

# Integration Self Assessment

Communities PDG

27 January 2017



*Your council working for you*

# Integrated Health and Social Care

## Why?

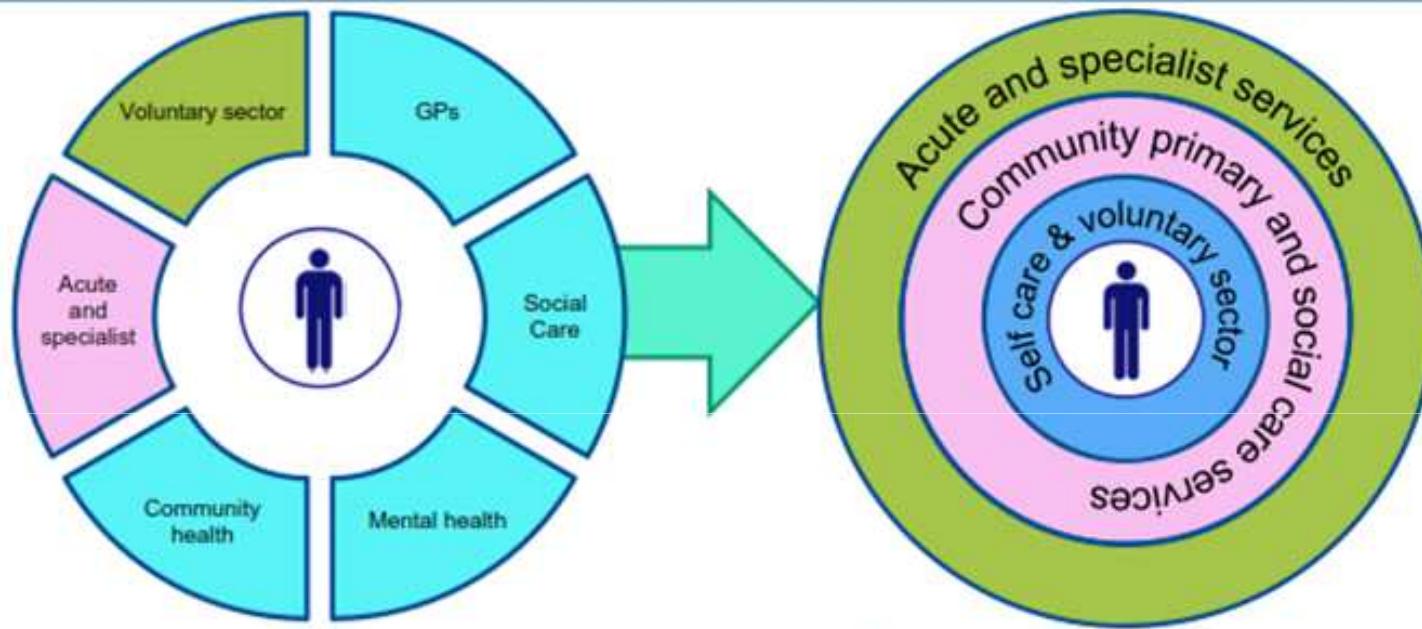
- “Shift the focus of health and care services to improving public health and meeting the holistic needs of individuals. Drawing together all services across a ‘place’ for greatest benefit, and investing in services which maximise wellbeing throughout life”
- Requirement that all local areas integrate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



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# What will it look like?

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



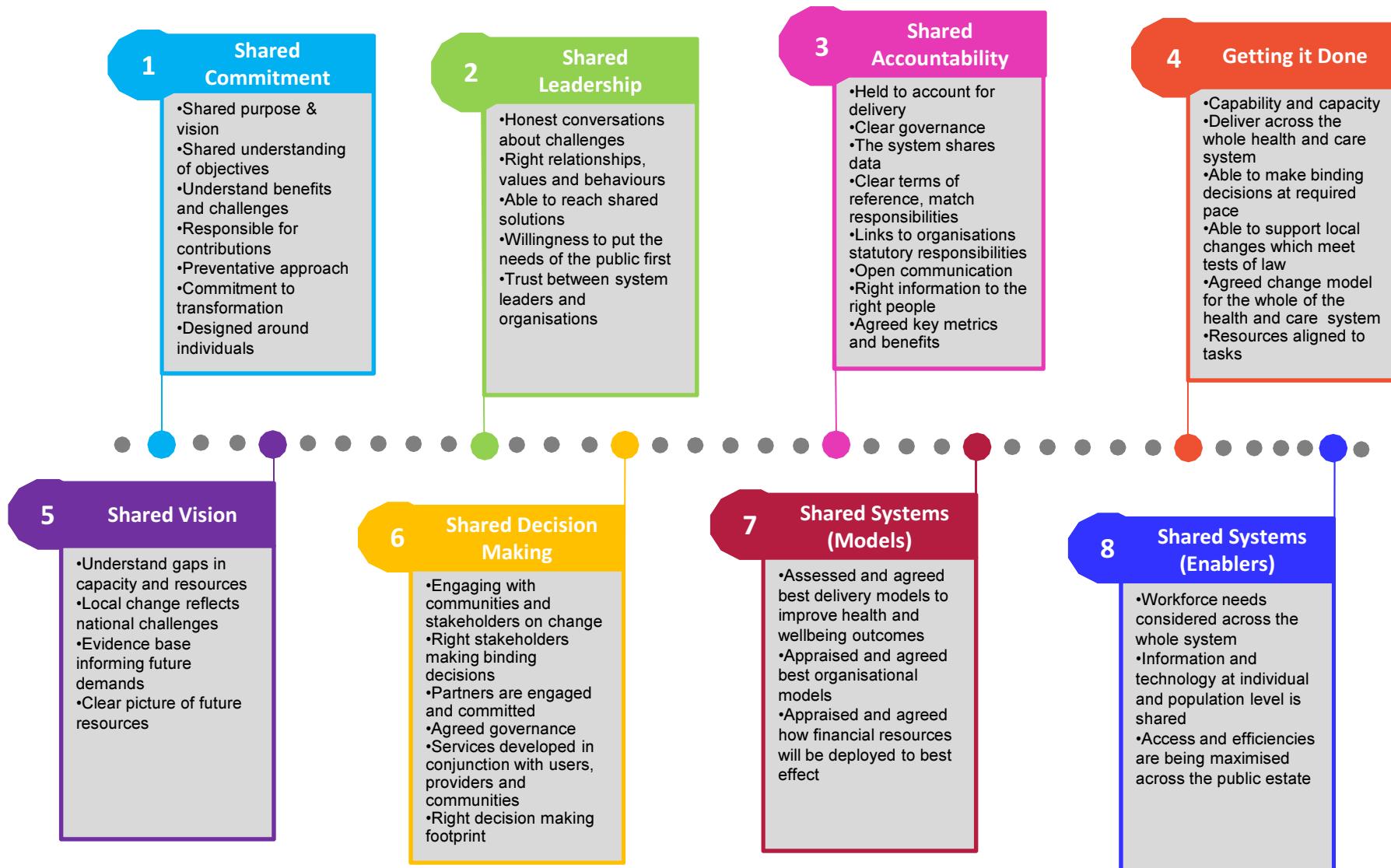
From...

- "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

4

## 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