Integration – The Salford Story

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Working together to create the ICO

**ICO Vision**
To deliver significant improvements in experience and outcomes for service users by:
- promoting prevention and independence
- providing person-centred health and care services
- delivering more care in our communities
- supporting our staff through new models and integrated systems
- using pooled resources more efficiently

**Building on the ICP and from the best of each partner**

**Salford City Council**
- Population access to adult social care
- Live at home for longer
- Safeguarding with ‘just enough care’
- Invest in health and wellbeing

**Salford CCG**
- Improve health and wellbeing
- Greater equity of care and outcomes
- Citywide standards with neighbourhood provision
- Developing model for GP services

**Salford Royal NHS FT**
- Safe, clean and personal care
- End-to-end provision based around patients and users
- Better management of transitions
- Developing the new workforce and integrating care records

**Greater Manchester West**
- Creating optimistic futures for people
- Through specialist services
- Focusing on early intervention, prevention, recovery and support
Our journey

1. ICP for Older People
   - Alliance Agreement
   - Pooled Budget for Older People

2. ICP for Adults
   - Integrated Care Organisation
   - Pooled Budget for Adults
   - System-wide Governance Arrangements
   - GP Provider Organisation

3. Integrated Neighbourhood Model
   - Accountable Care
   - Population Health Management

We are here
Integrated Adult Health and Social Care Commissioning Joint Committee (ICJC)

• Adult Health and Care Pool including ICO
• Commissioner Group (City Council and CCG)
• Membership includes GPs and SCC Members
• Service and Financial Plan (Commissioning Plan Integrated Care System & ICO)
• Decision Making Body (Up to £1m) in relation to:
  o Service strategy
  o Service design
  o Annual Programme Plan
  o Market Management
• Management of System & Performance
Advisory Board for Integrated Care

• ICS and ICO Adult Health and Care
• Engagement of ICO and ICS stakeholders
• Advisory in relation to:
  o Service strategy
  o Service design
  o Annual Programme Plan
• Decision making (up to £1m) by consensus in relation to:
  o GM Transformation Fund
  o Other elements on a case by case basis that are agreed by each of the partner organisations
Care Model development for Adults

Central Themes
- Engagement, activation and asset building
- Risk stratification, assessment, care coordination and navigation
- Enhanced Care
- Enabling Changes

Life Course Model
- Live well (18-64)
- Age Well (65+)
# Population Segmentation

<table>
<thead>
<tr>
<th>Adult population 180,000</th>
<th>Initial segmentation</th>
<th>Vanguard Programme</th>
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<tbody>
<tr>
<td><strong>Level 1</strong>&lt;br&gt;Able adults&lt;br&gt;60-70%</td>
<td>Supported self care&lt;br&gt;- Neighbourhood-based&lt;br&gt;- Engagement&lt;br&gt;- Community assets&lt;br&gt;- Health and social care advice</td>
<td>Engagement, Activation and Asset Building&lt;br&gt;- Strategic engagement plan&lt;br&gt;- Co-production of care plans and care pathways&lt;br&gt;- Social marketing&lt;br&gt;- Community assets</td>
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<td><strong>Level 2</strong>&lt;br&gt;Adults needing some help</td>
<td>Enhanced care and support&lt;br&gt;- Proactive multi-disciplinary planning and support in neighbourhoods&lt;br&gt;- Co-production of care pathways and care plans&lt;br&gt;- Improved and personalised access and care navigation&lt;br&gt;- Urgent care</td>
<td>Risk Stratification, Assessment, Care coordination and Navigation&lt;br&gt;- Risk stratification&lt;br&gt;- Multi-agency triage and vulnerable person protocol&lt;br&gt;- Centre of Contact, Multi-disciplinary groups, key workers&lt;br&gt;- Connectivity – electronic person-held records, care homes</td>
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<td><strong>Level 3</strong>&lt;br&gt;Adults needing more help&lt;br&gt;30-40%</td>
<td>Vulnerable adults&lt;br&gt;- Integrated protocol to support vulnerable adults&lt;br&gt;- Multi-agency identification of triggers&lt;br&gt;- Proactive engagement and case management&lt;br&gt;- Planned transition&lt;br&gt;- Rapid support</td>
<td>Enhanced Care&lt;br&gt;- Proactive multidisciplinary support&lt;br&gt;- Improved access to services&lt;br&gt;- Urgent care</td>
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<td><strong>Level 4</strong>&lt;br&gt;Adults needing a lot of help&lt;br&gt;1-3%</td>
<td>Enabling Changes&lt;br&gt;- Strategic workforce plan&lt;br&gt;- Salford Integrated plan&lt;br&gt;- Salford Integrated Record&lt;br&gt;- Population health management&lt;br&gt;- Quality Improvement&lt;br&gt;- Leadership and capacity</td>
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A clear division between

• **Strategic commissioning** – system leadership, population understanding, system performance, structural redesign and repositioning

• **Tactical commissioning** – provider led, procurement and sub contracting, management of provider chain against specification and performance criteria, connection with locality/neighbourhood approach
Transforming to Improve Lives – Together

Improved Population Health supported by Neighbourhood Teams promoting independence and community resilience for risk stratified population

Redesigned Domiciliary homecare provision and Care Home support within a neighbourhood model

Responsive transitional step up – step down care and urgent response when needed coordinated through neighbourhood teams

Reduced reliance on acute and high level social care

Reduced hospital based care for Long Term Conditions, Mental health & Social Care need through re-designed pathways of care focused on neighbourhood delivery

Improved delivery of integrated care closer to home
Accountable care system

• Integration of services, care and pathways is a means not an end in itself – focus on triple aim

• Moving to an accountable care system requires a radical shift
  – From a reactive to a proactive system
  – From episodic to holistic and long term care
  – From providing treatment to enabling care (incl. self care)

• Critical role of General Practice in population health management and neighbourhood delivery

• Increased responsibility for population health and wellbeing, as part of a new accountable care system

• Requires significant changes – organisational, cultural and behavioural – as well as a changes in incentives and levers

• Risk, financial and contractual framework
Big Health and Care Conversation

- Big Conversation Survey
  - Online and paper versions
- Voluntary and third sector engagement
- Key 103 Radio
- Roadshows at supermarkets and community venues
- Social media – Twitter and Facebook
- Salford Together Citizen Pledges
- Feedback event in January
Building Trust Across Boundaries

Shared vision
Long term stability and continuity
Frequent contact
Recognise conflict
Mutual support and concern