## Salford Health and Wellbeing Board

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<th>Item no.</th>
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## Title of report
Progress of the Integrated Care Programme for Older People

## Date
18 July 2013

## Contact Officer
Director of Service Reform, Salford Royal NHS Foundation Trust

### 1. Executive Summary

<table>
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<tr>
<th>Why is this report being brought to the Board? - Relevance of this report to the priorities of the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment or integrated working</th>
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<tr>
<td>Salford’s Integrated Care Programme seeks to support greater independence for older people and deliver more integrated care. It forms part of the wider Public Service Reform agenda, which is overseen by the Health and Wellbeing Board. Salford has 35,240 people aged 65 or older, which is nearly 14% of the population. This is predicted to grow to 43,300 by 2030. Older people are frequently socially isolated, with a poor quality of life. They often receive fragmented care, and are not enabled to care for themselves. Salford has some of the highest rates of emergency admissions and admissions to care homes, with too many people receiving end of life care in hospital rather than home.</td>
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<th>Health and Wellbeing Board’s duties or responsibilities in this area</th>
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<td>The Health and Wellbeing Board has a responsibility to ‘promote integration and partnership’. The Integrated Care Programme also supports two of the Board’s priorities:</td>
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<td>• Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle, supported by resilient communities</td>
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<td>• All local residents can access quality health and social care and use it appropriately</td>
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<td>It has been agreed that quarterly reports are provided to the Board.</td>
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<th>Key questions for the Health and Wellbeing Board to address - what action is needed from the Board and its members?</th>
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<td>• What role could the Board play in promoting integrated care for older people?</td>
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<td>• What opportunities exist to help influence behaviour change in the public and staff, enabling older people to play an increased role in their own care?</td>
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<td>• How could partners on the Board who are not yet engaged in the programme contribute?</td>
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<th>What requirement is there for internal or external communication around this issue?</th>
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<td>A communications plan is currently being developed to promote the work of the programme.</td>
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2. Introduction

2.1 Salford’s Integrated Care Programme (ICP) seeks to transform the health and social care system, promoting greater independence for older people and delivering more integrated care. In the context of the Greater Manchester Public Service Reform agenda, this relates the health and social care theme, though Salford’s work predates this agenda.

2.2 Salford’s ICP has a triple aim of: (1) delivering better health and social care outcomes, (2) improving the experience of service users and carers, and (3) reducing care costs.

2.3 Seven associated improvement measures have been agreed, with targets set for 2020:

- Reducing emergency admissions and re-admissions
- Reducing permanent admissions to residential and nursing care
- Improving Quality of Life for users and carers
- Increasing the proportion of Older People that feel supported to manage their own condition
- Increasing satisfaction with the care and support provided to Older People
- Increasing flu vaccine uptake for Older People
- Increasing the proportion of Older People that die at home (or in their preferred place of dying)

2.4 The ICP is underpinned by a formal partnership between four statutory partners: Salford Clinical Commissioning Group (CCG), Salford City Council (SCC), Salford Royal NHS FT (SRFT) and Greater Manchester West Mental Health NHS FT (GMW). Critically, however, a range of other partners are involved in the programme (see Appendix B, figure 4).

2.5 The ICP is being delivered in five phases and is presently part way into phase 2:

- **Phase 1: Refine Scope and Prepare for Implementation** (completed, undertaken July 2012 to Jan 2013)
- **Phase 2: Neighbourhood ‘Tests of Change’** (in progress, started Feb 2012, scheduled completion Dec 2013)
- **Phase 3: Interim Review of Impact** (scheduled January 2014 to March 2014)
- **Phase 4: Extend to other Neighbourhoods / City-wide** (April 2014 onwards)
- **Phase 5: Formal Evaluation** (April 2014 to March 2019)

2.6 The programme is overseen by an Integrated Care Board, jointly chaired by Salford CCG and SCC. SRFT host the Programme Management Office.

2.7 Further information can be found in Appendices A and B.

3. Key issues for the Board to consider

3.1 Salford has developed a comprehensive and integrated model of care for older people. The scope encompasses health, social care and community resources. It is designed to promote holistic care, with a greater focus on prevention, planned and anticipatory care, reducing duplication and fragmentation.

3.2 Salford’s integrated model has three inter-related component parts, focussed around a ‘fictional’ older person (‘Sally Ford’) and her family:
• Promotion and increased use of Local Community Assets (e.g. carer support, self-management, community groups) to support increased independence and resilience for older people.
• Development of a City-wide Integrated Contact Centre / Hub (i.e. supporting navigation, monitoring and support) that brings together aspects of telephony and telecare support for older people.
• Establishment of neighbourhood Multi-Disciplinary Groups (i.e. structured, multi-disciplinary population based care) to support older people who are most at risk as well as providing a broader focus on screening, primary prevention and signposting to community support.

3.3 The new service model is currently being implemented and tested in two of Salford’s neighbourhoods (Swinton & Pendlebury and Eccles, Barton & Winton). Together, these two neighbourhoods account for 40% of Salford’s 65+ population.

3.4 A ‘Collaborative Improvement’ model is being used to test, develop and further refine changes. In excess of 120 staff and stakeholders are involved in the Neighbourhood Collaborative, coming together at three large Learning Workshops over a ten month period, with project groups meeting on a fortnightly basis (a summary of the second Learning Workshop is included at Appendix C).

3.5 Approximately £100m is spent on health and social care for older people each year, however this understates the true cost to the public sector as it excludes primary care (where expenditure cannot easily be attributed to age cohorts) and other areas of public expenditure (for example, housing and benefits).

3.6 Although the evidence base is limited, it is our belief that integrated care is more cost-effective than the status quo and that three types of financial benefit can be delivered:
• Reduction in admissions (hospital, care homes)
• Removal of duplication and fragmentation
• Reducing future demand

3.7 Achieving the aims of the ICP will bring a number of challenges. In particular, the new model of care will require much more active engagement from older people and the wider community, to play an increased role in their own care. This will require a shift in attitudes and behaviour – from the population and service providers.

3.8 Delivering a joined-up approach which focusses on the whole needs of ‘Sally Ford’ will require the support and contribution of many agencies and partners.

4. Recommendations for action

4.1 The Health and Wellbeing Board is asked to provide its support the Integrated Care Programme for Older People and to consider:
• What role the Board could play in promoting integrated care for older people
• What opportunities exist to help influence behaviour change in the public and staff, enabling older people to play an increased role in their own care
• How partners on the Board who are not yet engaged in the programme could contribute

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1 www.ihi.org/knowledge/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIcollaborativeModelforAchievingBreakthroughImprovement.aspx
5. Contextual information

BACKGROUND DOCUMENTS: Salford’s Integrated Care Model: Executive Summary (attached, as Appendix A), Salford’s Integrated Care Model and Operational Plan (attached, as Appendix B).

THIS REPORT CONTENT HAS ALSO BEEN CONSIDERED BY: elements of the report, including the two appendices have been considered by the Integrated Care Board. The Integrated Engagement Board has recently been involved in a review of the programme. A report is also scheduled to be presented to the Swinton and Eccles Neighbourhood Partnership Boards.

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: not yet undertaken

ASSESSMENT OF RISK: risks are managed through the programme arrangements and reported to the Integrated Care Board.

LEGAL IMPLICATIONS: None at this stage

FINANCIAL IMPLICATIONS: the ICP is supported through some non-recurrent Reablement funding. Health and social services for older people are funded through existing commissioning and contracting arrangements.

PROCUREMENT IMPLICATIONS: Not applicable to this report

HR IMPLICATIONS: an Communications, Engagement & HR Subgroup is in place to support staff engagement and will have a role in support any changes to the workforce required as a consequence of the new model.