GM Connected Health Ecosystem – Active & Healthy Ageing

Group Theme: **Integrated Models of Care**		
Opportunity #1	Steps needed	Partners/organisations required
Better Integration between Health, social care, 3rd Sector and residents/citizens	Responsive to specific Area Challenges & Experiences to address Inequalities. Extend model further to progressively integrate organisations and budgets replacing reactive funding structure and silos	Reps of new health and social care structures (see below for model) 3rd sector residents groups (strong relationships already exist with social care)
Opportunity #2	Steps needed	Partners/organisations required
Social Prescribing	Systemic Neighbourhood intervention e.g, CCG prescribes a new boiler to be provided by Mcr Care & Repair justifies expenditure because patients in a warm home can remain in good health (home sensors could provide data to alert the CCG directly)	CCGs Reps of new health and social care structures (see below for model) 3rd sector residents groups

Opportunity #3	Steps needed	Partners/organisations required
Better evidence of outcomes	Design time/Cost efficient system systemic interventions. Social return on investment is seen as "soft". Need hard evidence of overall financial and health outcome to convince commissioners e.g. link between housing and health	Reps of new health and social care structures (see below for model) Universities
Discussion group members	**Carmel Dickinson, Susan Lock, Niels Peek, Steve Martin, Stefan White, Kay Faulkner**	

Current model of Health and social care integration in Manchester (applies across GM): (Note full integration not yet achieved)

One City with a single Commissioning Board

One single Hospital Service

One single "out of hospital" service
Organised around three Areas (North, Central and South)

Each Area divided into 4 neighbourhoods with integrated neighbourhood teams.

Notes Extrapolated from 3 loose sheets of paper. No obvious identification but same handwriting.

- Health & Social Care + 3rd Sector +Residents?
- Do we know what GM/Manchester models of integrations are?
- How do you integrate funding – integrate organisation.
- Single Commissioning Board – Not full integration, lots of differences.
- Single Hospital Service +Single "out of hospital" service.

Comment [MT1]: "Not in LCO Prospectus"

1/2/12	H&SC	P&C
N – 4 S – 4 C - 4	Inequalities: See Tram Network Map Analysis with Life Expectancy	

- Model Responsive to specific Area Challenges & Experiences.
- CW Age-friendly neighbourhoods? Clash?
- Actual the relationship to 3rd sector & residents is through social care?
- Commissioning Board
- Budgets

  } True Integration?
- Knowledge from non-institutional partners needs to feed into so commissioned can respond e.g. prescribe a new boiler (told by home sensor)
- Currently give money to Mcr Care & Repair.
- Health and housing link well known – CCG justifies budget
- Systemic Neighbourhood intervention / social prescribing? E.g. AFN's. Lots of evidence for outcomes? No – still missing?
- Social isolation – Well-being. Better? Evidence knowledge. "Hard"
- Social return on investment "soft"
- Why common sense not shared with commissioners?
- Niels – Makes sense but not a good idea! E.g. Dr Spock child care/ cat deaths.
- Common sense – System ARE interventions – More time efficient, more cost effective.
    - How do we tell the commissioners?
    - Design time/Cost efficient system systemic intervention?
- Reactive funding structure and silos. GP will not spend their budget to save LA money
- Right steps MCR Budget – Extend model further progressively integrate.

Small poster of notes.

- A rapidstart workshop to create gold standard business cases.
- 48 hours from testing working solutions with customers – Get ideas moving in 48hrs – test variety with business – test desirability with customers.
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