North East Lincolnshire’s integration journey

Beverley Compton, director of adult services

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Overview

• National policy context around integration
• About us - where we are and a summary of our journey
• What we have achieved in North East Lincolnshire
• Wider system issues and change
• Personal reflections
A decade of driving health and social care integration

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<th>Year</th>
<th>Event</th>
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<td>2006</td>
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**Integrated Care**

Individuals and organisations working together to create joined-up, integrated care that is centred around patients' needs

**Kings Fund (1)**
“Integrating the health and social care sectors is a significant challenge in normal times, let alone times when both sectors are under such severe pressure. So far, benefits have fallen far short of plans, despite much effort.”

Amyas Morse, Head of the National Audit Office, 8th February 2017
Why is it so hard?

- **Culture** ("the way we do things round here") has been built up within very separate organisations in different parts of the NHS and social care.

- **The separate organisations** have been underpinned by separate professions.
  - Within each separate areas individuals are working well.
  - But it is not joined up and organised around the broad range of needs of the person they serve.
  - As a result, a person who expects a joined up service experiences deep fragmentation that may make sense for each individual organisations but not for people who expect a pathway.
  - Charging!

- **The aging population and complexity of conditions**

- **Traditional infrastructure and approaches no longer work**

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Introduction to North East Lincolnshire

- Population c160,000 in the main towns of Grimsby, Cleethorpes and Immingham
- A higher than average >75 population compared to its peers that will grow by 15% between 2011 and 2018;
- Significant health inequalities
- Disability free life expectancy lower than comparators
- Lower wages, lower house values, less ability for community to support itself
- Changing disease profiles
  - More complexity
  - Multiple conditions
  - For longer

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North East Lincolnshire’s integration journey

- **2007**
  - S75 - Care Trust Plus formed – adult services transfer to health, public health and children’s services to council

- **2010**
  - Community care and mental health provision “spun off” into social enterprises pooled budgets used to commission integrated delivery

- **2011**
  - Social work practice pilot – asset based community development launched; A3 service in place start of integrated access

- **2012**
  - Integrated care record developed; supported living commenced

- **2013**
  - Care Trust Plus dissolved and s75 between council and CCG agreed
  - Focus social work practice launched; ACCORD forum developed

- **2014**
  - Care act – integrated assessment, single point of access, investment in intermediate care and assisted living centre

- **2015**
  - First 60 unit extra care housing scheme at Strand Court opens

- **2016**
  - Accountable care partnership formed; integrated support to care homes

*Delivering joined up solutions*
Integration key principles of our approach

• Consideration of the whole person, throughout health and care pathways
• Emphasis is on individuals’ health, wellbeing, safety independence and choice
• Integrated teams, with multidisciplinary skills
• Right care, right time, right quality and as close to home as possible
A cyclical approach - maximising integration opportunities across the system

Managing demand

Review and re-able

Prevention

Intervention

Assessment

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Prevent

- Releasing community capacity
- Volunteer “collaboratives”
- Preventative services development, extra care housing

Manage demand

- Integrated single point of access
- Advice, signposting, triage
- Service dispatch and short term-case management, good neighbours, asset based social work practice approach

Assessment

- Asset based integrated assessment and care planning,
- Joint policy approach “ethical and pragmatic decision making”,
- Multi-disciplinary approach to risk and quality
- Integrated care record

Intervention

- Integrated provider services,
- Joint market intelligence approach, Supported living,
- Aids and adaptations

Review and re-able

- Multi-disciplinary and co-ordinated support to care homes
- Intermediate care - step up/step down
- Hospital in reach

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Practical examples

- Person centred
- Collaboration between commissioners, providers and service users to shape markets and services
- Advice, information and signposting on all aspects of independent living
- Co-located teams
- Assisted living facility demonstrates aids for daily living
- Integrated access, triage and case management

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Quality and safety

Multidisciplinary group proactive in gathering soft intelligence and raising standards and quality
Good working relationship with CQC, shared training & development between CCG & CQC

Care homes – quality framework (QF):
Locally developed scheme locally and nationally recognised which:
• Drives continuous improvement in the sector.
• Assesses individual homes against 14 quality standards
• Effects change e.g. we have seen an improvement overall in the rating of nursing and residential homes

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Key enablers

• Relationships, leadership and governance
• Clear commissioning intentions/specifications to achieve integration e.g. IT compatibility
• System collaboration to achieve change, improvement and development
  – Between commissioners e.g. mental health
  – Between commissioners and providers e.g. domiciliary care
  – With the voluntary and community sector e.g. day care provision, community transport
• User and community involvement to co-design
• Co-location and multi-disciplinary working
Wider system issues

Local healthcare system is not sustainable
- Legacy of stubborn health inequalities and impact of long term deprivation in the community
- Geographically isolated area and difficult to recruit key personnel e.g. primary care, nurses, consultants
- Opportunities for prevention and earlier intervention and optimisation of primary care
- Health economy traditionally focused around Northern Lincolnshire but STP is much larger and less coherent footprint
- 4/6 CCGs are in serious financial difficulties as are 3 acute trusts, with two in intervention regimes

Healthy lives, healthy futures whole system change “shift to the left”

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Personal reflections

• Relationship building is the most important key to successful integration
• Be sure you *truly* have a shared vision and understanding of what is trying to be achieved
• Sometimes you have to be prepared to give something up
• Change is difficult; have a big hairy ambition but be prepared to implement in baby steps
• Build on and extend what works for you and your partners in your context
• Be brave!