Developing local partnerships:
transforming community services and reducing inequalities

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- 17 Cambridgeshire General Practices
- 172,000 registered patients
- Provider organisation
- 50:50 joint venture with Assura Group Ltd
- One of 30 similar LLPs across England

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Background to reform

- Increased focus on long term conditions & end of life care
- Transfer of acute services to the community
- Right care in the right place at the right time
- Promotion of greater user independence, choice & control
- Reform through integration
- Long term sustainability

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Integrated Care Organisation Pilots

- Department of Health pilot programme
  - > 700 expressions of interest
  - > 100 formal applications
  - 16 national pilot sites
- Cambridge ICO Pilot focus on end of life care

Cambridge ICO Pilot

- Partnership between:
  - Assura Cambridge LLP
  - Cambridge University Hospitals NHS Foundation Trust
  - Cambridgeshire Community Services
- Support of NHS Cambridgeshire (PCT)

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Improving Outcomes

- Integrated working:
  - Patients
  - Organisations
  - Clinicians
  - Systems and processes
  - Third sector agencies

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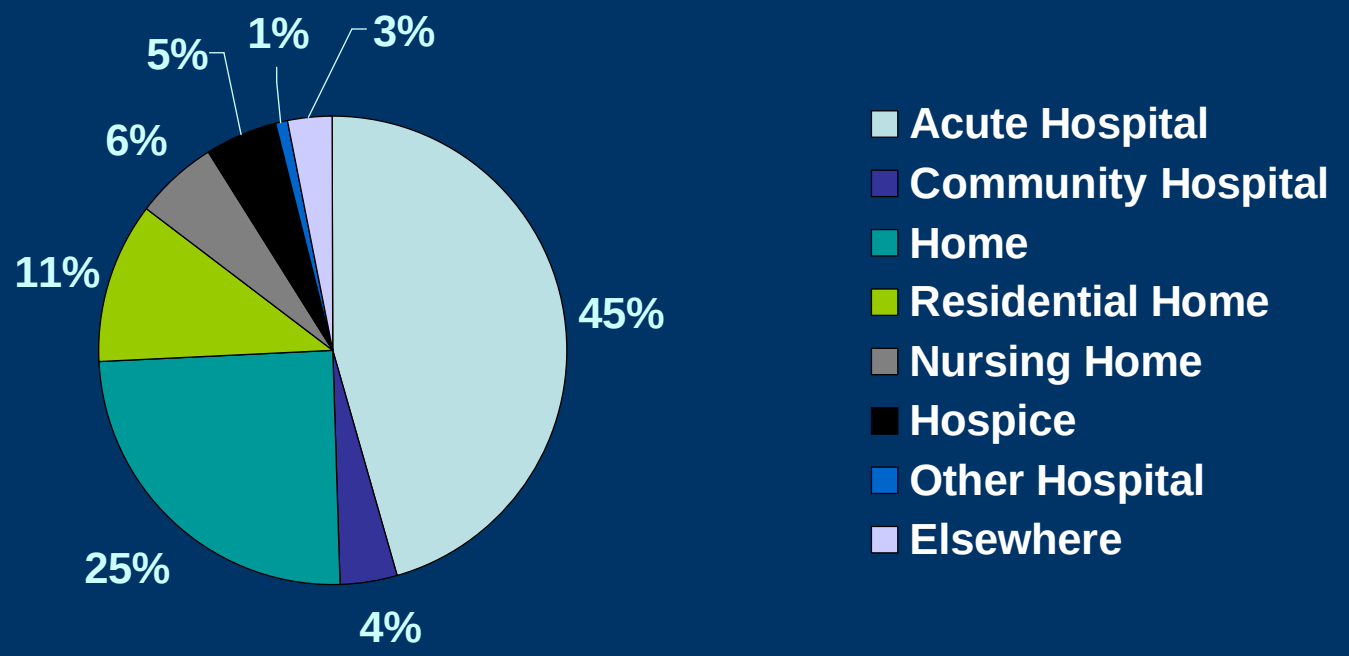
Place of death – Cambridgeshire 2006



Source: ONS 2006 - Recoded

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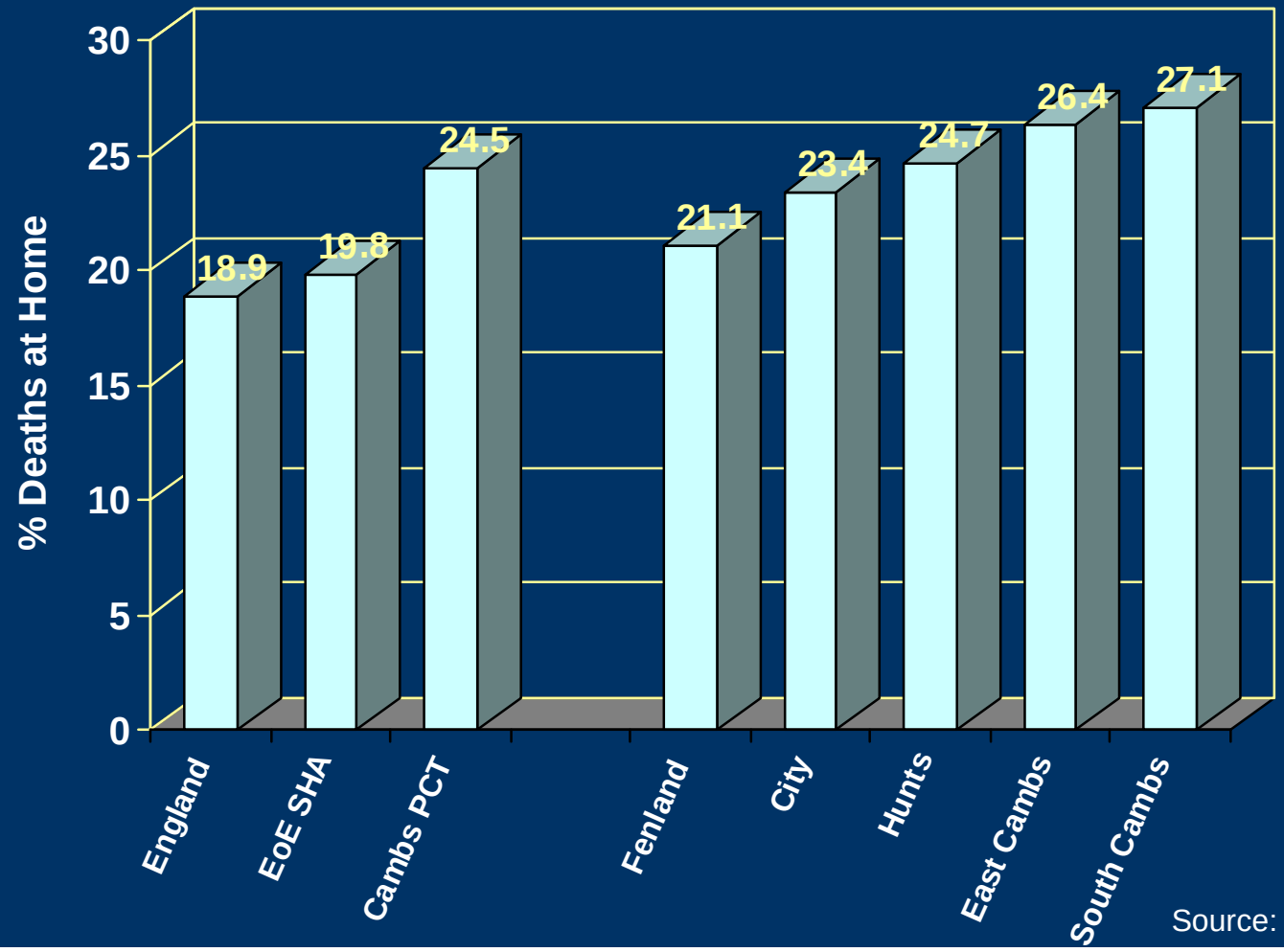
Benchmark – deaths at home 2005-07



Source: NHS Cambridgeshire

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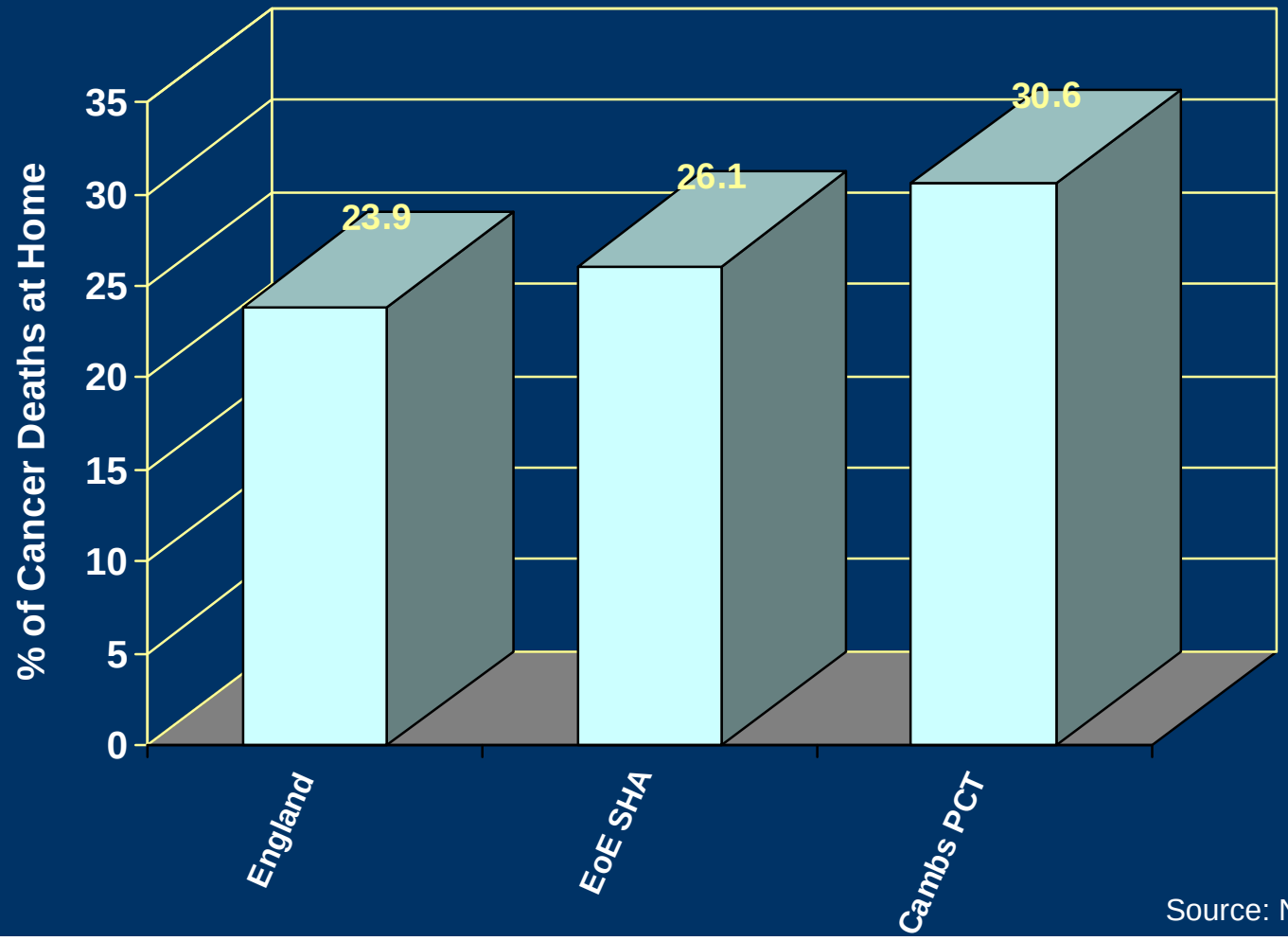
Cancer deaths at home



Source: NHS Cambridgeshire

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ICO Pilot Key Metrics

- Proportion of population expressing choice of place of death
- % of those expressing a choice who die in their place of choice
- % of patient deaths within pilot practices occurring at home
- Number of patients dying in hospital after admission from nursing home

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ICO Pilot objectives at 2 years

- >50% of those who know that they are dying able to die in place of choice
- Best practice embedded across organisations
- Consistent use of tools across organisations
- Patient-centred care with patient reported outcome measures
- Organisations thinking and acting together

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ICO Pilot Developments

- Patient, family and carer reported outcome measures
- Increased public awareness
- Engagement of funeral directors
- Analysis of “failed” preferred priorities of care plans
- Shared budgets

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ICO Pilot – Sharing Information

- **Shared Care Records – detailed, accurate and accessible**
  - Community services
  - Acute hospitals
  - Hospices
  - General practice
  - Out of hours service
  - Ambulance service
  - Patients, families and carers

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ICO Pilot - Organisational

- Create new relationships around patient care, not historical accident
- Changes must be sustainable and self-funding
- Prospective evaluation
- Build on existing knowledge and resources
- Create a template for integrated care

Identified Risks

- Organisational protectionism
- Data sharing across organisations
  - Clinical
  - Audit
  - Financial tracking
- Short time frame to deliver change
- Over-engineered solutions
- Clinical risk management

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Conclusion

- Commitment to integrated working
- Agreement to shift resources into the community
- Improving care across the board:
  - Helping the best to be better
  - Capturing & disseminating best practice
  - Targeting released resources to areas of relative deprivation
- Part of the system; part of the solution

Questions?