From Integrated Care to Accountable Care- The North West Journey

System Leadership Challenges and Successes

Helen Kilgannon and Cathy Sloan
Established in 2010 as a NHS health and care quality improvement organisation. Based in North West England

Members: 70 commissioner and provider organisations
Hosted by Salford Royal Foundation Trust and accountable to
- AQuA’s Board
- AQuA members through membership agreements

Extensive work on integration and transformation

www.AQuAnw.nhs.uk
AQuA’s Integrated Care & Transformation Story

2012-14
- Discovery Communities

2014-15
- Leading System-Level Integrated Care
- Integrated Care International Exchange Programme
- Integrated Care Fellowship Programme

2015-16
- Transformational Change Programme
- Integrated Care & Frailty Networks
- Bespoke locality support
- Masterclasses

2016-17
- System Development
- Bespoke place based facilitation & expert coaching
- Masterclasses
- Accountable care model design & development

2017-18
- STP/LDS support
- Locality Team Leader Programme
- ACS Masterclass
- Bespoke support
- Masterclasses
National Context

- Overcoming the historical divide between primary care, community services and hospitals
- Caring for patients with long term conditions with co-ordination and continuity
- Managing systems or networks of care – not just organisations
- Integrating services around the patient
- Addressing physical and mental health needs in an holistic way
- Developing a ‘new deal’ for primary care
North West Context

- Morecambe Bay
  - Community activation
  - Integration around primary care
  - Use of technology to deliver care differently
- Greater Manchester
  - Devolution of Health and Social Care
  - Development of Local Care Organisations
  - Strategic commissioning
  - Reconfiguration of acute care
- Cheshire and Merseyside
  - Emerging acute care collaborations
  - Variety of models of integrated and accountable care being developed
What’s Salford’s journey?

- Salford Together
- ICP for Older People
- ICP for Adults
- Integrated Neighbourhood Model

*Discovery Community Work*

- Alliance Agreement
- Pooled Budget for Older People
- Integrated Care Organisation
- Pooled Budget for Adults
- System Wide Governance
- GP Provider Federation

*Accountable Care Organisation Population Health Management*
A good enough plan

**Aim**

Achieving greater independence and improved wellbeing for older people in Salford by integrating care within communities

**Primary Drivers**

- Create greater independence and resilience within communities through the increased use of local assets
- Help older people navigate services and support themselves through the use of new technologies and the creation of an integrated care hub
- Deliver a structured approach to population health, with targeted support to those most at risk, through multidisciplinary working

**Secondary Drivers**

- Map existing assets within both neighbourhoods
- Engage older people to identify those assets that are most valued
- Increase access to local community groups
- Expand befriending and volunteer support
- Develop inter-generational support through working with local schools
- Increase prevention and early intervention
- Implement solutions that support self-care
- Implement assistive living technologies
- Develop an information portal and directory of services/support
- Rationalise the number of points of contact for older people
- Provide structured support post-discharge from hospital
- Risk stratification to identify people at risk of hospitalisation or admission to care homes
- Fortnightly multi-disciplinary reviews
- Health screening
- Develop shared care protocols
- Develop shared care plans
- Establish mechanisms to share information between care providers/professionals
- Education and support for care homes
- Increased access to community-based care and support
- Increase prevention and early intervention

*Source: Integrated Care for Older People in Salford
Salford’s Integrated Care Model and Operational Plan, June 2011*
What will be different for Sally Ford and her family?

- Greater independence  
  - Able to live at home longer

- Reduced isolation  
  - Increased opportunities to participate in community groups and local activities

- Confidence in managing own condition and care  
  - Sign-off own care plan and agree who it should be shared with
  - Support to monitor own health

- Know who to contact when necessary  
  - One main telephone contact number for advise and support

- Increased community support, specialist care available when necessary  
  - Access to a named individual to coordinate care and support

- Support to plan for later stages in life  
  - Agreed plan for last year in life
Salford’s Observations

- System alignment and leadership – strong narrative
- Deep staff engagement and quality improvement – getting people on the bus
- Develop vision – take steps that all can agree to
- Form must follow function
- Sustained focus on relationship building
- Partnerships – differential risk exposure & risk appetite
- Challenges – but keep focused on the purpose
- It’s an ongoing process
AQuA's Role

- Connection
- Credibility
- Challenge and clarity
- Capacity
- Capability
- Coaching
- Culture

System Leadership

Systems Theory

Improvement
Where are we?

AQuA- Integrated Care Framework

Integration to Improve
- Safety
- Experience
- Effectiveness
- Population health
- Use of resources

Leadership

Service and Care Model Design

Workforce
- Role design
- Skills
- Capacity

Service User and Carer Engagement

Governance

Information and Information Technology

Culture

Financial and Contractual Mechanisms

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System Leadership 3 core capabilities

The ability to see the larger system
- Essential to building a shared understanding of complex problems
- Enables collaborating organisations to jointly develop solutions not evident to any one of them individually

Fostering reflection and generative conversations
- ‘Thinking about our thinking’ to see the assumptions we carry and how our mental model may limit us
- Sharing enables hearing emotionally as well as cognitively which builds trust

Shifting collective focus from reactive problem solving to co-creating the future
- Learning how to use the tension between vision and reality to inspire new approaches
- Move from solutions to creativity

Senge et al 2015
What have we learned?

- Robust system leaders need to be able to lead in volatile, uncertain, complex and ambiguous contexts.

- Strong, collaborative relationships between system leaders built on trust.

- A compelling narrative and purpose for their “place”.

- The power of connection – connecting systems to systems, system visibility.
Relationship are key

- Frequent personal contact to build understanding and trust
- A commitment to working together for the long term
- A shared purpose and vision for the population you are serving
- An ability to surface and resolve conflicts, not letting them fester
- An ability to behave altruistically towards partners

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