

Strategic monitoring and oversight - Without evidence, we don't know what is working well and what could work better.

For areas in which we want to **'SHINE A LIGHT'** there are identified lead officers to drive forward partnership action and system change.

As part of this, lead partnerships will be responsible for identifying, monitoring and progress reporting to the IAP, underpinned by relevant **performance data and analysis, practice wisdom, voice and engagement and reviews/reports.**

COMMISSIONING INTENT	PARTNERSHP ACTION AND SYSTEM CHANGE
6 – Targeted support for younger adults	<ul style="list-style-type: none"> ➤ Review of commissioned services and development of communications and engagement to support younger adults to access services
7 – Alternative solutions to live well at home	<ul style="list-style-type: none"> ➤ Implement the Independent Living Centre ➤ Development of the domiciliary care market to support people to remain in their homes
8 – Develop and implement Carer’s Strategy	<ul style="list-style-type: none"> ➤ Carer’s strategy engagement review to ensure co-production ➤ Integration with support for young carers
9 – Reasonable adjustments for people with learning disabilities and/or autism	<ul style="list-style-type: none"> ➤ Specialist care and support for people with learning disability and/or autism. ➤ Housing needs for all disability groups with a range of provisions ➤ Consideration of adjustments required across commissioned services to support all people to access them
10 – Volunteering, employment and befriending opportunities are available for all adults	<ul style="list-style-type: none"> ➤ Establish a local volunteer hub with support to enable all people to access ➤ Review the role of the voluntary sector

These COMMISSIONING INTENTS articulate the areas of focus that the Integrated Adults Partnership will have a **LINE OF SIGHT** on to shape and influence partnership action and system change (and which may be the responsibility of other partnerships and planning frameworks)

SAFE

- Commissioning services to meet the individual needs of **mental health** service users
- Manage the impact of changes to the **Liberty Protection Safeguards**
- Develop a joint approach to supporting people who are **frail**
- Implement the **Integrated Care Service**
- Development of the integrated **Home Care Framework**
- Specialist care and support for people with **learning disability and/or autism**.
- **Housing needs for all disability groups** with a range of provisions
- Implement **Multi Agency Resilience and Safeguarding (MARS)** arrangements.

WELL

- Appropriate support for people with **dementia** and/or have had a **stroke**
- Identify alternative **housing** provision for people living with **dementia**
- Specialist support for people who are **frail and/or elderly**
- Develop an integrated model for **social prescribing**
- **Reasonable adjustments** for people with **learning disabilities and/or autism**
- **Autism diagnosis** and development of an **autism aftercare model**
- Implement the **Independent Living Service**
- Develop and implement **Carer's Strategy**

PROSPEROUS

- Ensure sufficient **intermediate tier** capacity
- **Care home contract and framework**
- **Care home sufficiency**
- Undertake **review of intermediate tier**
- Improved **system flow** and **integrated pathways** on discharge
- Improved **system performance**
- Implement the Humber **Acute Services** review, including the **Out of Hospital Transformation** workstream
- **Volunteering, employment and befriending opportunities** are available for **vulnerable adults**
- Explore opportunities for **integrated commissioning** (NHS North Lincolnshire CCG & North Lincolnshire Council)
- Establish a local **volunteer hub**
- **review the role of the voluntary sector**. E.g. specialist services

CONNECTED

- Transform **digital solutions** to improve access to information and resources
- Develop **total transport solutions** to meet all needs
- Develop a **Joint Section 117 protocol**
- Develop an integrated single point of access (**Gateway to Care**)
- **Primary Care Networks (PCNs)** to be configured and agreed service model in place
- Identify and implement **models of care and support** to align services to PCNs. E.g. Mental Health, social care
- **Integrated case management** for complex needs
- Engage with our community through **People's Voice**
- Implement the **discharge to assess digitalisation project**

We shall do this by robust performance and governance frameworks, compliance and professional best practice, specifications to include corporate social responsibilities and social value outcomes, investment in personal and professional development

Our shared ambition to support and enable our 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 support people in their homes and families bringing specialist services in the community.



WORKFORCE ENGAGEMENT STRATEGY

Will be achieved by...	Being agile in thinking and working practises	Enabling flexible, agile leadership at all levels	Involving the workforce at all levels in decision making	Valuing and recognising achievement	Behaving true to our values - valuing each other
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People, Families, Carers and Communities are at the heart of all we do and by making use of their strengths, assets, views and experiences and by engaging with and working together as partners and with other key stakeholders across the partnership, including the voluntary and community sector, we will co-produce local services and support which meet the needs of local people and help to achieve positive outcomes.

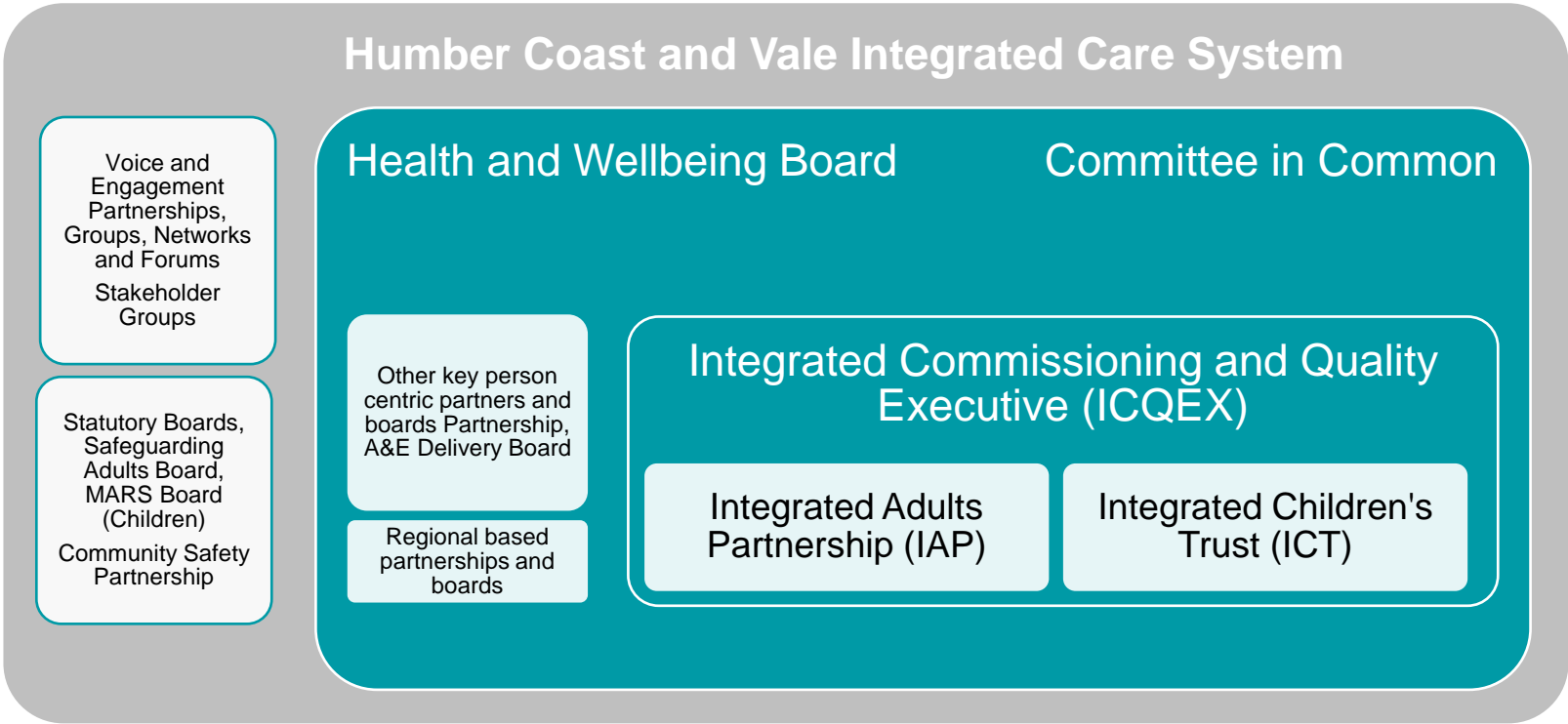
This will be underpinned in our stakeholder engagement which clarifies our commitment and mechanisms for engagement at all levels.

Along with People, Families, Carers and Communities themselves, key partners and stakeholders include the Council, the CCG, health providers, police and the voluntary and community sector.

Lead Partnership – Integrated Adults Partnership.



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Monitoring and Oversight: Priorities – Shine a light

COMMISSIONING INTENT	LEAD OFFICER	Implementation Timeline			
		2020/21	2021/22	2022/23	2023/24
1 – Intermediate tier sufficiency, system flow and pathways	Head of Adult Social Care NLC	Model review and planning based on learning during pandemic period and changes to services required/implementation planning	Full implementation and impact measurement of Early Discharge planning, pre-operative discharge planning, discharge to assess and trusted assessor	Data and outcomes review in terms of rightsizing capacity to meet rehab and reablement demand, pathway and integration updates	Impact measurement and capacity forward planning
2 – Residential Care placements sufficiency review	Head of Social Work and Assurance NLC	Care Home Support plan in place. Sufficiency review with new contract for 3/21 implementation. Short stay assessment and enablement provision implementation	Full implementation of Care Home Framework and contract and impact assessment of Short Stay provision	Data and outcomes review in terms of rightsizing capacity to meet demand, pathway and integration updates	Impact measurement and capacity forward planning
3 – Frail and Elderly	Head of Strategic Commissioning CCG	Alignment of local plans to HASR Out of Hospital Programme. Transformation of frailty pathways. Development of integrated Frailty strategy and integrated frailty pathway. Integrated Care Centre business case	Implementation of Integrated Care Centre, impact assessment of Integration	Data and outcomes review, pathway and integration updates	Impact assessment, Data and outcomes review, capacity forward planning
4 – End of Life Care (EoLC)	Transformation Programme Lead CCG	Map new EoLC pathways, EoLC strategy update, implementation of RESPECT model and EPaCCs (electronic Palliative Care Coordination System), ongoing impact	Implement new EoLC pathways	Impact assessment, data and outcomes review	Review and refresh EoLC pathways
5 – Integrated model for social prescribing	Head of Participation and Achievement NLC	Full Implementation of model	Impact assessment, Data and outcomes review	Impact assessment, Data and outcomes review	Impact assessment, Data and outcomes review, capacity forward planning

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		2020/21	2021/22	2022/23	2023/24
6 – Targeted support for younger adults	Head of Social Work and Assurance NLC, Principal Manager Commissioning NLC, Head of Strategic Commissioning CCG	Service review and engagement including learning during pandemic period and changes to services required and implementation planning	Full implementation and initial impact measurement	Data and outcomes review, Impact measurement and capacity forward planning	Impact measurement and capacity forward planning
7 – Alternative solutions to live well at home	Head of Adult Social Care and Head of Social Work and Assurance NLC	Independent Living Centre implementation, Domiciliary Care Market development support strategy and implementation plan	Full implementation and initial impact measurement	Data and outcomes review, Impact measurement and capacity forward planning	Impact measurement and capacity forward planning
8 – Develop and implement Carer’s Strategy	Head of Adult Social Care, Principal Manager Commissioning NLC	Carer’s strategy development through co-production, integration with support for young carers	Full implementation and initial impact measurement	Data and outcomes review, Impact measurement and capacity forward planning	Impact measurement and capacity forward planning
9 – Reasonable adjustments for people with learning disabilities and /or autism	Head of Strategic Commissioning CCG and Head of Social Work and Assurance NLC	Specialist care and support pathway development and implementation, integration across services to support access	Full implementation and initial impact measurement	Data and outcomes review, Impact measurement and capacity forward planning	Impact measurement and capacity forward planning
10 – Volunteering, employment and befriending opportunities are available for all adults	Head of Participation and Achievement NLC	Full Implementation of model	Impact assessment, Data and outcomes review	Impact assessment, Data and outcomes review	Impact assessment, Data and outcomes review, capacity forward planning

We have a commitment to listen, learn, review and adapt and we will demonstrate our success in improving outcomes for our residents through **performance data and analysis**, **practice wisdom**, **voice and engagement** and **reviews/reports**.

Outcomes Based Accountability principles underpin our approach and five key questions inform our monitoring, evaluation and next steps planning:

1. What is the outcome we want for residents
2. What is the curve we want to turn – what does success look like
3. What is the story behind the baseline – where have we been and where are we headed
4. How much did we do, how well did we do it and is anyone better off (performance measures)
5. Are we making a difference (indicators, voice/experiences)

Progress relating to the areas of focus, where we will '**shine a light**', will be regularly presented to the **Integrated Adults Partnership** by the relevant leads.

For areas where there is a '**line of sight**', progress reports will be presented to the Integrated Adults Partnership on an exceptions basis at the request of or by agreement with the Integrated Adults Partnership.

An annual progress review of this strategy will be developed and presented by the Integrated Adults Partnership to the **Integrated Commissioning and Quality Executive** to consider the effectiveness of the commissioning intents and to shape and influence partnership action.

CONTACT US:

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