One Croydon
Your Health and Care partnership

One Croydon Alliance

A health and care partnership for transformation

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Healthwatch PPI event 13 March 2018

One Croydon Alliance Partners

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NHS
South London and Maudsley
NHS Foundation Trust

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Alliance Agreement signed April 2017

Croydon ageUK

Croydon GP Collaborative

NHS
Croydon
Clinical Commissioning Group

Croydon Health Services NHS
NHS Trust

OBC Alliance Vision

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'Working together to help you live the life you want'

Our Ambition is articulated in 3 main ways:

- **Personal Outcome Improvements**
- **Improved financial sustainability**
- **Activity Shift – right place, right time**

'The Alliance vision is to support the people in Croydon to be independent and live longer, healthier and fulfilling lives and be able to access high quality care, in the right place and at the right time, thereby reducing health inequality in Croydon. The aim is to achieve this vision while realising financial sustainability in the system and maintaining improved outcomes".

Personal Outcomes – designed with people who are over 65 in Croydon

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The 5 outcome domain "I-Statements" set with us by residents of Croydon provide the centre of our shared ambition *

1. I want to stay healthy and active for as long as possible
2. I want access to the best quality care available in order to live as I choose and as independent a life as possible
3. I want to be helped by a team/person that has had the training and has the specialist knowledge to understand how my health and social care needs affect me
4. I want to be supported as an individual with services specific to me
5. I want good clinical outcomes

* = being updated and tested against wider population relevance

Overview of background to Outcome Based Commissioning in Croydon (1)

- Croydon CCG and Croydon Council agreed in 2014 to establish the Outcome Based Commissioning (OBC) over 65s
- They undertook an extensive engagement programme with local residents to agree local outcome priorities including the production of 5 “I” statements
- April 2015, the main providers of health and social care in Croydon, formed an Accountable Provider Alliance(APA) in response to the challenge to deliver OBC.
- In September 2016, the APA and commissioners agreed to form a commissioner/provider Alliance to deliver OBC
- April 2017, commissioners and providers signed the Croydon Alliance Agreement based upon a 1 year transition plan with the aim of extending the Alliance for a further 9 years from April 2018 subject to conditions.

Out of Hospital Strategy

The beginning: *New Model of Care*

The One Croydon Alliance ambition is for a 10 year plan for whole system transformation

Year One Transition was focussed on introducing a new model of care for out of hospital led by the introduction of two main initiatives:

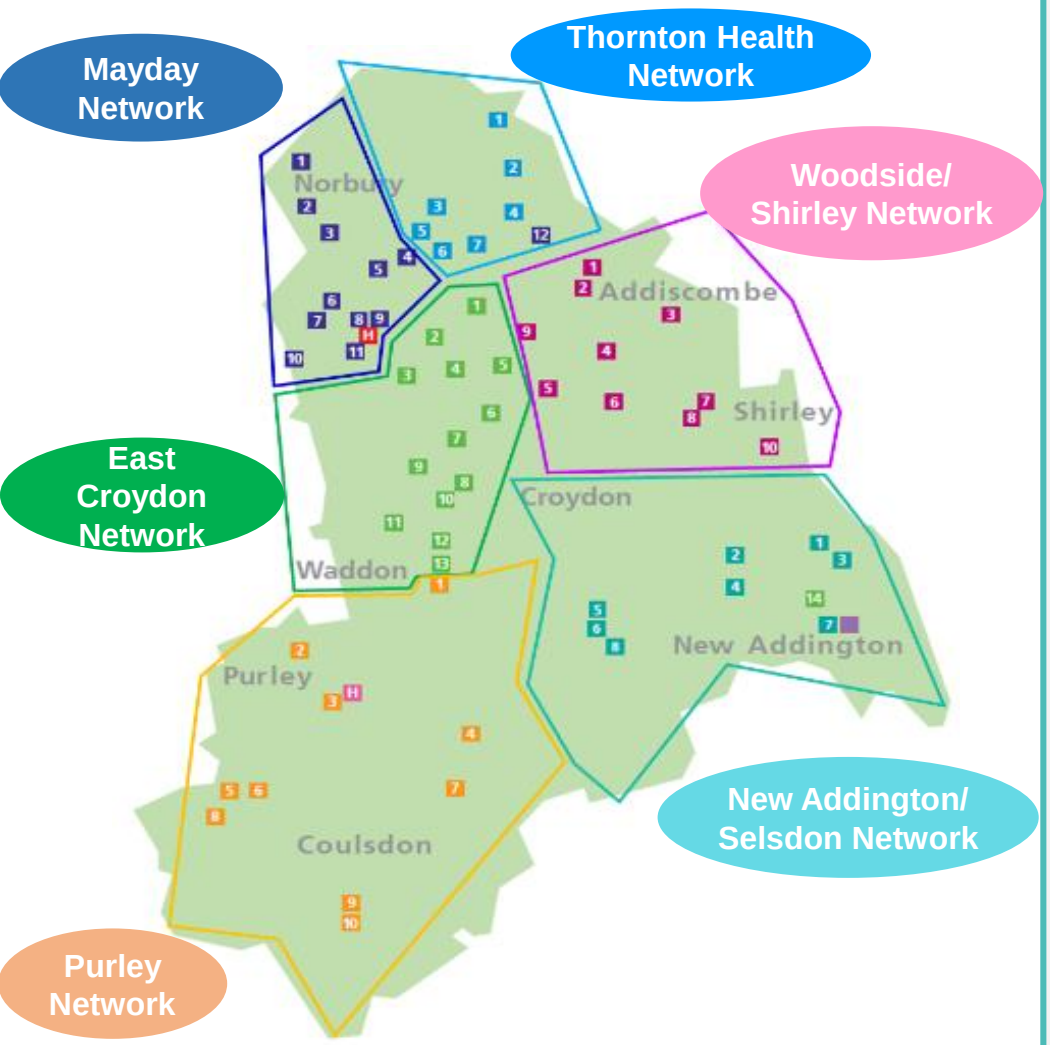
Integrated Community Networks (ICNs)

Development of locality teams based on the existing 6 GP Networks

Living Independently For Everyone (LIFE)

Integrated health and care teams providing reablement, rehabilitation and recovery team that support safe earlier discharge and prevent admissions

Integrated Community Networks (ICNs)



Huddles

A meeting in a GP practices with a multiagency team to proactively plan the care of people with complex health and care needs.

Personal Independence Coordinators

A new role within the Multi-agency team, working with people who have complex needs to identify personal goals. They then work with them to develop support plans that include creating links with voluntary and community sector support.

Active and Supportive Communities/ Points of Advice & Information

Engaging and supporting community groups to promote and facilitate self-care, prevention and independence, including advice ad information. –

Local Voluntary Partnerships

Shared Care Plans

Using Coordinate My Care (CMC) to support the development of advanced care planning with people that have complex health needs.

What have we put in place and acheived?

Integrated Community Networks (ICNs) – for every £1 spent we have seen a return of £1.44

Huddle at Brigstock Road

Huddles in 100% of GP Practices by 16th March

100 Hospital admissions avoided between Oct 17 & Jan 18

All 18 PICs in post

Over 300 people seen by PICs

Living Independently For Everyone (LIFE)

One Team, One Budget, One Name

LIFE brings together existing and new services that provide re-ablement, rehabilitation and recovery for people over the age of 65 year that need support for a safe early discharge and prevent admission to hospital.

Services included in LIFE

- Rapid Response
- A&E Liaison Nurses
- Community Intermediate Care (CICs)
- Hospital Discharge
- Community Re-ablement
- Voluntary Sector (Age UK Croydon)
- Domiciliary Care Providers –Surecare

Who works in LIFE

- Physiotherapist
- Occupational Therapy
- Community Nurses
- Social Workers
- Re-ablement /Support Workers
- Brokerage
- Community Geriatrician

What have we put in place and achieved?

LIFE (Living Independently For Everyone) – for every £1 spent we have seen a return of £2.67

500 people referred to LIFE/D2A since 25th September 2017

95% of people seen at home within 2 hours of discharge

50% do not need ongoing care after the service

Robert's Story

https://www.youtube.com/watch?v=8vDahAnSfVE

Next Steps

The next phase incudes:

- After consultation with local voluntary and community groups the Alliance are going out to tender for the creation of **Local Voluntary Partnerships**
- Improving care and support for people living in **Care Homes**. This includes improving GP support, clinical support for people with complex health needs including technology initiatives and better coordinated training and support.
- Working with local people and clinical staff to transform **Planned Care** by promoting behaviour and cultural changes the includes more prevention and self care.
- Increase advanced care planning for people approaching the **End of Life Care** to provide more integrated care. Increase work with staff and communities to develop awareness, break down taboos and encourage people to talk about their wishes towards the end of their lives.
- Wide range of initiatives to join up services and improve the identification of people at risk from **Falls and Frailty** and promoting activities that promote and support healthy living for the over 65s
- Developing a new model of care for **Mental Health** services
- Working to develop how we can deliver our services in **localities**

THANK YOU

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coming soon: One Croydon Website