

# Integration Self Assessment

Communities PDG

27 January 2017



*Your council working for you*

# Integrated Health and Social Care

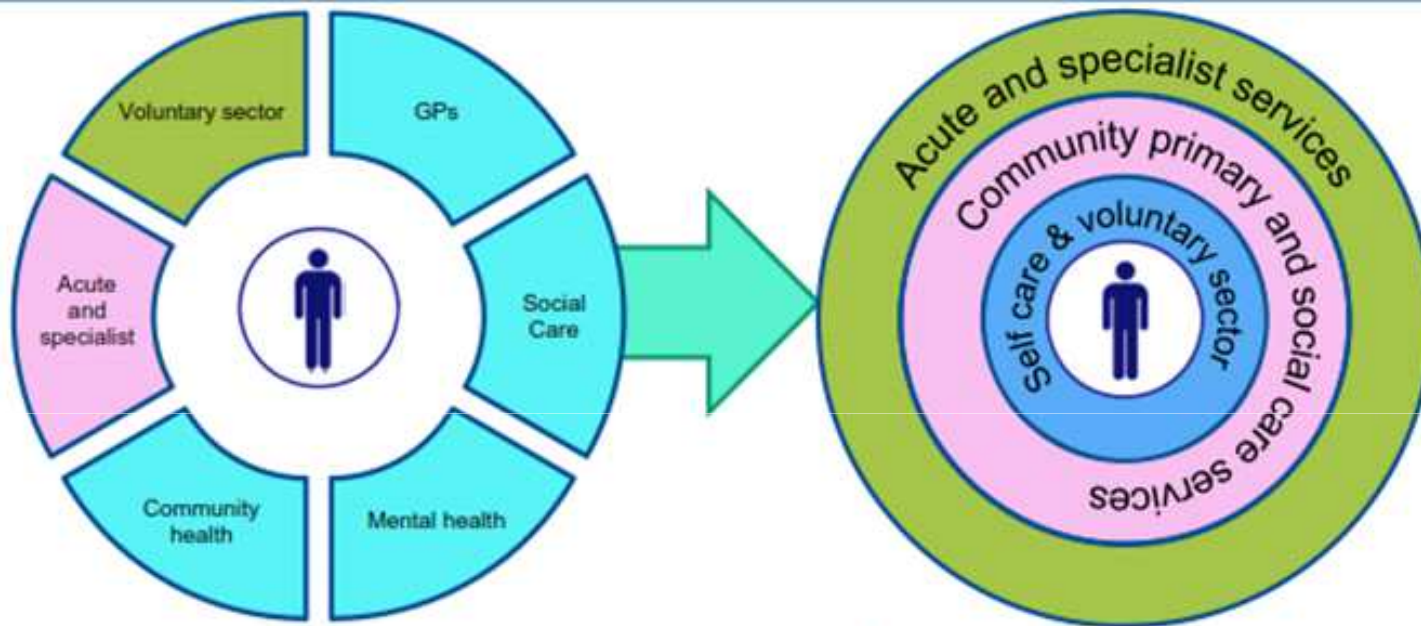
## Why?

- “Shift the focus of health and care services to improving public health and meeting the holistic needs of individuals. Drawing together all services across a ‘place’ for greatest benefit, and investing in services which maximise wellbeing throughout life”
- Requirement that all local areas integrate health and care services by 2020



# What will it look like?

Co-ordinating health and social care services around the individual, so that it feels like one service.



From...

"I have to tell my story multiple times to different people"

"I'm left waiting for services whilst commissioners argue over who pays"

"I don't get a say in my treatment"

"When I'm discharged from a service, I'm not sure where to go next"

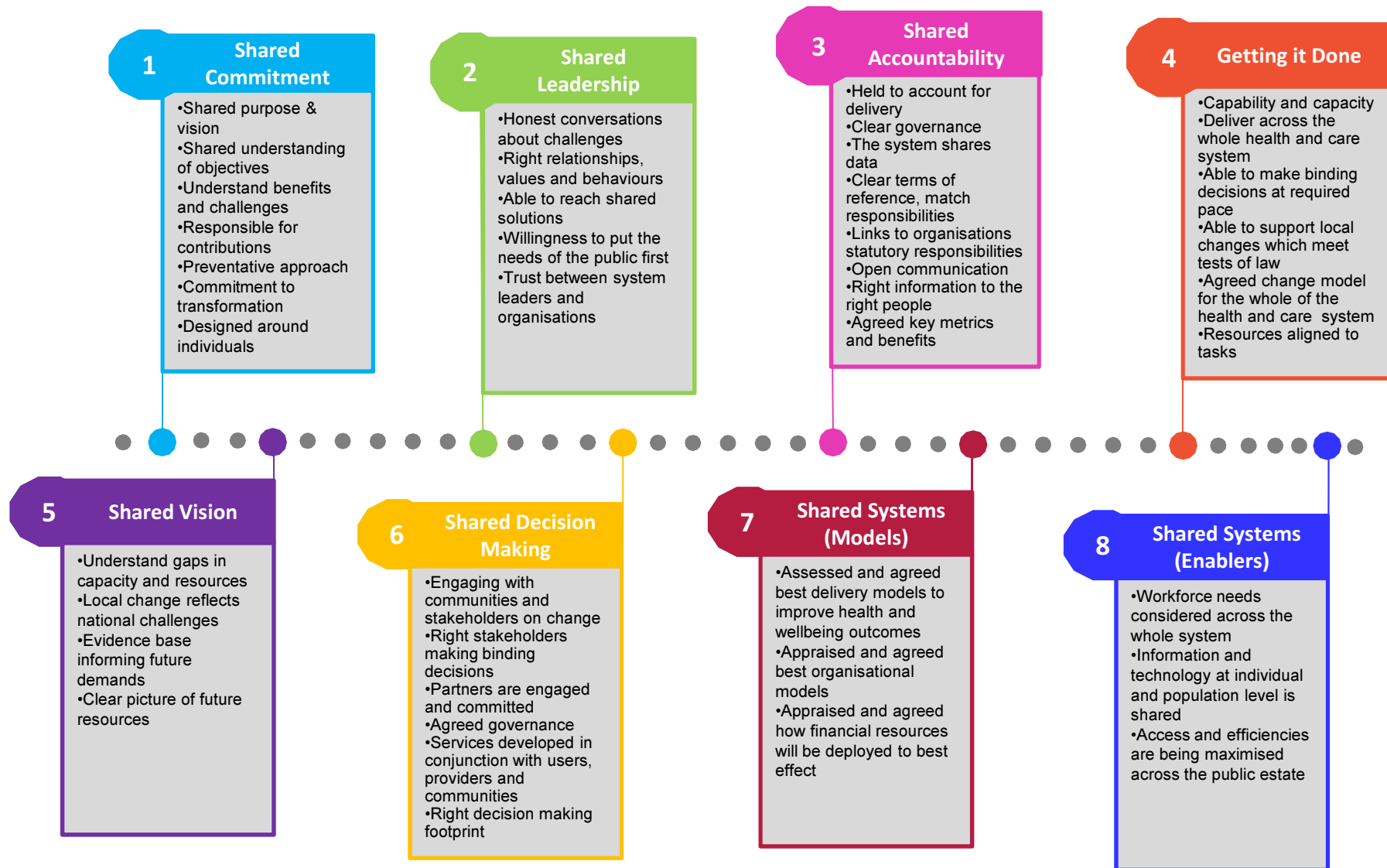
...To

"I completed an integrated care plan, setting out who will provide care and support to me and when"

"I receive more care in or near to my home, and haven't been to hospital for ages"

"I feel fully supported to manage my own conditions and live independently"

# Essential Elements to Deliver Integration



# Opportunities for Improvement

1

## Shared Commitment in Lincolnshire

- Greater emphasis on individuals, less focus on organisations
- Shared objectives that include all stakeholders
- Shared understanding and knowledge of organisational drivers

2

## Shared Leadership in Lincolnshire

- Greater awareness, openness and engagement in agreeing solutions
- Genuine partnership which is open, honest and avoids blame
- Learn from what is working well and share best practice

3

## Shared Accountability in Lincolnshire

- Locally developed action plans are measurable and monitored
- Single accountability so all CCGs, Trusts etc report once as a collective
- Shared messages for Lincolnshire to aid collective lobbying

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## Getting it done in Lincolnshire

- Shared common language which avoids clinical jargon
- Joined up commissioning and joint working to make better use of resources
- Greater focus on delivery

5

## Shared Vision in Lincolnshire

- Clear understanding on how future resources will be allocated
- Partners understand how they fit into the health and care system
- Greater opportunities for discussion / engagement with wider partners

6

## Shared Decision making in Lincolnshire

- A MoU and specific delegated powers from Trust and CCG Boards and the Executive to both the Health and Wellbeing Board and the System Executive Team could simplify decision making

7

## Shared Systems (models) in Lincolnshire

- Neighbourhood teams are the agreed care delivery model, but there is a need for better communication and awareness within localities

8

## Shared Systems (enablers) in Lincolnshire

- More joined up approach to the One Estate Programme and co-location of services
- Implementation of the Care Portal to share data across the health care system
- Stop duplicating roles and resources, making it easier to share these