HEALTH & CARE INTEGRATION PLAN

2019/24

North Lincolnshire Council
And
North Lincolnshire CCG

Introduction

Health & Care Integration Plan 2019/24

This is a five year plan is set in the context of the Health and Wellbeing boards responsibilities to promote integration and shows how we intend to focus on transforming the lives of people of North Lincolnshire though developing a SUSTAINABLE-ENABLING – Integrated Health & Social Care system that empowers our local population unlocks and builds community capacity.

This plan sets out:

- Who we are and what we are here to do together
- Our people and place
- Our shared ambition for people and the workforce.
- What we do well
- What people have told us
- Our immediate priorities.
- And explains how you can get involved and give your views on future priorities.

Partners have committed to improving outcomes for the population of North Lincolnshire. People to be safe, well, prosperous and connected are the outcomes that we are working together to improve.

North Lincolnshire Council
www.northlincs.gov.uk

Lindsey Lodge Hospice

safecare network

NHS Rotherham Doncaster and South Humber NHS Foundation Trust

NHS East Midlands Ambulance Service NHS Trust

NHS North Lincolnshire Clinical Commissioning Group

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Voluntary Action North Lincolnshire

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Our People and Place

171,294 people live in North Lincolnshire.

In the 2011 census of North Lincolnshire, there were approximately 70,680 households. Over a quarter (27.5%) of those are one person households.

An ageing population may influence housing needs, requiring more accessible housing options.

The average age of the population is 44 years compared with the England average of 39.8 years.

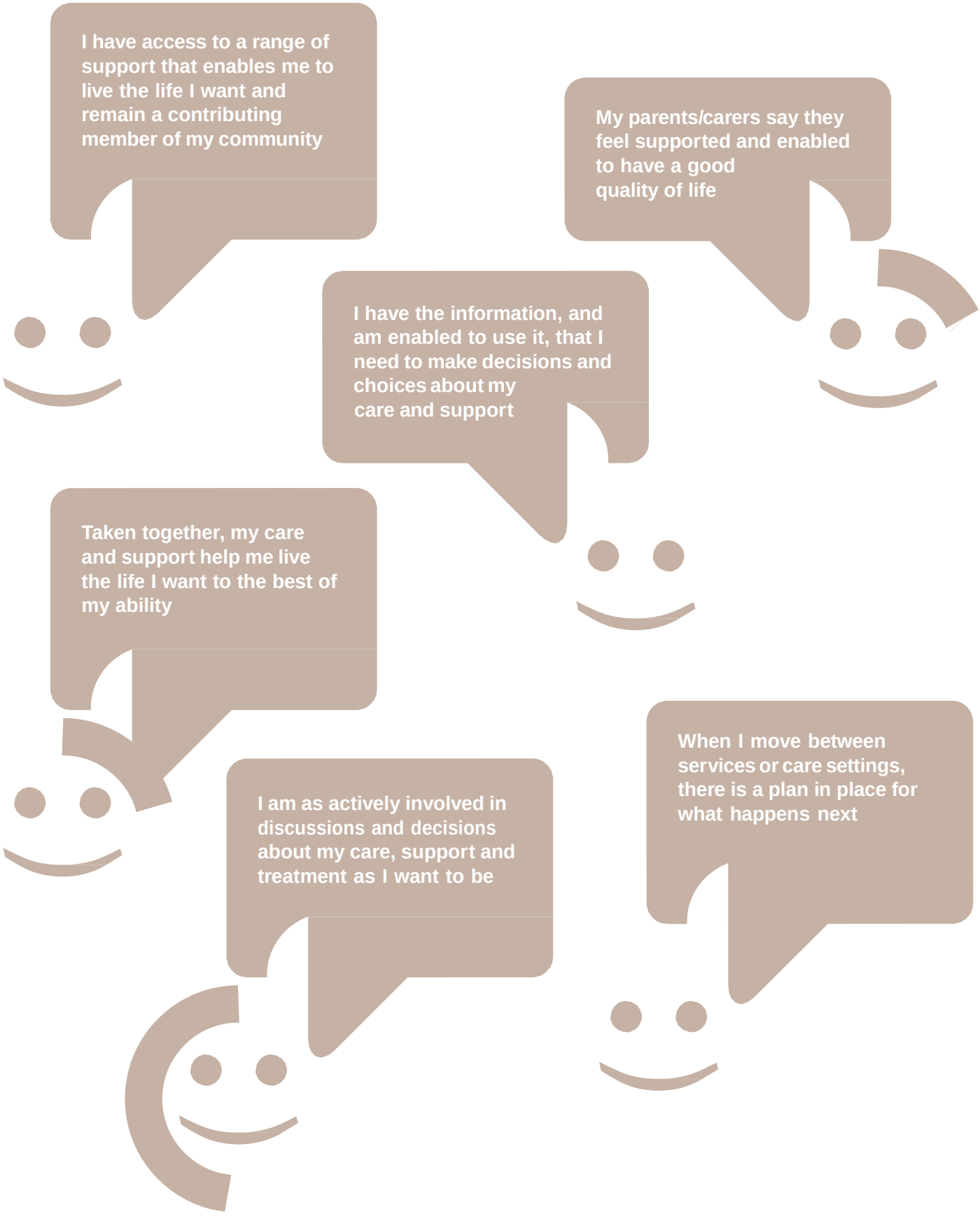
Projections indicate the number of people aged 65+ will increase by 10% in the next five years.

There has been a growth of 23.5% in the number of people aged over 85 between 2008 and 2017.

The 2011 census showed 1 in 9 people are caring for someone else (19,000 people).

Our shared ambition - for people

Good customer care



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Our shared ambition – the workforce

- We work together through the 24hr period.
- We are proactive and more options are available in the community
- We are all enabled to work together as we have joined up protocols
- We are all able to access joint resources to help people.
- We help people easily move between settings in a timely way
- We are more efficient as we reduce duplication at every opportunity
- We manage our money together for purchasing care services in a tailored way
- We support people in their homes and families bringing specialist services in the community.

What we do well –

- Excellent and embedded arrangements for safeguarding children and vulnerable adults
- Excellent community services with 84% care homes and 100% home care providers good or outstanding
- Excellent primary health care provision, with 95% of GP practices good or outstanding;
- Excellent KS 1 to KS 4 education with 9 out of 10 pupils attending a good or outstanding school; 100% of learners attending an FE or skills provider in North Lincolnshire which is rated 'good' (as at August 2018)
- Maternity, health visiting and children's centres services, all achieved UNICEF Baby Friendly Initiative Stage 3 accreditation in 2017
- A culture of seeking and responding to people's voice
- Over 800 community and voluntary groups contributing to people's wellbeing
- All children a free age appropriate book every month from birth to their 5th birthday
- Mental Health Champions in all schools and colleges, trained in Youth Mental Health First Aid.
- More young people are making healthy choices, with rates of smoking, substance misuse and under age sex below national rates and at their lowest levels for 15 years
- A focus on prevention and early detection for example, cancer screening; immunisations; psychological therapies;

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Voice – what people say is enabling of health and wellbeing

Integrated care is all about person-centred, coordinated care – this means listening to people/ patients as citizens at every step.

Children and young people have said they want:

- help from a trusted adult
- professionals that will stick with them and to be referred on only when really necessary
- trusted websites for accessing health and wellbeing information

Adults have said they want:

- education and support about how to manage long-term conditions and stay healthy
- opportunities in their communities to stay active, mobile and socially connected
- the same social and community opportunities for residents of care homes
- a wider range of supported housing in older age, including help to maintain their independence for as long as possible
- more flexibility from employers to enable people to combine caring responsibilities with paid work

A joined up approach to improving health and care

The Council and Clinical Commissioning Group have agreed a route to integration that includes:

The immediate integration priorities that will make a difference to people in North Lincolnshire

Working towards integrated governance functions and to the following commissioning principles;

- Commission for excellence
- Co-production-person centred.
- Raising ambition
- Protect and safeguard the voice of the most vulnerable

An model that helps organise services to meet need at the lowest level (Appendix A)

This overarching plan with an community operating model based on being enabling.
(Appendix B)

Three care networks (south, east, west) that are developing the insight and capacity to meet the population needs (appendix C)

Action plan detailing how the priorities will be delivered.

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Our shared strategic priorities

Enabling Self Care

- Helping people in ways that reduces or delays their need for care and support encourages self responsibility and is empowering for individuals and their families.

Care Closer to Home

- People expect services to work together to enable them to have their needs met within their locality when ever possible. Adults and Children achieve better outcomes when they remain in familiar settings

Our shared strategic priorities

Right Care Right Place

- When people require health and care getting the person to the most appropriate setting to meet their needs enables better outcomes specifically when the care needed to specialist such as cancer care. It also means the setting care needs to be delivered in the right setting and for the right length of time.

Best Use of Resources

- Continually ensuring we are making the most effective use of resources to meet peoples needs in hospital and in the community, using organisational assets makes sure people are in the centre and involving local people in the future design of local services is more sustainable, as is a workforce who attends to their own health and is aware of the empowering nature of self help is a must.

The Health and Care context

Populations

- A rapidly ageing population with more complex health and social care needs
- Health inequalities between the most and least affluent
- Premature deaths (ie deaths before 75 years of age) from cancer, circulatory disease and respiratory disease, which are significantly above the national average in North Lincolnshire
- The number of deaths where dementia is mentioned on the death certificate is rising each year
- Higher levels of complexity and dependency in children and young people
- Almost 1 in 4 North Lincolnshire children aged 4-5 years of age either overweight or obese, including 10% obese and 3% severely obese

Place

- Rising public and workforce expectations
- Increasing demand for a skilled, community-based workforce
- Variable standards and quality of provision across the area
- Willingness for partners to work collaboratively to improve outcomes

Economic

- Rising demand and growing costs across the system
- The need to spend our money wisely

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We will play our part in delivering this plan by staying true to our values:

- Equality of opportunity so everyone can have a good quality of life.
- Self-responsibility and people having choice and control over their own lives.
- Striving for excellence and high standards across all our services.
- Using our assets, estates, money wisely and with integrity.

How we can all help

- Taking care of ourselves and others
- Getting involved in our communities
- Using the self help and online services
- Taking pride in our area
- Being active

Appendices

North Lincolnshire Council

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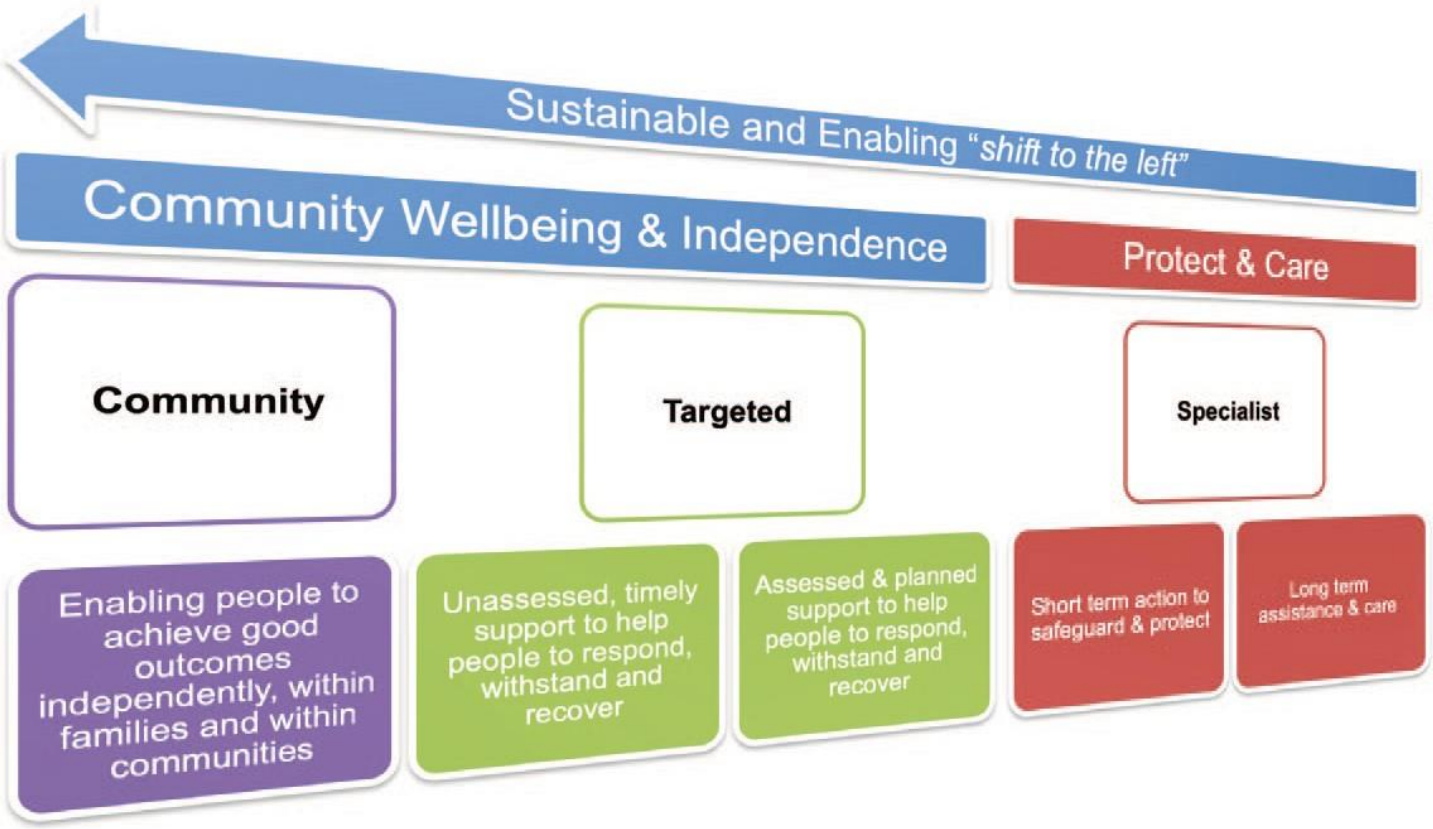
Appendices

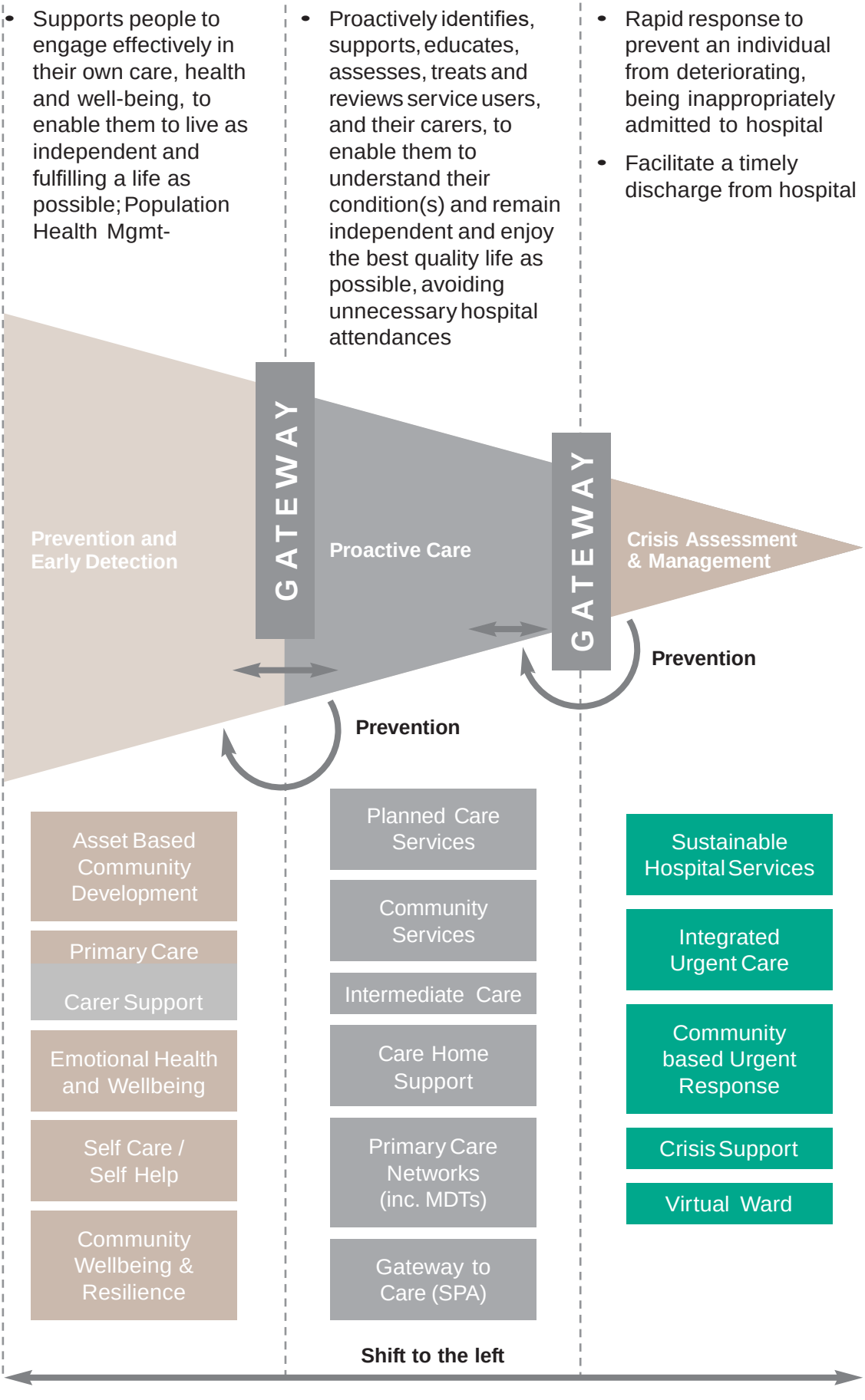
Appendix B: Meeting need at the lowest level



Community / Out of Hospital Model

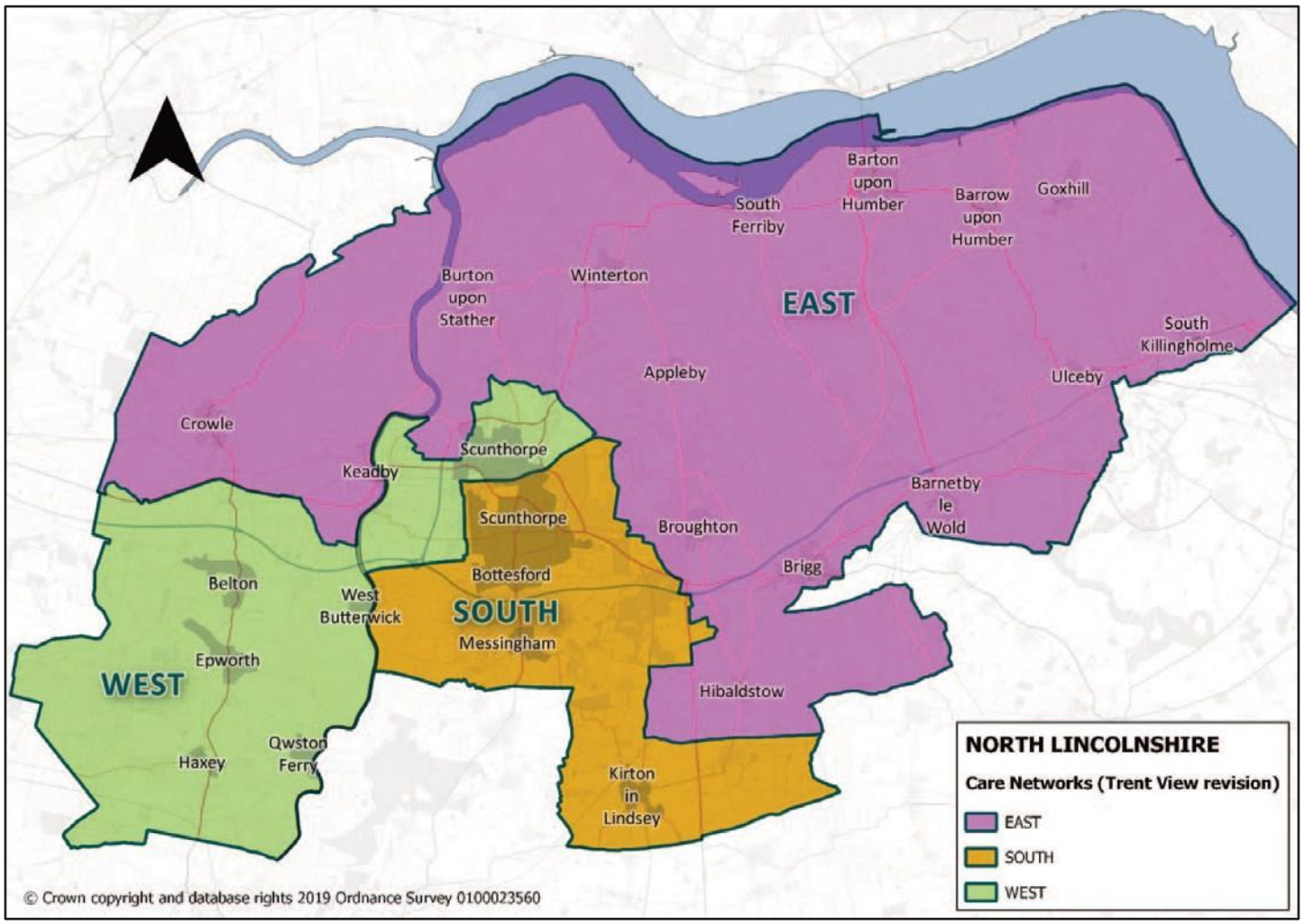
Enablers

- Care Co-ordination / Navigation
- Care Network Leadership
- Estate Optimisation
- Access Transport
- Risk Stratification
- Medicines Optimisation
- Equipment & Wheelchairs
- Co-ordination of Services
- IT, Digital Health, AI
- Skilled, Flexible Workforce
- Shared Records / Care Plans
- Single commissioning
- Single workforce strategy
- Single performance framework
- Provider collaboration - shared transformation programmes and operational plans, aligned outcome measures



Appendices

Appendix B Primary Care Networks



Appendices

Appendix D- Action plan- enabling self help

Why it is important

- Enabling self help is critical to the future sustainability of all health and care services, it is a key aspect of managing demand. Across all public sector services.

How we can all help

- Develop our workforce as assets to enable people to help themselves at all levels of need.
- Ensure the community development work encourages people to manage their own health and take full advantage of the information, advice and guidance services available within communities, on line, in hubs and within alternative health services such as pharmacists.
- Build on the assets of our community to build community capacity to provide alternative solutions for people to access that are more easily available and accessible.

Key Milestones Timescale

- Develop a one stop shop - Independent Living Centre to enable people with all aspects of independent living- 2019
- Develop the council community offer around localities to offer IAG across an extended period. 2019
- Develop community capacity through asset based approaches on going
- Develop and deliver mandatory training to all staff on ‘enabling’ across all partners 2020

Appendices

Action plan-care closer to home

Why it is important

- People should expect services to work together to enable them to have their needs met within their locality, this is defined by one of three care network areas.
- care closer to home

Taking Action - we will:

- Bring together assessment and care planning service s across levels of need to enable consistency of practise, use of existing purchasing frameworks and mange and support providers against the same set of standards.
- Maximise the opportunity of delivering services and the care network level, Ensuring strong multiagency leadership for each network, enable them to know their population well and ensure responses to need and enable people to receive all that they can within their locality.

Key Milestones Timescale

- Integrate CCG and Council assessment and care planning services for children and adults with complex needs- 2019
- Agree primary care networks and embed clinical leadership - 2019
- Provide an single community approach for severely frail people- 2019
- Transforming the access routes to care into a single gateway- 2020
- Children receive seamless community health services- 2020
- Creating stability for children within their family, school and community- on going

Appendices

Action plan-Right Care Right Place

Why it is important

- When people require health and care getting the person to the most appropriate setting to meet their needs enables better outcomes specifically when the care needed to specialist, such as maternity and cancer care. It also means the setting the care needs has to be right and for the right length of time.

Taking Action - we will:

- Deliver effective and efficient interventions are available when they are needed, delivered in the right place, by the right person, at the right time, in a way which adds the most value. This will result in a shift from reactive to preventative care, and consistent care journeys which reduce unwarranted variation in outcomes.
- Design services to be outcome-focused and include prevention, self-care, medicines management and mental health.
- Services will consider the whole person, not just an isolated long term condition. We will consider scale to ensure efficiency, effectiveness, and a reduction in clinical variation.

Key Milestones Timescale

- Commission safe, secure and sustainable hospital services (HASR) by reviewing services that can be improved through greater collaboration and new clinical / delivery models. (2020+)
- Deliver an Urgent Treatment Centre (Oct 19)
- Develop a programme of improvement initiatives for Mental Health and Learning Disabilities service users. (2019+)
- Deliver Better Births, including continuity of carer and contributing to key public health targets including reducing smoking in pregnancy.
- Implement robust End of Life care plans (Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)) (phased roll out starting in 2019)

Appendices

Action plan-Best Use of Resources

Why it is important

- Continually looking to find the most cost effective way of meeting peoples needs in hospital and in the community, using organisational assets makes sure people are in the centre and involving local people in the future design of local services is more sustainable, as is a workforce who attends to their own health and is aware of the empowering nature of self help is a must.

Taking Action - we will:

- Secure a sustainable workforce in the right numbers with the right skills; new and different roles will work alongside existing ones. The health and care workforce will need to work in different ways with more personalised care being delivered in community settings and closer to people's own homes.
- Develop an integrated approach to services in the community to prevent admission to hospital and reduce length of stay.
- Services for the people of North Lincolnshire will be commissioned at different levels, from region down to care network level.

Key Milestones Timescale

- Develop and deliver a comprehensive workforce development plan utilising the comprehensive new workforce implementation plan arising out of the NHS Long Term Plan as a framework. (late 2019)
- Carry out a Utilisation Study on the Ironstone Centre and implement recommendations. (Summer 2019)
- Create an Integrated Care Partnership for services outside of a hospital environment. (2020+)
- Explore opportunities for single commissioning (NHS North Lincolnshire CCG & North Lincolnshire Council). (2019)