

North West London Whole Systems Integrated Care

Update for Hammersmith & Fulham Health & Wellbeing Board

June/July 2014



Whole Systems Integrated Care-Background

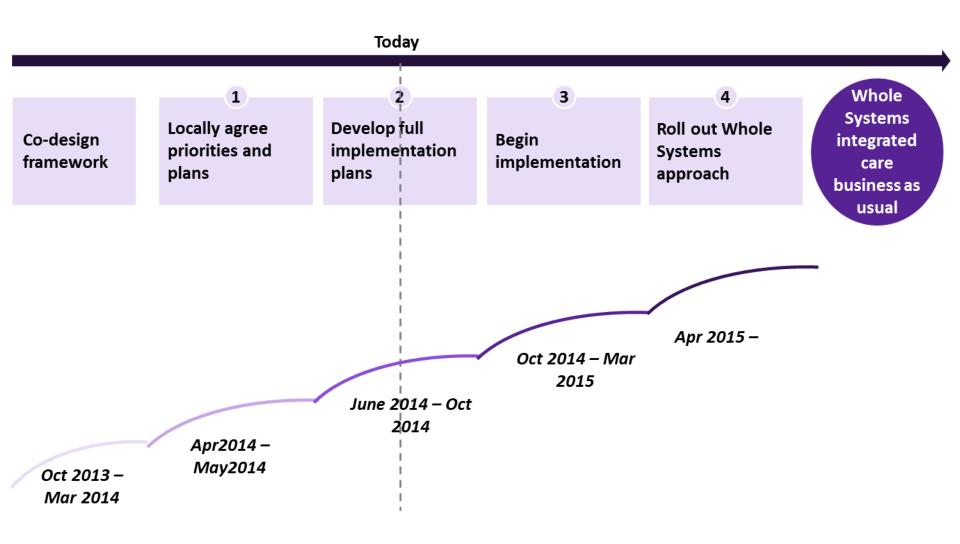
North West London's vision of Whole Systems Integrated Care is underpinned by three principles:

- People will direct their own care and support and to receive the care they need in their homes or local community
- 2) GPs will be at the centre of organising and coordinating people's care
- Our systems will enable and not hinder the provision of integrated care





Whole Systems Integrated Care—North West London timeline





Whole Systems Integrated Care— Hammersmith & Fulham current position

- Two Early Adopter proposals submitted
 - Hammersmith & Fulham (CCG, Local Authority, Providers)
 - Accountable Care Group (ChelWest, Network 2 GPs, CLCH)
- Outline implementation plans submitted May 2014
- Review panel presentation with international and UK experts held 12th June 2014
- For Hammersmith & Fulham Out of Hospital Programme Board becomes our delivery board for Whole Systems Integrated Care
- Development of Full Business Case by October 2014

Background papers provided:

- Hammersmith and Fulham Expression of Interest
- Hammersmith and Fulham Outline Implementation Plan





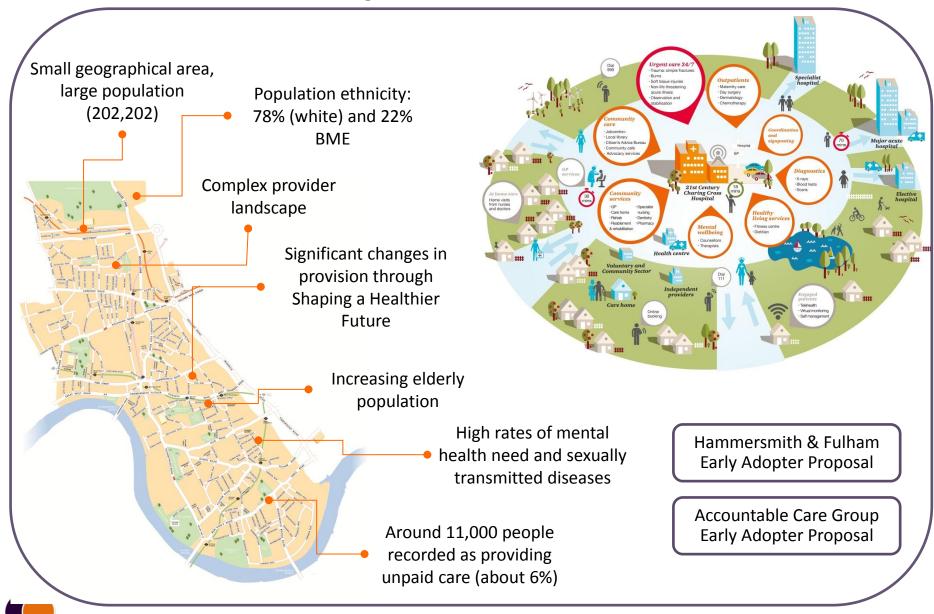
North West London Whole Systems Integrated Care

Summary of Proposals – Developed for Review Panel Hammersmith and Fulham Health and Care Community

Thursday 12th June



Hammersmith & Fulham – Setting the scene...



Hammersmith & Fulham - Our journey to date...

The second area in England to appoint a joint Chief Executive of the Local Authority and PCT in 2009 Joint integrated care programme 'Continuity of Care' launched in 2011 and co-sponsored by the PCT and LA Formation of our five GP Networks in 2011 Full take up by GP practices of the Integrated Care Pilot for Inner North West London and aligned our networks to multi-disciplinary groups Hammersmith and Fulham LA and PCT/CCG were enabling partners in the Tri-borough Community Budgets programme in 2012 As part of the Shaping a Healthier Future programme we are uniquely positioned to develop a local hospital model intrinsically linked to our out of hospital and community provision We have rolled out SystmOne to all our GPs and continue this roll out with our Community Provider enabling information sharing



Hammersmith & Fulham CCG & Local Authority – Early Adopter Proposal

- Two CCG Governing Body Lay members have played a key role in the Embedding Partnership work stream of the Whole Systems Programme
 – delivering coproduction of the NWL Toolkit
- Our outline Whole Systems plan reflects our journey so far to develop integrated care being jointly led by CCG and LA as commissioners
- Our models of care have been developed working with our key providers in acute, community, social care and mental health, and who are all represented in our bid
- We have developed our Out of Hospital Board to become our forum to drive our Whole Systems Integrated Care plan – and have representation from commissioners, providers and lay partners



Our vision is to deliver whole systems integrated care to all our population groups but we recognise that we need to take a phased approach to implementation. Our bid is therefore focused on adults and older people with one or more Long Term Condition — around 30,000 people in Hammersmith & Fulham



size 202,202 Cost f827m

Aged 16-74 who have one or more LTCs:

Population size	Total Group Cost	Average cost per person	Average age
25,693	£64.6m	£2,513	50

Aged >74 who have one or more LTCs:

Population	Total Group	Average cost	Average
size	Cost	per person	age
4,110	£20.3m	£4,933	81



Hammersmith & Fulham – Whole Systems Model of Care

1

Delivery of a Virtual Ward model for high risk, complex needs persons as our key admissions avoidance initiative 2

Co-design and development of our primary care provider networks and community services

2

Developing Local hospital services co-designed with our local communities through SaHF programme

4

Designing streamlined and patient centred acute to community pathways focusing on transitions of care

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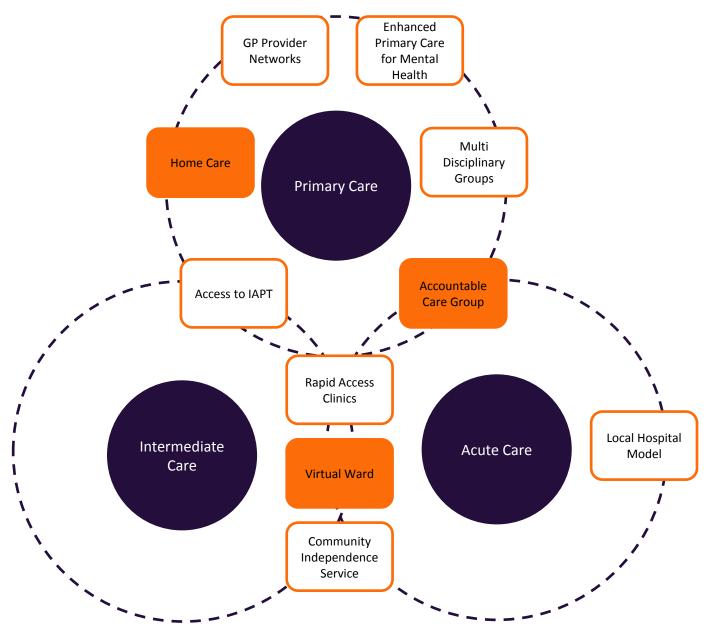
Developing effective integrated care at home provision for older and high risk persons who remain in their own home or a care home that is linked to our GP and provider network function

6

Developing our community assets particularly with a focus on communities and our third sector partners supporting self management, personalisation of care and enabling local responses to peoples' needs

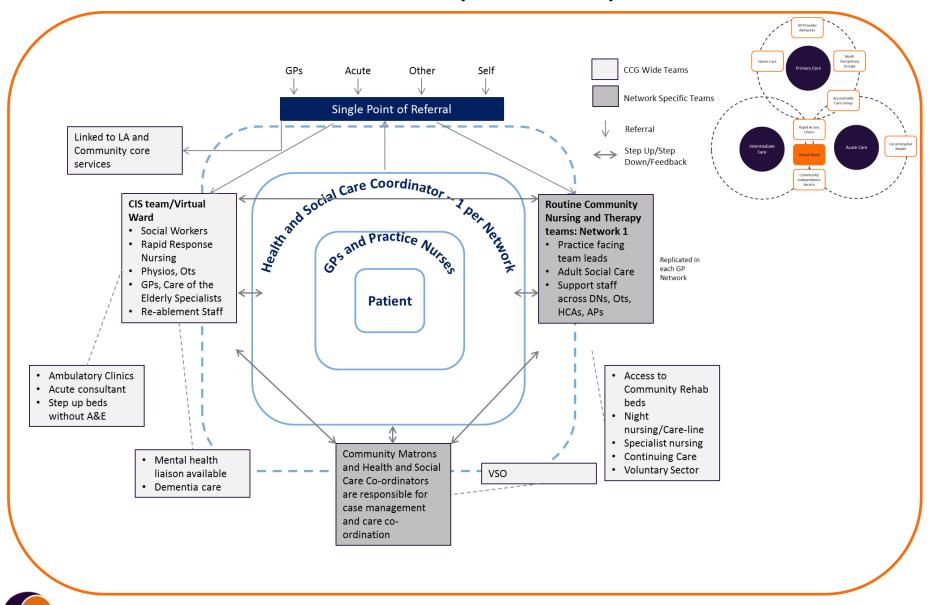


Developing Hammersmith & Fulham's Model of Care

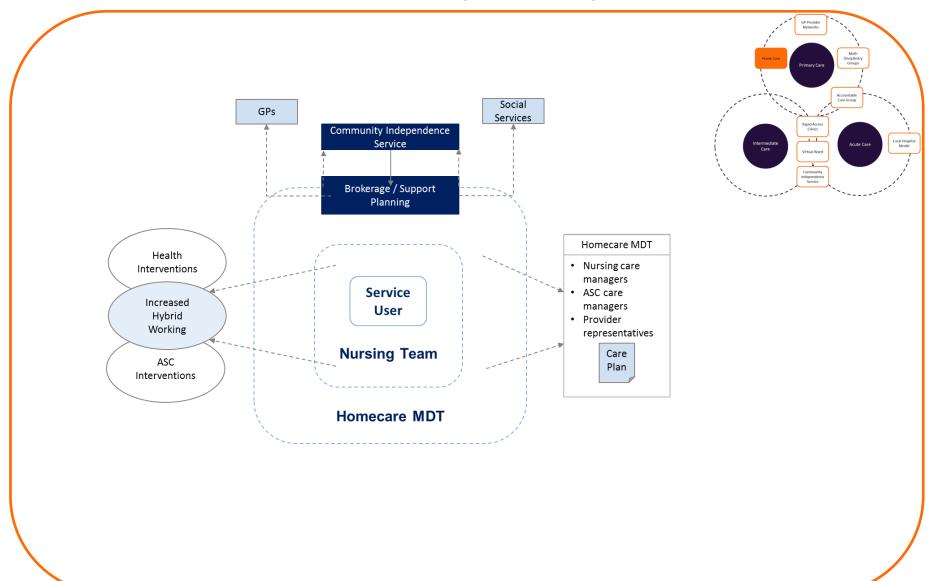




Hammersmith & Fulham – Model of Care (Virtual Ward)



Hammersmith & Fulham – Model of Care (Home Care)





Hammersmith & Fulham – Next steps

