



North East Lincolnshire
Union Strategic Plan



The North East Lincolnshire
Union Strategic Plan
2020-2024 was developed
prior to the Covid19 pandemic
and whilst our resolve to achieve
our strategic outcomes
remains, the long term impact
of Covid19 is yet to be realised
and accordingly, this Plan may be
subject to future change.

Introduction

This Strategic Plan sets out our vision for the future of health and social care in North East Lincolnshire for the next five years. It sets out how we will move towards delivery of the NHS Long Term Plan for the next ten years and what we will achieve in the interim.

This Strategic Plan and its aspirations are underpinned by the innovative and successful partnership between the CCG and the Local Authority in the form of the Union, which builds on more than a decade of collaborative work.

Both organisations will combine their resources in the most effective ways to get the best possible outcomes for North East Lincolnshire, beginning with our priority for Vitality and Health and moving on to the other priorities as we progress.

We describe here an ambitious programme of work which will move our services to focus on maintaining good health, preventing illness and enabling our local communities to care effectively for themselves. We will be reshaping our services to support this and ensure that we maximise the resources available to us for delivery of health and care services. This is the challenge we will meet boldly.

We want our services to focus on the following:

- Healthcare providers should provide a **comprehensive** service, from supporting prevention and self-care, through community provision, to specialist and tertiary care.
- Providers of these services should take an **integrated approach**, so that local people have access to a seamless service

The result will be **higher-quality experience and care**, with more lives saved and more people returned to full health

A further result will be a service that is **affordable** in the years to come

The principles which inform the way we will commission services over the next 5 years are:

- Quality and safety must be the highest priority.
- There will be an increasing requirement for focus on prevention and self care/ independent living rather than reliance on services delivered by health and social care providers
- A small number of hospital services, particularly specialised services that need specific expertise, facilities or equipment,

will be commissioned from centralised locations if necessary to improve outcomes, however we are committed to the majority of hospital services being delivered locally for local people

- We will deliver the right care, in the right place at the right time; for example reducing inappropriate admissions to inpatient beds in hospitals and care homes through better management of care in the community
- We will break down organisational barriers where needs are complex and patient care crosses numerous boundaries, to improve co-ordination and reduce fragmentation of care
- Service providers must work within the financial constraints of our health and social care community
- We will make best use of digital technology wherever we can, to enable our clinicians to have the best possible level of information available to them to make clinical decisions, to enable better access to information for patients and to reduce the amount of travel for patients and clinicians wherever we can.

In delivering the CCG's Strategic Plan, the underlying financial principles will be to ensure:-

- Value for money
- Full compliance with the NHS Business Rules for the CCG, both in terms of the CCG as a statutory organisation and as part of the Humber, Coast and Vale Partnership
- Achievement of a balanced financial position for the "pooled budget" services from the Council.

All of these elements will enable us to commission and deliver a joined up approach which will make the most of our local resources and community based assets to enhance the life experiences of our local residents.



Our Vision...

for health and care in North East Lincolnshire

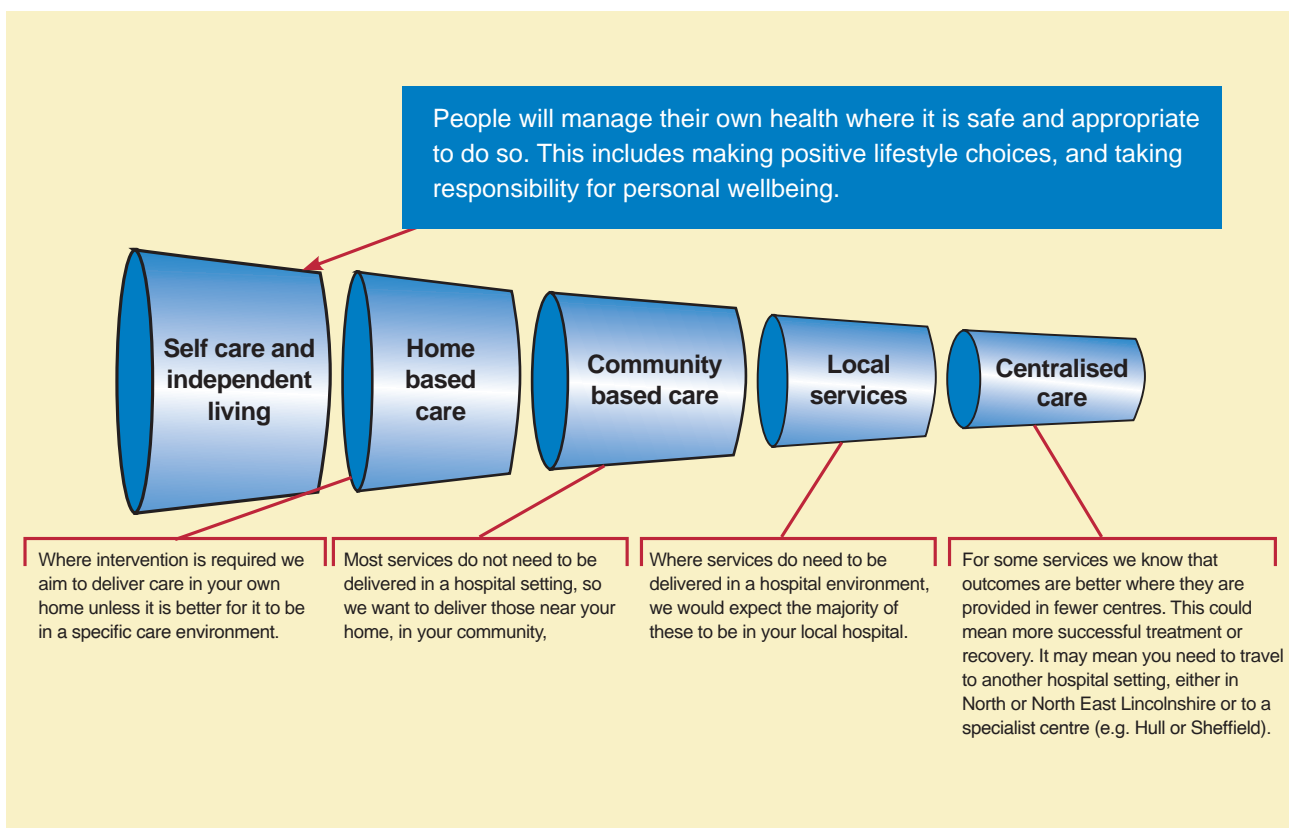
Under our innovative Union arrangement we have developed and agreed our vision for North East Lincolnshire with the Local Authority. It has also been produced with a range of local stakeholders to ensure that it has the endorsement and support of organisations and people across the area.

The CCG and the Council have merged thinking and priorities to achieve the best possible outcomes for local people. Together we want to build on the talents and assets in the Borough to tackle some of the problems we face and to enhance the pride we feel in our Place.

Our vision and aim is that ‘all people in North East Lincolnshire enjoy good health and wellbeing’:

- We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health
- Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to the best health possible or support them with dignity right through to their end of life.

The services we will commission will reflect our continuing vision of transformational change as set out in the diagram below, focussing on the prevention of ill-health and shifting services more towards self care and independent living.



This vision for health and care fits into the overall vision for the Borough as described in NE LIVES.



Background and context

Where we are now

We are seeking to achieve a stronger economy and stronger communities and to build North East Lincolnshire as an attractive place to live, work, visit and invest whilst tackling the inequalities and the wellbeing deficit prevalent in a number of communities in the Borough. The diagram below gives the high level outline of our vision across North East Lincolnshire and the programme areas we will address to help us achieve this.



The Union partnership is intended to bring a joined up approach to improving the lives of people in the Borough.

Partnership and care designed and planned around people are strong themes throughout this strategy. Government policy continues to move to an ever more integrated model of funding for health and social care. We welcome this as it offers increased potential for people to have real influence over how their health and care needs are met. We want to encourage the development of joint working between all local providers who have established collaborations to create the most benefit to service users and the system. We will encourage them to break down organisational barriers where needs are complex and patient care crosses numerous boundaries, to improve co-ordination and reduce fragmentation of care.

We will work collaboratively to encourage and enable an ethos of co-production, so we can explore, amongst other things, the opportunities offered by new technology such as telehealth and telecare. We are determined to deliver the best possible choice, quality and consistency in health and social care whilst driving down costs and

offering real value for money. We will continue to lead the way in the development, adoption and roll out of innovative approaches in the way we work – to enable the people we serve in North East Lincolnshire to have real and increasing choice and control.

Through the developing Union arrangements, providers will benefit from a single contracting process for the services commissioned by the Council and CCG.

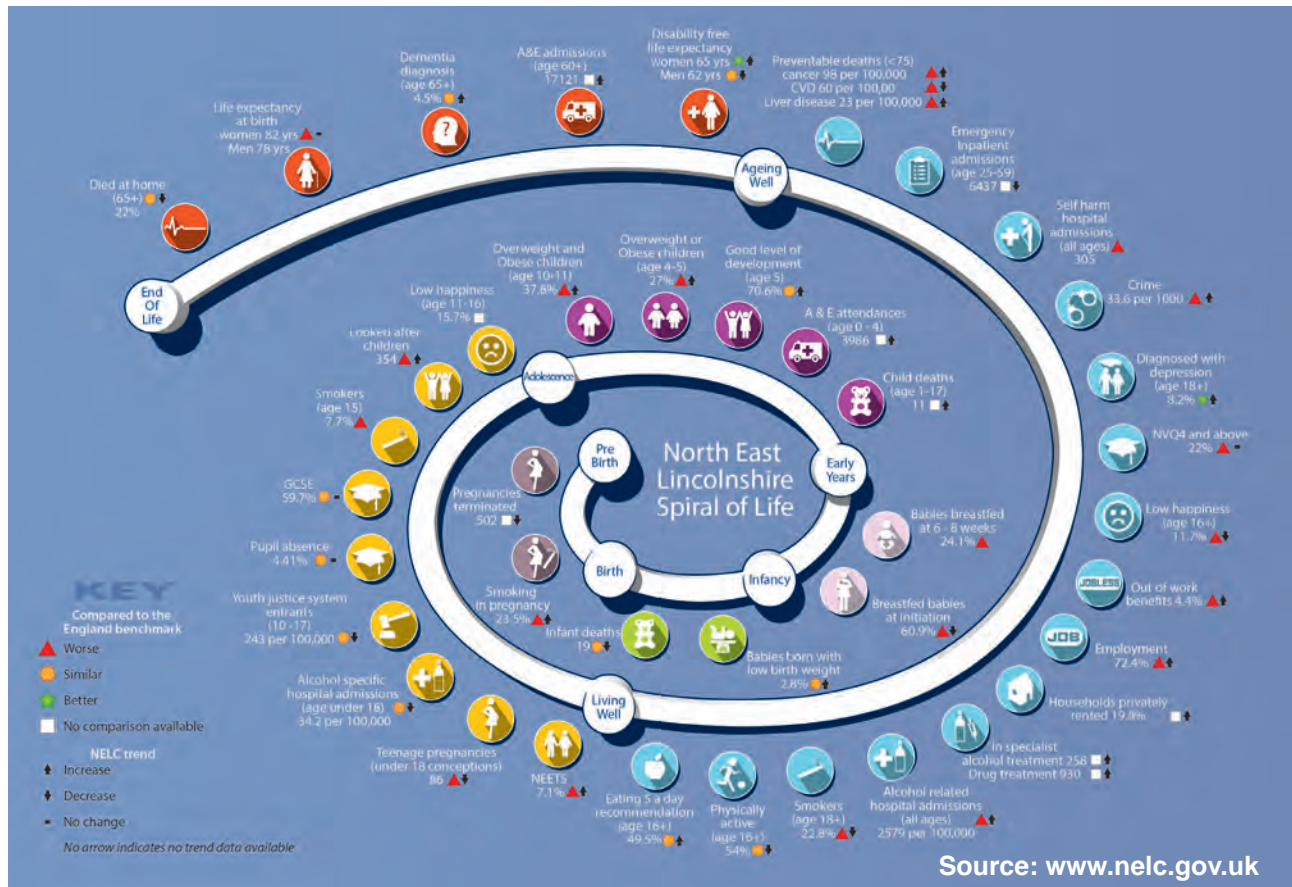
We aim to develop and implement a Union operating model predicated on a single commissioning and contracting function across both organisations, managing the relationship with providers, ensuring that the services delivered are managed under a single contract with a single set of performance metrics to report against.

The contracts themselves will move away from inputs and transactions to a greater focus on the delivery of outcomes.

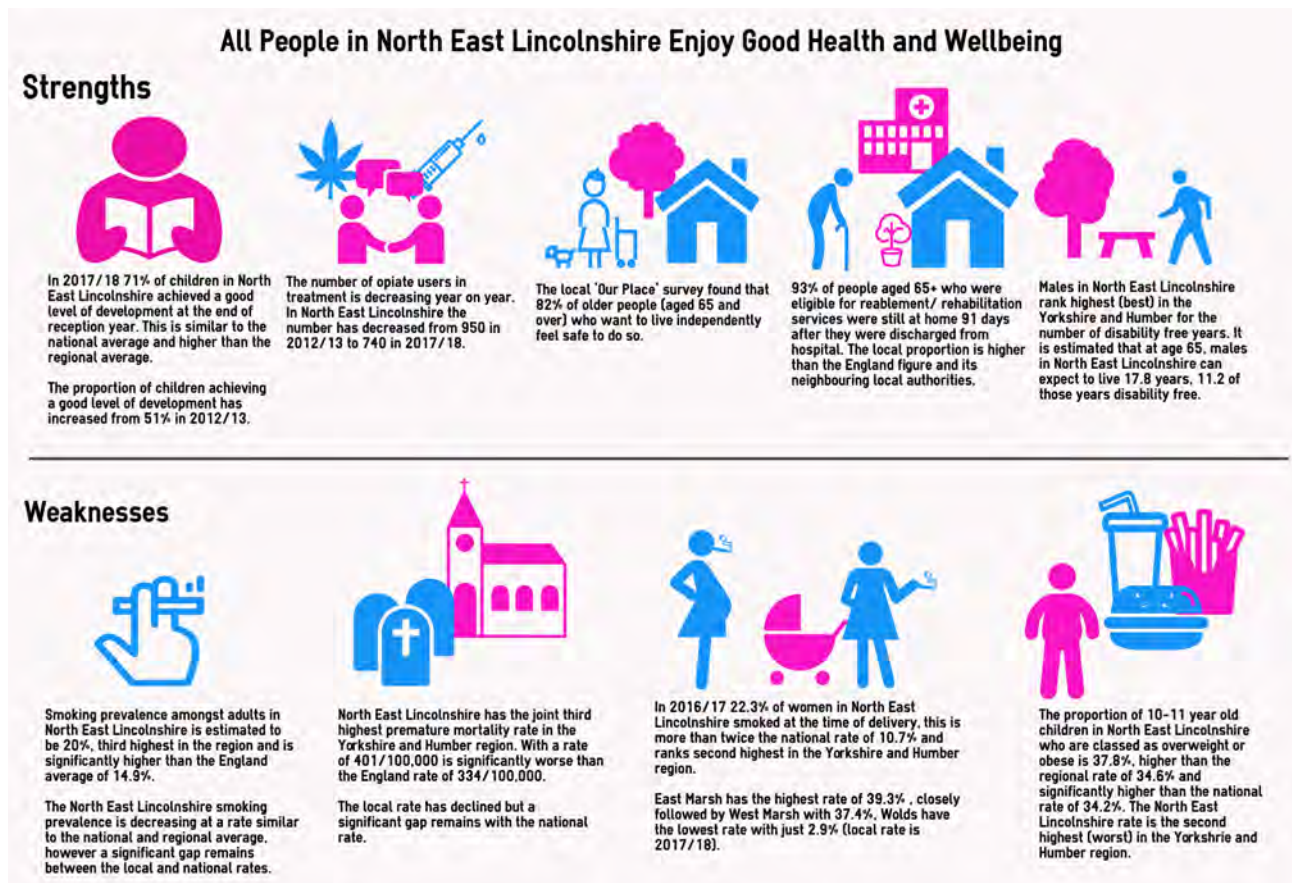
This should lead to efficiencies for the providers in terms of contracting and performance requirements, enabling them to focus more on service delivery.

North East Lincolnshire has a number of geographical areas where there are high levels of deprivation and other factors which combine to provide a challenging picture of population health.

The figure below illustrates some of the comparisons with national figures in terms of the factors that influence health:



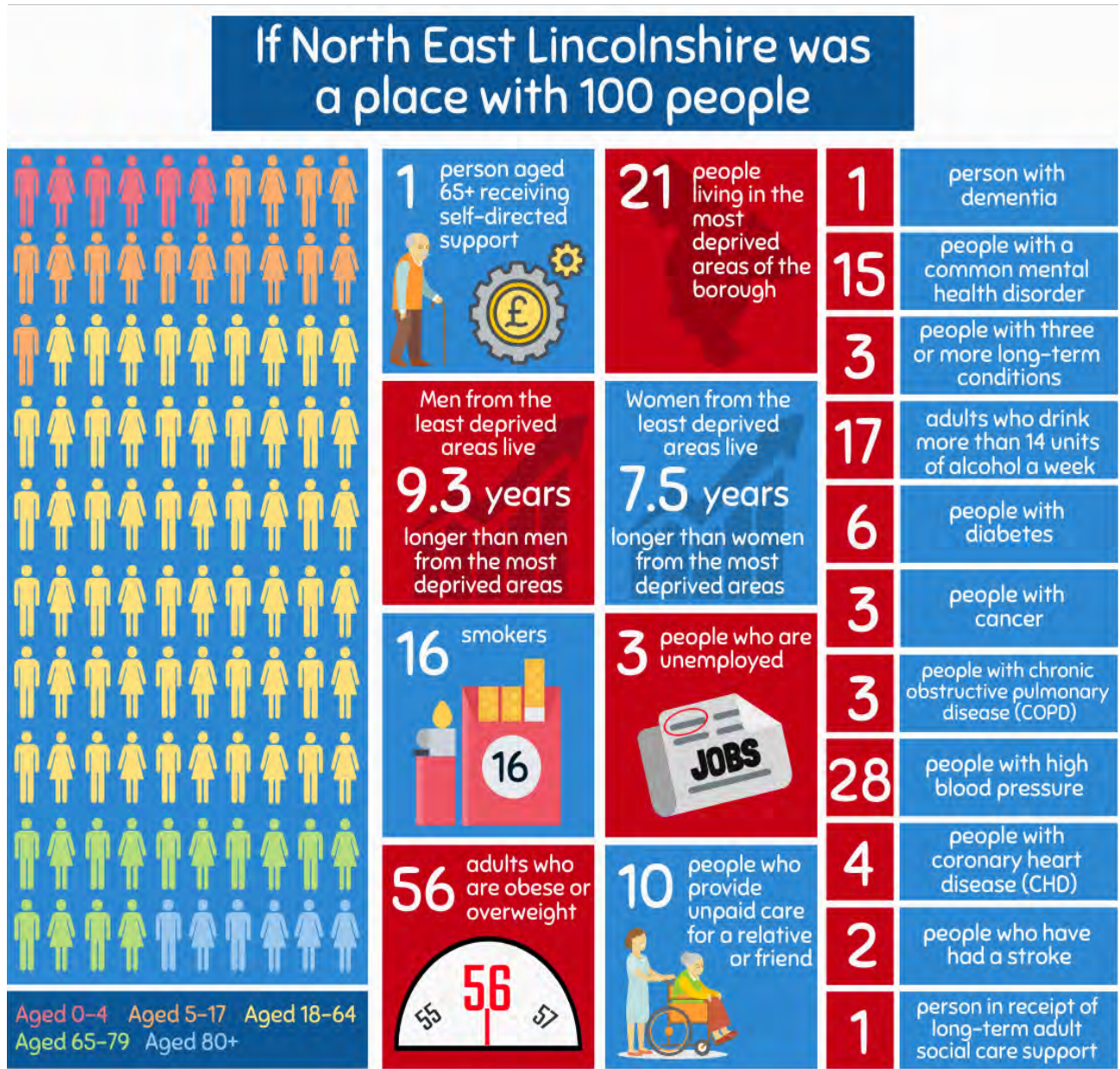
We currently have some areas of strength and some of weakness in 2019 and we will focus our efforts in the short to medium term to build on the strengths and address the weaknesses – please see diagram below





Our local population presents us with a range of challenges in turning the curve on health and wellbeing – from encouraging and enabling people to alter their lifestyles to improve health to providing the right types of care and services to support them during ill health.

The figure below illustrates some of the characteristics of our local population and how it fits together.





Prevention of ill-health...

and moving towards self-care and independent living

Working closely with colleagues in Public Health, we are engaging with communities in the Borough to address some of these challenges and utilising relationships with local voluntary and community sector organisations to encourage individual and community resilience.

Our approach to keeping people well includes:

- Embedding prevention into our service models to help people to stay healthy; and where this is not possible, to slow or halt the progression of disease
- Increasing the resilience of our local people and communities, helping them to cope with change better in the future
- Focusing on particular areas within our Borough where we have significant health inequalities, recognising that these are driven largely by socio-economic factors and therefore we need to work with many partners to address these
- Increasing personalisation of care and support, embracing the fact that none of these challenges can be met if we treat everyone the same, so we need to give people greater control over their own health, care and wellbeing.

We know that alcohol and other drugs as well as smoking amongst our population are creating harm to individuals and those around them, as well as the wider community. The Alcohol and Drugs Strategic Framework and the Northern Lincolnshire Tobacco Control Strategic Framework set out in more detail what we intend to do to reduce the harm associated with these.

We want to prioritise work on prevention so that fewer people start to smoke or drink excessively or take other drugs. Where people already do, we are tackling the issues from a perspective of informed harm reduction – encouraging and helping people to stop or reduce their use of alcohol, other drugs and tobacco through information and practical support such as smoking alternatives (nicotine, replacement therapy, vaping). Evidence shows

that NHS staff have a unique opportunity to influence these behaviours so we are working in hospital and other clinical settings to ensure that interventions are provided whenever someone is identified as a smoker or high alcohol user.

We want to take a population health management approach (which means looking at all the data we have and spotting/addressing problems which apply to large numbers of people in the area).

This approach to population health management will enable us to incrementally increase the quality and length of life for our residents.

We recognise that preventing ill health and promoting healthy lifestyles and wellbeing is the best way to manage population health for our citizens and this aligns perfectly with the aim of the NHS Long Term Plan.

One of the important challenges we face is the high level of obesity, particularly child obesity, in the Borough and we want to take a comprehensive approach to addressing and preventing obesity in order to improve the lives of our residents and reduce the current and future pressures on services.

One of the key initiatives in terms of prevention and addressing health inequalities is our Social prescribing programme (delivered in partnership with a local Voluntary Community Sector (VCS) organisation). This innovative approach is improving the quality of life for people with long term conditions and reducing hospital admissions and unnecessary attendances at GP practices. Based on this, we will be rolling out social prescribing further through our Primary Care Networks.

Progress has been made, but we recognise there is still more to do and that this will take time.



Where we want to be in five years' time

In five years' time we want to have made significant progress in all of our areas of care - these outcomes will need to span 3 axes of care - physical, mental, and social so that we are thinking of people and providing their care in a holistic way.

We will also have made demonstrable inroads into the challenges we face locally and the ambitions outlined in the NHS Long Term Plan.

Building on work already undertaken under the Five Year Forward View we have set out below the progress we are seeking to make in the short to medium term to take us to the half way point in achieving the aspirations set out in the NHS Long Term Plan

All of our specific health outcomes have been determined within the context of the Union and this enables us to take a population health management approach and join up our ambitions for the Borough with the outcomes sought across the patch.

In the next five years, we are looking to achieve the following high level outcomes:

- Cancer – we will reduce preventable deaths via increase in screening uptake and early diagnosis
- Community urgent care – we will increase access to the right care at the right time - focussing on delivering a multi-disciplinary approach to frail patients
- Substance misuse – we will reduce dependency on alcohol and drugs for specific identified cohorts of our population.
- Timely discharge - we will support people to return home promptly following a hospital stay
- End of Life – we will increase the percentage of people dying in their place of choice
- Mental Health - we will reduce by 40% the 20 year gap in life expectancy for under 75s due to physical health issues experienced by people under 75 with severe and enduring mental health issues
- Primary care – we will reduce emergency admissions for ambulatory care sensitive

conditions through enabling an accessible primary care offer which provides proactive and personalised care as well as a timely urgent response, where necessary

- Elective Care – we will enable timely access to specialist episodic care in order to return to optimal health as soon as possible
- We will improve the referral to treatment position to achieve the 92% target across North East Lincolnshire by the end of March 2024
- Medicines Optimisation – we will ensure the deployment of the most cost-effective and clinically safe medicines for each condition
- Maternity/women and children – deliver the best possible start in life for all our children, through targeted midwife and health visitor support to our most vulnerable women and their families/partners
- Prevention – we will reduce preventable periods of ill health by promoting, encouraging and enabling health seeking behaviours for our population, including reducing child and adult obesity
- Adult social care – we will enable each individual to live independently for as long as possible and subsequently enable appropriate care when it is needed

Integral to the delivery of this vision will be:

- the pioneering and developing partnership between the CCG and the Local Authority to create the Union which will become the strategic commissioner for Place
- the development of the joint working between all local providers who have established collaborations to create optimal benefit to service users and the system
- the developing partnership for at scale and

more specialist provision through integrated working between Northern Lincolnshire and Goole Foundation Trust (NLaG) and Hull University Teaching Hospitals (HUTH)

Developing these three strands with the full engagement of local people in local communities, key local providers and commissioners will deliver a shared future which makes the best use of the public sector pound, creating a new reality for our local area via the transformation of what we do now.

A wide range of stakeholders have been involved in the development of this Plan including member practices, partners and the public. In addition, the CCG carries out ongoing engagement across the commissioning cycle which inform and shape our priorities and plans.

Specific community engagement on this Plan has included:

- Starting the conversation at the CCG Way Forward public and stakeholder engagement events (March 2019)
- ‘What would you do?’ engagement carried out

by Healthwatch across the Humber Coast and Vale partnership area (March – June 2019)

- Local plan workshops at Humber, Coast and Vale NHS Long Term Plan engagement event (July 2019)
- Continuing the conversation at the CCG Getting Better Together events (September 2019)
- Feedback from CCG community leads at Community Forum meetings (ongoing)

Key themes from this ongoing engagement have centred around

- Knowledge and Access
- Choice and control
- Independence
- Interacting with your NHS

Ongoing engagement will be facilitated jointly with The Council utilising our strategic approach to engagement which is illustrated below.





Our approach to quality

Health and care partners are facing the combined challenges of rising demand and escalating costs whilst having to maintain and improve quality. In order to achieve high quality services, we put robust challenge to quality of care through our commissioning and monitoring arrangements with our local commissioning and partner providers.

We have agreed four high-level strategic quality aims in 19/20 and will build on these throughout the lifetime of this Plan – these include:

- improving system safety and the safety culture across the Borough to minimise harm to our population (including reducing health care acquired Infection and reducing unexpected mortality)
- strengthening system arrangements for safeguarding children and adults
- developing a quality strategy and improving the tools adopted by the CCG to monitor and drive up quality
- strengthening quality through the workforce.

The combined impact of these strategic quality aims will deliver our commitment to quality and safety and realise quality improvement across North East Lincolnshire.

Children's Strategy

One of the important areas of work for North East Lincolnshire is developing appropriate support and services for children so that they get the best possible start in life. We recognise that we need to ensure we have the correct structures in place to enable this to happen and that between the Council and the CCG we are delivering comprehensive arrangements for children. This will include the work we have already started in relation to special Educational needs and disabilities (SEND). Within the lifetime of this Plan we will be developing a children's strategy to help us do this.

Hospital based services

We want to ensure that we have safe, effective hospital based services that can meet the needs of the local population.

We will do this through the Humber Acute Services Review which is a collaborative review of services in the five acute hospitals in the Humber area, which are:

- Hull Royal Infirmary
- Castle Hill Hospital
- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole Hospital

The review will consider how to provide the best possible care for local people who need to use acute hospital services within the resources (money, staffing and buildings) that are available

to the local NHS. This may include delivering some aspects of care out of hospitals in GP surgeries or other community settings to meet local peoples' needs better.

North East Lincolnshire CCG is actively participating in the review to support the delivery of best possible care for patients in North East Lincolnshire

For people who need short periods of care (episodic care) we will work with the local hospital trust to enable timely access to specialist episodic care in order to return to optimal health as soon as possible. We will improve the referral to treatment position to 92% over the next five years.



Safeguarding

Along with our statutory partners and stakeholders, we will create a strong safeguarding partnership that supports and enables us to work together in a system where children and adults are safeguarded and information and data is shared that enables prevention, early identification and an appropriate system response to safeguarding concerns.

The aims of the new safeguarding partnerships are to fulfill our statutory duties to safeguard and promote the welfare of children, young people and adults, which includes those who live in the area, those who are placed in the area from other authorities and those who are from our area but placed outside of it.

The safeguarding partnerships are committed to delivering our vision by applying these principles:

1. Keeping children, young people and adults safe and well is the focus of everything that we do
2. Ensure that everyone has a voice, is listened to and respected
3. Take ownership and responsibility for safeguarding and challenge and support each other, inviting scrutiny from others too
4. Share information and knowledge, learning from each other and so improve our work continuously
5. Spot issues early and face them together, with courage

In order to deliver our vision, we will review the capacity and resource required and the mechanisms through which strategic leadership will be provided. As part of this, new child death overview arrangements will be established and developed.

Primary Care

The NHS Long Term Plan sets out a transformation for primary and community care to ensure that we can meet the pressures of the future. Our Primary Care Strategy gives more detail of how this will happen.

We are currently actively involved in the development of our five newly established Primary Care Networks (PCNs) and have already made services available across these networks for longer opening times each day. We are supporting them with on site visits to make sure quality and safety of care are the best they can be.

These services include help for people with long term conditions to manage their health better.

We have also made good progress with online consultations – these are currently being offered in 13 of our local practices and cover 59% of the local population.

Over the next five years we plan to build on the PCNs to include a broader range of community and voluntary sector services, supporting provision of the full range of preventative and proactive care services in line with national specifications such as the Cardiovascular Disease (CVD) Prevention and Diagnosis specification.

In line with our population management approach we will also provide targeted support to the people in our neighbourhoods who experience the highest levels of health inequalities.

Overall, we will improve access to primary care through offering a range of access methods, including 'digital first', increasing overall satisfaction with general practice to 85%.

Long Term Conditions

We have already been working for some time to support people with long term conditions to manage their health as best they can. This includes diagnosing people with COPD using appropriate tests (spirometry) once identified and helping them to access services for pulmonary rehabilitation. We benchmark well with other areas in terms of our prevalence in relation to atrial fibrillation and have good anti-coagulation rates for these patients.

We are rated excellent in our Integrated Assessment Framework measures for our local diabetes treatment targets.

Over the next five years, linked to our work with PCNs, we will continue to develop ways of supporting people to manage their long term conditions, including using digital support solutions such as phone apps.

We will work to ensure that services will be seamless for patients so they can continue to get as much quality of life as possible even with their condition. We want at least 80% of people with long term conditions to feel confident in managing their condition effectively.

End of Life Care

Building on previous work, the strategic priorities for care at the End of Life include:

- Early identification – ensuring end of life care pathways are put in place at the earliest suitable opportunity
- Life planning – making sure preparations are in place for the end of life people wish
- Looking after carers – providing information, training and support 24/7
- Last days of life – access to support 24/7 from trained staff and appropriate symptom management – including physical, social, spiritual.

Mental Health & Disabilities

We recognise that there are some continuing challenges for us locally in relation to mental health and disabilities. We are increasing the amount of money we put into these services over the coming years so that we can work towards achieving parity of esteem with our physical health services.

At the moment our Early Intervention in Psychosis (EIP) service offers access to NICE compliant therapies within 2 weeks for people aged 14-35 so that young people can get the crucial treatment they need if they have the frightening experience of psychosis.

We have pressure on our mental health wards for older people which means sometimes people are placed out of area. We also know that we have a low level of recorded physical health checks for people with severe and enduring mental illness or learning disabilities

Over the next five years, we will work to address these challenges and deliver a mental health Team that offers a full range of mental health services for 12-25 year olds, linking in an

integrated way services for children, young people and adults.

This will include delivery of walk-in crisis support through a 'diversion from A&E' model of care with a range of home treatment options across all age ranges and more joined up care for older people in relation to mental health.

Part of this will be building further on the range of care offered by PCNs to include mental health support and ensuring that those presenting at mental health services in crisis are offered a range of community based responses available 24/7.

We will ensure Improving Access to Psychological Therapies (IAPT) services have sufficient skilled capacity to meet the needs of at least 25% people with common mental health issues from a mix of locations across the Borough in line with national planning.

Finally, in relation to improving our overall outcomes in relation to supporting people with mental health issues we will reduce the gap in mortality between those suffering with mental health issues and those who are not.

Children's Mental Health

We want to move to a position where our mental health services are age appropriate and equitable across the board – currently there is a cut-off point at 18 for children and young people and a shift to a different approach from adult mental health services, a transition which can sometimes be problematic.

We do have additional funding at the moment to deliver two mental health support teams to support children and young people within educational settings and we are developing a comprehensive whole school approach for educational settings.

We have good waiting times into our Young Minds Matter service and we are reviewing our children and adolescent mental health and emotional wellbeing service to inform future service developments

The way we work with children and young people with autism and attention deficit hyperactivity disorder (ADHD) is also being reviewed.

In five years' time, as a result of our current work, mental health support teams will be fully operational and providing a menu of support for children, young people and families with sustained funding into the future. The whole school approach will be embedded across educational settings and there will be a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults including children and young people's mental health plans being aligned with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice.

We will support the national commitment of 345,000 additional children and young people aged 0-25 who will have access to support via NHS-funded mental health services and school - or college-based mental health support teams. To help us deliver this we will create a single digital platform for all information advice and guidance, self-care and support for children and young people, parents/carers and professionals.

This will help us achieve increased access to services for children and maintain our good record of 95% of children and young people accessing treatment for eating disorders.

Women, Children and families

We have a commitment to commission high quality local services so that our children have the best start in life; from pre-conception onwards and that they thrive to become happy, healthy, and resilient individuals.

We want our families to be able to access information, advice and support if and when they need it. We want to intervene as early as possible to ensure our families get the right help in the right place at the right time.

We recognise that we have much to do. For example; our levels of breastfeeding and smoking during pregnancy are one of the worst in the country; childhood obesity is high and our recent special educational needs and disabilities (SEND) inspection highlighted significant areas of weakness that require improvement across education, health and social care. Work is underway to address our areas of improvement such as developing a voucher scheme in midwifery for e-cigarettes as an alternative to smoking in pregnancy and re-designing the access pathway for autism and ADHD to ensure that it is NICE compliant and reflects local needs. We recognise too that we need to improve our partnership oversight of safeguarding arrangements and work has begun on this.

Over the next five years we will ensure that most women will receive continuity of care during pregnancy, birth and after the baby is born, especially women who are most vulnerable, who will also have targeted midwife and health visitor support.

We will make use of digital solutions in maternity care, ensuring all women will have access to their maternity notes and information through their smart phones or other devices.

We will make progress towards reducing childhood obesity and ensure that the gap between our most and least deprived areas is significantly reduced.

We will implement the new approach to supporting children and young people with additional needs.

In order to ensure that our system is sustainable in the longer term, offering choice, personalised and safe care, we will work with partners across the Humber region to review the long term model of acute hospital provision for maternity and paediatric services. (we will ensure that there will be at least 51% of women accessing continuity of care throughout their pregnancy and, where needed, increase the number of women accessing specialist community perinatal mental health services.)

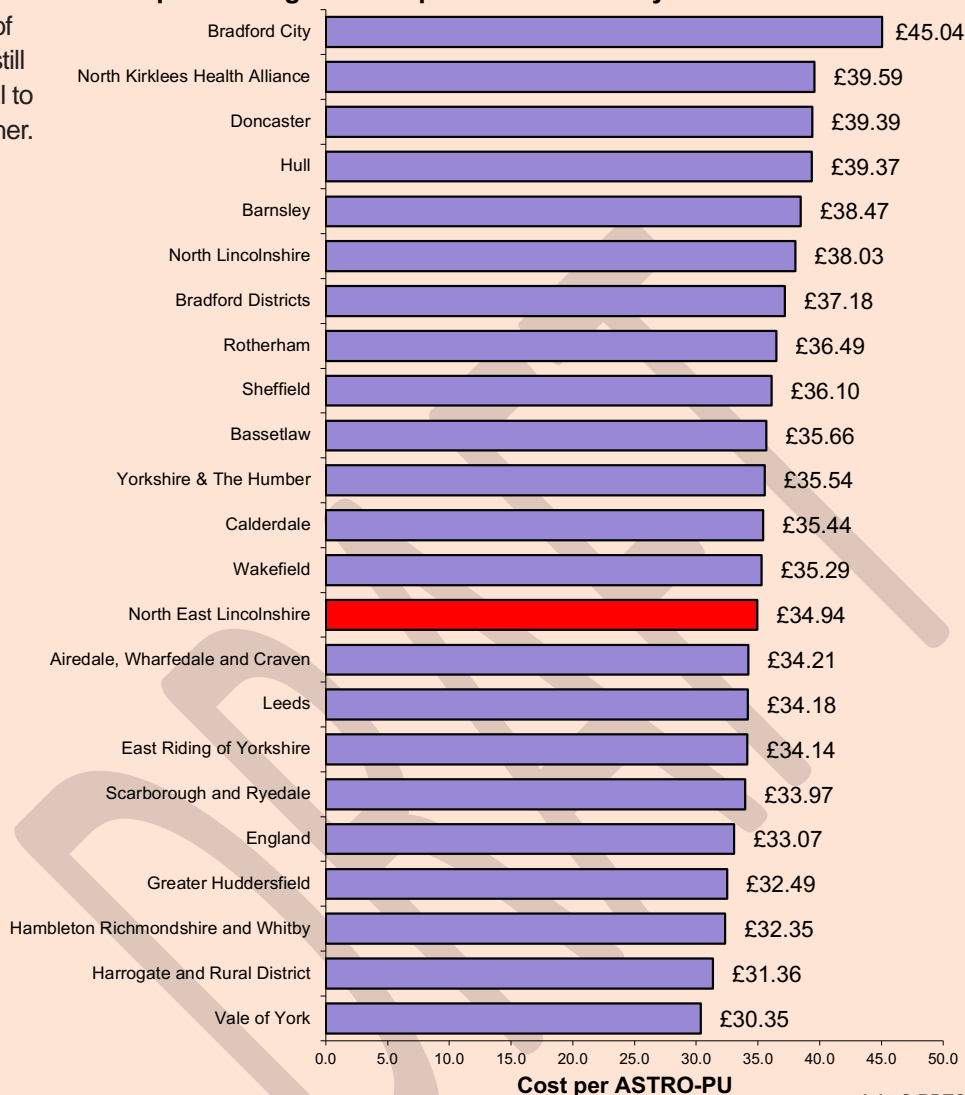


Prescribing

North East Lincolnshire continues to fare favourably in terms of prescribing costs amongst other local CCGs. Going forward we will continue to ensure that prescribing in primary care is safe and of high quality.

This figure shows that we are well placed in the league table of nearby CCGs and still have some potential to decrease costs further.

Yorkshire & The Humber CCGs: Weighted per capita prescribing costs - April 2018 to January 2019



Over the next five years, we will look to create a combined pharmacy workforce across Northern Lincolnshire ensuring people are utilising the most cost effective medicines to meet their needs and help us live within our financial budgets.

We will continue to work innovatively with other local organisations e.g. PCNs, practices and pharmacies to ensure efficiency in the primary care budget and to manage the predicted spending growth, year on year.

Overall we will ensure deployment of the most cost-effective and clinically safe medicines for each condition and achieve the target savings for the CCG each year.

Urgent and Emergency Care

In line with services all over the country, our local services for urgent and emergency care are under pressure. We have high levels of people attending Accident and Emergency (A and E) unnecessarily and a high level of conveyances to hospital via ambulance. We are looking for a lower conversion rate for ambulance call outs which means that more patients will be seen and treated in alternative pre A and E locations.

Ambulance Services

Currently we perform very well in relation to our ambulance handover times, i.e. patients do not have to wait long on an ambulance trolley once they get to hospital.

We want to work with our ambulance service providers to offer improved alternatives to conveying people to hospital. This means paramedics treating people at home or closer to home so that when their condition is not life threatening they do not need to go to hospital and can be treated in a timely manner.

It also means that we will work to ensure a better response at end of life so that the patient's wishes are respected in relation to whether they wish to be resuscitated or not and they can therefore die at home if that is their wish.

Emergency and Non-elective Hospital Care

We are currently seeing an increase in people needing emergency and urgent care and this is presenting a challenge to meet the demand.

We will work to develop an acute assessment unit for medicine and frailty to prevent unnecessary admissions to hospital and we will ensure that a greater proportion of patients are seen in an urgent treatment centre rather than A and E, meaning the specialised clinicians in A and E can focus on the most serious cases. Over the next five years we also want to return to the national performance target of 95% of people being seen within four hours.

Community Urgent Care

Integrated Urgent Care is currently in development in the area so that people can access the right care from the right place at the right time – we want all patients to have access to same day urgent care in general practice, as close to their homes as possible.

In the next five years we will transform our urgent and emergency care services to ensure as much care takes place in the community as possible, relieving pressure on the hospital and enabling patients to be seen in a more timely way – this means we will be able to reduce emergency admissions for ambulatory care sensitive conditions by 11.9%.

Supporting Early Cancer Diagnosis

We recognise that the best way to improve our outcomes for people with cancer is to ensure that we diagnose them as quickly as possible – the sooner people are diagnosed, the sooner treatment can begin and the more optimistic the prognosis will be. We intend to work closely with our colleagues in NHS England, Cancer Research UK and in GP practices to improve uptake for our local screening programmes to identify cancers sooner.

Our hospital based consultants will work alongside primary care offering guidance/information – particularly for colorectal and urology cancers.

We will explore the possibility of regional diagnostic centres in conjunction with the Cancer Alliance, we will roll out lung health checks and we will work to develop a 'hub and spoke' model for lung cancer across NLaG and HUTH in conjunction with the Cancer Alliance.

We are also aiming to meet the national 62 day cancer waiting times targets within the next five years.

Adult Services

A significant piece of work – the Adult Review – has taken place over the last year to establish the current position and future aspirations for adult care in NEL. The main messages are:

- Our systems and services are not working well enough together, or joining up around the person
- We are duplicating assessments, and people are having to give their information more than once
- People find the care and support system confusing and too difficult to get the help they need.



The vision for adult service users in the Borough is:

Adults in North East Lincolnshire have healthy and independent lives with easy access to joined up advice and support which help them to help themselves

The Adult Review has informed the commissioning principles for the CCG/Council Union and these principles will inform commissioning plans for future years.

The 8 priorities within the Adult Strategy are set out in the action plan and key phases of work have been identified:

These include:

1. Information, advice and guidance

We are focusing on developing a place based approach to information and advice; for adult services a programme of work is underway to look at better systems for co-ordinating and updating information which is developed in user friendly language.

2. Assessments

The Adult Review highlighted that too often, services for users are delayed or interrupted by different service professionals undertaking repeated assessments. We want our providers to work together to develop ways of sharing information, simplifying and reducing the number of assessments and effectively co-ordinating services in a way that feels seamless to users.

3. Care at home

During 2020 we will launch our new care at home service. This will offer a more flexible and responsive service that focuses on maintaining individuals' wellbeing and health at home. We want care at home to be a valued part of the health and care service community and integral to the services that will be developed through Primary Care Networks. We want to be able to demonstrate that this service adds value by clearly defining and measuring the achievement of outcomes by users.

4. Housing based help

We will implement the new Housing Assistance and Disabled Adaptations Policy, and we will also look at providing the most appropriate housing solution for people, whether that is at home, in supported housing, in residential care or in

extra care housing. We are currently looking at alternative sites and partners for the delivery of the remainder of the 290 units we think are required locally.

5. Intermediate care

We have commenced and will continue a review of rehabilitation and re-ablement services in the Borough to ensure that people have easy access to re-ablement support when needed to maximise their independence. The review will include the development of options for the delivery of new bed based provision and well as proposing solutions to critical skills gaps and maximising the use of technology and equipment.

6. Voluntary and community sector

We are aware that the voluntary and community sector has a huge part to play in connecting people within communities and providing services that can delay or reduce the need for care and support. We will be looking at opportunities to engage better with the sector and to explore how we can expand our preventative services offer, including day services and digital opportunities.

7. Workforce development

We will initiate a wide range of activities to ensure we build, develop and equip our workforce better across the spectrum of services we offer. We will continue our dialogue with local health and care training providers and educational establishments to ensure that we promote opportunities to work in the care sector and that there is a high quality training offer locally to help meet the local skills gap.

8. Collecting information

We want our health and care providers to work collaboratively on the data systems that underpin the delivery of quality and seamless care and support. In addition, we want providers to ensure that they have embedded the relevant training and competencies that enable the sharing of data and information, including robust understanding in relation to individuals' rights, consent, choice and life plans.

More detail is available as part of the **Adult Strategy**.

Enablers - IT, Estates and Workforce

In order to make any of these changes effectively and sustainably we need to make sure we will have the right locations from which to deliver care, the right staff with the appropriate skill level and that we take full advantage of the technology available to us to help us work in a streamlined way.

Over the next five years we will continue to consolidate and make best use of the properties available to us from which we deliver care and from which we could deliver care differently, for example hospital consultants being able to run clinics in GP practices.

We must also be mindful of making the best use of our clinical staff's skills and training and creating opportunities for local people to take up jobs and careers locally in our health and care system.

We know we have current challenges in relation to recruiting and retaining sufficient skilled staff and this challenge may well increase as a proportion of our workforce retires in the near future. We must ensure that we are creating a pipeline for local talent and thinking creatively about the roles we want to establish which will enable us to deliver effective care in different ways.

We are already and will continue to be alive to the opportunities that IT developments can bring us. We will do everything from enabling patients to manage their long term conditions from their hand held devices, to being able to schedule their own GP appointments online to helping clinicians get access to the best possible, up to date information as quickly as possible so that they can make decisions about treatment and care in the most effective way.

Conclusion

This strategic plan sets out how we will achieve our bold and challenging ambitions for health and social care in North East Lincolnshire for the next five years. The challenges facing North East Lincolnshire as a local health and social care economy reflect the national context and picture of responding to the needs of a population with increasing demands, within a static resource envelope. Our transformational change programmes, operating locally and in conjunction with the Humber Acute Services Review undertaken in partnership with commissioning colleagues and local providers forms the foundation for our strategic vision and delivery of a radical reshaping of care towards preventing ill health and enabling our citizens to care for themselves appropriately and effectively when they do become unwell.

Self care and independent living is becoming more widely recognised as the aspiration and the necessity for the coming years and our efforts must turn to making this a reality. Working collaboratively, making use of all available resources and opportunities, we will realise safe, high quality services which are financially sustainable and fit for the future.



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