

# Talking, Listening and Working Together

North East Lincolnshire Health and Care Partnership

June 15<sup>th</sup>, 2022

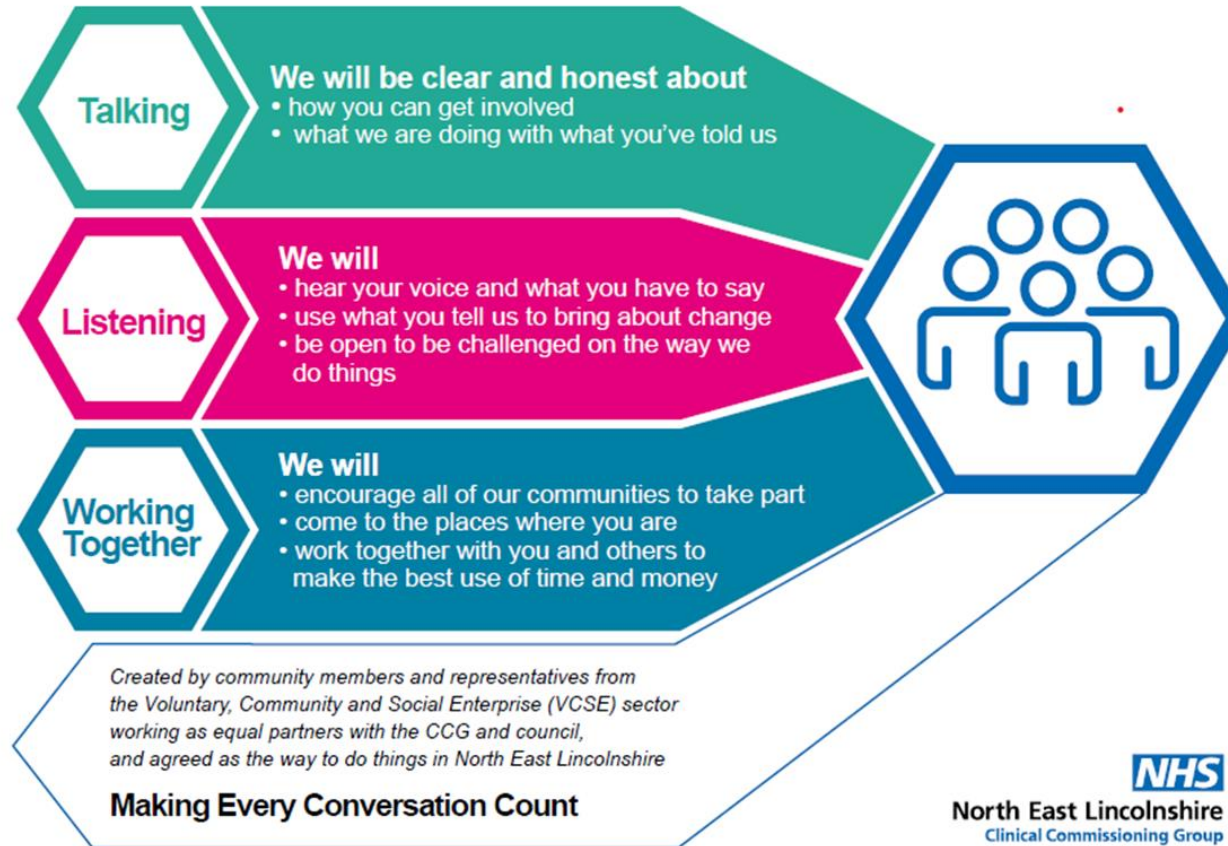
# Welcome

- Housekeeping
- Session plan
  - Recap of last session and what you told us
  - NEL Health and Care Partnership Values and Strategy
    - Your views
  - After break explore how you can have your say and be involved in shaping future health and care service plans
- Help us to get it right - NHS jargon!
- PALS
- Forms, forms and more forms!
- Next steps

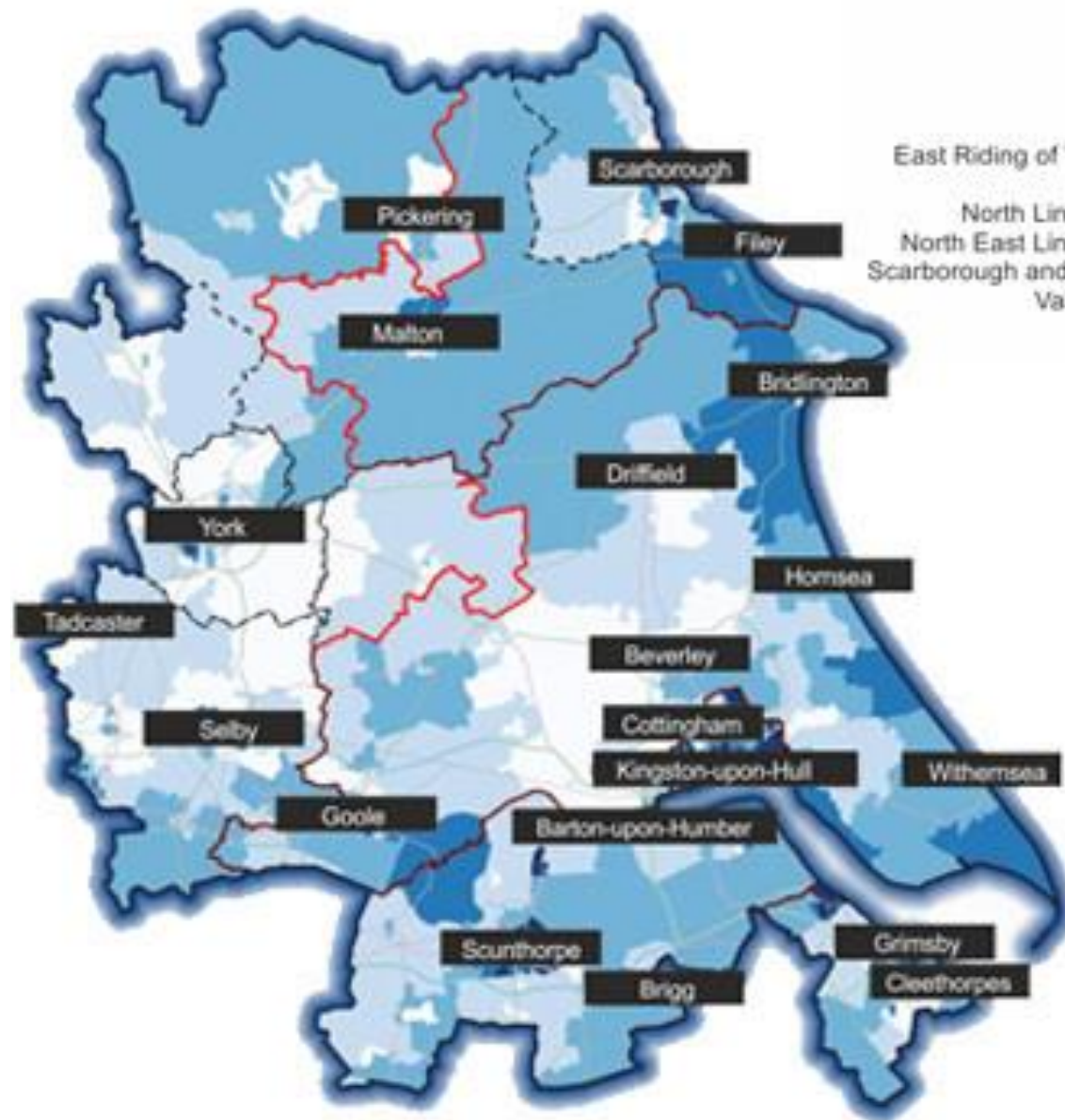


# Recap of last session

## The North East Lincolnshire Commitment



# Integrated Care System (ICS) = Humber and North Yorkshire



East Riding of Yorkshire Clinical Commissioning Group  
Hull Clinical Commissioning Group  
North Lincolnshire Clinical Commissioning Group  
North East Lincolnshire Clinical Commissioning Group  
Scarborough and Ryedale Clinical Commissioning Group  
Vale of York Clinical Commissioning Group

*01/07/2022 this will become the statutory NHS body, with an Integrated Care Board (ICB)*

*Current Clinical Commissioning Groups (CCG) will no longer exist*

*All of the responsibilities for planning and contracting of health services will transfer to the Humber and North Yorkshire Integrated Care Board*

How will the ICS deliver on its responsibilities?

Humber and North Yorkshire

**Partnerships and collaboration**

Provider Collaboratives  
(joint working on larger scale services / sharing best practice)

*Responsibilities and funding for some services and outcomes will be delegated by the ICS to collaboratives and places*

Geographical Places x 6  
(services best delivered at very local level)

Mental Health  
Primary Care  
Community  
Acute  
Voluntary Community and Social Enterprise Sector (VCSE)

North East Lincolnshire Joint Committee

# NEL Health and Care Partnership (HCP)





# You said - about Engagement and Communications

- **What works well**

- Build relationships with community groups
- Emails
- Face to face meetings, presentations, workshops
- Memberships - Newsletters/communications
- Digital engagement
- Patient Participation groups
- Talking to staff health and care staff at hospitals, GP practices, mental health practitioners etc

- **Not so well**

- Leaflets
- Public meetings – too many acronyms and make it feel inaccessible to lots of people
- Sometimes emails are irrelevant and should be sent in a more targeted way

- **We also talked about the Community Diagnostic Centre - feedback sent into clinicians developing these plans**

<https://nelccg-accord.co.uk/talking-listening-working-together-feedback-from-the-april-workshop/>

- **Ways to involve 'seldom heard'**

- **Technology**

- Better use of social media
- Zoom events - younger people/working age an opportunity to get involved
- Enabling people to join/engage in meetings digitally, without having to be seen or heard
- Not everyone has access to technology one way doesn't suit all

- **Access**

- Face to face – To get to people who aren't on email, social media
- Keeping surveys 'short and sweet'
- Think about when meetings are held as well as where
- Ensure information is simple and easy to understand
- Ensure we feedback to people who have been involved

- **Face to face**

- Going out into our communities and talking to people
- Engaging with young people who have attended for Covid vaccines
- Think about who is asking

- **Listening**

- Placing an emphasis on working with people not 'doing to' them.

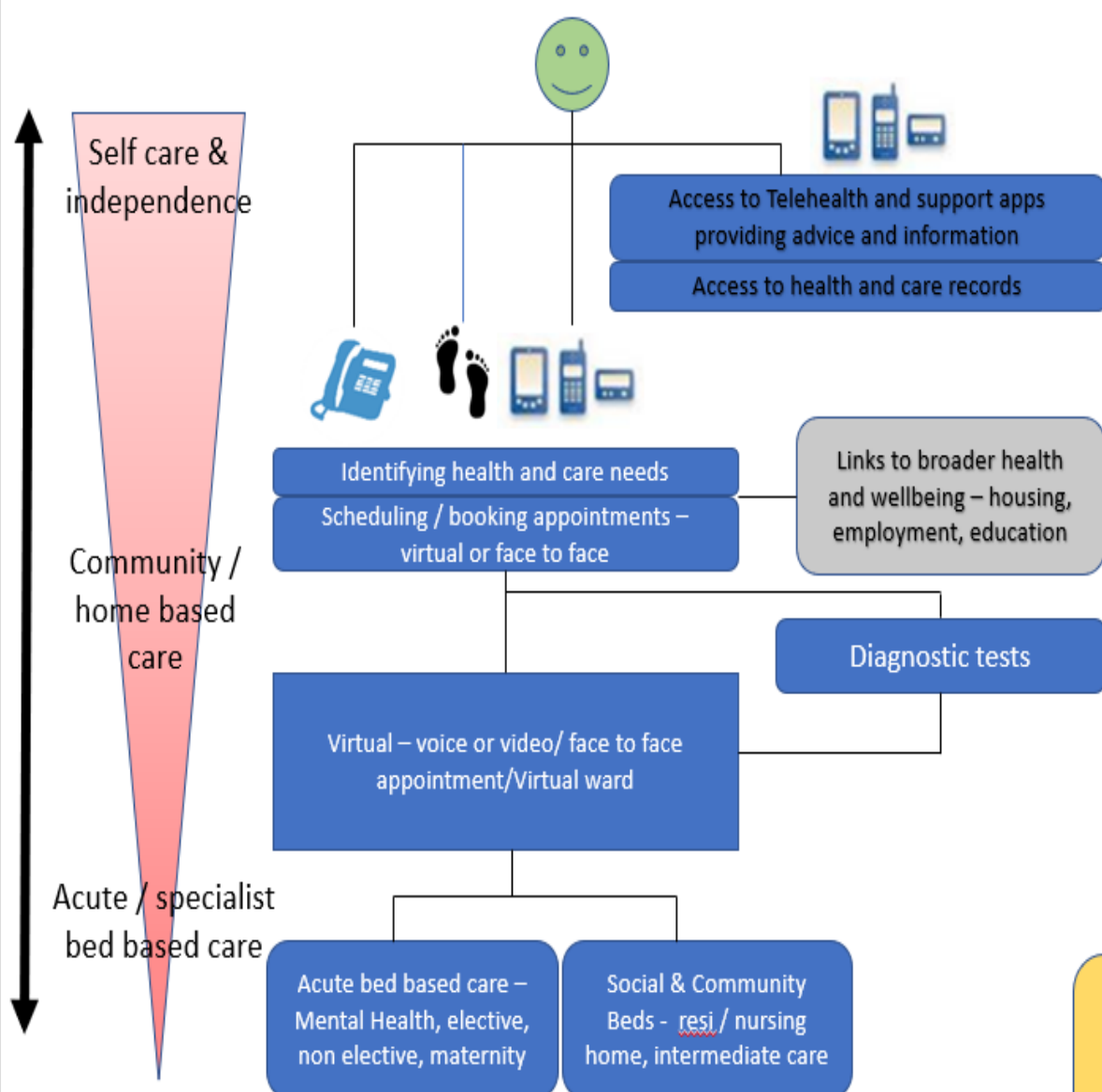


# North East Lincolnshire Health and Care Strategy

Helen Kenyon, NEL Place Director (Designate)



# Integrated Place Based Care – 24/7 to meet health and care needs



By Who

Enabled by

People and their carers

Communication apps - instant messaging voice / video imaging

GP practice-PCN / 111 / SPA (community, MH & Social care)

Ability to book into each others schedules

Aggregated health and care Record

Social primary and community (inc MH) coordination

Core team – GPs , nurses, social workers , community Mental Health, social prescribers

Access to specialist advice and support for escalation

Extended team – Community Consultants, specialist Mental Health workers , Voluntary sector

Specialist teams – Acute and Mental health

Care at home/ residential care providers supported by Core and Extended teams

Communication tools to aid joint work across the place and specialist teams - instant messaging / any to any booking etc

# A simple guide to the integrated place-based care

Type of care	Who provides the care?	What will make it work?
<b>Self care and independence:</b> Keeping well, managing conditions and treating minor illnesses and injuries at home with advice and guidance. Access to your records and advice at the touch of a button	People and their carers	Personal technology – health information apps, instant messaging, and sharing images.
<b>Extra support in the community:</b> Appointments and diagnostic tests. Support for things that can affect how people feel, such as housing, employment, community and education. Specialist care and extra support at home through virtual wards.	Teams: GPs, nurses, social workers, mental health support workers and social prescribers. Back up from specialists and voluntary sector.	Detailed patient records and sharing information easily between professionals will make this happen.
<b>Specialist or bed based care:</b> Stays in hospital for planned or emergency care; acute mental health episodes or maternity care. Social and community beds for people who don't need to be in hospital but are not well enough to return to where they usually live.	Teams: acute or mental health clinicians and community or residential home staff. Extended teams: GPs, nurses, social workers, mental health support workers, voluntary sector.	Instant messaging and tools to improve communication between teams will make this happen.

## What will the benefits be for people receiving services?

- There will be one team, no referrals, no waits.
- Individuals are informed about their treatment journey and are therefore more in control. An informed wait is a better wait.
- Services will be joined up and will support the individual, those who matter to them and who work for them.
- Services will be digitally enabled and supported when possible.
- Health and care services will link in with broader services where needed to support an individual. For example, housing or education.
- If you need access to diagnostic tests, these will be in the community.
- Hospital will be the last point of care, not the first.

## Our Values

We have set out what we think our shared values should be to ensure we work with each other in the best possible way

### **Collaboration**

we work together to do it once, together, where possible.

### **Accountability**

we measure our achievements and challenge our own performance

### **Flexibility**

we listen, learn and change where needed

### **Integrity**

we strive to earn the trust of our communities and staff by acting fairly and with their best interests at heart

### **Empowerment**

our staff, communities, service users and patients will play an active part in their own wellbeing as well as being involved in shaping the services that support them.

### **Responsibility**

we share responsibility for supporting people living in North East Lincolnshire to get the most out of their lives

### **Commitment**

we are committed to Talking, Listening & Working Together

# Group discussion

On your table discuss the information shared by Helen and consider:

- Have we explained enough about what we are trying to achieve in integrated place-based care in North East Lincolnshire?
- What do you think are the benefits of this approach for:
  - o Patients
  - o Families
  - o People who work in health and care
- Thinking about the 'biggest' area of the triangle 'self-care and independence' what needs to happen to enable people to manage their own health well?

Facilitators to feedback key themes from each question considered





Comfort Break



# Community (Lay) member on the North East Lincolnshire Health and Care Joint Committee

- A lead role in championing community engagement and public involvement
- NEL Health and Care Joint Committee (JC) will be a formal joint committee of NEL Council and the Humber and North Yorkshire Integrated Care Board (ICB). The JC will act as the strategic governing body for the NEL health and care system
- Lay member will bring specific expertise and experience, as well as their knowledge as a member of the local community. Their focus will be strategic and impartial, providing an independent view from a community perspective.
- Lay member will also
  - Help to ensure that public and patient involvement is integral to the operation
  - Ensure governance of the JC's and wider system's responsibilities;
  - Ensure that the voice of the local population is heard and that opportunities are created and protected for public and community empowerment
- Salary: £10K per annum (c2.5 days per month), term of office is 2 years
- Eligibility criteria: must live in the local community and be a member of Accord <https://nelccg-accord.co.uk/>
- Closing date for applications – Midnight June 19th, 2022
- For more information visit [www.nelincs.gov.uk/jobs-training-and-volunteering/](http://www.nelincs.gov.uk/jobs-training-and-volunteering/)

Proposed Health and Care (HCP)  
Partnership Governance

NEL Health and Care  
Partnership Board

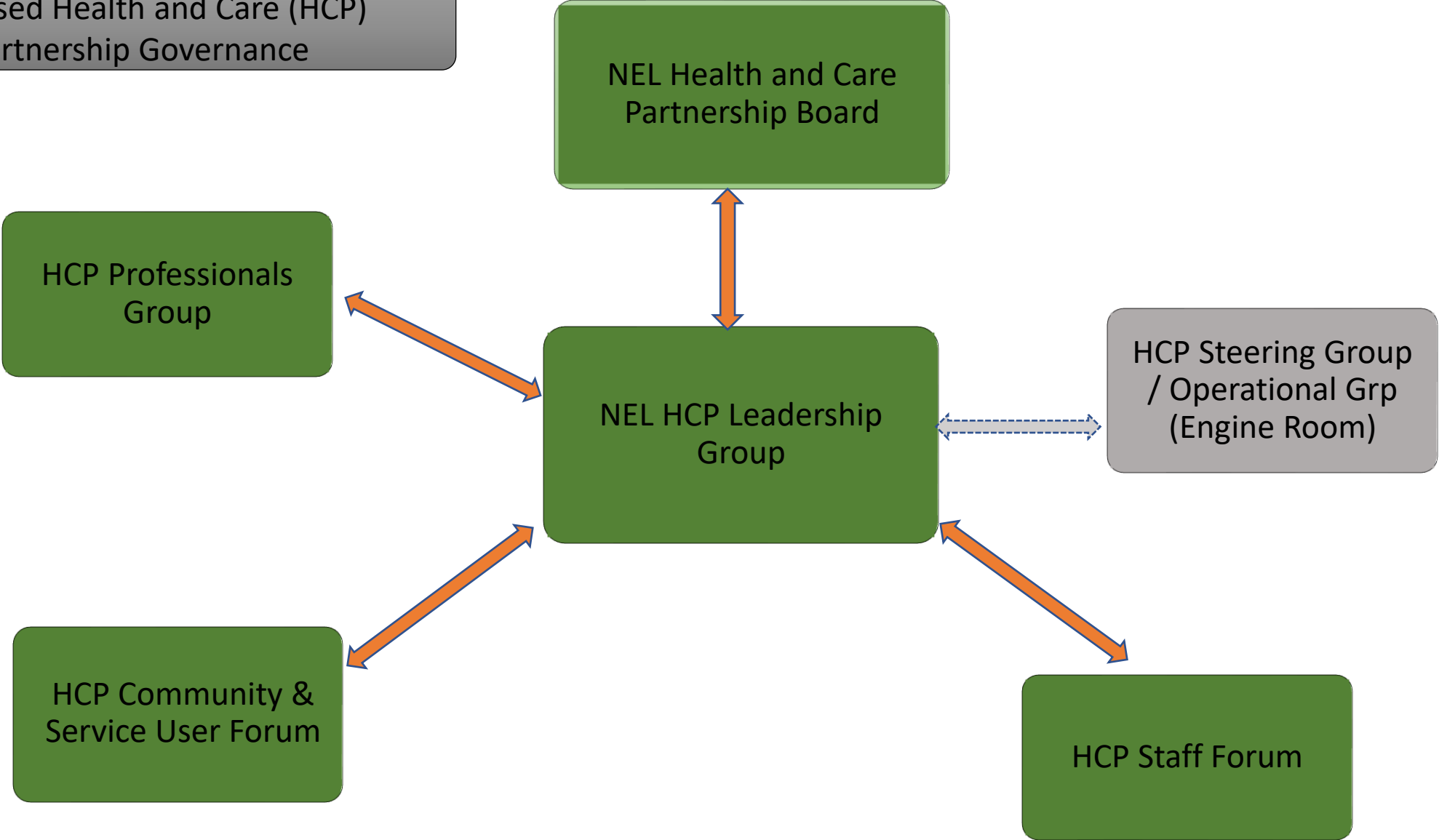
HCP Professionals  
Group

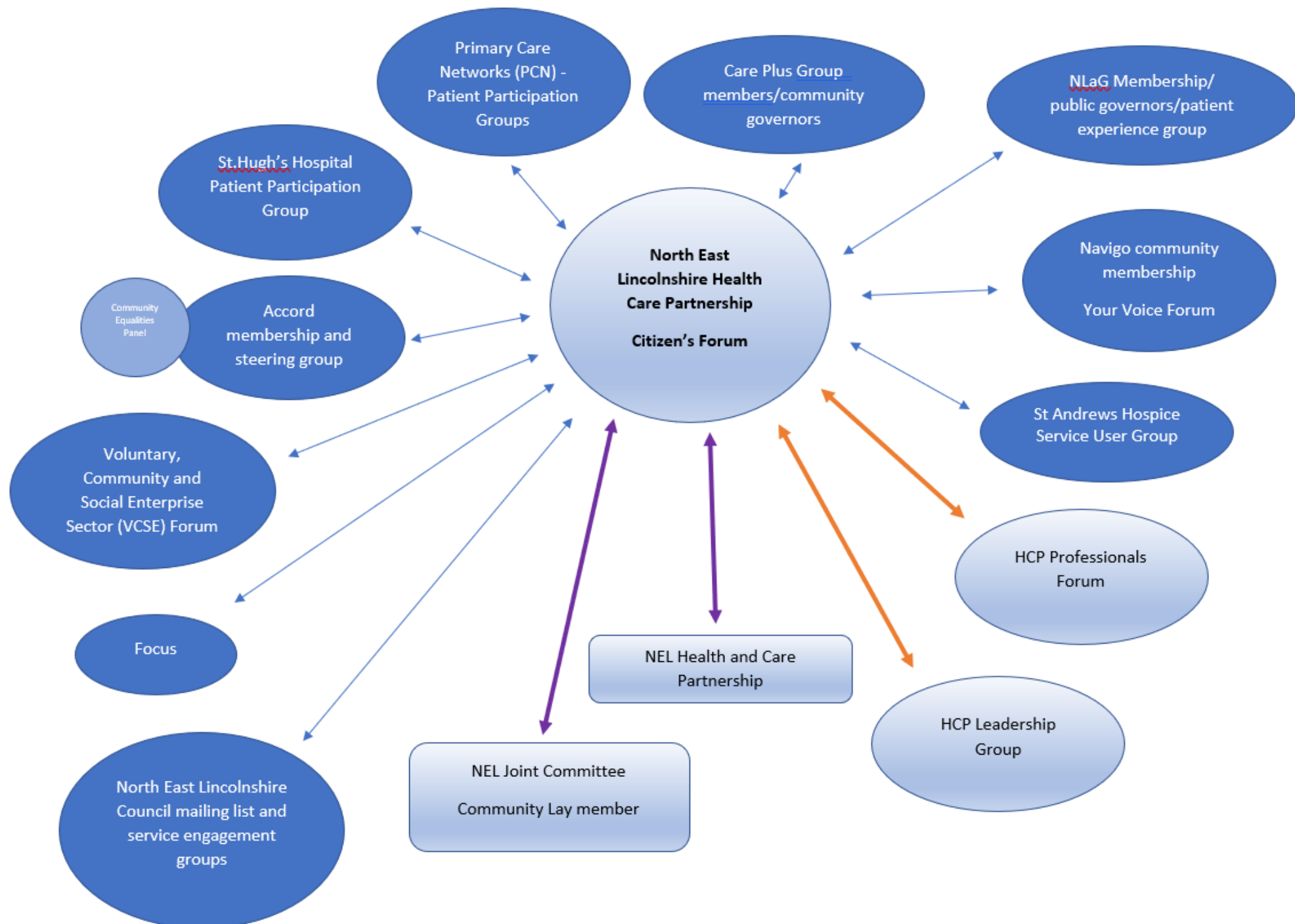
HCP Steering Group  
/ Operational Grp  
(Engine Room)

NEL HCP Leadership  
Group

HCP Community &  
Service User Forum

HCP Staff Forum





# How will it work?

- We need to start thinking about how local people can be involved in the work of the HCP – those important ‘big ticket’ priorities that need to be worked on by the system coming together
- Service plans that just impact on one organisation will continue to be developed using existing patient involvement routes
- Need to draw up some ‘options’ for how you think this can work
- In the next session we can narrow these down and produce a model that we think will work for us here in NEL
- Starting point – building on from the good work we have all been involved with before

# Our citizen engagement needs to...

- Provide assurance that patient, service users, carers and the public are effectively engaged and involved in decisions made about health and social care services in North East Lincolnshire in keeping with the North East Lincolnshire Commitment – “Talking Listening and Working Together”
  - Enable clinicians and partners to share ideas for projects/proposals/service redesign and get feedback from the start
  - Provide opportunities to work together on specific projects with clinicians, partner providers and community members
  - Get a community perspective on what is important – be sure that all communities are heard
  - Obtain views and advice about engagement plans for projects and evaluate them afterwards
  - Receive assurance around patient and public involvement activity – community governance
  - Challenge us to get better at Talking, Listening and Working Together

# What is important to get right?

- You have heard what the HCP thinks is important about the Citizen Engagement
- In your groups discuss what you think is important to get right so that the engagement is effective and enables all our communities can have a say
- Do you think that we need to have some sort of 'Citizens Forum' as part of the menu of engagement activity in NEL
- And if so thinking about the North East Lincolnshire Commitment – Talking, Listening and Working Together – what does this Forum need to look like and do to make this happen?
- Identify three things to feedback to the room, on what citizen engagement needs to achieve.

# Feedback

- Three ideas from each group about what the Citizen Engagement needs to achieve?



# Next steps...

- We will take away what you have told us, and work on some plans to shape a draft model for community engagement. We'll share this at the final workshop in July, so that you can tell us whether you think we're on the right track.

# Question Time



# Closing

- Thank you
- Please complete the evaluation – it will help us to plan the next session
- We will send you the slides and notes from today
- Next workshop is:
  - Wednesday 6<sup>th</sup> July, 10am to 12.30pm