

# Talking, Listening and Working Together

North East Lincolnshire Health and Care Partnership

July 6th, 2022



# Welcome

- Housekeeping
- Session plan
- NEL Health and Care Partnership Professional Forum
- How it works and what clinicians will be focussing on
- Transforming care – Virtual Wards
- Look at options for Citizen engagement and how we can make it work for NEL
- Building on what you told us last time
- PALS – Andrea
- Questions

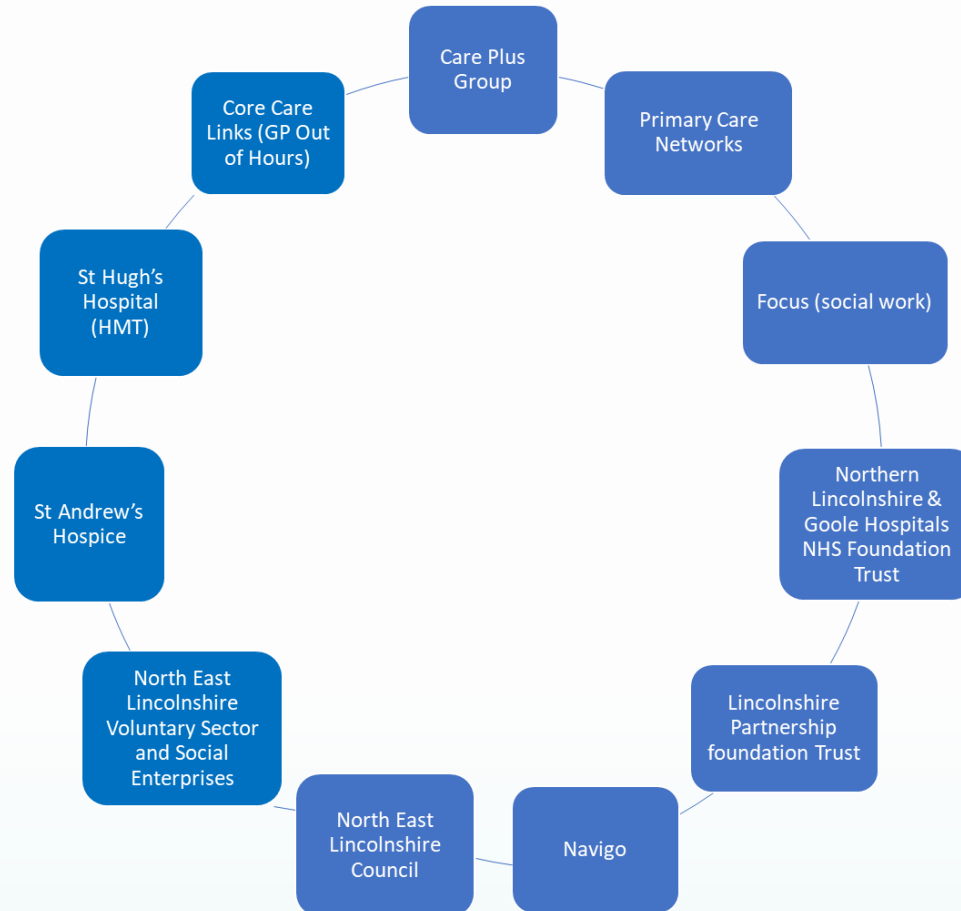


# Humber and North Yorkshire Integrate Care System (ICS)

- Friday July 1st, 2022 – Humber and North Yorkshire Integrated Care System became an NHS statutory body with an Integrated Care Board (ICB)
- All of the responsibilities for planning and contracting of health services have now transferred to the Humber and North Yorkshire ICB
- Responsibilities and funding for some services and outcomes will be delegated by the ICS to collaboratives and places
- Collaboratives – joint working on large scale
- Places – services best developed and delivered at local level (NEL)



# NEL Health and Care Partnership



# Professional Forum and Citizen's engagement

Dr Ekta Elston, Clinical Lead for NEL Health and Care  
Partnership



# Main aims of the Professional Forum

- Decide what needs to be done in NEL health and care system to help ALL our patients
- Prioritise what needs to be done
- Use Population data, patient and staff engagement to help us determine what and how it should be done
- Support and Empower our workforce to work together to work out what needs to change, how and then do it
- Use information – data and stories/cases to drive and review the changes
- Develop a culture of continuous learning and quality improvement



# NEL Professional Group

- HCP Place Clinical Lead
- Clinical leads for each Collaborative /Sector
- Hospital(acute), mental health, community, Private sector, Hospice, social care
- Public Health Consultant
- Clinical leads for Quality
- PCN Clinical lead
- HCP service +- clinical leads for urgent care / intermediate care / primary care / mental health / W+C / LD and SEND / Elective care



# Team of Teams in NEL HCP

- Urgent care + Emergency Care
- Intermediate and transitional care – care and support for episodic
- Integrated community Teams - disease prevention/ management
- Elective care – planned medical and surgical
- Safeguarding – all age
- Mental Health – all age
- Women & Children's
- Learning Disability & SEND – all age





# Approach

- Align our priorities to our Team of Teams
- Develop data dashboards for each Team and their priorities so they can see how they are doing, what they need to change.
- Align HCP/CCG management and Clinical Leads to support Team of Teams and therefore each workstream within it
- Ensure current workstreams aligning to the Team of Teams and Priorities
- Design Framework for each workstream to ensure working towards principles of HCP
  
- This begins to hold each team of teams accountable for their priorities and delivery of it, and getting teams across organisations to start working together ...





## Prof Forum – together we are the conductors

- Inspire clear vision for NEL
- Bring out the best in people at the right time
- Delegate
- Passionate
- Visible
- See the bigger picture
- Join the dots
- Problem solve



# Team of Teams

- Urgent care + Emergency Care
  - Ambulance handover
  - A+E and Urgent Care Centre
  - GP OOH
- Intermediate and transitional care – care and support for episodic
  - Virtual wards
  - 2 hour community response
  - Intermediate care at home, Cambridge Park
- Integrated community Teams - disease prevention/ management
  - Integrated working between primary care and community nursing
  - Social prescribers working with Thrive
- Elective care – planned medical and surgical
  - Outpatients – recovery of backlog
  - Surgery – recovery of backlog
  - CDC



# Team of Teams

- Safeguarding – all age
- Mental Health – all age
- Children and Adolescents mental health and support
- Eating disorders
- Suicide prevention
- Women & Children's
- Acutely ill child, virtual wards
- Smoking in pregnancy
- Learning Disability & SEND – all age



# Citizen's engagement

- Regular Programme of updates of workstreams from different teams
- Ensure input from CE during process of development and not just the end
- Ensure of input from people interested in certain areas, or people from particular groups
- Opportunity to ask questions, comment and flag areas that need to be considered



# Virtual Wards

## Background

- National requirement to deliver 40-50 VW beds per 100k population,
- For NEL this is **56 VW beds by Dec 2023** (based on local GP-registered population of 16yrs and over)

## Ambition

- To use a provider collaborative approach for the delivery of virtual wards that will achieve a significant and sustainable shift from hospital to home-based care, when it is safe to do so
- The plan will need digital infrastructure, remote monitoring, shared care planning, and diagnostics access



# Phase 1: Initial focus

- Re-purpose existing Covid VW beds (x12) to Respiratory - lower intensity patients with Acute Respiratory Illness/Infection eg COPD exacerbations, inc frail
- By winter - increase capacity to x16 Respiratory VW beds plus x4 existing OPAT VW beds = 20 TOTAL
- This is achievable within current resources with integration and interoperability of existing services and workforce
- Over time this will evolve to include other areas (subsequent phases)



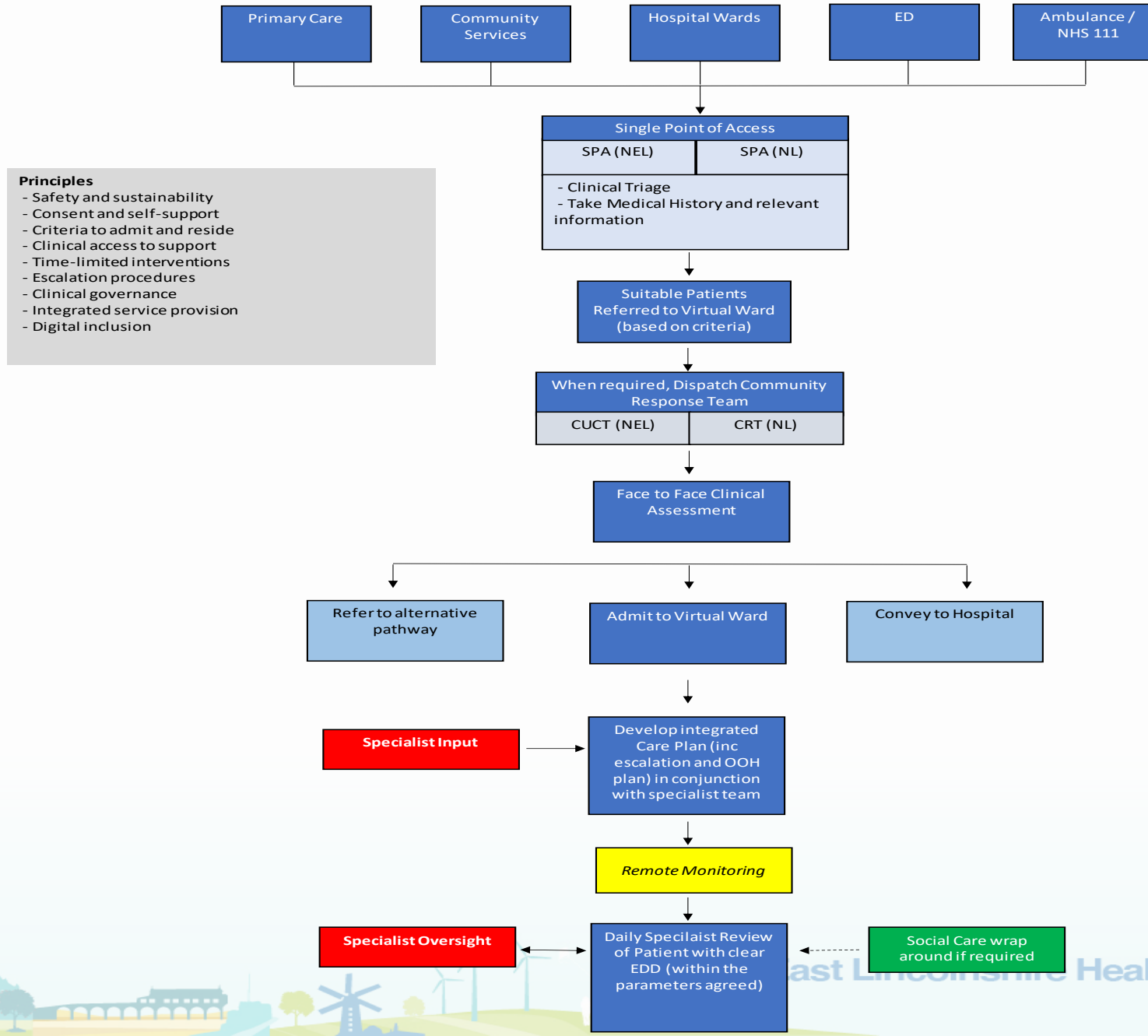
# Key Principles

- Consistent approach to prioritising pathways
- Need for clear inclusion/exclusion criteria
- Clear escalation processes
- Planned LOS and E.D.D
- Patients will step up or down
- Management will be overseen by a specialist
- Operating arrangements at the interface between professional and organisational boundaries to be clear with integrated SOPs

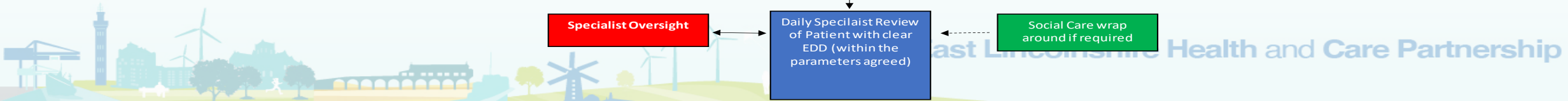




This will be aligned to whole system end to end high volume pathways with clarity of roles and responsibilities, interoperability between services and



- Principles**
- Safety and sustainability
  - Consent and self-support
  - Criteria to admit and reside
  - Clinical access to support
  - Time-limited interventions
  - Escalation procedures
  - Clinical governance
  - Integrated service provision
  - Digital inclusion



# Workforce Profile

- Clinical Lead Specialists – Respiratory and Frailty
- Community Nurse
- ACP Social
- ACP Nurse
- OT
- Physio
- Assistant Practitioner
- Senior Social Worker
- Senior UCP
- Senior Urgent Care Triage Clinician
- Pharmacist
- Pharmacy Technician
- Admin/Care Coordinators



# Questions for Discussion groups

- What are your initial reactions to the concept of Virtual wards?
  - Why?
- Based on your experience or experience of others, what do you think are important considerations to take into account when developing this service?
- What would make you or someone you know, feel more confident with being in a virtual ward rather than hospital ward?
- What circumstances would you be more or less likely to want to be in a virtual ward vs hospital ward?
- Which patient groups do you think this will be a particular problem with or particularly suit?





Comfort Break

# Feedback from your groups

