

THE QUALITY OF CARE IN

North Lincolnshire



CQC prototype report

February 2016

Quality of care in a place

The Care Quality Commission is producing a number of prototype documents exploring how we might report on the quality of care in a place. The following documents are planned for the first half of 2016.

The quality of care in North Lincolnshire

Prototype report
(February 2016)

The quality of care in Salford (Greater Manchester)

Prototype report
(May 2016)

North Lincolnshire

Data only report
(February 2016)

Tameside (Greater Manchester)

Data only report
(May 2016)

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Foreword

The Care Quality Commission's (CQC's) purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

This prototype report is the first output from our programme of work to explore the role of CQC in quality regulation in a local area. Our approach tests whether going beyond the regulation of individual providers helps us to achieve our purpose.

Reporting on the quality of care in a place is the next step in understanding how CQC can contribute to discussions about quality beyond individual providers. There are a number of other reports which will be produced over the next few months which will also help to shape our thinking.

In spring we will evaluate this work to understand which approaches are best to take forward. We will do this in a way that effectively balances the changing nature of health and social care provision with the need to ensure CQC continues to provide robust and transparent ratings of providers. The health and care landscape is rapidly changing, and we are working hard to ensure that CQC is an enabler of progress. A shared focus on the full health and care needs of individuals is vital to ensure people receive high-quality care. We will continue to work to develop our understanding of how CQC can help to facilitate this.

The objectives of this Quality in a Place programme are to understand the extent to which we can provide evidence to support whether reporting on the quality of care in a place can be a lever for improvement. The evaluation that will be produced alongside our reports and your feedback will help inform our thinking about how to regulate new care models such as accountable care

Foreword

organisations (ACOs) and whether reporting in this way has the potential to improve transparency for people living in a local area.

This prototype report is designed as a compendium of what we have learned about North Lincolnshire and we are very grateful to the stakeholders for being so generous with their time. This is not a typical CQC report – it tells the story, but does not aim to reach a conclusion on the quality of care in North Lincolnshire. Reaching a conclusion would not be appropriate at this stage in the development of this work.

I would welcome your thoughts and feedback on this first prototype report. We will seek to continue to engage with stakeholders, both local and national, over the coming months as we launch more reports and finalise our 2016-21 strategy.

A handwritten signature in black ink, appearing to read 'David Behan', written over a thin horizontal line.

David Behan
Chief Executive



Summary

PROVIDERS

The quality of providers in North Lincolnshire is broadly in line with the national picture across England. However, this needs to be considered in context as in August 2015 when the data was produced to inform the site, we had not yet inspected and rated the majority of providers. At this point we had not identified any outstanding or inadequate providers in the area.

By August 2015 we had inspected and rated 33 out of 77 adult social care providers in North Lincolnshire. The majority of these providers were rated good, which was potentially better than England overall – 73% of inspected providers were good compared with 60% for England. However, given that we had inspected and rated less than half of adult social care providers both in North Lincolnshire and nationally, this comparison should be treated with caution.

It is more difficult to draw conclusions about the quality of acute care as the main acute hospital provider was recently re-inspected. The outcome will be known this month. Historically it has been in special measures and was rated as requires improvement overall in 2014.

Six out of 20 GP practices in North Lincolnshire have been rated: five are good, and one requires improvement.

HEALTH AND WELLBEING

North Lincolnshire is ranked 129th out of 326 in England's local authority deprivation index which means it is more deprived than the majority of local authority areas. Life expectancy is 8.3 years lower for men and 9.3 years lower

Summary

for women in the most deprived areas of North Lincolnshire compared with the least deprived areas. It is lower in North Lincolnshire than the England average, although the gap is reducing.¹ Healthy life expectancy at birth is similar to the England average.

North Lincolnshire has a significantly higher proportion of older residents than the England average. However, the prevalence of mental health conditions is lower and the prevalence of dementia, learning disabilities and alcohol misuse is not statistically different from the England average. Drug use is significantly worse than the England average.

There are some indicators of good integration of care, such as low levels of delayed discharge from hospital, which could imply effective step-down facilities that help people back into the community. North Lincolnshire also has an emergency admission rate that is lower than the England average and in the lower quartile of clinical commissioning groups (CCGs) in the north of England. This again could indicate that effective primary care and social services are preventing avoidable admissions.

IMPACT OF PARTNERSHIPS

Overall, the partners in health and social care in North Lincolnshire are working well together. The Better Care Fund Plan (BCFP) has been a catalyst for improvement, although progress has been difficult at times but partners are working together to overcome these barriers. There is effective leadership regarding accountability for care quality across partners. There is also an agreed vision for quality which is an important milestone, but the absence of a collective agreement on who leads on the integration agenda, and its quality outcomes in North Lincolnshire, has the potential to delay progress. This is a particular issue as each organisation is likely to be under pressure to achieve efficiency savings.

There is a shared vision for health and care in North Lincolnshire. Partners work together to ensure services offer high-quality care in a way that is financially sustainable for the years to come. There is a strong commitment to the idea that a reduction in demand on services, achieved through proactive preventative care and supported self-care, will be integral to sustainability. Partners plan to focus on the delivery of integrated care services that enable people to maintain their independence or return to independence. These services should be delivered in community settings where this is safe.

¹ North Lincolnshire Strategic Assessment, http://nldo.northlincs.gov.uk/IAS_Live/sa/

The vision in North Lincolnshire is proactively supported by a range of local plans, service transformation and other initiatives. Progress is supported by the implementation of the BCFP, which was agreed in early 2015, and the Healthy Lives, Healthy Futures (HLHF) programme. The latter is a joint programme between North Lincolnshire and North East Lincolnshire CCGs alongside Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) with the two councils, which focuses on how partners can develop an improved health and care system that delivers safe, high-quality and affordable services over the next five to 10 years. Partners have bought into the BCFP and HLHF, but they are aware that to achieve the vision will require a culture change across all partners and that this will take time.

During our review we found that although partners agree with the HLHF vision, there is not yet agreement on the mechanisms through which it will be delivered. There is a risk that this lack of clarity about roles, and the importance of each partner organisation internalising and prioritising the vision, could jeopardise the achievability and sustainability of the vision. However, there has been a recent refocus between the accountable officers of North and North East Lincolnshire CCGs and the respective local authority chief executives which may help local initiatives gain traction.

Although it is difficult to comment on the outcomes of the BCFP as it is still relatively new, some initiatives through HLHF and other programmes are now being implemented, such as the reconfiguration of stroke services. Much work is also being done to support a prevention agenda, which is supported by the development of five wellbeing hubs with access for all across the North Lincolnshire localities. There is also evidence that partners engage with local people (people using services, their carers and the public) on the future of local health and care to ensure they have a voice in shaping services.

At the time of the assessment there was a balanced financial position for the CCG and for the council. Commissioners and providers have been working together to review financial planning data and to form a view of the size of the current and forecast financial deficit position for the health and care economy in North Lincolnshire. Detailed and proactive medium and worst case scenarios have been developed based on risks. In particular, and in line with other health and social care economies, there is uncertainty at CCG level around the future funding of and the impact of factors such as demographic change, disease prevalence and the increased cost of care. Furthermore, the financial position of NLaG is under scrutiny by Monitor following enforcement action due to financial breaches. NLaG has applied for distress funding from the Department of Health.

The local health partners have adopted an open book policy for accounts to ensure transparency and so that all partners can have a detailed understanding of spending.

GOVERNANCE AND COMMISSIONING

There are some good governance structures in place to support improvement in quality of care in North Lincolnshire, attended by commissioners, providers and other local stakeholders. These structures enable statutory bodies to work together, and other mechanisms are in place to engage the provider community and people who use services. However, local stakeholders have identified that there are areas for further risk assessment around potential conflicts of interest. Examples include the arrangements for the management of HLHF and arrangements with the developing GP federation.

There are examples where care quality is being driven throughout the system and having an impact on the performance of providers and achieving better outcomes for people. This is mainly in adult social care, where we saw indications that effective procurement and commissioning of services has resulted in good and improved outcomes.

The evidence suggests that there are effective arrangements for children's and adult safeguarding, and partners recognise that this is a key element of driving care quality. However, although the adult safeguarding arrangements are working well, people we spoke to felt that arrangements for reporting between NLaG and the CCG need review due to past issues. Although previous issues have been assessed and effectively resolved by the North Lincolnshire Adult Safeguarding Board, work continues within the CCG and NLaG to address areas such as common language and the appropriate sharing of data. This is to ensure that the aims of establishing a more robust safeguarding approach are met and will continue to be effective.

CHALLENGES AND OPPORTUNITIES

There are various local issues that may impact on the quality of health and care in North Lincolnshire, such as a reported threat to the local steel processing centre, risks for partnerships as a result of changes in executive level teams, and the impact of possible devolution in Greater Lincolnshire. There are potential issues relating to the financial sustainability of NLaG and the need to develop and implement local initiatives to support this provider at a relatively fast pace and in a proactive way. Workforce is also an issue as primary medical services face the challenge of longer patient lists due to recruitment difficulties and an ageing GP population.

There are plans to try to address these challenges. Partners are working well together on signing up to an agreed vision for North Lincolnshire. There are indications of good practice, such as the comparatively low number of delayed discharges from hospital. However for the vision to be delivered there needs to be more alignment at the ground level across the health and care partner

organisations, and the workforce capacity and capability across the area needs to be addressed.



Introduction

To accompany CQC's business plan for 2015/16 we developed our first *Shaping the future* publication. In it, we committed to testing the value of reporting on the quality of care in a local place during 2015/16, and to explore the role of CQC beyond provider-based regulation.

This prototype report on North Lincolnshire is the first output from that programme of work. It aims to inform our understanding of how CQC might build a picture of what care is like for people who use a range of different health and social care services in one area rather than looking at individual care providers, such as hospitals, care homes or GP services. We want to explore whether doing this might help to achieve an important part of our core purpose: encouraging improvement in health and adult social care.

The prototype sits in the wider work programme of CQC's Integration, Pathways and Place Board, through which we are seeking to understand what the role of CQC might be, beyond provider-based regulation.

Other projects are considering the following questions:

- What is the quality of care in Salford and Tameside? How can we use different methodologies, including case tracking, to supplement interviews in order to understand the quality of care provision across an area?
- How could CQC assess the quality of urgent and emergency care for people within an area, and consider how care is coordinated between and within care providers with the aim of producing a seamless patient journey?
- How does the extent to which care is integrated affect older people's experiences of care?

- What are the implications of emerging new models of care (for example Vanguard sites) for how CQC should register, monitor, inspect, rate and enforce in the future?

Together with the quality of care in a place prototype reports, the intention of the programme is to understand the value of different frames for looking at quality beyond providers, in order to inform our future direction. In this first year, we are testing an approach in three areas: North Lincolnshire, Salford and Tameside. Both Salford and Tameside are part of Greater Manchester.

When selecting the locations we took a number of criteria into account. Firstly, we wanted to include places where a relatively high percentage of providers have been rated by CQC. Secondly, we wanted to include locations in two different parts of England. We chose Greater Manchester because it is the most advanced area in terms of devolution, and so our second location had to be outside the North West. Also, we wanted to include a city and a less urban location (with no major city), and to cover areas where the health and wellbeing board (HWB) and clinical commissioning group (CCG) have similar boundaries (coterminous).

We chose HWBs to define our areas because they reflect local authority boundaries which people are more likely to recognise. This is also helpful because HWBs have an oversight of health and wellbeing outcomes across an area. The locations we chose share the same geographical footprint as the HWBs and CCGs but we are aware that this will not always be the case in other areas.

Questions have been asked at three levels: providers, populations and place, to fully understand an area from different perspectives and to give a rounded picture of care quality. Details of the assessment framework we used to ask these questions are included in the appendix.

The focus of this prototype report is the overall provision of NHS care and adult social care services in North Lincolnshire. We gained permission from the Secretary of State to also include commissioning of health and adult social care services within this work.

The report focuses on two population groups to help us get a better understanding of care quality in an area. We will be able to see if an additional focus on demographic or condition-based population groups within a place adds value to our assessment. In particular this prototype looks at:

- People aged 75 and over, including those who have good health and those who may have one or more long-term condition, physical or mental.
- People needing mental health care (including people with dementia), across a spectrum ranging from depression to severe and enduring mental illnesses such as schizophrenia.

Introduction

A long-term intention is that a product like this prototype report will be useful for CQC's inspection teams, and potentially to local stakeholders. This report is designed to show providers and commissioners of health and care where they can improve to serve local people better. We have also highlighted findings that show where there is good joint working.

This prototype report, alongside other work focusing on care pathways and place, including reports for Salford and Tameside, will feed into CQC's strategy for the next five years. We anticipate that feedback on this and the other reports due to publish in May will help us consider our approach to regulation and how it can reflect and potentially shape changes happening across health and social care.

OUR APPROACH

CQC looked at the quality of care in North Lincolnshire² during October 2015. To arrive at a view, we used a combination of existing data and interviews and discussion groups. This was not an inspection and we have not rated the area.³ This method of data collection was specific to North Lincolnshire and we are using different methods to collect data for our other two focus areas – Salford and Tameside (parts of Greater Manchester).

Existing data included the results of the inspections we have already carried out in North Lincolnshire and other data and information from local people and local and national organisations including Public Health England (PHE) and the Health and Social Care Information Centre (HSCIC).⁴ We also analysed a selection of inspection reports and held a focus group with inspectors.

In terms of new data, we conducted a series of 31 interviews with senior health and social care stakeholders across North Lincolnshire who use and run health and care services. This included talking to representative organisations such as Healthwatch to get a better understanding of care across the area. We also undertook a focus group with the voluntary sector and a focus group with provider assurance and quality staff.

We started exploring the effectiveness of our approach by focusing on a smaller number of key lines of enquiry (KLOEs).

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- 2** North Lincolnshire is next to North East Lincolnshire, with which it works closely, and both areas are commonly referred to locally as Northern Lincolnshire. However for this project, North Lincolnshire is the focus.
 - 3** CQC does not have the powers to rate an area. CQC has powers to rate health and social care providers.
 - 4** The indicator selection was guided by relevance to the framework. All data was taken from nationally published datasets to enable benchmarking and ensure the data was quality assured. If we were to continue to deliver data reports we would expect to develop the indicator set further.

This is not a fully comprehensive review; only documents from a specific set of stakeholders, and interviews with a select number of staff were analysed. As this was a test of the methodology, our findings should be considered indicative because of the following caveats:

- A data report was compiled before we conducted the site visit in order to inform the interviews. This report used data available in August 2015 and so some of the data we have used will now be out of date. However, for consistency we have presented the data available in August 2015. Outside of this project, we would hope that the time that elapses between production of a data report and the final quality of care in a place report, would be shorter and consequently this problem would be less pronounced.
- When we compiled the data report we had only rated 33 out of 77 adult social care providers and six out of 19 GPs across North Lincolnshire. Additionally, the main acute hospital trust, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) was due to be re-inspected in October 2015. We had not yet rated NHS community services, mental health services or the ambulance service so any conclusions we can make across all local providers is limited. We anticipate that all providers in North Lincolnshire will be rated by the end of 2016.
- In North Lincolnshire, conclusions about population experiences are based on documentation, interviews and calls for evidence. This will contrast with the work in Salford where we have undertaken case tracking to see what difference this makes to the conclusions we are able to reach.
- The acute hospital trust, NLaG, provides services from two district general hospitals, Scunthorpe and Grimsby, and many elective surgical services from Goole, a smaller hospital, also outside North Lincolnshire, to its catchment population. This means that many services to the people of North Lincolnshire are provided out of area in Grimsby and Goole and complicates the hospital picture.
- Our findings are based on interviews with senior staff members and documentation. Although we have been able to corroborate our findings between interviews, in the future we would like to test undertaking further interviews with staff working in the system.
- The quantitative information we have used is based on publicly available data. We are aware that some data is relatively old and local data may show a different picture.
- The report does reference children's services but does not focus on this area.
- The assessment team analysed the financial situation across the system at a high level, although we do recognise the importance of the local health and social care economy.

READING THE DATA IN THIS PROTOTYPE REPORT

CQC's own data on providers is fundamental to this prototype report. However, we have also used data from other sources, particularly when looking at population outcomes. This work, and particularly the section on populations, is informed by data published by PHE, HSCIC and NHS England, in addition to CQC publications. Where data has been published by external organisations, we have included the name of the organisation in the source. Please see appendix 4.3 of the North Lincolnshire data report published alongside this report for a detailed breakdown of the origins of the data indicators.

Data which is from a PHE publication has been benchmarked by PHE against the England average. PHE uses the system of significantly higher, significantly lower or similar. Where a comparison is similar this means that the difference is not statistically different. Occasionally it has not been appropriate to benchmark the data and this will be indicated by 'not compared'.

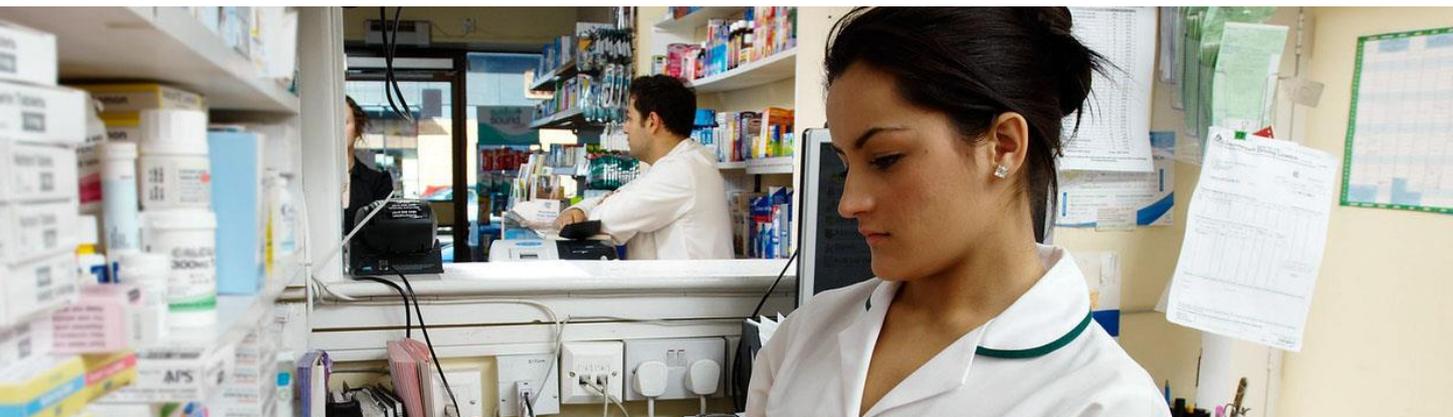
We have drawn on data used in other CQC publications to inform our work and where we have done this we have kept the original methodology. Data from CQC's mental health crisis care review publication (*Right here, right now*) has been benchmarked using five bandings of "much higher than expected", "higher than expected", "similar", "lower than expected" or "much lower than expected". Data from CQC's forthcoming publication on integrated care for older people has been benchmarked using five bandings of "much higher than average", "higher than average", "similar", "lower than average", or "much lower than average".

THE WAY FORWARD

While this project is designed to test the methodology, we hope that our findings will be helpful. North Lincolnshire commissioners, providers of health and care and those who lead the system locally may identify potential gaps in the system where improvements can be made.

The project is linked to the consultation on CQC's strategy for 2016 to 21, *Shaping the future*, available at www.cqc.org.uk/2016strategyconsultation.

At the beginning of sections 1, 2 and 3 of this prototype report there are evaluation questions. Your answers to these questions will inform our thinking on the strategy and our proposals for assessing and sharing information about the quality of care in place.



North Lincolnshire overview

North Lincolnshire covers an area of approximately 85,000 hectares on the southern side of the Humber estuary.⁵ This is broken into large agricultural areas that encompass small market towns and villages and substantial urban areas including the town of Scunthorpe.

A summary measure of the Index of Multiple Deprivation 2010 puts England's 326 local authority districts into a rank order based on a number of different measures of deprivation. A rank of 1 is the most deprived and a rank of 326 is the least deprived. North Lincolnshire's rank is 129.⁶

Population data indicates that over the next 20 years there will be a change to the current demographic profile and demand on health and social care is likely to shift.⁷ The North Lincolnshire population is 168,760, which has increased at a significantly higher rate (9.5%) than both the regional and England average (6.3% and 7.7% respectively) since 2001. Projections indicate a continuing growth of approximately 9% over the next 25 years, which will have a significant impact on demand and an impact on the commissioning and delivery of health and social care. The local strategic assessment (SA) shows that in 2013, North Lincolnshire had a higher percentage of people aged 65 and over than their representation regionally or nationally. Projections indicate that the number of people aged 65 and over will increase by 67.7% by 2037 whereas it is predicted the number of children and young people will reduce.

⁵ North Lincolnshire Strategic Assessment, http://nldo.northlincs.gov.uk/IAS_Live/sa/

⁶ Department for Communities and Local Government, 'Index of Multiple Deprivation 2010', Local Authority District Rank of Average Rank.

⁷ North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018

North Lincolnshire has a higher proportion of White and a lower proportion of Black and minority ethnic groups reported than the England average. Only four per cent of people living in North Lincolnshire are not White.⁸

The main town in North Lincolnshire is Scunthorpe. It is predominantly industrial and is the UK's largest steel processing centre. There have been recent announcements regarding the future of the steelworks – potential redundancies which may impact on health and social care demand and resources locally.

At the time when CQC collected the data for this report, the Council and the CCG were in financial balance. In 2014/15 across North Lincolnshire Council a total of £140.8 million was spent on services (after income from fees, charges and grants). Overall service budgets were underspent by £1.4 million after allowing for future commitments.⁹ For 2014/15, North Lincolnshire CCG had an annual commissioning budget of approximately £210 million and a budget for running costs of approximately £4 million.¹⁰ There are agreed pooled budgets in place for 2015/16: the learning disability pool (£7.6 million), the mental health pool (£14.2 million) and the Better Care Fund (£12.4 million).

Devolution proposals have been developed for Greater Lincolnshire and this may have an impact on the shape of health and social care across the area. The indications are that the acute health sector faces significant issues in respect of both outcomes and sustainability. Proposals across the area from the Healthy Living, Healthy Futures (HLHF) programme and Lincolnshire Health and Care (LHAC) aim to reflect the NHS *Five Year Forward View* in seeking an integrated, strategic approach to health and social care reform. This approach would incorporate the priorities of the full range of NHS and social care stakeholders, including acute hospital trusts. CCGs and local authorities will continue to collaborate while each retains their statutory function.

Devolution is seen as a catalyst to delivering a substantially more integrated approach to health and care service planning and delivery in Greater Lincolnshire (including North Lincolnshire) with the intention to offer better outcomes and more cost effective health and care services.

⁸ Office for National Statistics (ONS), 2011 census data

⁹ North Lincolnshire Council *Annual Report 2014/15*

¹⁰ North Lincolnshire CCG *Annual Report 2014/15*



1. The quality of health and social care

Questions to consider

CQC will complete its comprehensive inspections of all services that it rates by the end of the 2016/17 financial year, at which point the maps and text will be able to talk about the quality of all providers in the area (with the exception of independent providers not commissioned to provide NHS care).¹¹

Question 1: Do you think it is useful to present the provider data in the way we have in this report? Specifically:

- a) Would it be helpful to compare the spread of ratings in North Lincolnshire against the England average, particularly when all providers have been rated? Is England the correct benchmark? If not, what other comparison should be used instead?
- b) Is it helpful to have maps which show the different provider ratings? Would it be helpful if other information such as population density or deprivation was added to the maps. If yes, which information and why?
- c) We have chosen local authority boundaries for the maps in this report. Would it be helpful to show the providers in adjoining areas, or would that be confusing?

11 Although CQC registers and inspects independent providers, our current powers under Section 48 of the Health and Social Care Act 2008 do not extend to reporting on the quality of independent healthcare providers across an area except where they are commissioned by the National Health Service Commissioning Board or by a CCG.

1. The quality of health and social care

At the moment, we can only provide a limited view of the quality of care provision across North Lincolnshire. Although the quality of providers in North Lincolnshire is broadly in line with the national picture, this needs to be considered in context as in August 2015 when the data was produced for the site visit, we had not yet inspected and rated the majority of providers. At this point we had not identified any outstanding or inadequate providers in the area.

1.1 PROVIDERS

When the data report for North Lincolnshire was produced in August 2015, we had completed the most ratings for the adult social care sector. We had rated 33 of the 77 providers in the area. Current ratings information indicates that the majority of adult social care across the area is good and potentially better than for England overall with 73% of inspected providers rated as good compared to 60% in England. This finding is also reflected in the ratings across our five key questions which ask if services are safe, effective, caring, responsive and well-led. Although this shows a good picture for the area, proportions should be interpreted with caution due to the relatively low proportion rated at the time the report was produced.

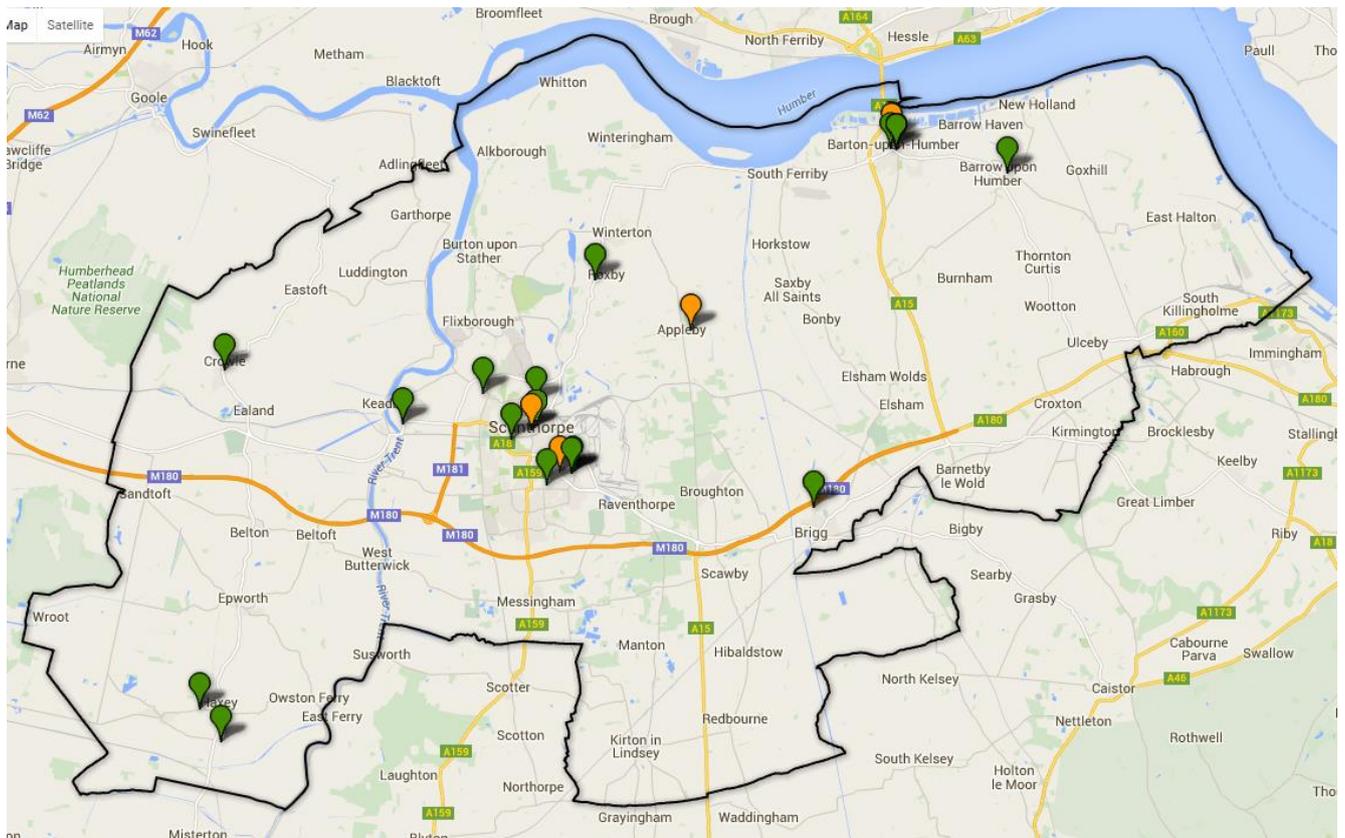
The number of primary medical services inspected and rated to date is low. We have rated six out of 19 practices in North Lincolnshire. The majority of those that have been rated were good with only one service rated as requires improvement and none rated as inadequate or outstanding.

There has been a history of concern from commissioners and regulators about the quality of acute services provided by NLaG and there is currently considerable activity and resource being used across local partner organisations to make improvements. Evidence for this activity was identified in our documentation review for this report.

The outcome of the recent CQC inspection, which took place from 12 to 16 October 2015, will provide a current view on quality of care of both acute and community services provided by NLaG however this was not available when we undertook the fieldwork. Similarly, mental health services had recently been inspected but information was not available at the time of reporting.

Ambulance services are yet to be inspected using CQC's new methodology.

Figure 2: Care homes (without nursing) that have received a rating



Source: Google maps

There are no adult social care providers rated outstanding or rated inadequate in North Lincolnshire. More providers in the area are rated good when compared to the England average and fewer providers are rated inadequate. Table 1 shows a breakdown of these ratings but should be treated with caution due to the low proportion of providers rated at the time the table was produced.

1. The quality of health and social care

Table 1: Breakdown of adult social care ratings in North Lincolnshire and in England

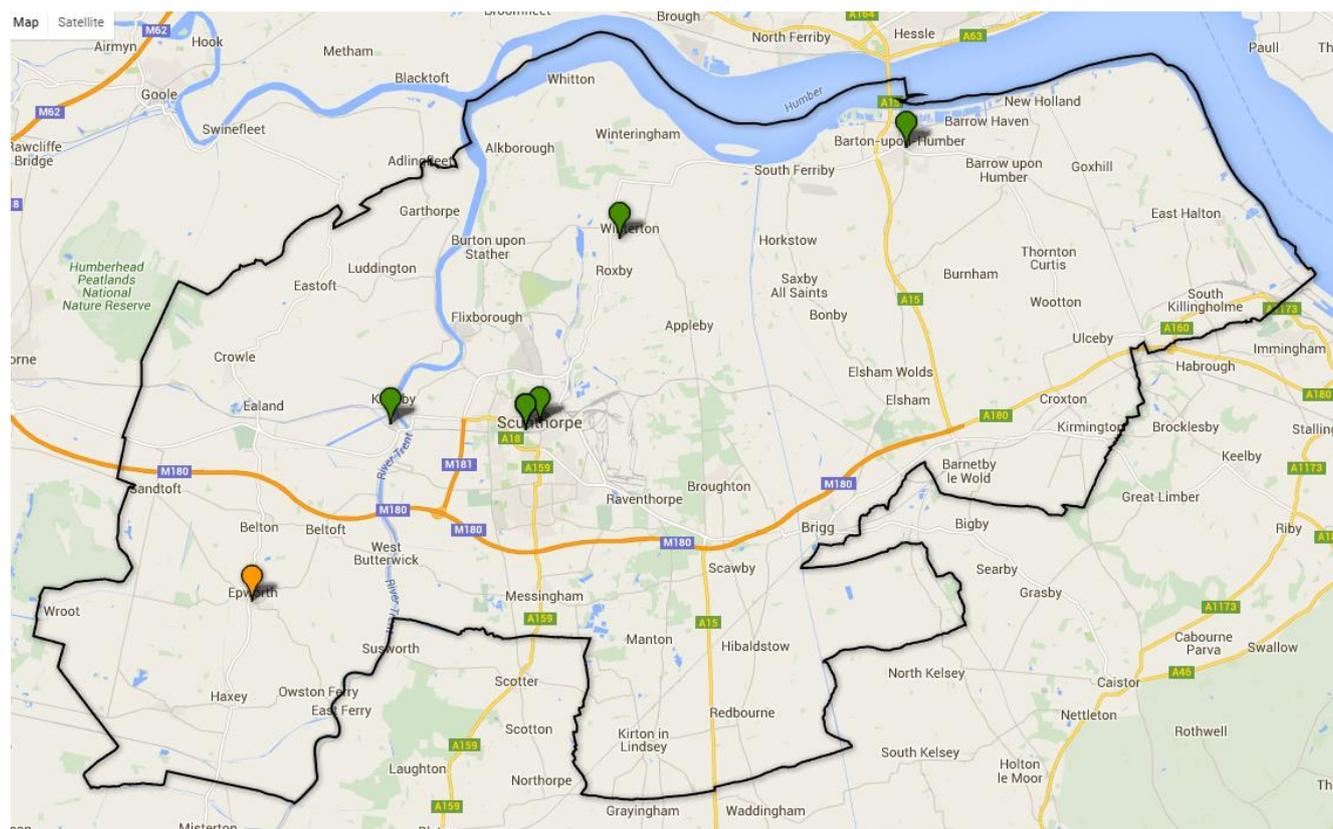
		Outstanding	Good	Requires improvement	Inadequate	Total
Overall	North Lincolnshire	0 (0%)	24 (73%)	9 (27%)	0 (0%)	33 (100%)
	England	33 (0%)	4,101 (60%)	2,332 (34%)	331 (5%)	6,797 (100%)
Safe	North Lincolnshire	0 (0%)	24 (73%)	9 (27%)	0 (0%)	33 (100%)
	England	8 (0%)	3,988 (59%)	2,349 (34%)	464 (7%)	6,809 (100%)
Effective	North Lincolnshire	1 (3%)	24 (73%)	8 (24%)	0 (0%)	33 (100%)
	England	38 (1%)	4,323 (64%)	2,195 (32%)	244 (4%)	6,800 (100%)
Caring	North Lincolnshire	1 (3%)	32 (97%)	0 (0%)	0 (0%)	33 (100%)
	England	136 (2%)	5,732 (84%)	862 (13%)	68 (1%)	6,798 (100%)
Responsive	North Lincolnshire	2 (6%)	23 (70%)	8 (24%)	0 (0%)	33 (100%)
	England	86 (1%)	4,681 (69%)	1,857 (27%)	178 (3%)	6,802 (100%)
Well-led	North Lincolnshire	0 (0%)	23 (70%)	10 (30%)	0 (0%)	33 (100%)
	England	71 (1%)	4,183 (62%)	2,185 (32%)	358 (5%)	6,797 (100%)

Source: CQC provider data

1.3 PRIMARY CARE (INCLUDING COMMUNITY HEALTH SERVICES, GP AND OUT-OF-HOURS, URGENT CARE AND DENTISTS)

There are 20 registered GP practices in North Lincolnshire and six have been rated. Figure 3 illustrates the location of practices rated and their rating (data correct to August 2015).

Figure 3: GP practices that have received a rating



Source: Google maps

The proportion of GP practices rated as good in North Lincolnshire is similar to the England average but this is based on a very small number of completed inspections. There is a federation of GP practices in North Lincolnshire (SafeCare Ltd) which is a relatively new company registered with CQC. We have produced guidance on how CQC will inspect and rate federations.¹²

Out-of-hours care is provided by NLaG though a sub-contract with Core Care Links Ltd. This service had not been rated by August 2015.

¹² <http://www.cqc.org.uk/content/nigels-surgery-39-registration-requirements-gp-federations>

1. The quality of health and social care

1.4 ACUTE CARE

NLaG serves a population of more than 350,000 people living in North and North East Lincolnshire and East Riding of Yorkshire. In total the trust employs around 6,500 staff and has 850 beds across three hospitals: Diana Princess of Wales, Scunthorpe General Hospital, and Goole and District Hospital.

The trust was one of the first to undergo a comprehensive inspection under CQC's revised inspection methodology. This trust was also one of 14 trusts subject to Sir Bruce Keogh's (Medical Director for NHS England) investigations in June 2013 as part of the review of trusts with high mortality figures across England. An announced CQC inspection took place between 23 and 25 April and on 8 May 2014, and the follow-up unannounced visit took place on 6 May 2014. Community service provision at the trust was not inspected.¹³ Tables 2 and 3 detail the results for the trust.

Scunthorpe General Hospital provides a wide range of district general services to the population of North Lincolnshire. This hospital has approximately 400 inpatient beds as well as day beds.¹⁴

¹³ Northern Lincolnshire and Goole NHS Foundation Trust inspection report

<http://www.cqc.org.uk/provider/RJL>

¹⁴ Scunthorpe General Hospital inspection report <http://www.cqc.org.uk/location/RJL32>

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Table 2 Northern Lincolnshire and Goole NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Table 3.1 Scunthorpe General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and family	Good	Good	Good	Good	Good	Good
Children and young	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

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Table 3.2 Diana, Princess of Wales Hospital, Grimsby

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Maternity and family	Good	Good	Good	Good	Good	Good
Children and young	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Table 3.3 Goole and District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Maternity and family	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Trust data¹⁵ indicates that A&E performance at NLaG did not meet the targets set by Monitor during quarters three and four in 2014/15. However, performance appears to have improved with a report going to the NLaG Board in October 2015, indicating that during quarter two of the financial year 2015/16, some 95.2% of patients were seen within the four-hour target, against a target of 95% set out under Monitor's key performance standards. July was the best-performing month with 96.43% achieved.

The trust indicates that it is currently meeting all of the Monitor key performance indicators set out in its risk assessment framework. In addition to A&E targets, the board paper also sets out performance measures on infection rates, 18-week waiting times, and how quickly cancer patients are treated. The cancer waiting time target (to see suspected cancer patients within two weeks of urgent GP referral) was also met.

East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999, urgent care and patient transport services for the 4.8 million people living in Derbyshire, Leicestershire, Rutland, Lincolnshire (including North and North East Lincolnshire), Northamptonshire and Nottinghamshire. This service had not yet been rated under the new CQC methodology in August 2015. Meeting ambulance trust performance targets has been challenging during 2014/15 due

¹⁵ Northern Lincolnshire and Goole NHS Foundation Trust, <http://www.nlg.nhs.uk/>

1. The quality of health and social care

to high demand. However, CCG performance data¹⁶ indicates that although the EMAS performance overall has been below target, when broken down by area performance within Lincolnshire it has consistently been at or above target. The commissioners are working with EMAS to reduce ambulance conveyance rates (handover delays from ambulances to hospitals) through pathway redesign.

Other acute services include Virgin Healthcare which provides dermatology and sexual health services, and was yet to be inspected.

1.5 MENTAL HEALTH CARE

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) operates services in 200 locations across Rotherham, Doncaster, North Lincolnshire, North East Lincolnshire and Manchester. The trust has diversified from mental health and learning disability services to include community services, such as district nursing and health visitors. This trust has not yet been rated under the new CQC methodology.

¹⁶ North Lincolnshire CCG Operating Plan 2015/16



2. Populations and their experiences

Questions to consider

This section includes boxed examples of what North Lincolnshire is doing to ensure integration. When we publish the Salford prototype report, evidence from case tracking will enable a more rounded view of whether or not services are integrated from the perspective of people using the services.

Question 2: Do you think it is useful to have this level of detail about how coordination is achieved? If not, would you like more or less information?

Question 3: In this section we have used data from publicly available sources. To what extent, if at all, is it useful to bring this information into one place? The published data compares areas against the England average as a benchmark. Is this helpful? If not, is there another benchmark that would be more relevant?

2.1 HEALTH AND CARE OUTCOMES

Although some individual providers in North Lincolnshire are performing well, the area as a whole is performing less well than the England average in terms of outcomes for people living in the area. Life expectancy at birth is lower than the England average, and mortality data suggests more people die of preventable causes than nationally. Work is being done to respond to the excess mortality data, but this is hindered by difficulties in joining up different datasets to understand the causes.

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Social care

Overall the evidence from adult social care outcomes measures suggests that adult social care in North Lincolnshire is working well for people who require it. In 2013/14, the area was above the England average in 14 out of the 19 measures (74%) and was in the top quartile for 10 out of 19 of the measures. It is seeing improvement on a number of these measures.

Although new permanent admissions to residential care are higher than the England average, admissions into nursing care are significantly lower (see table 4). Also, the average length of stay in nursing care is reducing and age on admission is increasing which may indicate that people's partners are helping them to remain at home for longer.¹⁷ There is also evidence that the reablement service (service to help people accommodate their illness by learning or re-learning the skills necessary for everyday life) is effective and that the majority of people are satisfied with the overall service (70% satisfied, compared with 64.8% nationally).

The majority of performance measures in children's services also have a sustained position in the top quartile nationally.

Table 4: Permanent admissions to residential and nursing homes in North Lincolnshire and England, 2013/14

	Time period	North Lincolnshire	England	Compared to England ¹⁸
Permanent admissions to residential and nursing care homes, per 100,000 population aged 18-64	2013/14	9.9	14.4	Similar
Permanent admissions to residential care per 100,000 population aged 18+	2013/14	161.2	105	Significantly worse
Permanent admissions to nursing care per 100,000 population aged 18+	2013/14	15	49.2	Significantly better
Permanent admissions to residential and nursing care homes, per 100,000 population aged 65+	2013/14	692	651	Similar

Source: PHE adult social care Fingertips tool

¹⁷ Data from 2013/14 North Lincolnshire outcomes against the adult social care framework.

¹⁸ Data which is from a PHE publication has been benchmarked against an England average. PHE use the system of "significantly higher", "significantly lower" or similar. Where a comparison is similar this means that the difference is not statistically different. Occasionally it has not been appropriate to benchmark the data and this will be indicated by "not compared".

Life expectancy and mortality

The health of people in North Lincolnshire is broadly comparable with the England average. Life expectancy at birth is improving but remains lower than the England average: for men in North Lincolnshire it is 78.1 years and for women it is 82.5 years (compared with 79.4 and 83.1 nationally). There is also significant variation in life expectancy across the area – it is 8.3 years lower for men and 9.3 years lower for women in the most deprived areas of North Lincolnshire than in the least deprived areas. This variation is marginally better for men than in England overall (where variation is 9.1 years) but less good for women (in England overall the variation in women’s life expectancy is just 6.9 years).

The number of people at risk of lifestyle-related diseases remains above the England average in North Lincolnshire.¹⁹ Healthy life expectancy is not improving as fast as life expectancy overall²⁰ which could mean that any extended years of life are likely to be spent in relatively poor physical and/or mental health. However, data provided by local partners and from the report of the Director of Public Health show that there is progress across measures on the outcome frameworks²¹ which should mitigate some of this risk.

Commissioners are working to address the mortality rate in North Lincolnshire, which is worse than the England average. The most recent data available nationally suggest it is a cause for concern as shown in table 5. This table presents the rates of preventable (meaning could potentially be avoided through public health interventions) and excess deaths in North Lincolnshire and in England. The 2011-13 data indicates that North Lincolnshire is significantly worse for the overall mortality rate considered preventable and for cardiovascular and respiratory mortality considered preventable. North Lincolnshire is comparable to the England average for other diseases with preventable mortality, the infant mortality rate and excess winter deaths.

¹⁹ North Lincolnshire Strategic Assessment

²⁰ North Lincolnshire Strategic Assessment

²¹ Report from the Director of Public Health

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Table 5: Avoidable and excess deaths in North Lincolnshire and in England

Measures of avoidable/excess mortality	Time period	North Lincolnshire	England	Compared to England
Mortality rate per 100,000 from causes considered preventable (persons)	2011-13	208.9	183.9	Significantly worse
Under 75 mortality rate per 100,000 from cardiovascular diseases considered preventable (persons)	2011-13	58	50.9	Significantly worse
Under 75 mortality rate per 100,000 from cancer considered preventable (persons)	2011-13	88.8	83.8	Similar
Under 75 mortality rate per 100,000 from liver disease considered preventable (persons)	2011-13	16.7	15.7	Similar
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (persons)	2011-13	24.9	17.9	Significantly worse
Mortality per 100,000 from communicable diseases (persons)	2011-13	63.4	62.2	Similar
Excess Winter Deaths Index (single year, all ages)	Aug 2012 to July 2013	29	20.1	Similar
Excess Winter Deaths Index (three years, all ages)	Aug 2010 to July 2013	20.9	17.4	Similar
Infant mortality – rate of deaths in infants aged under one year per 1,000 live births	2011-13	4.6	4.0	Similar

Source: PHE Public Health Outcomes Framework Fingertips tool

As well as the data in table 5, we have looked at the summary hospital level mortality indicator (SHMI). The SHMI compares the actual number of patients who die following hospitalisation at a trust with the number that would be expected to die on the basis of the England average figures, and given the characteristics of the patients treated there.

Across NLaG, the SHMI data improved between 2011 and 2014. The overall SHMI statistics for January 2014 to December 2014 were 'as expected', with a figure of 109.8, although this hides differences between in-hospital and out-of-hospital outcomes. Using the trust's own data for the 12 months to February

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2015, the in-hospital SHMI is 107 and the out-of-hospital SHMI is 124.²² There is no difference between in-hospital and out-of-hospital SHMI nationally, which suggests there continues to be more deaths than would be expected within 30 days of discharge from NLaG.

There are a number of reasons being put forward to explain the high out-of-hospital SHMI, including the way the end of life pathway works (in other words, because people are being discharged to die in their own homes). However, this is difficult to clarify as firstly, data is trust-based and needs to be available by area postcode for each case and secondly, in some instances stakeholders do not have the evidence to understand the data. This is because data protection concerns are preventing commissioners accessing the patient-level data which would help them to understand the issues further. Commissioners are using Dr Foster data where possible to identify post-surgical outcomes which may impact out-of-hospital SHMI data.

Work is ongoing to address the problems identified by the mortality data. Outcomes data from 2013/14 suggests better than average rates of detection of diabetes, heart disease and dementia in primary care and improving survival rates from cancer, heart disease and stroke.²³

Additionally, two palliative care consultants have now been appointed to work on the end of life pathway and are focusing their work on the local care homes and GP practices. They are encouraging the use of the Gold Standard for palliative care. Work is also ongoing with the respiratory service and consultants to address mortality rates in this area.

2.2 PERSON-CENTRED AND COORDINATED CARE; HEALTH AND SOCIAL CARE INTEGRATION

The data about North Lincolnshire could be interpreted as indicating that care is coordinated – partners are on an improvement journey and there are a number of initiatives in place to support coordination.

Do people experience coordinated care?

One measure of effectiveness in the NHS and in health and social care services is timely and appropriate transfers of care from hospital. The current position for delayed transfers of care for people in North Lincolnshire is significantly better

²² For the SHMI, a comparison should not be made with the highest and lowest trust level SHMIs because the SHMI cannot be used to directly compare mortality outcomes between trusts and, in particular, it is inappropriate to rank trusts according to their SHMI (NHS England)

²³ North Lincolnshire Director of Public Health, Annual Report

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than the England average. This is also true in East Riding of Yorkshire which is another of the main commissioners from NLaG. In comparison, North East Lincolnshire, which is the third main commissioner of NLaG, only achieves rates of delayed transfer that are in line with the England average, rather than significantly better than it (table 6). North Lincolnshire is also better than the original local target for 2014/15 of 3.5%, with just 2% of beds on the Scunthorpe site occupied by patients ready for discharge.²⁴ These figures are attributed to the use of 30 day beds over winter 2014/15 as step-down beds. These beds provided significant support in managing bed pressures throughout the system, coupled with the fact that access to intermediate care beds and community-based support is available seven days week. Additionally, NLaG has developed processes for identifying medically fit patients and works closely with the established hospital social work team to plan discharges.

Table 6: Indicators of partnership working in North Lincolnshire and England

Indicators of partnership working	Period	North Lincs	North East Lincs	East Riding of Yorkshire	England
Rate per 100,000 of total delayed transfers of care aged 18+	2013/14	3.7	8.0	5.5	9.6
Compared to England	2013/14	Significantly better	Similar	Significantly better	
Rate per 100,000 of delayed transfers of care attributable to adult social care aged 18+	2013/14	1.5	3.2	1.5	3.1
Compared to England	2013/14	Similar	Similar	Significantly better	
Total number of delayed transfers of care per month per 100,000 aged 18+	October 2014	3.7	7.2	4.8	11.6
Compared to England	2013/14	Significantly better	Similar	Significantly better	

Source: PHE adult social care Fingertips tool

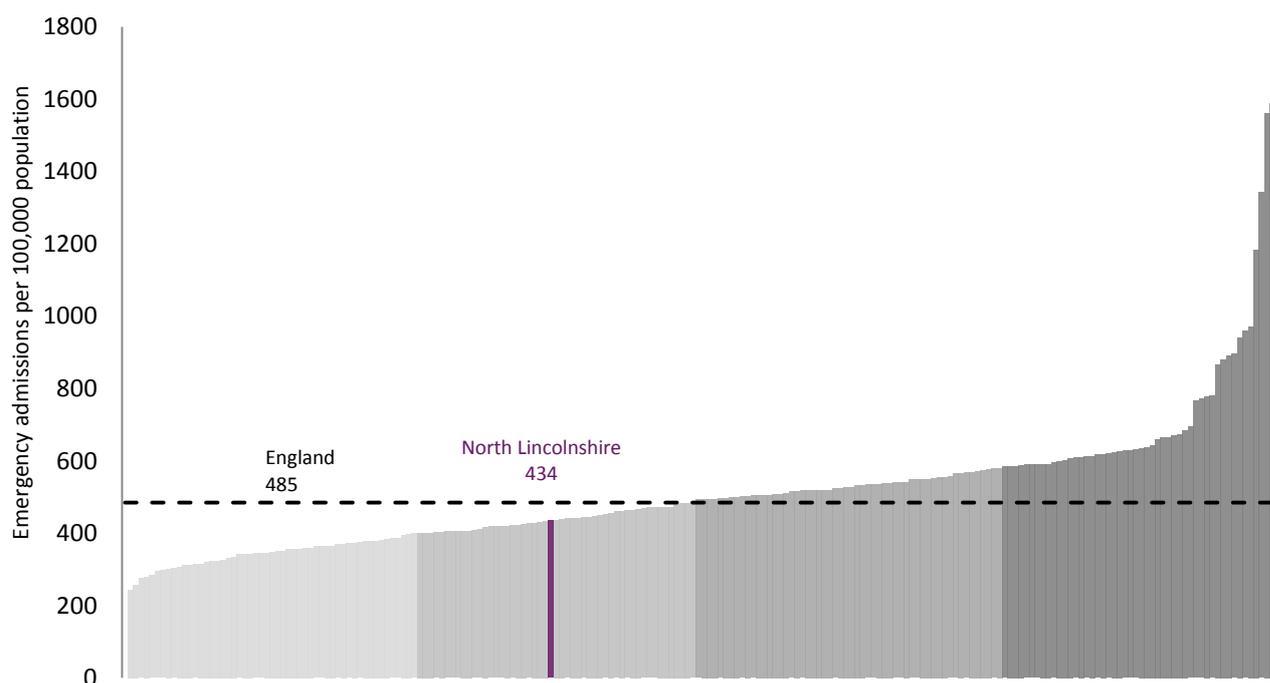
²⁴ North Lincolnshire CCG operating plan 2015/16

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Another indicator of effective partnership working and operational resilience is emergency readmissions within 30 days of discharge from hospital. A high number of readmissions can indicate that services are not working together to help people to recover from illnesses or injuries, or that people are being discharged too early. The percentage of emergency admissions occurring within 30 days of discharge in 2011/12 was slightly lower in North Lincolnshire (11.2%) compared to England (11.8%), suggesting that local partners are working together relatively well.

If partners are working well together, emergency admissions might also be reduced. Figure 4 shows the rate of emergency admissions for 19 conditions where effective community care could prevent hospitalisation in each CCG area, as well as the national figure. North Lincolnshire is performing better than the England average, but there is potentially still significant room for improvement, compared with the top quartile of CCGs.

Figure 4: Directly standardised rate of emergency admissions by CCG, quarter 4 2014/15, North Lincolnshire and England



Source: NHS *Better Care, Better Value* indicators

To tackle readmissions and avoidable admissions, which have been an issue for North Lincolnshire, the council and the CCG jointly fund intermediate care and provision that provides step-up (from community/ home) and step-down (from hospital) care and support. A range of initiatives have been tackled by the Better Care Fund Plan (BCFP) which has enabled the vision for HLHF programme. These are initiatives which may support the reduction of avoidable admissions and delayed discharges. Examples include:

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- A seven-day community service in North Lincolnshire which is being expanded so people can receive treatment and recover in their own homes rather than being admitted to hospital. The Rapid Assessment Time Limited Service (RATL) provides a fast community response, seven days a week, 24 hours a day, to mainly elderly or frail people who are in urgent need of care. The service is an expansion of the existing unscheduled care team and will see staff responding to the most urgent calls within one hour and preventing hospital admissions where it is safe to do so.
- A new ambulatory emergency care service as of October 2015, the frail elderly assessment support team (FEAST), is now up and running at Scunthorpe hospital and will assess, treat and discharge patients on the same day. Patients referred to the unit will be seen by a senior clinician so decisions about their care can be made quickly, preventing, where possible, the need to admit them to an inpatient bed.

Further examples include:

- The implementation of a seven-day social work team based at Scunthorpe Hospital to support improved discharge arrangements.
- Additional social work across seven days in locality teams to support assessment out of hours alongside the district nursing service.
- The Older peoples Mental Health Liaison Service.
- Operational resilience systems that have been established in North Lincolnshire to reduce emergency admission and readmissions and to oversee the coordination and integration of services to support the effective delivery of high-quality accessible services.
- Plans combined with the BCFP that aim to deliver an improvement in the proportion of patients from North Lincolnshire seen and discharged/admitted within four hours, an increase in the number of people managed within the community, and a reduction in non-elective admissions.

Coordinated care

The vision is for all people across North Lincolnshire to experience coordinated health and social care; starting with preventing people from becoming ill in the first place. The council has been developing and strengthening preventative services in response to implementing the Care Act 2014 and to deliver the BCFP. Integrated care is also being driven by the health and wellbeing board (HWB). Members and partners have developed an Integration Statement for the area.

Integration Statement

“The Right Service, at the Right Time, in the Right Place, with the Right Management”

We are working towards ‘whole system integration’ though between 2013 and 2015 and our focus will be on:

- Children aged nine months to two years
- Vulnerable young people aged 13 to 19 years
- People who are frail and elderly.

Key initiatives in the area include a co-produced Market Position Statement, new wellbeing hubs across the area, and a rapid response team to support those at risk of being vulnerable. These are outlined in the next sections.

For example, the council provides information, advice and guidance and preventative services that are designed to support people to remain independent. This service is available to all adults living in the area. The early health and wellbeing offer has been designed to enable people to stay well, through the provision of peer support and locally developed expert patient training programmes to encourage self-care. This work is supported through the newly implemented wellbeing hubs.

Market position statement

We found that there is a well embedded and proactive approach to market shaping in North Lincolnshire, which supports access to services at the right place at the right time. This has been in place since the publication of the first Market Position Statement in 2011 which has been developed and enhanced in subsequent publications as a result of the strong relationship with providers. The Cross Sector Provider Partnership is a key mechanism within the local market shaping approach and is an example of effective collaboration with providers. The partnership encompasses the whole market, across all levels of need, as positioned in the local Single Organisational Model (universal, targeted, specialist).²⁵ The forum reflects local partners’ commitment to co-production and has evolved over time to respond to emerging local and national priorities.

25 Under the auspices of the North Lincolnshire HWB, partners have agreed that the single organisational model provides the basis on which interventions or services are organised on levels of need (universal, targeted and specialist). This model represents a framework to describe the level of need that children, young people, vulnerable adults and their parents/carers may have and the nature of services that are available at each level.

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To support integration, providers are diversifying in order to provide more choice, become more sustainable and responsive, and deliver quality services to meet local needs and aspirations. A particular example is residential care providers who are offering services to people living in the community, enabling them to stay in their own home for longer – the success of which is already being evidenced in the outcomes outlined earlier in this section.

Wellbeing hubs

Five wellbeing hubs have recently been launched in North Lincolnshire to enhance and strengthen the local health and wellbeing support locally, with a further two satellite hubs also recently added to the wellbeing network. These hubs provide a dedicated facility for all preventative services commissioned and provided by the council working in partnership with health services. Examples of services that are accessible through the community wellbeing hubs are a community meals service, wellbeing conversations for the over 75s to enable early risk identification, and signposting to additional support, including falls prevention. The hubs are also designed to allow those who may otherwise feel isolated to be supported and empowered through befriending and daily social activities. There is ongoing evaluation and consultation with local people on the hubs to ensure they are providing a quality service which is relevant and value for money.

Integrated locality teams

Where appropriate, the wellbeing hubs direct people who use services to the integrated locality teams who may identify those who appear more vulnerable or at risk of any deterioration and offer them low levels of early help and support.

Targeted services are supported by the integrated health and social care locality teams covering the whole of North Lincolnshire that have been in place for a number of years. Social workers, community nurses and therapists are co-located to create an integrated secondary point of contact for all longer-term requests for social care services and assessments for eligibility under the Care Act. The teams enable a multidisciplinary approach to ensure that the health and social care needs of people living in North Lincolnshire are met in a coordinated way including liaison with GPs, hospitals and care homes. In addition these teams work with external partners such as police, fire and community mental health services to help people feel safe and supported.

The teams support adults who are mainly but not exclusively over the age of 65. They ensure the quality and safety of people and there are clear governance arrangements to report any concerns through adult protection and into the council's provider assurance framework. Alongside these teams there are

integrated older people mental health services that work in the same way and that are hosted by Rotherham, Doncaster and South Humber NHS Foundation Trust.

There is planned work to develop three care networks across North Lincolnshire which will also support integration. These networks will be made up of multidisciplinary teams and coordinated by a team including a GP, community nurse and social worker. Through the networks there are further plans to explore the roles that other services, such as community pharmacy, could have in supporting the integration agenda.

To support local integration, the council has invested over £3 million to develop a new 30-bed, high-quality, purpose-build unit. Sir John Mason House provides integrated nursing, therapy and support with GP input for people to regain their independence. Alongside this the community support team helps approximately 1,400 people per year (500 of whom are part of a step down from hospital programme) to regain their independence while they remain at home.

2.3 WHAT PEOPLE SAY

We have reviewed a number of information sources to identify if people think that their health and social care needs in North Lincolnshire are being met. Overall, survey data suggests that timely access to GPs are in line with the England average, although local Healthwatch has identified a number of issues which should be addressed including difficulties getting a GP appointment. Similarly, satisfaction with local services is broadly in line with the national picture.

Questions to consider

Question 4: In this section of the prototype report, do you think it is useful to present the populations data in this way?

- a) Is the benchmark data useful? Is it right to compare against England or is there a better comparator?
- b) Is the information useful?

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Access to services

Access to GPs is essential for people to benefit from the healthcare system as they are often the gate-keepers to other services. Responses to the NHS England GP Patient Survey indicate that primary care in North Lincolnshire is similar to the England average.

Table 7: Access to GP services, responses from the GP Patient Survey 2013/14, North Lincolnshire and England

Access to GPs	Time period	North Lincolnshire	England
% who would recommend practice	2013/14	78.8%	78.7%
% satisfied with phone access	2013/14	73.4%	75.5%
% satisfied with opening hours	2013/14	79.2%	76.9%
% who saw/spoke to nurse or GP same or next day	2013/14	62.8%	50.7%
% reporting good overall experience of making appointment	2013/14	74.5%	74.6%
% who know how to contact an out-of-hours GP service	2013/14	51.7%	55.8%

Source: PHE GP profiles using the NHS England GP Patient Survey results

There is evidence in several Healthwatch reports of problems getting access to services. In seeking to understand why people attend the emergency centre at Scunthorpe General Hospital, Healthwatch conducted an Enter and View and problems accessing GP appointments were identified. Reasons given by people using the service were the complexity of the booking systems, the wait for an appointment, the limited availability of suitable appointments, opening hours and the wait to see the GP of their choice. Concerns were also expressed about the consistency of care.

A consequence of this was that some people would present themselves at the emergency centre, rather than wait for a GP appointment, resulting in mounting pressure on the service. It was also suggested that due to these difficulties, young people, aged under 35 in particular, were more likely to attend the emergency centre than their GP surgery to access care, at a time when they considered they needed it.

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Some people did seek advice before attending the emergency centre by contacting other health services, including NHS 111, a pharmacy or their GP surgery. This provides some evidence that people have knowledge of who to contact and how to access help when needed.

Access to outpatient services at NLaG were raised as a concern by those we interviewed. This included concerns regarding clinic cancellations.

Access for dental health could be challenging for the North Lincolnshire area. The 2015 Strategic Assessment shows that currently the provision of dentists per 100,000 population is much lower in North Lincolnshire (34) than the England average (44).²⁶ Some limited information was provided to the assessment by Local Healthwatch about people's difficulties in getting an appointment with an NHS dentist and needing help to find an NHS dentist.

Satisfaction with services

Overall, survey data available indicates that people in North Lincolnshire appear to be broadly satisfied with the services they are receiving. The surveys we have seen typically show satisfaction above the England average. There is also some evidence that people feel that they are being involved in decisions about care.

The 2013/14 HSCIC Adult Social Care Survey asks: Overall, how satisfied or dissatisfied are you with the care and support services you receive? The proportion of people in England who answered, "I am extremely satisfied" or "I am very satisfied" was 64.8%. This is in line with the England average (65.3% of responses positive).

The 2012/13 HSCIC Carers Survey asks: Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from social services in the last 12 months?

The proportion of people in England who answered, "I am extremely satisfied" or "I am very satisfied" was 42.7%. North Lincolnshire's figure is more positive at 50%.

The GP Patient Survey shows the proportion of respondents who report that their care is considered very good or fairly good. Between July 2013 and March 2014, North Lincolnshire performed in line with England overall.

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Table 8: Results from the GP Patient Survey, North Lincolnshire and England, 2013 to 2014

	England	North Lincolnshire
Patient experience of GP services described as very good or fairly good	85.7	85.0
Patient experiences of GP out-of-hours services described as very good or fairly good	66.2	67.5

Source: Health and Social Care Information Centre (HSCIC), NHS Outcomes Framework Indicator Portal

Informing and engaging people

The Adult Social Care Survey and the Carers Survey ask several questions about information and involvement in decision making. These aspects are integral to ensuring people have access to the services they need. North Lincolnshire performs significantly better than the England average on a number of measures (table 9).

Table 9: Positive experience of care felt by carers and the people they support in North Lincolnshire and in England, 2012/13 and 2013/14

Measures of quality of life	Time period	North Lincolnshire	England	Compared to England
Proportion of people who use services and carers who find it easy to find information about services	2012/13	77.9%	71.4%	Not compared
Proportion of people who use services who find it easy to find information about services	2013/14	77.5%	74.5%	Significantly better
Proportion of carers who report that they have been included or consulted in discussion about the person they care for	2012/13	77.4%	72.9%	Significantly better

Source: PHE adult social care *Fingertips tool*

2.4 PEOPLE EXPERIENCING POOR MENTAL HEALTH AND OLDER PEOPLE

In North Lincolnshire we focused on the needs of people experiencing poor mental health and the needs of older people. The evidence available suggests that on balance most of the needs of these population groups seem to be met.

Overall, prevalence of a mental health diagnosis is lower than the England average. The rate of admissions to hospital, including emergency admissions, for a range of mental health conditions is either better than or similar to the England average. The improving access to psychological therapies (IAPT) programme has good access metrics. One area of concern is that excess mortality rate in adults under 75 with serious mental illness is higher than would be expected. There is some evidence that services for people with poor mental health are coordinated.²⁷

North Lincolnshire has a higher than average age profile, Overall, services generally perform as well as, or better than providers across England as a whole. North Lincolnshire's Frail and Frail Elderly Programme and plan aims to coordinate services better for older people in the area.

Health and care for people experiencing poor mental health

Mostly we found that local partners work together to support people's mental health and data indicates that services are working well to meet needs.

The prevalence of mental health conditions is lower than the England average (table 10) and the prevalence of dementia and learning disabilities is not statistically different from the England average.

Table 10: Identified health needs in North Lincolnshire and in England

Health needs (% of registered patients)	Period	North Lincolnshire	England	Compared to England
Prevalence of dementia	2012/13	0.59	0.57	Similar
Prevalence of a mental health diagnosis	2012/13	0.72	0.84	Significantly better
Prevalence of learning disabilities aged 18+	2012/13	0.47	0.47	Similar

Source: PHE adult social care and health profile *Fingertips tools*

²⁷ As noted above, case tracking would enable us to have more clarity on the extent to which this is the experience of people using services

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Outcomes for people experiencing poor mental health

Data in tables 11 to 13 suggest that North Lincolnshire has a low rate of hospital admissions for alcohol specific conditions and is broadly similar to England as a whole for a range of other mental health conditions. Hospital admissions and readmissions are also similar to the overall England rate. This may indicate that identification, treatment and monitoring of mental health conditions are working well and that prevention and intervention services are accessible.

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Table 11: Indicators of unmet need, North Lincolnshire and England

Indicators of unmet need	Time period	North Lincolnshire	England	Compared to England
Rate per 100,000 hospital admissions for alcohol-specific conditions	2013/14	266	374	Significantly better
Rate per 100,000 hospital admissions for alcohol specific conditions under 18	2011/12 to 2013/14	23.5	40.1	Significantly better
Rate per 100,000 hospital admissions for unipolar depressive disorders per 100,000 aged 15+	2009/10 to 2011/12	20.9	32.1	Significantly lower
Rate per 100,000 emergency admissions for neuroses	2011/12	19.7	16.8	Similar
Rate per 100,000 hospital admissions for mental health conditions, 0-17 year olds	2013/14	70.7	87.2	Similar
Rate per 100,000 hospital admissions as a result of self-harm, 10-24 year olds	2010/11 to 2012/13	300.5	352.3	Significantly lower

Source: PHE Alcohol profiles and PHE Common Mental Health Disorders Profile

Table 12: Observed number of emergency admissions to an acute hospital for mental health condition or behaviours, North Lincolnshire, 2012/13

Acute hospital admissions for:	Observed	Expected	National comparison
Self-harm	193	207	Similar to expected
Alzheimer's disease	25	24	Similar to expected
Other organic forms of dementia (not Alzheimer's)	27	19	Similar to expected
Schizophrenia	*	*	Lower than expected
Mood disorders	*	8	Similar to expected
Mental health conditions resulting from alcohol misuse	37	62	Much lower than expected

Source: CQC (2015), Right here, right now report, (mental health crisis review using Hospital Episode Statistics (HES) and Mental Health Minimum Data Set (MHMDS) *values <5 have been suppressed

2. Populations and their experiences

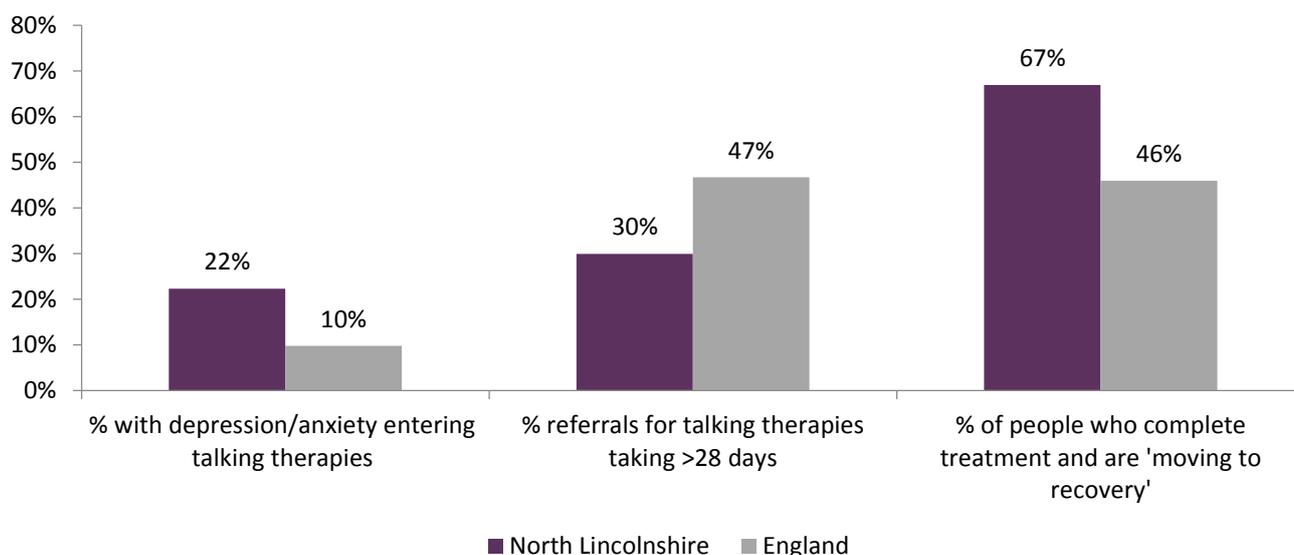
Table 13: Indicators of unmet need – hospital admissions, North Lincolnshire and England, 2012/13

Indicators of unmet need – hospital admissions	Period	North Lincolnshire	England	Compared to England
Emergency admissions via A&E for a mental health (MH) condition (for patients with a history of previous MH contact) that returned to A&E within 30 days (for any reason)	2012/13	25.2%	25.0%	Similar
Emergency admissions via A&E for a MH condition (for patients with no history of previous MH contact) that returned to A&E within 30 days (for any reason)	2012/13	15.0%	13.5%	Similar

Source: CQC (2015) *Right here, right now* report, using HES and MHMDS

The IAPT programme supports the frontline NHS implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. Overall, in North Lincolnshire, IAPT services are doing well on the numbers of people seen and timeliness. The overall ratio of the number of people entering talking therapies to the estimated number of people with depression and/or anxiety disorders is much higher than average in North Lincolnshire. The proportion of people who complete treatment and are 'moving to recovery' is also much higher than average in North Lincolnshire. While the number of referrals for talking therapies that have waited more than 28 days from referral to treatment is lower in North Lincolnshire, it is statistically similar to the England average.

Figure 5: Access to psychological treatments, North Lincolnshire and England, 2012/13



Source: CQC (2015), *Right here, Right now*, using HSCIC IAPT data

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Indicators suggest that outcomes for individuals in contact with mental health services for suicide are similar to the England picture. However, the excess mortality rate appears much higher.

Table 14: Outcomes for individuals in contact with mental health services, North Lincolnshire and England

Outcomes for individuals in contact with mental health services	Time period	North Lincolnshire	England	Compared to England
Excess under 75 mortality rate in adults with serious mental illness	2012/2013	519.3	347.2	Not compared
Suicide rate per 100,000 (persons)	2011-2013	11.2	8.8	Similar
Rate of recovery from IAPT treatment (% recovering from treatment)	2012/2013	67.00%	45.90%	Significantly higher

Source: PHE Public Health Outcomes Framework Fingertips tool/PHE community mental health Fingertips tool

There was some specific evidence from a Healthwatch local issues survey that the needs of people with mental health issues are not being met. The most common concern was the time taken from diagnosis to receiving treatment. Other concerns included the perceived lack of urgency in receiving that treatment and lack of support for individuals and carers.

Are mental health services coordinated?

Prevention work through the hubs and other wellbeing services are in place to avoid people having poor mental health. For those who do experience poor mental health there is a long-established arrangement with Rotherham, Doncaster and South Humber NHS Foundation Trust which offers a service to people of working age who are experiencing mental ill health.

Staff work with people experiencing episodes of mental health using the wellbeing and prevention principle to maximise independence and to provide short-term interventions to keep people at home and well. If people are assessed as requiring longer-term support, staff undertake assessments of need under the Care Programme Approach framework and provide social care interventions to meet identified unmet need, they offer advice and support to empower individuals to identify risk and solutions to issues identified regarding unmet need. The policy is for packages of care to be reviewed annually.

Similarly, there is an integrated disability service. This is specialist support for people with learning disabilities and physical disabilities and it is provided by an integrated team based at the Ironstone Centre in Scunthorpe. The

2. Populations and their experiences

multidisciplinary team includes health and social care professionals who manage an individual's care planning and review. There are close links with North Lincolnshire's Integrated Service for Disabled children (health and social care) with transition planning starting as early as possible with teenagers and their families.

The CCG is taking a joint approach across health and social care in North Lincolnshire to ensure a high quality of care and assessment for vulnerable people who require assistance and support in accordance with the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). Significant work is being undertaken in health and social care and organisation-specific action plans are in place. However, it is recognised by partners that care for people in this group will be improved and more efficient if organisations work together. Various priorities have been identified across the North Lincolnshire Council and the CCG including developing an improved understanding of MCA and DoLS principles and practicalities, developing community pathways, developing Best Interest Assessors and ongoing development, sharing and mentoring.

A process for NHS provider assurance is also in place for MCA and DoLS with each of the main providers submitting detailed plans to commissioners to confirm their compliance with the DoLS guidance. Providers are focusing on staff training and improved quality of the mental capacity assessments to ensure the best care and outcomes for their patients.

Statutory and voluntary sector partners are working to support people with dementia and their partners. The North Lincolnshire Dementia Action Alliance raises awareness of dementia at a local level in order to reduce the stigma and to encourage people in the local community who have dementia or are worried about their memory to seek and be given patience, kindness, understanding and support.

The CCG, council, Dementia Action Alliance and Alzheimer's Society have also developed a dementia strategy using the experience-led commissioning approach. There is a comprehensive action plan which sits alongside the strategy for 2015/16. This covers establishing a rapid pathway, improving information provision, raising awareness in primary care, evaluating current provision and establishing targeted support.

Health and care for older people

Throughout North Lincolnshire the needs of older people are being addressed across partners, and plans are being implemented to support the older population through prevention services and services that support people to remain in the community. Partners are clear on the outcomes that they would

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like for older people. These include people feeling confident to remain at home for longer, feeling in control of long-term conditions, feeling safer, and having health and care needs met closer to home. They want people to tell their story only once. Some of these plans are referenced earlier in this prototype report as they are part of the BCFP or the HLHF programmes.

North Lincolnshire has a higher than average age profile, and a significant ageing population living in rural areas, with limited public transport. The Strategic Assessment indicates that an estimated 4% of resident older people (aged over 65 years) live in care homes in North Lincolnshire. This rises to 16% for those aged over 85 years. This is similar to the England average and means the vast majority of this age group continue to live in their own home, with the support of informal and formal carers.

A third of those aged over 65 live alone in North Lincolnshire and this figure is projected to rise further as life expectancy increases and as more people in their middle years live alone. Older residents make up 19% of the resident population, but more than a third of all non-elective admissions each year. Local data indicates that in October 2014, over 65 year olds account for 22.1% of all A&E attendances at NLaG, and half of those attendances resulted in an inpatient admission.²⁸ Partners across the area indicate that these figures are broadly in line with the England average; however there is still room for improvement to get to a point of upper quartile performance.

In 2013/14, 8% of the over 65 year old population were in receipt of local authority-funded support services in North Lincolnshire, including 31% of people aged 85 years or over.²⁹ As this older population increases in number, the pressure on local health and social care services is likely to grow. The number of people developing late onset dementia is increasing at a faster rate in North Lincolnshire than nationally.

Outcomes for older people

Table 15 presents the outcomes for older people in North Lincolnshire and in England. Excess winter deaths in North Lincolnshire which can be attributed to health inequalities or a lack of appropriate health promotion and emergency planning activities are not statistically different from the England average.

Health-related quality of life is significantly better in North Lincolnshire than overall in England. This indicator is derived from the GP Patient's Survey which asks people to describe their mobility, self-care, usual activities, pain,

²⁸ North Lincolnshire Better Care Fund Application 2015

²⁹ North Lincolnshire Better Care Fund Application 2015

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discomfort, anxiety and depression. The range of scores in England is 0.64 to 0.79: the higher the score, the better the quality of life.

Table 15: Outcomes for older people, North Lincolnshire and England

Outcomes for older people	Time period	North Lincolnshire	England	Compared to England
Excess Winter Deaths Index (one year, ages 85+) (persons)	August 2012 to July 2013	41.6	28.2	Similar
Excess Winter Deaths Index (three years, ages 85+) (persons)	August 2010 to July 2013	27.8	24.1	Similar
Health-related quality of life for older people (survey score)	2012/13	0.74	0.73	Significantly better
Rate per 100,000 hip fractures in people aged 65+ (persons)	2013/14	558	580	Similar
Rate per 100,000 hip fractures in people aged 65+ (aged 65-79) (persons)	2013/14	231	240	Similar
Rate per 100,000 hip fractures in people aged 65+ (aged 80+) (persons)	2013/14	1,504	1,566	Similar

Source: PHE Public Health Outcomes Framework Fingertips tool

Are services coordinated for older people in North Lincolnshire?

The BCFP, which was approved by NHS England in February 2015, has been developed across the partners in health and social care. The plan takes forward changes to services for the frail and frail elderly in order to provide people with a more joined-up experience of care. This plan sits alongside better support at home, treatment in the community to avoid the need for urgent hospital treatment or early admission into care or nursing homes, and a reduction in the time people spend in hospital if they do have to be admitted.

The North Lincolnshire Frail and Frail Elderly Strategy is focused on setting out clear and tangible actions to achieve this including the ambition to work towards more strategic integration and joint commissioning arrangements. It has been further underpinned from a governance perspective by establishing a Joint Board for Health and Social Care Services (Frail and Frail Elderly) to oversee the wider health and social care system and ensure that the Frail and Frail Elderly Programme delivers the aims and objectives agreed across the health and social care economy.

The Frail and Frail Elderly Programme and plan across North Lincolnshire sets out the actions needed to transform services to provide sustainable person-

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centred, coordinated care and support that is delivered closer to home and in communities. The workstream is based on what people have told the partners they need to do in order to keep people well and enable them to maintain independence. A project manager has been appointed to support implementation and to ensure governance, project plans and reporting arrangements to the HWB are in place.

The development of the BCFP and the implementation plan for supporting the frail and elderly are therefore key to the vision for North Lincolnshire and are being taken forward via the Frail and Frail Elderly Implementation Group of which NLaG, RDaSH and EMAS are a part. This group ensures that the full acute, community, emergency and mental health pathway elements are taken into account when schemes are being implemented.

As previously discussed, a number of initiatives which are constituent parts of the implementation plan are being introduced to drive quality of care for older people. In November 2014, some of the constituent parts of the plan were trialled during 'The Perfect Week', when four schemes in the BCFP were implemented to assess their sustainability and impact. The results were encouraging, suggesting that with the right amount of planning and phased approach to improvement, the changes will improve outcomes for frail and elderly patients.

There is a keen focus on the health and care of older people in primary care. North Lincolnshire now has a GP federation with a representative engaged with the Frail and Frail Elderly Programme. This has allowed a number of GPs with a keen interest in developing strategy and initiatives in this area to come forward. There is CCG governing board GP representation on the joint board and a representative from the GP Federation is a member of the Frail and Frail Elderly Implementation Group.

2.5 INEQUALITIES

Health inequalities across North Lincolnshire are evident. Although life expectancy at birth has improved for all social groups across the area over the last 20 years, it has risen fastest for the 10% most affluent people. Residents of the most deprived 10% neighbourhoods in North Lincolnshire are not only more likely to die 7-10 years before the richest residents, they are also more likely to spend 10 more years of adulthood in poor health.³⁰ These differences in health outcomes are from causes which are potentially preventable, placing North Lincolnshire above the England average for rates of avoidable deaths.

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Life expectancy in North Lincolnshire is worse for both males and females at birth and at age 65 than the overall life expectancy in England. Healthy life expectancy at birth in North Lincolnshire is similar to England.

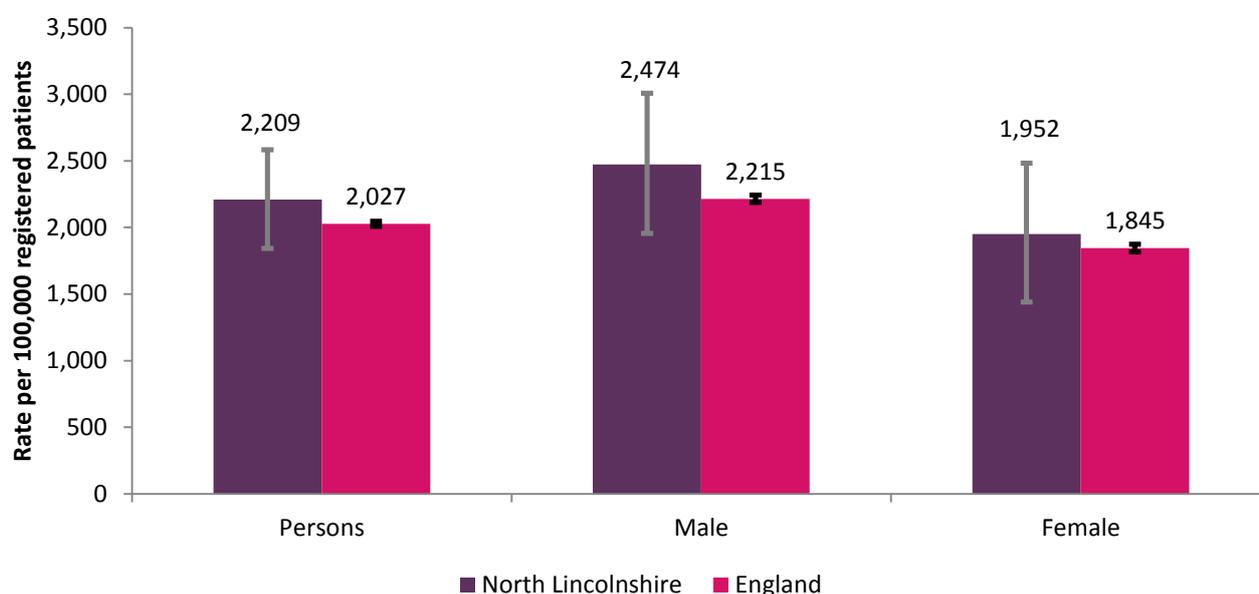
Figure 6: Life Expectancy in years for North Lincolnshire and England, 2011 to 2013



Source: PHE Public Health Outcomes Framework Fingertips tool (using Office for National Statistics data)

Potential years of life lost (PYLL) from causes considered amenable to health care calculates the number of additional years a person might have been expected to live with timely and effective healthcare had they not died of a cause considered to be avoidable. Areas that are displaying effective partnership working and which are undertaking effective prevention work will have a lower PYLL. In North Lincolnshire the potential years of life lost per 100,000 registered patients looks slightly higher than the England rate. However the confidence intervals around this rate are quite large, so they may not be significantly different from the England average. Therefore the area has scope to improve the effectiveness of healthcare services.

Figure 7: Potential years of life lost (PYLL) from causes considered amenable to health care in North Lincolnshire and England, 2013



Source: HSCIC's NHS Outcomes Framework Indicator Portal

As a result of lifestyle changes and increased obesity, related medical conditions such as diabetes are increasing as well. Diabetes is expected to rise by 26% in North Lincolnshire by 2030.³¹

North Lincolnshire's Health Scrutiny Committee has discussed accessibility issues impacting on the care received by some individuals, specifically, support services for people with eye health issues.

All of the local partners aim to ensure equality is a key consideration during strategy and policy development and in the commissioning of services. Specifically, the HWB strategy and supporting documents were subject to an Integrated Impact Assessment which considers a range of factors, including environmental, community safety, health, geographical, economic and social inclusion, diversity and human rights, statutory legal processes, risk, procurement, and child poverty. Similarly the CCG and council undertake equalities impact assessments routinely as part of service reviews and for all new commissioned services. Additionally, the CCG's strategic commissioning plans are underpinned by the findings of North Lincolnshire's Strategic Assessment which identifies local health need, gaps and inequalities.

³¹ Healthy Lives, Healthy Futures narrative 2015 <http://www.healthyliveshealthyfutures.nhs.uk/publications/>

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Partners who commission and provide services engage with local people through multiple channels across North Lincolnshire to support the reduction in health inequalities. Partners have a well-established, wide ranging stakeholder list of local community groups, voluntary groups and organisations, including those that represent groups with protected characteristics. This is maintained and utilised to identify those people who may be interested in being involved in particular projects.

- The CCG have met with a number of community and special interest groups over the course of the year to inform the commissioning cycle, including the Carers Advisory Group, Scunthorpe and District Mind, the Lindsey Blind Society and the Breathe Easy group.
- The council has involved Experts by Experience in a range of activities including helping to interview staff, influencing the development of Healthwatch and influencing the Volunteer Engagement Policy.
- There are a group of people on the Expert Patient Programme who have experienced health and social care services and help others to look at how they can self-manage their long-term conditions.
- GP practices actively engage with their patients using online surveys, paper surveys and electronic equipment which captures patient views on services in order to identify areas for improvement. Patient surveys were carried out in Ashby Turn, Trent View and South Axholme practices as part of the Patient Participation Directed Enhanced Service to explore patients' views of access to primary care services.



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Questions to consider

Question 5: Do you think the evidence in this section regarding leadership is useful?

3.1 LEADERSHIP

Overall, the partners in North Lincolnshire are working well together. The BCFP has been a catalyst for improvement although progress has been difficult at times due to a range of barriers which they are working together to overcome. There is effective leadership regarding the accountability for care quality across partners. There is an agreed vision which is an important milestone, but the absence of collective agreement on who leads on the integration agenda and its quality outcomes in the area has the potential to delay progress, given each organisation will be coming under its own increasing pressures.

Local leadership

We found that there is some evidence of effective partnership and joint working across the health and care system in North Lincolnshire. There is a clear vision, a comprehensive approach to developing partnership working, and a common language is developing as are joint working initiatives.

Leaders across partner organisations are aiming to drive improvement in the quality of health and social care across North Lincolnshire through a range of initiatives. There is an overall vision and a commitment to drive quality across the area although barriers in and outside the control of local partners and leaders pose challenges to the vision being fully realised. We found that there is

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an absolute understanding, willingness and commitment among partners to drive quality of care forward.

The BCFP has been a catalyst for change and is being used to drive the integration of health and care forward. This has also enabled the HLHF programme to move forward. There are risks to the HLHF programme including lack of ownership and leadership, varied capability of partners, and the importance of delivering workstreams at a pace and scale that meets health and social care needs in the most appropriate way in the future.

Ultimately, there is a need to come to a united agreement across North Lincolnshire on what role each organisation has in leading change in the area, and how organisations can effectively work together to own the change they want to see. It is unclear if local leadership sits with the HWB, North Lincolnshire Council, North Lincolnshire CCG, or another forum, or indeed whether a form of collective accountability might be possible.

Leadership supported by partnership working

Partners we spoke to felt that there is variability in the capability of partners. There are complex relationships across partnerships and this can cause tensions. Partners we spoke to indicate that in the past there was a lack of agreement on issues facing partners but efforts to resolve this are taking effect. The legal requirements of statutory bodies and organisational boundaries can and do cause issues in partnership working. People we spoke to felt that agreement for initiatives to improve outcomes is gained at a level below organisational boards but can then meet the natural tension between the desired direction of travel and conflicting accountability across organisations. For some key programmes this is being addressed through memorandums of understanding.

People we spoke to identified that although local professionals and organisations are all signed up to the same vision through HLHF there was still a tendency to work in isolation. The outcome is that lots of work has been planned and agreed but although all partners had agreed to the vision, there were concerns that the implementation of the work was yet to come to fruition in some area or at the pace of change needed. Interviewees said that the programme still needs to be fully embedded in partner organisations so that all professionals take ownership in a collective way. This has been acknowledged by the four chief executives across North Lincolnshire and North East Lincolnshire and has led to a recent meeting aimed at increasing momentum in the light of the financial viability of NLaG and refocusing on the aims and system ownership.

People we spoke to felt that there is definitely a move towards more joint working although there is a need for more focus across the system to ensure synergy in how services are commissioned and provided across health and social care. The voluntary sector was cited as an area which has potential to add more capacity to the system. Although it was reported that there were excellent working relationships locally due to the longevity of appointed staff and previous projects there was a sense this capacity is yet to be fully realised. There is no umbrella organisation representing the voluntary sector and although there is representation on the HWB, it is recognised by partners that to improve local communication, there needs to be more focus on the voluntary sector voice.

There are new partners developing locally which will support integration. Of particular importance is the development of the Federation of the 19 local GP practices. The GP Federation is embryonic but aims to support the drive for quality across primary care. At the time of our visit, care networks were being set up, promoting a multidisciplinary provider approach which will complement the Single Organisational Model taken forward by partners as part of the BCFP and the work of the HLHF. The Federation has its first contract to manage the falls service. The community services provided by NLaG are also identified as an area where more progress and investment is needed to support local plans.

Proactive work is being undertaken to develop a common language between partners. Under the auspices of the HWB, a glossary of common language has been developed. However people we spoke to, although acknowledging that this is an excellent start, indicated that the common language needs to be further embedded across partners and with partners outside of the health and social care system.

Leadership supported by plans

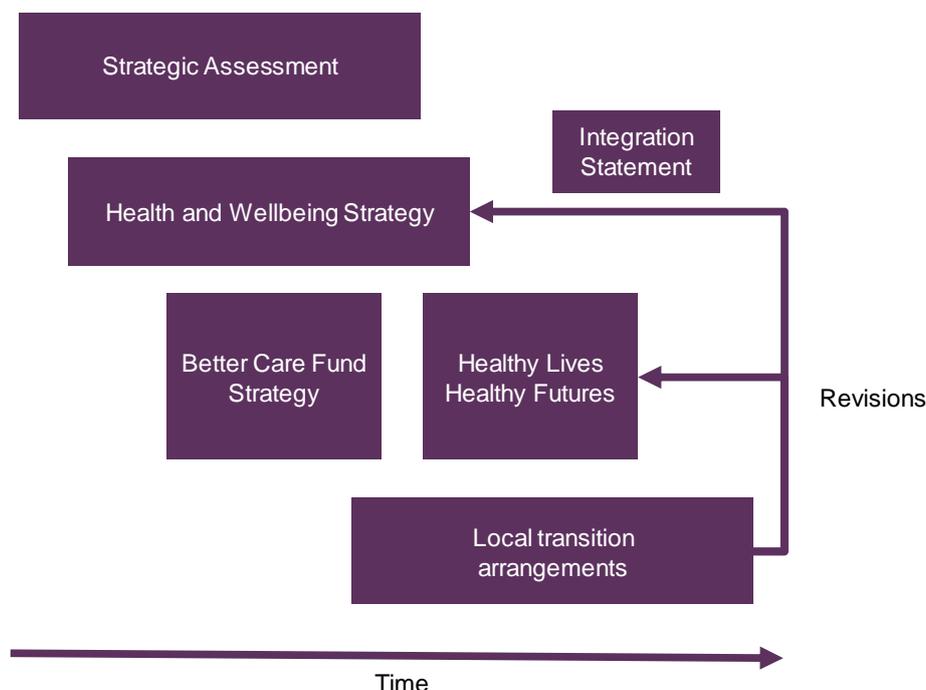
Despite challenges, progress is being made. We found that having an agreed shared vision for integration is having a positive impact. Local partners state that they are focusing on commissioning and delivering services which are high quality, integrated, accessible, innovative and safe. Partners across North Lincolnshire have the vision that by 2019, people living in the area will be supported to be in control and to maintain their independence as long as possible. The refreshed HWB is committed to integrated working. Plans have been developed with input from people who use services and local communities.

Partners, through a variety of well-managed forums, are moving away from institutional cultures and ways of doing business towards a common understanding of what matters. There are a series of documents which seek to capture the shared vision and plans of the partners, and the development of

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these has been iterative. As shown in figure 8, North Lincolnshire’s Strategic Assessment (sometimes called the Joint Strategic Needs Assessment) is the main starting point for discussions as it identifies need in the area. This informed the HWB strategy which in turn impacts on both the BCFP and HLHF.

Figure 8: Better Care Fund Plan



Source: CQC

Document	Purpose	Status
Strategic Assessment	Described locally as “one version of the truth”. Those we spoke to and recent HWB peer review endorsed this view. There is evidence that the Strategic Assessment is used to inform the CCG and Council’s strategic and operational plans, partners’ priorities and commissioning intentions.	The Strategic Assessment is comprehensive and regularly updated.
HWB strategy	The strategy aims to deliver clarity of purpose – focusing on the key local issues, prioritising these and ensuring that these are evidence-driven to support care quality. Partners are not agreed that it currently does this effectively.	There are plans to refresh the North Lincolnshire Joint Health and Wellbeing Strategy (HWS) to support partners to take the work of the HWB forward in a more comprehensive way.

Document	Purpose	Status
Integration Statement and suite of documents	<p>The North Lincolnshire HWB Integration Statement sets out how organisations can work together to achieve a shared outcome.</p> <p>The collective ambition is to transform services to provide sustainable, integrated care.</p>	The Integration Statement and suite of documents are agreed and are being embedded.
Better Care Fund Plan (BCFP)	This sets out the vision to support the elderly population while shifting resources across the community away from hospital and residential care and into community and home-based care while increasing self-care and independent living.	Interviews indicated that much time and effort has gone into signing off the BCFP. People we spoke to felt that partners recognise that there needs to be clear testing of the plan, progress reports and ongoing evaluation.
HLHF	The programme was established as the framework for all health and care organisations across Northern Lincolnshire ³² to work together to improve quality and outcomes, support access and manage demand. Partners from the CCG and the council are working with neighbouring partners to take a joint approach.	The HLHF programme is not working in isolation but is linked to similar programmes in East Riding of Yorkshire, and Lincolnshire partners state that the programme is driven by national best practice and is aimed at ensuring that commissioners and providers develop a health and social care system that delivers safe, high-quality and affordable services for many years to come.
Vulnerable adults strategy	The vulnerable adults strategy sets out how the council, the NHS, partners, providers, communities and citizens will address the priority needs of North Lincolnshire's vulnerable adults in a financially sustainable way.	The vulnerable adults strategy is informing the commissioning and provision approach to health and care across this group.

North Lincolnshire has agreed an Integration Statement underpinned by a suite of documents which sit alongside the HWB strategy. Partners have reviewed local transition arrangements, drawing on the HWB strategy and strategic assessment for information and direction. This has led the area to agree some revisions to the HWB strategy.

A single organisational model has been adopted to help redesign services to ensure support and interventions are delivered according to need, and people are safeguarded and protected with timely, effective support to reduce crisis and support an integrated return to the community. In the early stages of the process a common view emerged that the key to making local services

³² Northern Lincolnshire includes both North Lincolnshire and North East Lincolnshire local authority areas.

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sustainable is to make sure that the out-of-hospital and community care model is right.

Plans into practice

Progress has begun across North Lincolnshire to drive quality of care. Over the past two years the HLHF programme has engaged with local clinicians, the clinical senate and the public to identify priority areas in safety and quality. This has delivered a full public engagement programme and conversation around the centralisation of two specific services: hyper acute stroke services and ear, nose and throat inpatient surgery services. The consultation process was successfully managed and the CCGs made final, unchallenged decisions on the permanent location of the services. These are now being implemented.

We found a range of additional initiatives are being supported by the HLHF programme and the enabling BCFP. Some may support the reduction of avoidable admissions and delayed discharges. These include the RATL and a new ambulatory emergency care service at Scunthorpe Hospital which will assess, treat and discharge patients on the same day. There is also the implementation of a seven-day social work team based at Scunthorpe Hospital to support improved discharge arrangements, additional social work across seven days in locality teams to support assessment out of hours, alongside the district nursing service and the older people's mental health liaison service.

We found that proactive planning is taking place across North Lincolnshire to reduce demand on acute services. Operational resilience systems have been established with NLaG to avoid emergency admission and readmissions and to oversee the coordination and integration of services to support higher quality and effective delivery.

Local partners have developed a system resilience group (SRG) which provides strategic and operational leadership across the healthcare system for both elective and non-elective care. With the strategic responsibility to ensure a whole system response, the SRG has the responsibility to ensure the commissioning and provision of high-quality, safe and integrated planned and unplanned care that is designed to meet the needs of the local population using NLaG services.

Financial plans

As outlined above, at the time of the assessment there was a balanced financial position for the CCG and the council. However NLaG was applying for distress funding from the Department of Health.

To support planning, commissioners and providers have been working together to review the financial planning data and to form a view of the size of the current, and forecast, financial deficit position for the health and care economy in North Lincolnshire. Detailed and proactive medium- and worst-case scenarios have been developed based on risks. In line with other health and social care economies there is reported uncertainty at CCG level around future funding and the impact of factors such as demographic change, disease prevalence and the increased cost of care. Furthermore, the financial position of NLaG is under close scrutiny from Monitor following enforcement action due to financial breaches.

Resilience funding is now recurrent within the finance plan and the SRG has recommended proposals to the CCG on the ongoing use of this funding. The CCG is looking at the implementation of resilience-funded initiatives to sit alongside those already covered by the BCFP. Some partners, including voluntary sector representatives, feel that they could be further involved in system resilience. Others believe that although work is being undertaken, it is not at a fast enough pace to deal with the issues. People we spoke to felt there should be a greater focus on the urgent care pathway and particularly around handover and staffing.

The local health partners have adopted an open book policy for the accounts. This ensures transparency and all partners can have a detailed understanding of spend.

Equality, diversity and human rights

Partners understand the scale of the social, economic and environmental challenges in North Lincolnshire and how these can impact on health and health inequalities, including those related to equality, diversity and deprivation. However, although this understanding is supported by the robust strategic needs assessment as well as organisational strategies and engagement with local communities, partners feel that more can be done to address this agenda.

Equality and diversity is integral to the Health and Wellbeing Strategy (HWS), where partners across health, social care and the voluntary sector, as well as wider wellbeing partners, are explicit about the actions they are committing to in order to reduce inequalities, improve wellbeing and provide evidence on performance and impact.

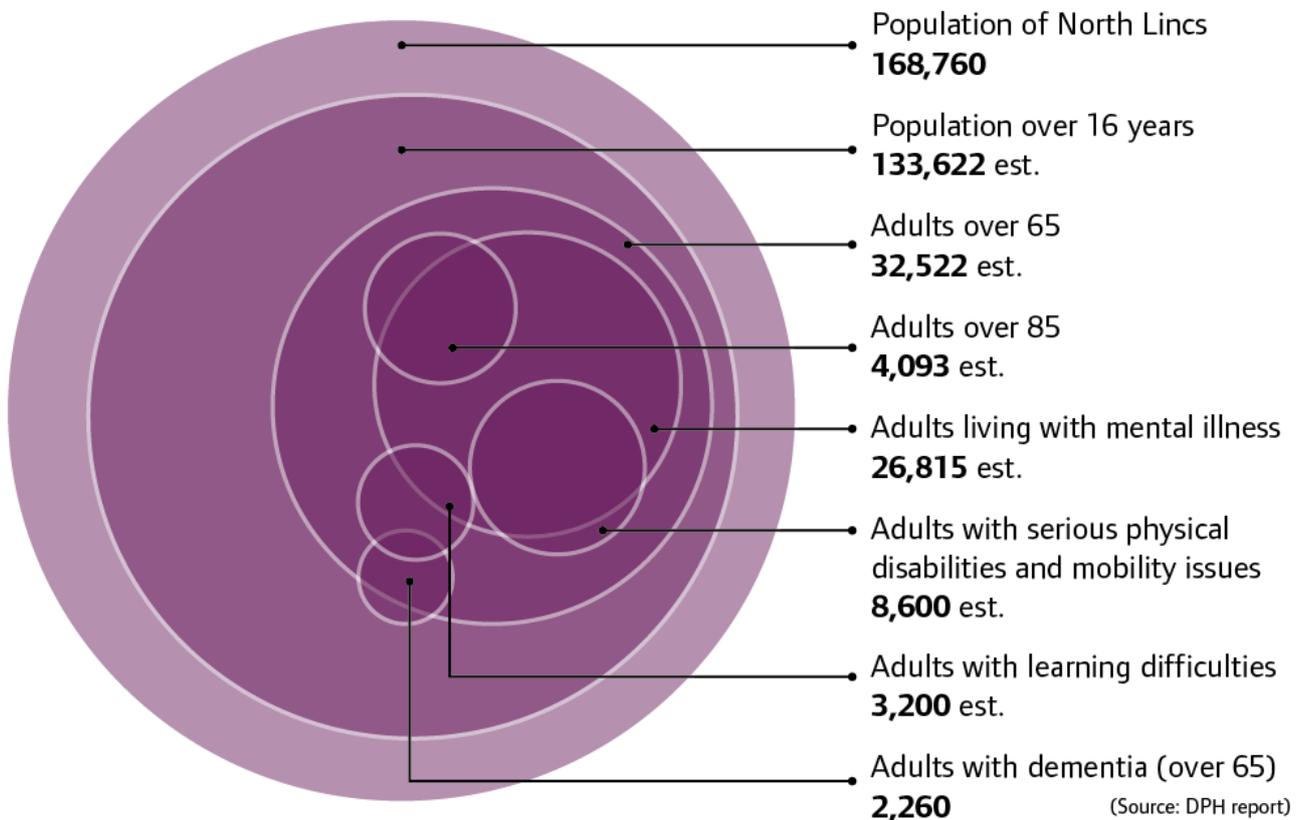
3. Systems and their impact

The HWB has also developed an equality and diversity statement. This states that partners value equality, diversity and inclusion (EDI) and that they are committed to ensuring equal opportunities objectives have been set. The objectives will be reviewed by the HWB.

North Lincolnshire Council understands that it has a responsibility to embed diversity and inclusion in its work and that the responsibility is wider than the requirements of current legislation. The council actively works to engage; to identify and remove barriers to inclusion. It recognises that taking action on unconscious bias is an important way to ensure that it does not unfairly discriminate. This is underpinned by its 2015 diversity and inclusion policy, statement and strategy. This strategy sets the framework for the council's approach and its commitment to EDI and the integral role EDI has in meeting organisational development, workforce and customer needs.

As the commissioner of the majority of health services in the area, the CCG is committed to eliminating any form of discrimination and aims to commission services that are accessible and delivered in a way that respects the needs of each individual, while being inclusive to everyone. To achieve this, the CCG works with partners, healthcare providers and contractors to ensure that valuing diversity and promoting fair access to services are core elements of care. Full consideration is given to all equalities issues when planning or redesigning services and when assessing the health needs of the local population. In partnership with local communities and other local organisations in the health and social care sector, the CCG aims to reduce inequalities in health. The CCG has broad estimates of the number of vulnerable adults living in the area to inform decision-making (figure 9).

Figure 9: Vulnerable adults – North Lincolnshire



Source: North Lincolnshire Council; North Lincolnshire Clinical Commissioning Group

The CCG has taken steps to address the equality and diversity agenda through proactive engagement with specific groups, for example those representing the lesbian, gay, bisexual and transsexual (LGBT) community, through planned events and encouraging people to join the CCG’s public and patient network ‘Embrace’. This is a way of directly engaging with people around their areas of specific interest. The work is at an early stage and there are plans to grow membership in 2016.

The CCG uses the equality and diversity assessment tool and healthcare equality index. It has been used to self-assess the approach to commissioning in relation to equity and has informed the equality plan. During 2014/15 the CCG has also been working with Stonewall to assess the needs of the LGBT community and to develop a training package for staff. In April 2014, the CCG approved its communications and engagement strategy, which includes a section setting out its commitment to ensuring that engagement and communication methods take into account the access needs of people with a protected characteristic so that they are able to fully participate in the CCG’s activities.

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Healthwatch England has recently recommended that more information about dementia is required within Black and minority ethnic communities to enable timely access to diagnosis and services. Healthwatch reported that targeted work with newer community groups, such as eastern Europeans, is specifically required to ensure that people know what health and social care services are available and how to access them. As outlined in the North Lincolnshire overview section, in the 2011 census, 96% of North Lincolnshire residents identified their ethnicity as White.

3.2 PROTECTING PEOPLE FROM HARM AND ABUSE

Evidence shows that there are effective arrangements for children and adult safeguarding across North Lincolnshire and partners recognise that addressing safeguarding is a key element of driving quality. However, there is scope for better communication regarding systems for reporting between NLaG and the CCG.

Questions to consider

Question 6: Do you think that the evidence we have gathered regarding safeguarding in this section is useful?

The North Lincolnshire Safeguarding Adults Board is long-established and provided a solid base when statutory boards became a requirement in April 2015. Partners engage effectively with the board and there are clear priorities set out in the board's business plan. The local government association (LGA) peer challenge of services to adults (October 2014) reported that the ambition of the Local Safeguarding Adults Board (LSAB) is clear.

To discharge its duties regarding safeguarding, North Lincolnshire CCG has clear lines of responsibility with a nominated director in the executive lead for safeguarding on its board, as well as being a member of both the local adults and children's safeguarding boards. The CCG has developed a work plan for 2015/16 to ensure it carries out its functions in relation to the local safeguarding children's board (LSCB) and the LSAB priorities. The work plan is dynamic and responsive to the commissioning issues arising from local and national learning, reviews and inspections. Priorities have been identified for 2015/16 and are being worked on – they include supporting the quality arrangements required in primary care and other independent contractor services.

A safeguarding supervision strategy for the Northern Lincolnshire health economy has been developed and rolled out in collaboration with North East Lincolnshire CCG.³³ This includes further development of a safeguarding training strategy for the Northern Lincolnshire health economy in collaboration with the CCG.

However, although the adult safeguarding arrangements are working well, people we spoke to felt that arrangements for reporting between NLaG and the CCG need a review because there have been issues in the past. Although these issues have been assessed and effectively resolved by the North Lincolnshire Adult Safeguarding Board, there is ongoing work to address areas such as common language and the appropriate sharing of data. This will ensure that the aims of establishing an even more robust safeguarding approach are met and will continue to build on sound foundations.

An Ofsted and CQC report – *Inspection of safeguarding and looked after children services, North Lincolnshire* – found that overall effectiveness was good, with a number of outstanding elements.³⁴ The LSCB was noted for providing an ambitious vision and highly effective coordination of safeguarding arrangements in North Lincolnshire, with an outstanding approach to consultation, involvement and participation of young people. The report also found that the Children’s Trust arrangements were also good, coordinating well the wider vision of improving all children’s life chances.³⁵ Senior managers and designated and named professionals from the various health agencies were seen as contributing well to the Children’s Trust and the LSCB, and their membership met requirements. Designated and named health professionals were found to fulfil their statutory roles on these boards with the designated doctor and designated nurse acting as professional advisors to the LSCB.

Furthermore, the inspection also found that the capacity for improvement was outstanding. The children and young people’s plan was found to be excellent and articulated well the vision, ambition and priorities needed to deliver sustained improvements across children’s services. All children’s performance indicators had ambitious local targets and were, in the main, showing continued improvement. The inspection judgements for the local schools, children’s centres and children’s homes showed continual improvement overall.

33 Northern Lincolnshire includes both North Lincolnshire and North East Lincolnshire local authority areas.

34 http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/north_lincolnshire/050_Safeguarding%20and%20looked%20after%20children%20inspection%20as%20pdf.pdf

35 North Lincolnshire’s Children’s Trust was originally established in 2003 under the pathfinder arrangements. People we spoke to stated that during a successful period of evolution, cooperation between partners has been well established with a common understanding of collective responsibilities towards improving outcomes for children and young people, particularly vulnerable groups.

3. Systems and their impact

3.3 THE IMPACT OF GOVERNANCE

There is evidence that governance arrangements are in place to drive quality and integration of care. Some structures for committees are still embedding and there is a focus on strengthening the HWB.

Questions to consider

Question 7: Do you think that the evidence we have gathered regarding governance in this section is useful?

Governance arrangements

There is a well-established tradition of partnership working across North Lincolnshire. Interviews during the assessment indicated a commitment across partners to effectively work together supported by robust governance. Partners can evidence effectiveness through success in a range of national initiatives and statutory duties which require a partnership approach to implement, such as the BCFP. Recent peer challenge reviews, firstly services to adults and secondly the HWB, highlighted a number of strengths about partnership working in North Lincolnshire. The review states that “collectively partners in North Lincolnshire are passionate in their endeavours to get it right.”

One of the strengths locally is the consistency of staff in senior posts which has allowed for difficult discussions to happen due to trust built over time. However, at the time of the site visit, senior members of the CCG, including the accountable officer, were due to leave at the end of 2015. This is a possible risk to effective working and could cause a delay to implementing plans. Alongside this, the Yorkshire and Humber Commissioning Support Unit (CSU) is closing. Again, this could have an impact on the system. The CSU impact may be positive as it will introduce some further localism – for example, the continuing care team will return to work locally from the CCG rather than from the CSU. However, with the changes there may be a risk in the interim that services commissioned through the CSU for the area could be disrupted.

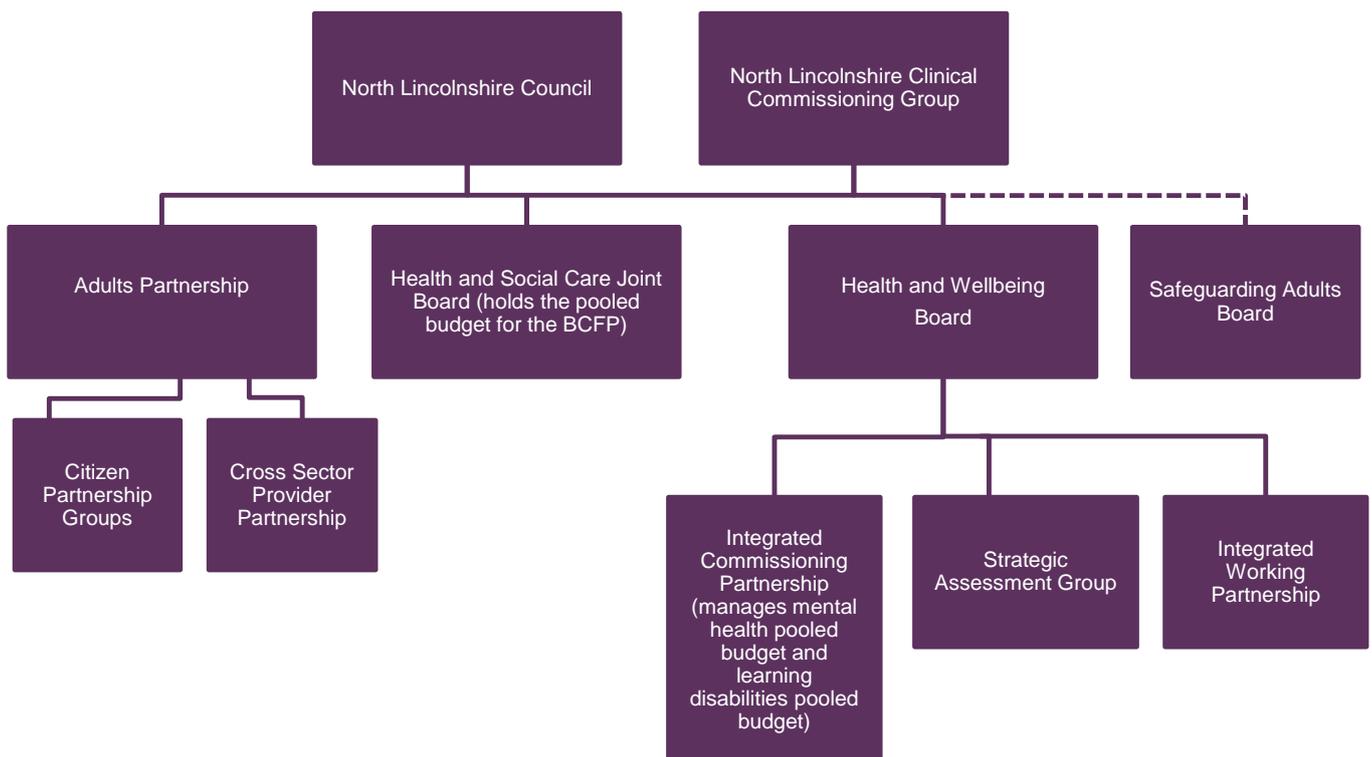
Governance arrangements have been agreed across partnerships. The HWB is reported as improving. There is a comprehensive memorandum of understanding which provides a framework for the governance of the HWB and sets out the core principles, membership and relationships.

To support the statutory functions of the HWB there are three core working groups which are in place to drive improvement across the system. There is mixed feedback from minutes and people we spoke to regarding these sub-groups. The LGA peer review recommended that the council and partners should revisit the governance arrangements of the HWB so all partners take

responsibility for making the partnership vehicle work more effectively and that outcomes from the sub-committees are clearer. These groups are:

- The Integrated Commissioning Partnership which considers joint commissioning arrangements (not BCFP) and pooled budget arrangements (mental health pooled budget and learning disabilities pooled budget).
- The Strategic Assessment Group which leads on the development of the North Lincolnshire data observatory and joint strategic assessment.
- The Integrated Working Partnership which develops integrated working and creates the conditions for future integrated services moving forward. The partnership developed the Integration Statement for North Lincolnshire and developed and published a suite of documents for integration for use within the partnership’s workforce. The focus for integrated working was aligned to the HWB priorities: babies get the best start (conception to 2) and the development of the Frail and Frail Elderly Strategy, which was part of the BCFP.

Figure 10: Local North Lincolnshire key boards



Source: CQC

Alongside the HWB there are further structures which support local governance arrangements and the drive to improve care quality across north Lincolnshire. The Health and Social Care Joint Board was created for the BCFP joint arrangements and holds the pooled budget for the BCFP. The Frail and Frail Elderly Implementation Group reports to the joint board in respect of the BCFP

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and the implementation of its schemes. In addition to the BCFP being approved through NHS England's nationally consistent assurance review process, the governance arrangements for better care have been assured by the council's internal audit team.

The North Lincolnshire safeguarding adults board is well established. It provided a solid base when statutory boards became a requirement in April 2015. The adults partnership provides an opportunity for stakeholders to inform how the council responds to needs analysis, and shapes and commissions services to improve outcomes.

In line with the HWB integration suite of documents, there is evidence that engaging with people is important in North Lincolnshire. The vulnerable adults strategy was co-produced with the stakeholder groups on the partnership, and sets out this collective ambition for improving outcomes for vulnerable adults:

- Vulnerable adults live well for longer
- Vulnerable adults are enabled to be involved in community life
- Vulnerable adults have choice and control.

The council has a longstanding and robust relationship with providers, through the strategic care homes partnership and the cross-sector provider partnership (CSPP). The care home providers have been instrumental in designing schemes to raise quality and believe that providers should be paid according to the quality of provision they provide. Furthermore, the CSPP invites providers from all sectors - public, private and third sector - to work together to achieve the best outcomes. This acts as a proactive forum for adult social care providers to share good practice to drive quality, and identify any local concerns that they may have. At least one of our inspections in adult social care indicated that this was an effective forum for improving working relationships between organisations. .

Engagement: learning disability

The learning disability partnership is identified by local stakeholders as an example of effective citizen engagement, providing feedback on services, strategies and plans. The partnership works closely with health and social care partners and this has been pivotal in enabling a group of service users to develop 'easy read' versions of strategies and plans.

Engagement: frail and elderly

The Frail and Frail Elderly Partnership was established to support the Frail and Frail Elderly Strategy and BCFP. It has broad membership drawn from across the voluntary sector, the council, the CCG, providers, the fire service, North Lincolnshire Homes and the senior forum. The partnership has particularly

focused on what members can do to help maintain the independence and wellbeing of the elderly population.

A GP Federation is evolving across the area and all GPs within North Lincolnshire have joined. It offers an opportunity for practices to work together to secure better services for patients. In particular it is seen as something that will help small practices, where opportunities for specialisation and extra services are constrained by a lack of resources. The Federation will enable them to reach a critical mass for offering such services. The Federation is supported through appropriate management arrangements and a written agreement signed by all stakeholders. There will be ongoing review to ensure that the risk of a conflict of interest between provider and commissioning functions is managed.

A citizen partnership arrangement has been established to engage with local citizens and to ensure that health inequalities are tackled. The citizen partnerships service, through user and citizen engagement and participation arrangements across North Lincolnshire, provides a significant contribution to joint working.

To achieve large scale transformation, the HLHF programme has established a governance structure that enables system-wide engagement and ownership of the process. Across Northern Lincolnshire³⁶ there is a governance structure in place which includes effective council representation. There is good engagement on developing new models of delivery, both locally with commissioners, primary care and acute providers, and with commissioners of health and social care who work across more than one area (such as the ambulance service and mental health) in the Northern Lincolnshire region. The programme is chaired by the Chief Executive of NLaG who works on the programme part time, alongside her work for NLaG. This was raised as a concern by some people we spoke to. While NLaG has an interface with all areas, there is concern that with a provider leading this initiative, this may lead to conflict of interest and there were also concerns regarding capacity.

However, the HWB peer challenge report identified that stronger links are being forged for better integration between partners. Specifically, it noted, “HLHF is led by the CCG, but in partnership with many of the bodies at the HWB, which is crucial in shaping the local health and care system.”

Data governance

Partners across the North Lincolnshire area have identified that information and data sharing is important, although concerns were raised by people that

³⁶ Northern Lincolnshire includes both North Lincolnshire and North East Lincolnshire local authority areas.

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technical systems for information sharing could be improved. There is a commitment to sharing which is driven by the HWB. This is regarded as a vehicle to delivering better, more efficient public services that are coordinated around the needs of individuals. It is recognised by partners that data sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare, and for wider public protection. Information sharing is seen as a vital element in improving outcomes for all.

An information sharing charter has been agreed across the Humber region. North Lincolnshire is a signatory to the charter, which sets down the principles for sharing records, and is based on a consent model. The charter provides a framework for effective and secure sharing of information in accordance with legal requirements, ethical boundaries and good practice. It sets out rules about how local organisations share information and it helps them and local people to understand those rules and relevant laws. It also explains what organisations can and cannot share, and states with whom, how and for what purposes they can share information. The charter is only just being implemented, so it is too early to identify outcomes.

Through the BCFP and HLHF, partners have a shared agreement of the outcomes that they expect and this is supported by the governance arrangements. Risk sharing arrangements are in place and are supported by memorandums of understanding. There is also an assurance group to support the HLHF programme. This group ensures that the HLHF programme can fulfil its statutory responsibilities with regard to the four key tests for service change (outlined in the NHS mandate) including specific requirements relating to engagement and communication with regard to large-scale service change. The group also acts as a critical friend by proactively identifying any gaps in assurance across the programme as a whole.

3.4 THE IMPACT OF COMMISSIONING

We found that across the council and the CCG an innovative approach has been taken to commissioning services for local people and some impact from this is noticeable. As commissioners, both organisations are well represented across the local forums, including the HWB and the HLHF programme.

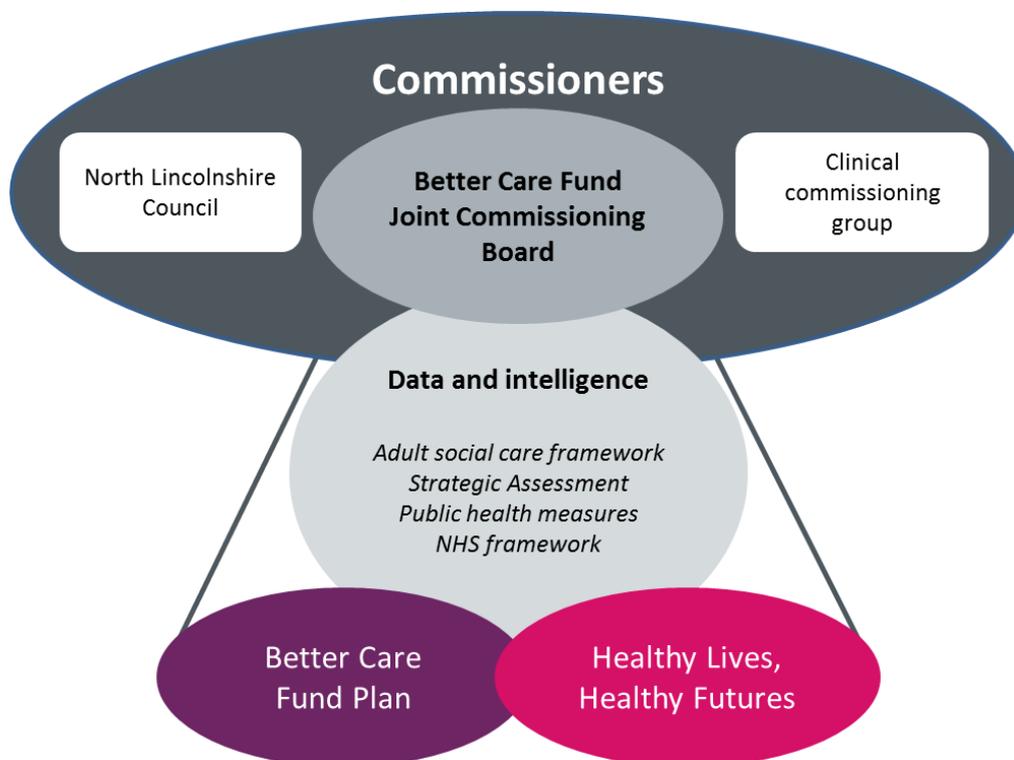
Questions to consider

Question 8: Do you think that the evidence we have gathered in this section regarding commissioning is useful?

How commissioning works

We found evidence from interviews and documentation that commissioners across health and social care are making decisions based on local need. To support this, a full review and refresh of all datasets has been undertaken to focus commissioning decisions in line with other initiatives, including the BCFP and HLHF. Consideration has been given to data and intelligence contained within the Strategic Assessment, public health measures and the NHS and adult social care frameworks. Commissioners, through the Public Health Intelligence Unit, have also refreshed all practice profile data, matching this with hospital activity covering a range of public health metrics, admission risk factors and disease prevalence where demand and need is highest in North Lincolnshire. Each of the five localities has its own characteristics which are considered during service planning.

Figure 11: Local commissioning arrangements



Source: CQC

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The joint board that oversees the BCFP was established in March 2014 with delegated commissioning responsibility. Data and interviews indicate that this board effectively oversees all key work programmes relating to the Frail and Frail Elderly Strategy, including financial management, reporting and budgetary control, risk management, performance and evaluation. The board also has responsibility for determining the most appropriate contracting model for delivery.

The Yorkshire and Humber Commissioning Support Unit was not successful in securing a place for all its services on the NHS England Lead Provider Framework for Commissioning Support Services. As a consequence it will close on 1 March 2016. It is working closely with NHS England to ensure a well-managed transition so that there is service continuity and any risks are effectively mitigated.

Pooling budgets

We found that commissioners are working across the system to reflect the shared priorities in commissioning strategies. There is a well-established approach to joint commissioning between the council and the CCG. There is also an ongoing commitment to pooling budgets for health and social care funding where this is prudent and will demonstrably improve outcomes and value for money. This ranges from developing commissioning strategies to collectively undertaking specific commissioning projects. Current pooled budgets for 2015/16 are the learning disability pool (£7,604,000), the mental health pool (£14,240,000) and the Better Care Fund (£12,370,000).

Interviews indicated that there will continue to be a focus on joint commissioning, a shared dataset, and an agreed outcome framework in order to drive quality, safety, a service-user focus and value for money across the area. A paper on the future of joint commissioning was being discussed during the review as there have been some issues with agreeing what outcomes each partner thinks that the pooled budget could and should aim to achieve. It is agreed between partners that this is an evolving process and that it may take several years for outcomes to come to fruition.

Financial risk-sharing agreements are agreed as part of the BCFP. In order to manage the risk across the area, the BCFP risk share agreement has been agreed in the context of the wider system and the HLHF programme across North Lincolnshire.

There are also examples of co-commissioning with NHS England. The council and NHS England have recently worked collaboratively to jointly commission the school nursing service, bringing together the two organisations' areas of responsibility into a single commissioning and tendering process. A single

provider has been awarded the contract for school nursing that covers the children's health (aged 5-19) and vaccination and immunisation services, enabling an efficient and effective service for children, young people and their families.

Commissioning and the area's vision

The shift in local care models prompted by the BCFP and HLHF is heavily reliant on commissioning alternative services in primary care. To support this, the CCG has been successful in its application to NHS England for co-commissioning status at level 2; joint commissioning. The CCG sees this as an opportunity to deliver the increased benefits through co-commissioning of primary care services to support the shift in care from hospital-based to primary- and community-based services. The CCG is proactive about new models of care driving quality. The CCG and partners registered an interest to join the NHS England new models of care programme (Vanguards) but was not chosen. However, the CCG believes the use of new models of care has significant potential to support delivery of sustainable health and care systems and so the CCG and partners are looking at how this approach can be taken forward without additional national funding.

In response to Winterbourne View action planning,³⁷ which required the NHS and the council to ensure that people with severe learning disabilities are accommodated within the local area, the council and the CCG published their complex care market position statement. The area was one of the first in the country to do this. This provides a clear statement about how they want to influence the provider market in the future, to enable more people with complex needs to have these met in community settings. There has been initial success in developing the market: the creation of specialist extra care housing has enabled people with complex care needs, previously living in out-of-the-area institutions, to return to North Lincolnshire to live, with appropriate care and support packages being delivered in their new homes and in the community. All residents with severe learning disabilities from North Lincolnshire are now appropriately placed.

Specialised commissioning is reported to be working well. It is undertaken by NHS England in collaboration with the CCG. Interviews indicate that there is a good working relationship at this level. Services are mainly provided by Hull and East Yorkshire Hospitals, a small amount through Leeds Teaching Hospitals, and children's specialised services are commissioned from Sheffield Children's Hospital.

³⁷ North Lincolnshire CCG Operating Plan 2015/16

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Engaging with people

Overall there is evidence that local commissioners believe in the importance of listening to people who use services. Minutes from the Health Scrutiny Panel suggest that the needs of patients are considered when decisions about re-provision of services are being taken, or when there are changes to services. An overview of the local ambulance service showed that their services were evolving less as a one-size-fits-all model and more as a responsive approach. There was evidence, from both the People Scrutiny Committee and Health Scrutiny Panel, of stakeholders working together at a strategic level.

Experience-led commissioning is being used by the CCG in collaboration with partners. It is a new approach to planning and buying healthcare services. It is built around the idea that if commissioners listen to and deeply understand people's experiences, then they will design better, more person-centred services that deliver better care for people. The difference between this approach and other ways of commissioning is that it is experience-led and focuses on what commissioners have been told matters to people who use services – and what would make the biggest difference for a positive experience of care. Work is based on five co-design events, where patients and their carers join with health professionals to co-design the care that the CCG will then commission. Work to date has included developing strategies for dementia and long-term conditions. During 2015, the experience-led commissioning programme will focus on children with long-term conditions. The CCG was nominated for a Health Service Journal award in 2013 for compassionate commissioning in relation to their work on experience-led commissioning.

While some long-term packages of care are delivered through a range of commissioned services, there is also the opportunity for people to arrange their own care and support using health personal budgets. Use of personal health budgets could be increased. The CCG has a small number of individuals with personalised budgets – information from the CCG shows that at present there is low uptake, although this is offered through continuing health care for adults and children. This low uptake may be addressed now that the continuing care team will be coming back to the CCG from the CSU. The CCG is working with key stakeholders to raise awareness of personal health budgets. The vulnerable adults strategy demonstrates a commitment by North Lincolnshire partners to the personalisation agenda that is promoted at a national partnership level (Think Local Act Personal). Furthermore, during 2014, concerns were raised about the reduction in the number of continuing healthcare budgets awarded. This issue is to be raised with the CSU.

Quality of commissioning

A recent peer review of services to adults by the LGA found that commissioning arrangements are robust, organised and well positioned to deliver positive outcomes; staff work hard and are committed to working at the council and to deliver positive outcomes for those who use services. There is a commitment to engagement and co-production. Furthermore, the council's approach to procurement is well regarded and appears to work well, the escalation policy where concerns need to be raised is well understood and was seen to drive quality. The CCG received a judgement of "assured with support" from NHS England. The main concern was the level of quality assurance at NLaG, which has been notified of a licence breach.

The area has received a number of awards for commissioning. The commissioning arrangements for home care services are designed around outcomes using a dynamic purchasing framework, developed jointly with the CCG. This framework – called 'Community support for you' – led to the council being a finalist in the Society of Procurement Offices (SOPO) awards (2012) in the category, 'delivery of person-centred care through modern, collaborative and innovative procurement'; and in the Government Opportunities (GO) Excellence in Public Procurement awards (2013) in the category of 'procurement innovation or initiative of the year'. The CCG was a finalist in the 2014 Medipex and Yorkshire and Humber NHS Innovation Award for its 'Friends and family test' work.

The council has recently reviewed its contracts for residential care and home care in light of the Care Act requirements and other national policy drivers.

3.5 WORKFORCE CAPACITY AND CAPABILITY

There are significant concerns about workforce capacity in North Lincolnshire. The system partners have agreed plans to address these concerns and are taking steps to find solutions.

Questions to consider

Question 9: Do you think that the evidence we have provided in this section about workforce is useful?

Workforce challenges

Partners, including Health Education England (HEE), identify that workforce capacity is an issue. HEE are working with the broader area of North Yorkshire and Humber rather than with North Lincolnshire in isolation. In North

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Lincolnshire, health services workforce capacity issues include both recruiting health and care professionals, and also commissioners. For the council and the services they commission, workforce capacity issues are more in terms of staff retention. It is recognised that the progression towards more integrated working will require a workforce that has the capability and capacity to change and adapt. The commitment to integrated working is clearly articulated in the HWB's integration statement and associated suite of documents, and provides a framework for developing the workforce.

North Lincolnshire (and North Yorkshire and Humber) also faces the challenge of an ageing workforce. In October 2013, approximately 20% of the workforce was aged over 55 – close to, or eligible for retirement. In ten years' time it is estimated that approximately 55% of the current health and social care workforce will be aged 55 and over.³⁸ This has implications around leadership and development, coaching and loss of skills in the area. Plans for HLHF indicate that North Lincolnshire also faces particular recruitment challenges in relation to clinical staff, partly due to its geography (in relation to national centres of excellence). These challenges cut across all health disciplines, with providers looking to overseas recruitment to bridge the gap. This brings further challenges in relation to potential language barriers, development needs and concerns about social isolation for recruits and retention of staff.

Key areas have been identified which need to be addressed to support quality of care in the area. People we spoke to identified that there is a shortage of GPs in North Lincolnshire.³⁹

There are also difficulties in attracting staff across other areas, such as emergency medicine consultants and other consultant grades, staff with the skills to address the needs of community-based services, and nursing staff. Similarly, there are perceived to be not enough dentists in the area.

The workforce strategy

The CCG has identified workforce issues as part of the strategic plan 2014/15 to 2018/19. The CCG is implementing plans to address these issues. It recognises that the pace and size of transformational change within the NHS – both in terms of structures, processes and governance mechanisms, and also the manner and way in which modern health care is delivered – will have significant workforce implications. However, it is too soon to assess the extent to which the proposed actions will sufficiently mitigate the high level of risk regarding the future workforce in the area.

³⁸ Healthy Lives, Healthy Futures Strategy 2015-2020

³⁹ North Lincolnshire CCG Operating Plan 2014/15

This links to the council's regeneration developments, working across health and social care and educational sector partners. The council is working to create a health and social care centre of excellence in North Lincolnshire as part of its local skills regeneration ambition. The intention is to ensure that there is a sufficient supply of people with the right skills for the future health and social care workforce, linking closely back to the strategic planning processes at both organisational and HLHF programme levels. This is supported by the local integration statement. To support the drive to address workforce capacity and capability, a workforce strand is being developed as part of the HLHF programme

The recent peer review of the HWB identified that it could use the opportunities of the BCFP and imminent changes (people and posts within the system) to help all partners to develop a shared workforce plan. The integration plans that the HWB have developed present a crucial first step to start to describe the future skills, competencies, capabilities and aspirations that local partners have for what will be a very different workforce in five to ten years' time.

Putting the plans into practice

There is work happening to address the challenges on the ground. NLaG is working closely with Hull and East Yorkshire NHS Trust to develop an approach which increases responses to recruitment adverts and provides a network approach to service delivery to support smaller specialities. The acute hospital trusts have detailed internal workforce plans. However, there is a level of uncertainty regarding longer-term workforce requirements due to the lack of clarity at present around the longer-term regional vision and reconfigurations.

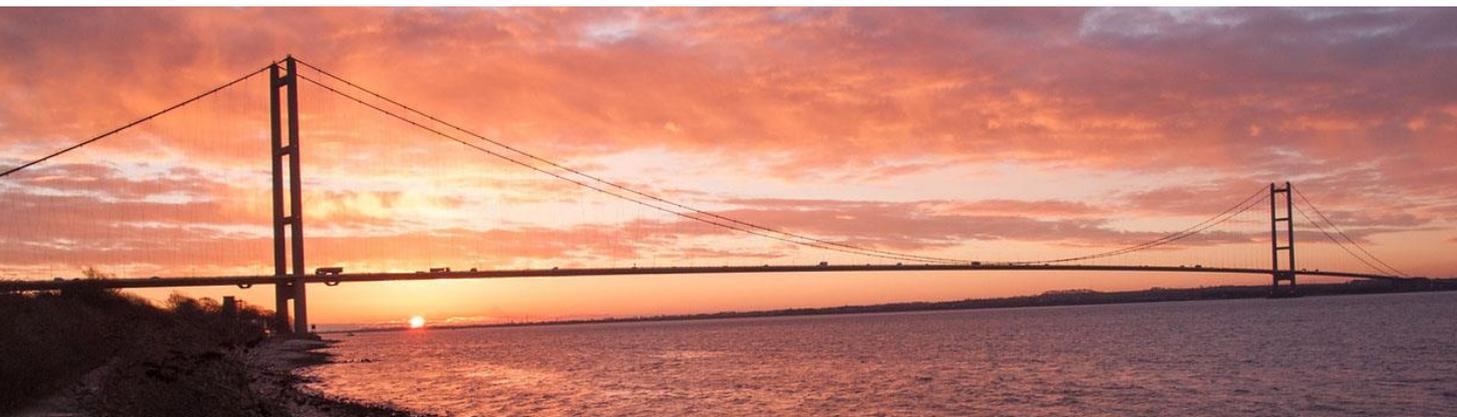
There are pockets of good practice. For example:

- In September 2015, 10 students formed a first cohort of healthcare cadets on a new course at John Leggott College, creating a new career path into nursing. The aim of the joint venture between NLaG and the college is to create local jobs for local people. The healthcare cadets, who are all between 16 and 18 years old, will learn, over two years, the skills needed to become healthcare assistants.
- In CQC adult social care inspections we have found examples of providers working with district nursing teams to extend their skills and improve quality of care through training including nutrition, signs of infection and pressure care.
- The CCG is working with NHS England to develop a workforce plan for GPs which delivers sustainability.

The council's services to adults workforce strategy and training plans provide a core development framework in respect of the Care Act, safeguarding and

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social care for both internal staff and the external workforce. A recent peer review by the LGA reported that workforce training across the council's adults directorate and with partners appears to be well-planned and well-structured – and they noted that the evaluation of it has been positive.



4. Bringing it all together

Local leaders understand their capacity to improve. The mostly coterminous arrangements of the council, CCG and other partners gives potential for a focused approach to driving the quality of health and care services across the area. Partners have acknowledged that they face ongoing challenges as the health and care system faces significant financial pressures and future changes to demography.

The impact and metrics described through the BCFP align with the longer-term journey around service transformation across North Lincolnshire. The milestones and service changes through the BCFP represent the joining together of the strategic intentions of the CCG, GP commissioners and providers, the council, acute hospitals and mental health trusts.

There is an understanding across partners that there is need for change in the relationship between citizens and services. The integrated approach to deliver outcomes and quality, which is being planned through this programme, sets a positive direction of travel. Maintaining good health, preventing ill health, stemming the flow of people into secondary care, and restoring people's health and maintaining their independence are the aims that underpin the future vision. Leaders and partners recognise that early plans have concentrated collective efforts on improving the efficiency and effectiveness of health and care services. The forward plan recognises the challenge and opportunity of the changing pathways which have been envisaged.

The HLHF vision will be crucial in shaping the health and care system across the area and in driving quality while remaining affordable. Moving forward, partners have agreed to stay with the HLHF branding and ground the work more closely in 'place'. Plans are now mobilising to focus this work across three strands: one for North Lincolnshire place, a second for North East Lincolnshire

4. Bringing it all together

place and a third to address the acute networking solutions needed to support acute service delivery across Northern Lincolnshire.⁴⁰ There will be distinct leadership across each strand.

The vulnerable adults strategy sets out how the council, the NHS, partners, providers, communities and citizens will address the priority needs of North Lincolnshire's vulnerable adults in a financially sustainable way. It brings together existing aims and objectives from North Lincolnshire's plans and strategies, such as the HWS and safeguarding adults business plan, combined with the emerging changes in national policy. Bringing these into one place, the strategy sets out a route map for transformational change over the next three to four years.

REFLECTIONS

1. Leaders and partners across the area recognise the role they each have in system leadership and the benefits to all the individual organisations of working closely together to achieve an agreed common goal. Data shows that the area is performing above or in line with the England average. The vision for the HLHF programme should now be embedded within the partner organisations as well as across systems to further instil commitment to the vision and to support the pace of change needed locally.
2. Leaders and partners should ensure that there is an ongoing focus on developing a common language across the partners in the health and care system and those who interface across the system.
3. Partners should continue to monitor whether initiatives are being implemented successfully. Specifically it will be important to confirm the impact that prevention work is having on life expectancy, and specifically on the differences between the life expectancy for men and women. Proposed arrangements for information and data sharing should be implemented to assist with this and other initiatives.
4. Work could be undertaken to further engage the voluntary sector in initiatives and to agree a forum for the voluntary sector.
5. It will be important to ensure that plans to refresh the HWS have been brought to fruition and this is regularly monitored. As part of this, the HWB should ensure that there is clarity and focus on the effectiveness of the sub-committees and that these are reviewed and assured.
6. The leadership of the HLHF programme should be kept under review to ensure there is no conflict of interest. Forward plans for the next phase should be mobilised.

⁴⁰ Northern Lincolnshire includes both North Lincolnshire and North East Lincolnshire local authority areas.

7. Partners will need to risk assess the impact of changes to:
 - senior staff in the system
 - the CSU arrangements.
8. Partners across the system should work to pull together a workforce strategy which acts as an overarching document for the strategies which are already developed, and which acts to address the integration agenda as it gains momentum.

OTHER CONSIDERATIONS

- Partners across the health and social care system could prioritise work which is underway, to investigate and understand the high SHMI level within 30 days of discharge. Problems with data linking are not unique to North Lincolnshire – evidence suggests there are ways to address these issues and it would be worth looking outside the area for ideas.
- It will be important to ensure that plans to develop priorities around the Mental Capacity Act and DoLS principles are brought to fruition and monitored.
- Work to increase the uptake of personal health budgets and to monitor the percentage of continuing healthcare application approvals should continue.

Appendix: Complete list of key lines of enquiry

Provider KLOE: What is the overall quality of providers in a place?

- P1 What is the quality of acute care in a place?
- P2 What is the quality of primary care in a place (including community, GPs and out-of-hours, urgent care and dentists)?
- P3 What is the quality of adult social care in a place?
- P4 What is the quality of mental health care in a place?
- P5 What is the quality of care from providers for people with mental health conditions?
- P6 What is the quality of care from providers for older people

Populations KLOE: What are the health and wellbeing outcomes for people?

- O1 What are the health and wellbeing outcomes for different population groups?
- O2 What are the health and wellbeing outcomes for different population groups which are amenable to health and social care?
- O3 Are there inequalities in health and wellbeing outcomes for different population groups?

Populations KLOE: Do people experience person-centred, coordinated care?

- C1 Do people experience coordinated health and social care informed by what is important to them?
- C2 Is there evidence that health and social care is integrated for population groups?
- C3 Is there evidence of inequities in the provision of person-centred, coordinated care between different groups?

Populations KLOE: Are needs identified and addressed across population groups?

- N1 Do people think their health and social care needs are met?
- N2 Are the needs of different population groups met?
- N3 Are there inequalities in access to health and social care for different population groups?

Systems KLOE: Is leadership having an impact on quality of care across the health and care system?

- L1 Is there effective partnership and joint working across the system? Is there evidence of having an impact through acting to achieve a shared vision?
- L2 How are providers and the civil society groups contributing to local leadership and innovation?
- L3 Do partners work well together to ensure children and adults are protected from harm and abuse?
- L4 Is there effective public engagement?
- L5 What is the direction of travel for the system – is there capacity to improve?

Systems KLOE: Is governance having an impact on quality of care across the system?

- G1 Are governance arrangements across the system supporting partners to drive quality of care across the system?

Systems KLOE: Is commissioning having an impact on quality of care across the health and care system

- CM1 Is there a strategic approach to commissioning across health and social care which is informed by the identified needs of local people (through the Joint Strategic Needs Assessment) and in line with the outcome frameworks for the NHS and adult social care?
- CM2 Is there evidence that the services commissioned accurately reflected local need (in other words, did delivery match the original commissioned activity) and needs are being managed effectively?
- CM3 How well do commissioners procure services and manage the providers with whom they have contracts?
- CM4 Does commissioning fully take into account good/bad practice?
- CM5 Does the area make the most of the funding it has (value for money/use of resources)?

Systems KLOE: Is workforce capacity and capability having an impact

- W1 Is there a joined up approach to workforce considerations across the area?
- W2 Is there a strategy for ensuring sufficient health and care skills in the local health economy?



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CQC-308-022016

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