



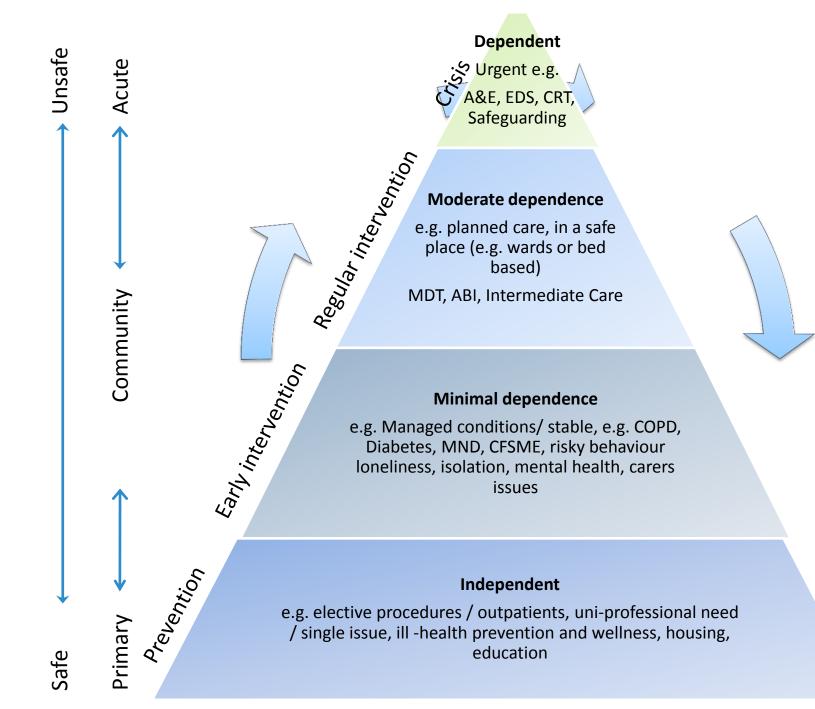
Integrated Care Organisation Care Model



Introduction







What will it look like for our population ?

Build community networks which will enable Mrs Smith her family and carers to find & access the support she needs to remain living independently within her own community or neighbourhood

ends

SPoC to provide easy access to assessment & support through proportionate assessment & short term interventions

SPoc

Supporting Mrs Smith, her family and carers with advice about the assistance she could access for herself, supporting her in accessing the services she needs and making onward referrals when she needs access to statutory services.

Voluntary

Sector & Dom

Care Market

ICO & primary care working together to assess Mrs Smith in her own home, and community settings, to support people at risk of admission (to hospital & care homes) and expedite discharges.

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SPoC to provide easy access to assessment & support through proportionate assessment & short term interventions

SPOC

Clinicians from key specialities to work in the community to assist in maintaining independence & preventing admission

Supporting Mrs Smith, her family and carers with advice about the assistance she could access for herself, supporting her in accessing the services she needs and making onward referrals when she needs access to statutory services.

Voluntary

Care Market

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Context: What patients are telling us

A person-centred approach – changing the focus of care:

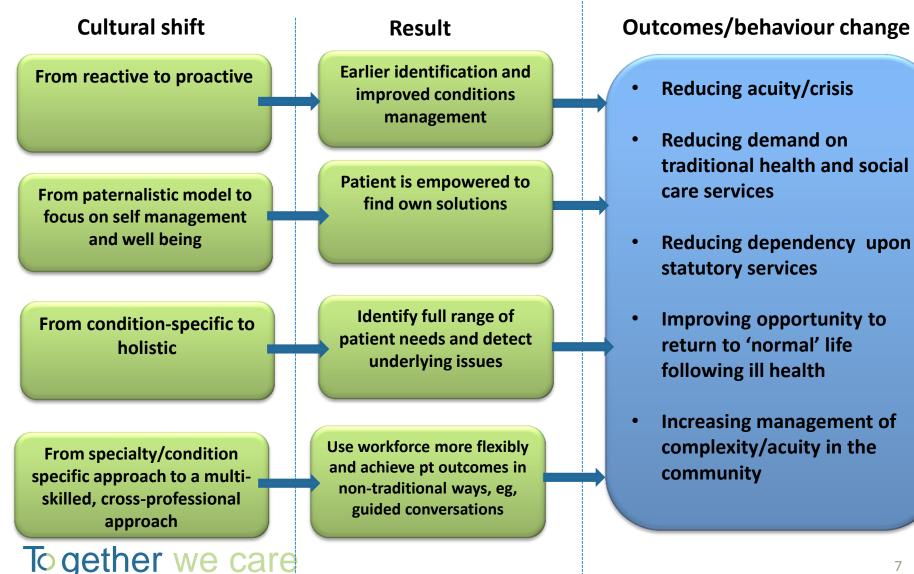
"What's the matter with me?"



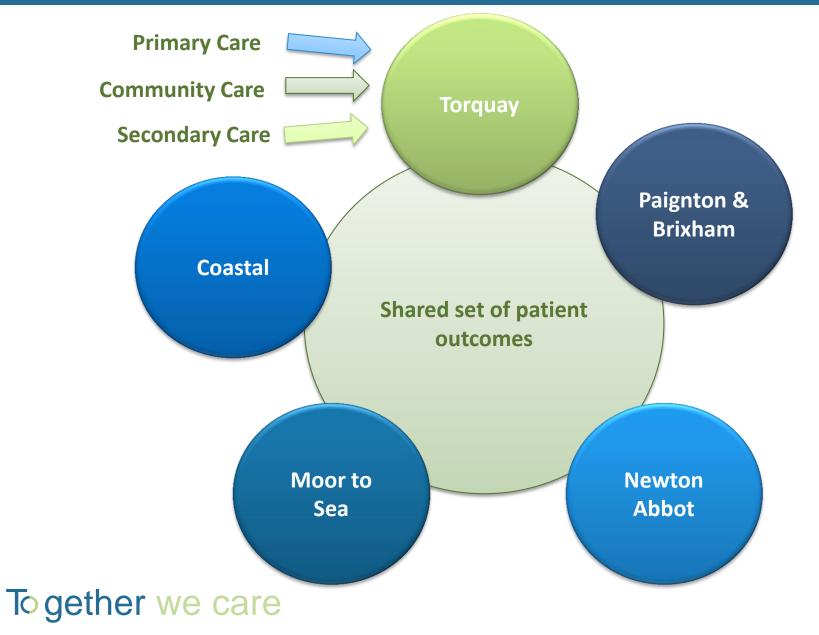
"What matters to me?"



Culture



Building on good integrated foundations



Projects

- Frailty Pathway
- Single Point of Contact (SPOC)
- Community zones/localities
- Community hospitals
- Wellbeing (staff & public)

- Multi LTCs
- Outpatients: referrals
- Outpatients: MSK
- Inpatients: Medical Admissions Avoidance Team (MAAT)
- Inpatients: Heart Failure
- Market development: domiciliary & voluntary sector

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