly healthy	Defined episode of care	Single LTC	Multiple LTC	Cancer	Serious and enduring mental illness	Advanced stage organic brain disorders	Learning disability	Severe physical disability	Socially excluded groups
0-15 Children	<ul style="list-style-type: none"> The programme is currently not focused on integrated care for children 									
16-74	1 Mostly healthy adults	3 Adults with one or more long term conditions		5 Adults and elderly people with cancer		6 Adults and elderly people with SEMI	7 Adults and elderly people advanced stage organic disorders	8 Adults and elderly people with learning disabilities	9 Adults and elderly people with severe physical disabilities	10 Homeless people, alcohol and drug dependencies
75+	2 Mostly healthy elderly people	4 Elderly people with one or more long term conditions								

- Only primary need shown, other needs are also treated
- A group has broadly similar needs but care is tailored further
- Some services common to all, some unique to group

Average annual cost per person

£

Number of
people

x

£ y

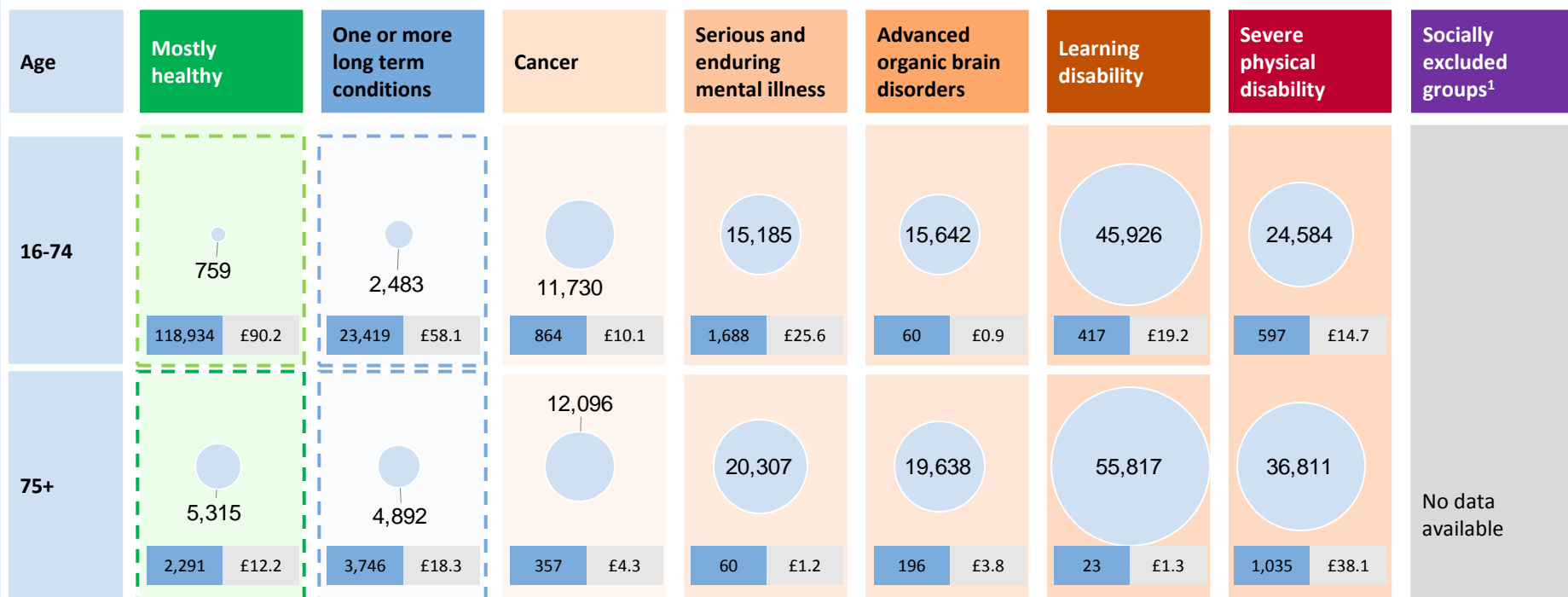
Total cost, £
millions



Identified groups



Average cost per capita



Personalise care within each group

Frailty

Carers

Deprivation

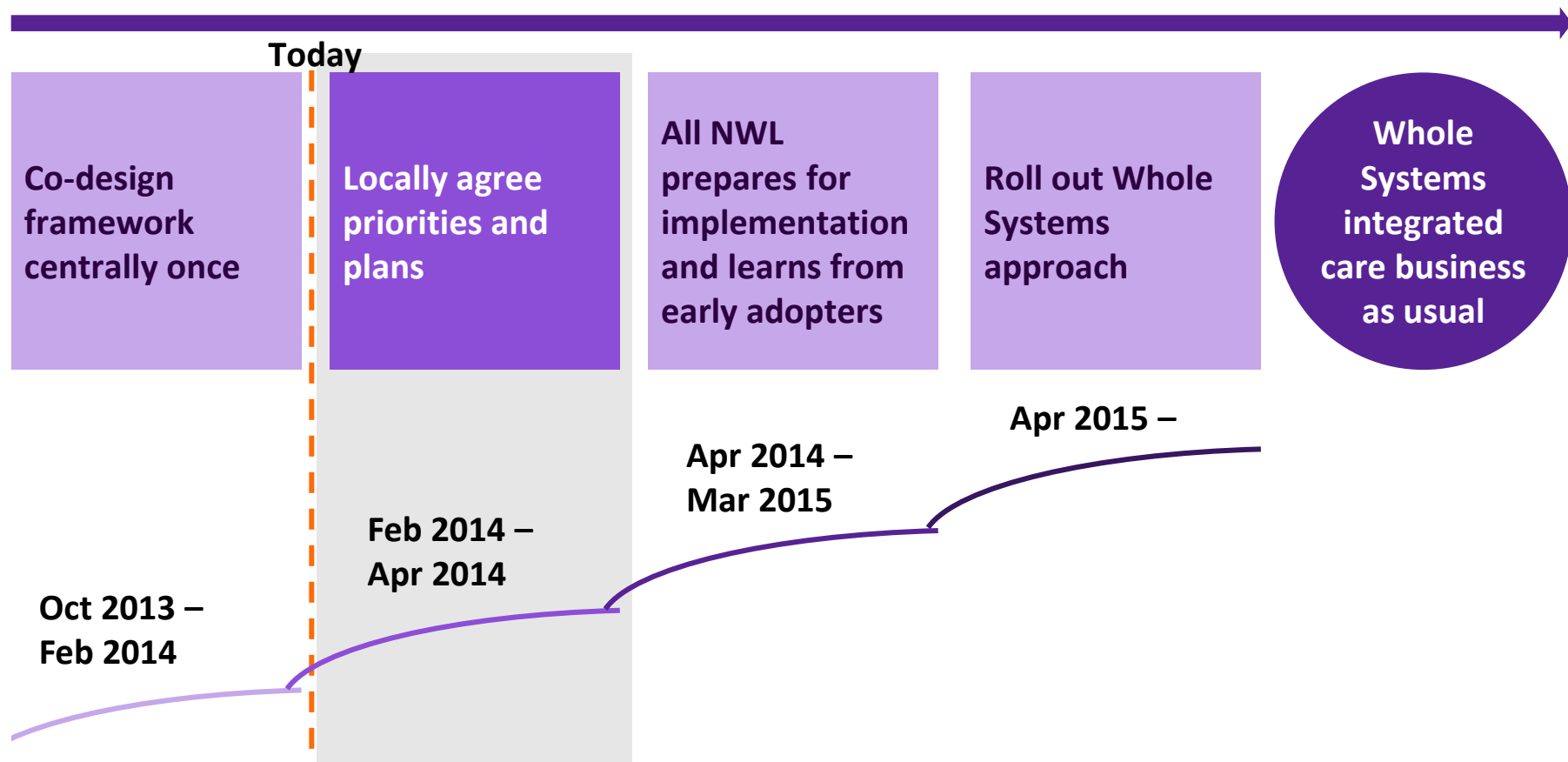
Loneliness

Behaviour

Admissions risk

[illegible]

How we get from where we are today to where we want to be in 2015/16



Expressions of Interest in trailing key features of an integrated system have been called for

- ✓ Use co-production to develop plans
- ✓ Pool health and social care budgets
- ✓ Operate shadow capitated budgets
- ✓ Organise care models around people with similar needs
- ✓ Identify outcomes to be delivered
- ✓ Bring together different types of providers around a GP registered population
- ✓ Reallocate money across a care pathway to fund innovative models of care regardless of setting
- ✓ Ensure the flow of information to support care delivery, performance management and payment

Putting people at the centre of care

