

## Potential integrated service



### PROGRAMME VISION:

- For older people to be proactively supported to maintain their health, wellbeing and independence for as long as possible, receiving care in their home and local community wherever possible
- For care to be provided in an integrated way with services (health, social care and voluntary) organised around the patient
- To ensure that services are designed and implemented locally, building on best practice
- To provide the right contractual and financial incentives for high quality care and outcomes
- To work with patients and representatives groups, to codesign how we commission services

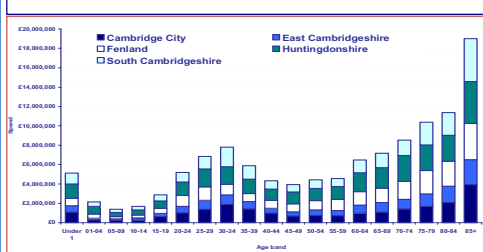
### PROGRAMME AIM:

To design and procure health and social care services for a defined population of older / vulnerable patients within Cambridgeshire & Peterborough CCG, which will deliver improved outcomes defined in terms of patient experience; investment in better care out of hospital; prevention; reduced length of stay in an acute hospital, where care can be better provided elsewhere; reduced unplanned admissions to acute hospitals where these can be safely avoided

### Evidence for change:

Two thirds of acute hospital beds (and costs) are occupied by 65+

Emergency admission costs by age group, 2010/11



# Overview of Older People Programme 2013-2014

Joined up service transformation in how care is provided and commissioned for older people to deliver better outcomes

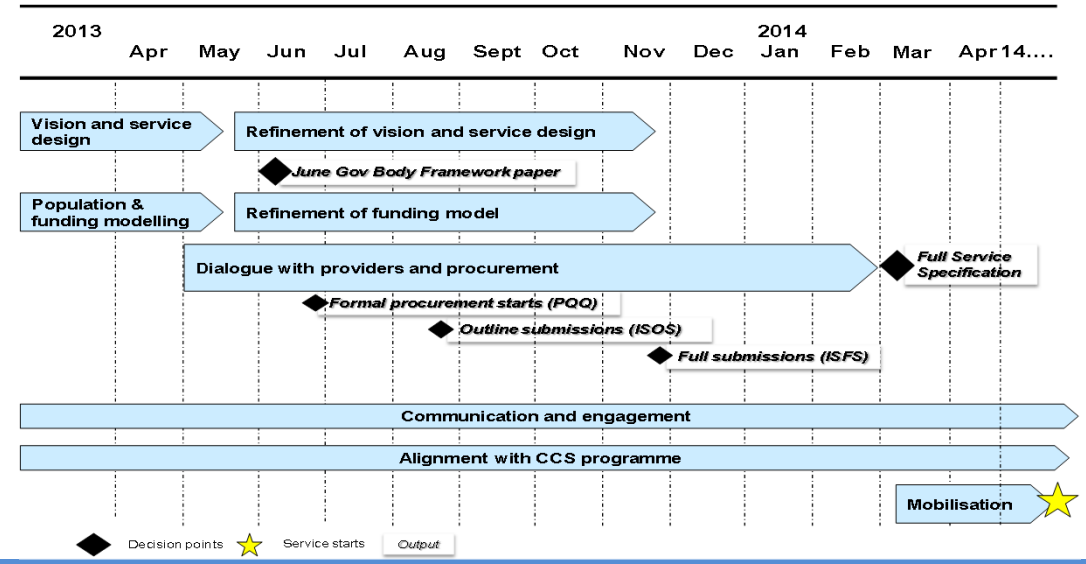


Cambridgeshire and Peterborough Clinical Commissioning Group

## STRATEGIC CONTEXT – Evidence for Change

- Frail elderly identified as a CCG wide commissioning priority
- Current model has serious shortcomings where it is a reactive service
- Changes to community service provision give us an opportunity to redesign
- A growing and ageing population with a 32% increase in the over 65s by 2021 in Cambridgeshire & Peterborough
- Increasing financial pressures: changes are required to reduce inappropriate secondary care activity

## PROGRAMME MILESTONES



### HEADLINE OUTCOMES

Improvement in patient experience measures as care provided with services organised around the patient

A reduction in avoidable emergency admissions, re-admissions and extended stays in acute hospitals (including delayed transfers of care)

Increase in the number of frail older people cared for "out of hospital" and improvement in quality of these services

Better partnership working between different parts of the health and social care system and other partners

## WORKSTREAMS

**Engagement:** communication and engagement is a workstream through all phases of the programme and includes public consultation

**Designing the service:** each of the four local commissioning systems will redesign services in their local areas and produce a local vision outcome specification

**Innovation and early pilots:** early pilots are being implemented during the programme

**Defining the target population and funding methodology:** define the target population for the services agreed locally and develop a capitated budget and funding methodology. The capitated budget will include acute and community services

**Developing the delivery model:** the delivery model will be developed for the whole older people service with different service specifications for each of the four local commissioning systems. A procurement process will follow defining the service requirements

**Mobilisation:** having decided on the delivery model, a period of mobilisation will take place where the service is put in place

**Evaluation:** following mobilisation, the programme will be evaluated to check the programme objectives were achieved and the benefits realised

**IM&T and information governance requirements:** information technology and governance is a workstream through all phases of the programme

**Alignment with Community Services programme of change:** the Cambridgeshire Community Services programme of change will run in tandem and therefore will be working to the same / similar end date

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