

OLDER PEOPLES' INTEGRATED CARE PROGRAMME

Integrated Care Board – 13 November 2012

- Present
- Vice Chair, Clinical Commissioning Group
 - Strategic Director for Community Health and Social Care, SCC
 - Director of Service Reform, SRFT
 - Head of Performance and Commissioning Support, Clinical Commissioning Group
 - Divisional Director of Nursing for Salford Health Care, SRFT
 - Service Reform Manager, SRFT
 - Chief Executive, SRFT
 - Chair, Clinical Commissioning Group
 - Assistant Director - Operational Services, SCC
 - Assistant Director - Integrated Commissioning and Personalisation, SCC / NHS Salford
 - Public Health Consultant, SCC
 - Interim Chief Operating Officer, CCG
 - LINK Representative
 - Divisional Managing Director for Salford Health Care, SRFT
 - Non-Exec Director, SRFT
 - Executive Nurse, SRFT
 - Director of Public Health, SCC/NHS Salford
- Apologies
- Chair of Division, SRFT
 - Assistant Mayor, SCC
 - LMC Representative

Welcome and Introductions	<u>Declarations of Interest:</u> none.
Assurance Summary / Action Points (25.09.12)	<p>Approved as a correct record save that it was agreed that the apologies list should be amended to read - Interim Chief Operating Officer, CCG.</p> <p>It was agreed that a separate action log would be compiled to ensure that any roll-over actions are monitored and completed.</p>
Matters Arising	<p><u>Care Standards Reference Group</u></p> <ul style="list-style-type: none"> • The Assistant Director of Operational Services for Community Health and Social Care has agreed to become a member of this Group. <p><u>Development of the Evaluation Framework</u></p> <ul style="list-style-type: none"> • A joint NIHR bid is being developed in partnership with CLAHRC and Manchester University. If successful, this will bring significant resources and expertise to the Programme. • An initial presentation has been made to NIHR, which was well received. • The outcome of the bid will not be known until late 2013 however CLAHRC has agreed to provide some resource to support the interim (phase 2) evaluation. <p><u>Circulation of Materials for DH Care and Support Bill</u></p> <ul style="list-style-type: none"> • Not yet circulated, action carried forward. Action: Sue Lightup

<p>Joint Health & Wellbeing Strategy: Ageing, Vulnerable and Diverse Populations Working Group</p>	<p>The Strategic Director for Community Health and Social Care advised that:</p> <ul style="list-style-type: none"> • The Health and Wellbeing Board has identified three priorities for the new Health & Wellbeing Strategy, one of which relates to ‘ageing, vulnerable and diverse populations’, which it is anticipated will support some of the priorities and work being taken forward within the Programme. • The Board was advised that a task-and-finish group is being established, with some cross representation from the Board.
<p>Feedback from Engagement Events</p>	<p>A summary was given of the report and the following points were highlighted:</p> <ul style="list-style-type: none"> • Each event was well attended with good representation from all sectors, though some further targeted engagement is required with Care Homes. Action: Jennifer McGovern • Positive feedback has been received with the majority of attendees wanting to become involved in Phase 2. • Participants, however, identified issues that may hinder their involvement, with capacity, time and resources frequently cited. Further consideration of these factors will be undertaken by the Steering Group and proposals brought back to the December meeting. Action: Steering Group
<p>Recommendations from Mapping Event</p>	<p>The Head of Performance and Commissioning Support gave a presentation and noted the following:</p> <ul style="list-style-type: none"> • Each of the existing projects have been reviewed and where appropriate mapped to the Programme. • It is proposed that 8 projects are integrated with the Programme at a neighbourhood level, with a further 8 more loosely aligned through cross-representation on groups. • Quantification of contribution to improvement measures and ‘added value’ is still being undertaken. <p>Following discussion, the split of ‘neighbourhood’ and ‘aligned’ projects was agreed and it was agreed to prioritise the formal integration of those projects marked with a “1”. Action: Karen Proctor</p> <p>It was also noted that the development of the Salford Centre for Health and Healthcare Improvement should aid and support the Programme.</p>
<p>Target Setting Update</p>	<p>The Service Reform Manager gave an update on target setting. Noting that the Board was not yet being asked to formally confirm targets, the following was supported as ‘in principle’ 2020 targets:-</p> <ul style="list-style-type: none"> • Emergency admissions: rate of 260 per 1000 65+ ppn • Readmissions: rate of c. 16% (closing gap between upper and 2nd quartile) • Care homes admissions: 699 per 100,000 65+ ppn (mid-point national performance) • Quality of Life / Satisfaction / Able to look after Own Condition: no deterioration against baseline and improve where possible. • Flu vaccination: 80-85% • Preferred place of dying: 55% <p>The Board recognised the importance of being ambitious but not unrealistic in what could be achieved. It was agreed that stretch targets could be appropriate for some measures.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Retrospective and prospective trajectories to be produced where feasible • Emergency admission data to be broken down by Length of Stay • The proportion of admissions / readmissions that relate to End of Life Care to be identified • Experiential targets to be broken down by neighbourhood • Flu vaccination: clarify whether informed refusal is included within data • The financial impact (level of savings) to be quantified for emergency admissions and care homes targets <p>Action: Melanie Walters</p>