

# Overview and Scrutiny Committee Wednesday 6th July 2016

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- A quick recap on Caring Together
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# 1 IN 5 PEOPLE ARE OVER 65 IN EASTERN CHESHIRE



More than one in five people in Eastern Cheshire are over 65, which is higher than the national average, and this will be nearer to one in four people by 2021

20% OF EASTERN CHESHIR POPULATION CURRENTLY US

70% OF LOCAL HEALTH AND SOCIAL CARE RESOURCES



But there are large variations between and within our towns

# 21,000 CARERS LIVE IN



If carers are not supported, they are likely to become unwell. This has an impact on whoever they are caring for



#### 22,000 BED DAYS COULD BE AVOIDED

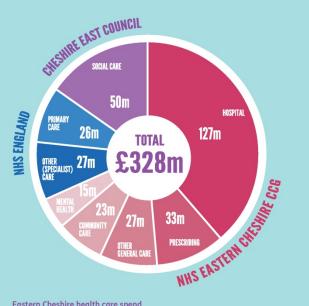
Over 22,000 bed days per year (at an estimated cost of £5.5m) in Macclesfield District General Hospital could be avoided



# OVER 1/3 WAIT TOO LONG FOR A GP APPOINTMENT

Over a third of people in Eastern Cheshire say they have to wait too long to see their GP

#### **FUNDING CHALLENGE**



Eastern Cheshire health care spend £m (2012/13)

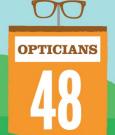
If demand for care services continues at the current rate there will be a financial shortfall in Eastern Cheshire of nearly £80m by 2018/19











CARE HOMES WITH NURSING OR RESIDENTIAL HOMES

VOLUNTARY & COMMUNITY
SECTOR GROUPS

#### Vision and values

#### Joining up local care for all our wellbeing





#### Self Care

#### **House of Values**



#### Collaboration



#### Innovation



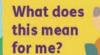
### For care staff,

"Supporting people to live well. By supporting people to access joined-up care when it is needed we support them to stay well."

# joined-up care means

#### For service users and carers, joined-up care means

"I am supported to live well and stay well because I can access joined-up care and support when I need it."

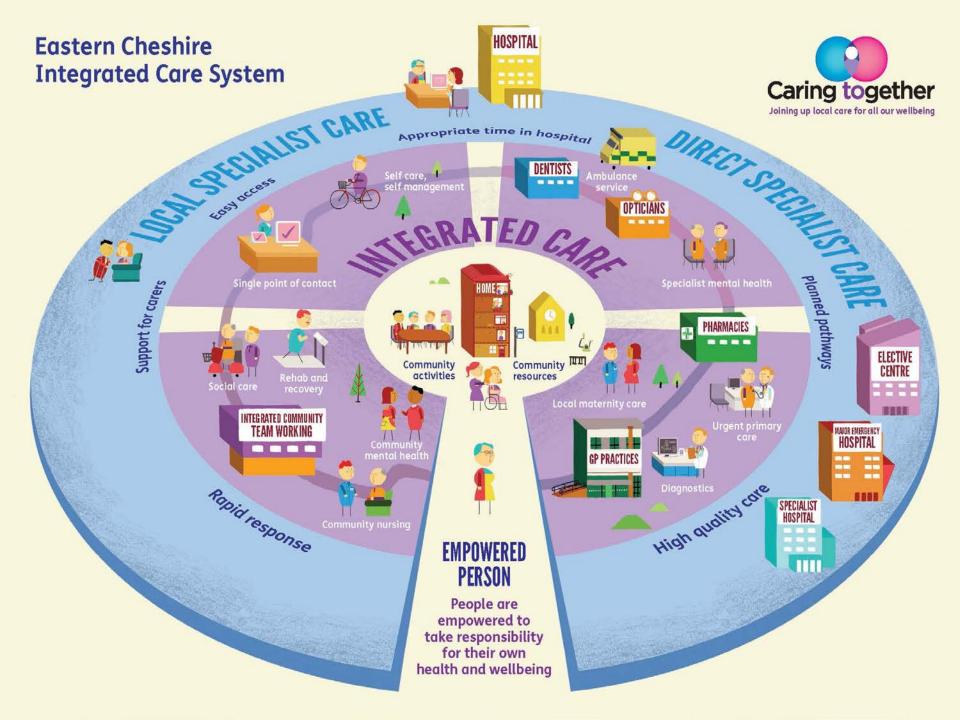














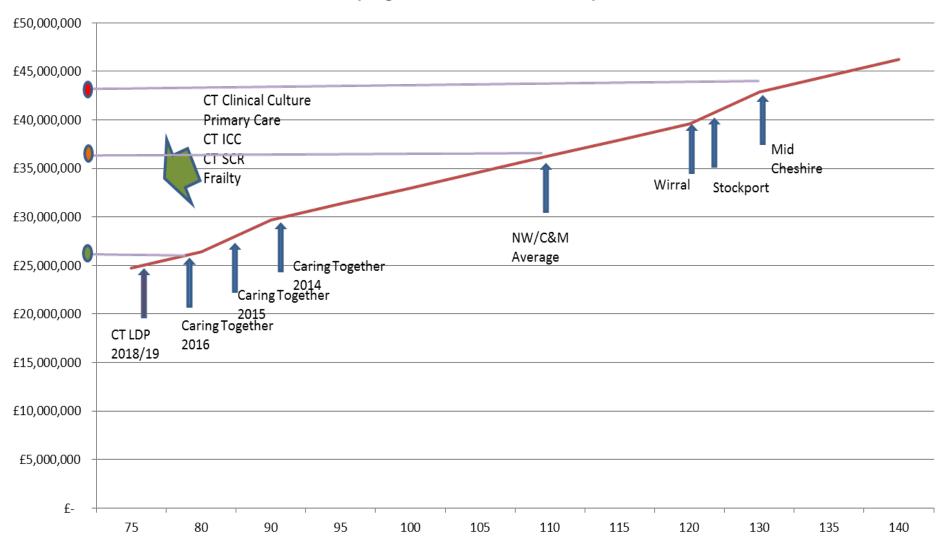
2015/16

# Achievements 2015/16

- Equity of access to and expansion of services in primary care commenced January 2016
- Proactive care and risk stratification, targeted at top 2% of the at risk population
- Commenced Frailty Service September 2015
- Reactive community response introduced September 2015



## NEL Costs as a function of NEL admissions /1000 population (Avg £1650/NEL admission)





2016/17

## 2016/17 progress to date

- Continued development of the community based coordinated care business case
- Implementation of Integrated Community Teams (without additional resources)
- Single point of access for reactive community services
- Shared Care Record goes live 1 July 2016
- Ramp up of Primary Care contract from April 2016 to be fully implemented by December 2016
- Caring Together priorities for 2016/17 agreed:
  - Maternity Care

Caring together

- Children's Health and Wellbeing services
- Integrated Urgent and Community Care
- Specialised Services

Caring Together: Process for developing care models for 2016/17 priorities Programme Executive Critical path task **DRAFT** Care Professionals Advisory Group Health and Wellbeing Board CCG Governing Body Handover on critical path Overview and Scrutiny Programme Board Stakeholder Panel Public & Patient Advisory Group **APRIL** MAY JUNE **SEPT** OCT NOV **DEC MARCH JULY AUGUST** Local Delivery Plan Priorities High level care model Care Model Baseline activity and finance Baseline workstream modelling Options identified by Care Professionals Task & Finish Groups Detailed modelling of options by workstreams NHS England assurance engagement process Focused Clinical Senate assurance/support Communications Ongoing communications engagement and engagement

