

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL

Conference Room,
Church
Square
House, 30-
40 High
Street,
Scunthorpe

Dear Councillor,

You are summoned to attend an **ORDINARY MEETING** of the **HEALTH AND WELLBEING BOARD** to be held in the **CONFERENCE ROOM, CHURCH SQUARE HOUSE, 30-40 HIGH STREET, SCUNTHORPE** at **2.00 pm** on **28 JUNE 2021**.

1. Welcome and Introductions
2. Substitutions
3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests
4. To approve as a correct record the minutes of the meeting of the Health and Wellbeing Board held on 22 March 2021 (Pages 1 - 6)
5. Forward Plan and Actions from previous meetings
Forward Plan and Action From Previous Meetings
6. Questions from members of the public

PLEASE NOTE, ALL PAPERS WILL BE TAKEN 'AS READ' TO ENCOURAGE DISCUSSION

7. COVID-19 - Local Outbreak Management Plan - Report by the Deputy Chief Executive and the Director of Public Health (Pages 7 - 32)
8. COVID-19 Outbreak Prevention and Management Update - Report by the Deputy Chief Executive and the Director of Public Health (Pages 33 - 38)
9. COVID-19 Epidemiology - Presentation by the Director of Public Health
10. COVID-19 Vaccination Programme - presentation by the Chief Operating Officer, North Lincolnshire CCG (Pages 39 - 46)
11. Joint Health and Wellbeing Strategy - Framework and Priorities. Presentation by the Director of Public Health.

12. Humber Operational Plan and North Lincolnshire Priorities 2021/22 - presentation by the Chief Operating Officer, North Lincolnshire CCG (Pages 47 - 56)
13. Health and Care Across Humber, Coast and Vale and North Lincolnshire - presentation by the Chief Operating Officer, North Lincolnshire CCG and the Locality Director, HC&V ICS (Pages 57 - 72)
14. Integrated Working - Children. Integrated Children's Trust Update. Report by the Director: Children and Community Resilience (Pages 73 - 80)
15. Integrated Working - Adults. Health and Care Integration Plan 2021-24 update for publication. Report by the Director: Adults and Community Wellbeing and the Chief Operating Officer, NLCCG. (Pages 81 - 100)
16. Date and time of next meeting. 20 September 2021, 2pm
17. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

Yours sincerely

B McIntyre
Director: Governance and Partnerships

NOTE: ANY MEMBER WHO WISHES TO PUT A QUESTION UPON OR MOVE ANY AMENDMENT TO THE MINUTES MUST INFORM THE DIRECTOR: GOVERNANCE AND PARTNERSHIPS IN WRITING BEFORE 9.30 A.M. ON XXX.

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22 March 2021

- Present -

Cllr Robert Waltham MBE (Chairman), Dr F Baig, C Butler, M Gibbs, S Green, K Pavey, F Ajayi, P Allman, S Pintus, R Hannigan, J Reed, A Seale, N Torr, D Hyde, Dr K Wood, and Dr P Reading

The Council met virtually via Microsoft Teams.

364 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed all those present to the meeting and invited all attendees to introduce themselves.

365 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests.

366 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 18 JANUARY 2021**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 18 January 2021, be approved as a correct record.

367 **FORWARD PLAN AND ACTIONS FROM PREVIOUS MEETINGS**

Director: Governance and Partnerships confirmed that the Forward Plan was up to date, and that all forthcoming actions were timetabled.

Resolved – That the situation be noted.

368 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

369 **COVID-19 - OUTBREAK MANAGEMENT AND CONTROL - REPORT BY THE DEPUTY CHIEF EXECUTIVE AND THE DIRECTOR OF PUBLIC HEALTH**

The Deputy Chief Executive and Executive Director: Commercial, and the Director of Public Health submitted a report and presentation on progress against each of the seven themes in the North Lincolnshire Outbreak Prevention & Management Plan. It was confirmed that the 7-day rolling

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average was being monitored closely, and that a system-wide approach to targeted testing was now becoming embedded across North Lincolnshire, with high COVID-19 vaccination take-up rates across the priority cohorts.

The update confirmed that all local authorities had been required to update their Local Outbreak Management Plans (LOMP). In line with this requirement, North Lincolnshire LOMP had been refreshed to include:

- Updated priorities
- Examples of best practice
- Current issues and risks
- Revise success measure and performance metrics
- Revised outcomes

A summary of the progress made to date against each of the key themes in the North Lincolnshire Local Outbreak Management Plan was given.

Resolved - That the Health and Wellbeing Board note the Outbreak Prevention and Management activity as outlined in the report.

370 **COVID-19 - EPIDEMIOLOGY. PRESENTATION BY THE DIRECTOR OF PUBLIC HEALTH.**

The Director of Public Health delivered a detailed presentation on the COVID-19 epidemiological situation in North Lincolnshire. This included the total number of recorded cases, the current R Value for Yorkshire & the Humber, the rolling 7-Day Case Rate, and the total number of vaccinations given.

Resolved – That the Health and Wellbeing Board note the presentation.

371 **COVID-19 - VACCINATION PROGRAMME - PRESENTATION BY THE CHIEF OPERATING OFFICER, NLCCG.**

The Chief Operating Officer, North Lincolnshire CCG, submitted a report updating the Health and Wellbeing Board on the latest position of the Covid-19 Vaccination Programme. The report highlighted the sources of data that had informed the briefing.

The Chief Operating Officer confirmed that Joint Committee on Vaccination and Immunisation (JCVI) Cohort 8 and Cohort 6 were active, with those aged 56-59 and those aged 16-59 with an underlying health condition now eligible for a vaccination, and that more than 18M people had received at least one vaccination. It was anticipated that supply would be greatly increased in the coming weeks, enabling a marked increase in capacity at the large vaccination centres in the region. This would enable the system to be widened to other cohorts, as guided by JCVI.

The Chief Operating Officer confirmed that a large vaccination centre was due to open imminently, based at the Baths Hall, Scunthorpe. This specialist

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facility would operate from 8am-8pm, 7 days a week, and would initially deliver 500 vaccinations a day, rising to 1,000 a day in the coming weeks.

The Chief Operating Officer gave further information regarding unpaid carers, text alerts, and ongoing work to engage with hard-to-reach groups, before listing a number of key stakeholder messages on the vaccine programme.

The Board discussed the report further, highlighting the excellent ongoing work in North Lincolnshire. Board members asked a number of questions on issues such as the impact of COVID-19 on local hospitals, ongoing communication to residents, efforts to tackle inequalities, and the key work undertaken by the Primary Care Networks, in collaboration with partners.

Resolved - That the Health and Wellbeing Board note the contents of the Vaccination Programme report.

372 INTEGRATED WORKING - CHILDREN. INTEGRATED CHILDREN'S TRUST UPDATE.

The Director: Children & Community Resilience submitted a report updating the Health and Wellbeing Board regarding the progress and developments under the auspices of the Integrated Children's Trust, and asking the Board to note the progress to date and support the ongoing developments.

Resolved – That the Health and Wellbeing Board note the progress of the Integrated Children's Trust, supports the areas for further development, and endorse the ongoing commitment towards integration and partnership action towards local commissioning intents, including the implementation of the One Family Approach.

373 INTEGRATED WORKING - CHILDREN. COVID-19 WINTER GRANT SCHEME.

The Director: Children & Community Resilience submitted a progress report in relation to the COVID-19 Winter Grant Scheme. The report set out that the local delivery model had included the direct provision of food vouchers to vulnerable families and households over the Christmas and half-term breaks, and the implementation of a welfare assistance grant process.

It was confirmed that the Scheme has seen high demand, reflecting the impact of the pandemic upon families in North Lincolnshire. Funding for the Scheme had been on track to be spent by the end of March as planned, with a further funding package of £185,145 to cover the Easter holiday period up until 16 April 2021 confirmed by the Government.

Resolved – That the Health and Wellbeing Board note the content of the report pertaining to the delivery of the Covid Winter Grant Scheme

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374 INTEGRATED WORKING - ADULTS. ANNUAL REPORT HEALTH INTEGRATION PLAN 2019-24. UPDATE.

The Director: Adults & Community Wellbeing and the Chief Operating Officer, North Lincolnshire CCG, submitted a joint report requesting that the Health and Wellbeing Board note the progress to date and the updated priorities for the Health and Care Integration Plan 2021.

The Health and Care Integration Plan 2019 - 24 was approved for publication by the Health and Wellbeing Board on 25 June 2019. The plan was set in the context of the Health and Wellbeing Board's responsibility to promote joint working and demonstrate how we focus on transforming the lives of people in North Lincolnshire through developing a 'Sustainable, Enabling, Integrated Health & Social Care System' that empowers our local population, provides opportunities to develop relationships across communities, promoting self-help.

The report set out that the plan was structured around the four strategic principles: Enabling Self Care, Care Closer to Home, Right Care Right Place and Best Use of Resources. Significant progress had been made over the last eighteen months, most notably demonstrated by a range of partners working together in response to the COVID-19 pandemic. People had been deployed differently to take on new roles to contribute to the emergency response within acute, community and social care settings.

The report set out a number of highlights, including:

- A 'community first' approach was applied, putting the person at the heart of everything we do. In addition to providing information, advice, and guidance, connecting more vulnerable residents and families to direct support from within their community.
- A new 'Welcome Home' service to support people leaving hospital had been developed with the voluntary sector to ensure people returning have everything they need at home.
- A single point of access for community health and social care had been agreed which provides the public and professionals a single contact point for advice and support.
- A dedicated GP had been established to support an urgent response to people in crisis in their own homes alongside community health and social care resulting in a reduction in avoidable hospital admissions and A&E attendances.
- The Urgent Treatment Centre at Scunthorpe General Hospital,

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providing urgent care without the need to attend A&E, was implemented.

- Focused exercises focusing on hospital discharge process had been undertaken and changes made to enable people to leave hospital at the right time and support them to remain in their own homes.
- A joint approach to supporting frail and elderly residents had been developed which will enable a pro-active approach to supporting people living with long term health and support needs.
- The Primary Care Networks, covering North Lincolnshire, were now well established and had been pivotal in delivering the vaccination programme.
- The vaccination program for COVID-19 had a high uptake locally with all groups offered the vaccine within timescales.
- The mental health community model had been developed, providing support to people with mental ill health closer to their homes and communities.
- A draft strategy had been developed for palliative end of life care and was currently out for consultation across North Lincolnshire.
- Infection prevention control training had been provided to all front-line care home and homecare staff, keeping people safe and well and reducing the spread of infection.
- Partners had adapted to new ways of working using technology and people in receipt of care and support had embraced this change.

The Chairman led a discussion on the integration agenda, highlighting the ambitious nature of the planned and ongoing work. Board members asked a range of questions, such as steps to ensure mental health was built into any proposals, digital inclusion and equality, and multi-agency discharge arrangements.

Resolved – (a) That the Health and Wellbeing Board note the progress to date and the updated priorities for the Health and Care Integration Plan 2021; and (b) that future papers be presented to the Board on digital inclusion and discharge arrangements.

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375 INTEGRATED WORKING - ADULTS. ADULT SOCIAL CARE WINTER PLAN.

The Director: Adults and Community Wellbeing tabled a report asking the Health and Wellbeing Board to note progress and achievements in relation to the Adult Social care Winter Plan.

The Department for Health and Social Care had published a policy paper 'Adult Social Care: Our COVID-19 Winter Plan 2019 – 2021' which set the context to the approach in North Lincolnshire; ensuring the recommendations were incorporated into existing integration plans. This had been approved by the Health and Wellbeing Board on 16 November 2020 (minute 335 refers).

This winter particularly, continued to place unique pressures on the health and care system with COVID-19 and other winter related problems. These pressures created capacity risks to the health and wellbeing of both individuals who need care and support and the social care workforce, including family carers and social care providers. Local partners continued to work closely together to protect the most vulnerable and keep residents safe and well over this period.

The Winter Plan covered four themes:

- Preventing and controlling the spread of infection in care settings.
- Collaboration across health and care services.
- Supporting people who receive social care, carers and the workforce.
- Supporting the system.

All of the required actions had been implemented with assurance provided through monthly reporting. A range of highlights were listed in the report.

Resolved – That the Health and Wellbeing Board note the progress and achievements in relation to the actions identified in the Winter Plan.

376 DATE AND TIME OF NEXT MEETING.

The Director: Governance & Partnerships confirmed that the Board's next meeting date would be communicated to all Board members in due course.

Resolved – That the situation be noted.

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

North Lincolnshire Local Outbreak Management Plan

1. OBJECT AND KEY POINTS IN THIS REPORT

To present to the board North Lincolnshire's Local Outbreak Management Plan (LOMP). This plan has been written to demonstrate to the public the processes by which Covid 19 outbreaks are being prevented and managed. The plan is in place and is reviewed and updated on a quarterly basis.

The board is asked to endorse this plan and to approve its publication on North Lincolnshire Council's website.

2. BACKGROUND INFORMATION

2.1 Background

The response to Covid 19 in North Lincolnshire has been robust. Systems have been developed and enacted across a number of key theme areas fully incorporating emerging evidence, understanding, procedures, tools and guidance. The systems include robust monitoring and oversight.

These systems have been collated and described in the Local Outbreak Management Plan (LOMP), the purpose of this is to describe these process in a format accessible to the public.




The key theme areas are

- Theme 1: Care Homes
- Theme 2: Schools Year Years and College settings
- Theme 3: High Risk Places, Locations and Communities
- Theme 4: IPA
- Theme 5: Local Test and Trace
- Theme 6: COVID-19 Vaccination Programme

The LOMP explains for each of these themes the desired outcomes, the measures by which success will be recognised, the actions required and the issues and risks. Progress against the actions is indicated for each theme.

The information in the LOMP is presented in tabular form covering 15 pages, an abridged version has been prepared and additionally the key points of it are presented in a 'plan on a page' format.

It is intended that these versions of the LOMP will be made accessible through the Council website. The LOMP will be updated on a quarterly basis with the most current version presented.

 LOMP full March 21.docx	 LOMP abridged.docx	 LOMP plan on a page.docx
LOMP	Abridged LOMP	Plan on a page LOMP

The LOMP provides information about how the Covid pandemic has been responded to, and continues to be responded to in North Lincolnshire. This information is likely to be of great interest to those affected by the pandemic and the measures taken in response to it. The information in the LOMP is subject to the conditions of FOI and the public have a right to access it. Bringing the information together in the LOMP, together with the abridged version and the plan on a page, will make it more accessible for the public. North Lincolnshire Council is proud of how it and its partners have responded together to the pandemic and is proud to share the LOMP

The LOMP would join related documents already approved by the HWB and required to be published on NLC's website. These are the Humber COVID 19 Outbreak Management and Prevention Framework and the Local Outbreak Delivery Plan [North Lincolnshire Council | COVID-19 Local Outbreak Plan 2020 - North Lincolnshire Council \(northlincs.gov.uk\)](http://North Lincolnshire Council | COVID-19 Local Outbreak Plan 2020 - North Lincolnshire Council (northlincs.gov.uk))

3. OPTIONS FOR CONSIDERATION

- 3.1 The HWB is asked to endorse the LOMP and its publication
- 3.2 The HWB does not endorse the LOMP

4. ANALYSIS OF OPTIONS

- 4.1 By endorsing the publication of the LOMP the HWB will add its support to the open and transparent sharing of information about how the pandemic has been and is continuing to be responded to in North Lincolnshire. There are no adverse consequences.

4.2 If the LOMP is not published the public will have reduced access to the information contained within.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 None as a direct consequence of this report.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 No implications for the above are contained in this report. Publication of the LOMP will make the information contained within accessible to all and that the LOMP itself demonstrates how equalities issues have been addressed in the local response to the pandemic.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 N/A

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 No conflicts of interest declared.

9. RECOMMENDATIONS

9.1 To accept options 3.1 - to endorse the LOMP and its publication

Director of Public Health

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL

Author: *G Gough*

Date: (17/6/21)

Background Papers used in the preparation of this report – LOMP and abridged versions (as embedded in section 2)

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Local Outbreak Management Plan 2021 - Summary

Aim

To reduce the number and severity of positive COVID-19 cases and outbreaks, and harm caused in North Lincolnshire

We will focus on...

Protecting care homes, education settings and high-risk settings.

The COVID-19 vaccination programme

Taking an Integrated Preventative Approach (IPA)

Local contact tracing and testing

Key outcomes

To reduce number of cases and outbreaks to enable continuity of delivery of services.

Vaccination uptake equal to England average, and delivered across North Lincolnshire's diverse communities.

To ensure vulnerable people supported through close working with VCSE and communities.

Optimisation of local resources to identify positive cases and reduce community transmission.

Key actions

Work with high-risk settings to ensure they are working within recommendations and guidelines as set out by Government, including testing, close contacts and self isolation.

Fully utilise vaccines within North Lincolnshire through data analysis, communication, accessible locations, and targeted campaigns.

Training for staff and volunteers to enable community needs to be better met and enable better understanding and communication.

Enable lines of communication, statistics analysis and best practice sharing internal and external to meet needs of all North Lincolnshire communities and settings.

Monitor patterns of COVID-19 infections in settings and provide expertise and advice to manage and curtail potential outbreaks

Key 'community leaders' acting as conduit within diverse communities to appropriate information.

Work with settings and statutory agencies to ensure that they operate safely; for example within supervision ratios (education settings and care homes), or infection prevention and control.

Enable local community testing (at site or at home) to be responsive to meet needs, use technology to facilitate track and tracing, and use targeted approaches to ensure compliance with self isolation.

What this will achieve

Vaccinated communities thereby reducing the harm and deaths caused by COVID-19.

Prioritised vulnerable communities to enable them to be safe, well, resilient and flourishing.

Continuation of services and businesses to prevent distribution and inequalities becoming evident

Increased knowledge of community assets to enable timely and appropriate prevention and intervention.

Enabling individuals and communities to live, work and play.

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Local Outbreak Management Plan Summary Version

There are 6 themes within the LOMP – care homes, education, high risk settings, Integrated Preventive Approach (IPA), local contact tracing and testing, and COVID-19 vaccination Programme. The table below provides a summary within each theme.

	Care homes	Education	High risk Settings	Integrated Preventive Approach (IPA)	Local contact tracing and testing	COVID-19 vaccination Programme
Desired outcome	<ul style="list-style-type: none"> To support the resilience of the care home sector and facilitate solutions to the challenges of the COVID-19 pandemic, through an offer of support which enables the delivery of quality care and the safety of both residents and staff. Outbreaks within care homes are prevented and where they do occur, they are effectively managed and contained. 	<ul style="list-style-type: none"> To ensure business continuity in settings across North Lincolnshire so that all children have access to education and childcare which is uninterrupted. Schools and settings continue to deliver high quality learning for all children, prioritising vulnerable children and the children of key workers in line with the national guidance when COVID public health intelligence requires schools to close. 	<ul style="list-style-type: none"> To develop defined preventative measures and outbreak management strategies to manage high risk places, locations, and communities of interest to prevent further transmission of COVID19 and outbreaks in North Lincolnshire. 	<ul style="list-style-type: none"> Build upon the existing effective relationship created through community enablement activities in partnership with North Lincolnshire Voluntary, Community and Social Enterprise (VCSE) Alliance and the wider voluntary and community sector. To ensure support for vulnerable local people to self-isolate and to ensure services meet the needs of diverse communities, all in line with new legislation and government guidance - Shield and CEV arrangements 	<ul style="list-style-type: none"> To provide a local end to end test, trace and isolate service for North Lincolnshire to more quickly respond to positive cases, break chains of transmission and prevent outbreaks. 	<ul style="list-style-type: none"> To deliver a rapid COVID-19 vaccination programme across North Lincolnshire, which prioritises the roll out to the most vulnerable populations first before expanding to cover all eligible individuals, in line with the national guidance, whilst seeking to maximise vaccine take up and minimise health inequalities.

Success measures / performance metrics	<ul style="list-style-type: none"> • Reduction in the number of outbreaks within care homes. • Vaccination uptake of care home residents and staff is maximised and above the England average. • Reduction in serious illness, hospitalisation and deaths of care home residents and staff due to COVID-19. • Care homes maintain adequate staffing resources to meet the care and support needs of the residents. • All front- line staff receive infection, prevention, and control and donning and doffing training. • All new guidance including in respect of testing and visiting is effectively implemented. 	<ul style="list-style-type: none"> • Transmission in schools and other education settings remains low through effective control measures and as a result schools and settings remain open and minimise disruption to children's learning. • Attendance and available benchmark measures of children's achievement remain at least in line with national comparators. 	<ul style="list-style-type: none"> • Reduction in COVID-19 positive cases. • Workplaces and other high risk settings are fully informed about and have in place adequate measures to prevent the spread of Covid 19. • Workplaces and other high risk settings experiencing increased rates of Covid 19 are supported to manage and curtail transmission, thereby preventing outbreaks. • Good practice / learning shared across high-risk settings to break the chain of transmission and support the economy. 	<ul style="list-style-type: none"> • Strengthen and embed a 'Community First' Approach and increase the capacity of the community and voluntary sector. • To enable a greater range and diversity of community support and engagement to meet community and residents needs at the lowest level 	<ul style="list-style-type: none"> • Optimisation of testing capacity • Embedding of testing as part of everyday life for target population cohorts • Equality of offer across all locations, age, gender, ethnicity, disability within target population cohorts • Reduction in community transmission and number of outbreaks • Positive user experience • No of cases transferred to local contact tracing, • % of cases successfully contacted. • Number of target population cohorts booking and attending tests. • Number of contacts per +ve case 	<ul style="list-style-type: none"> • Vaccination uptake per each JCVI cohort is equal to or greater than the England average. • Vaccination uptake is equally comparable across all sectors regardless of areas of deprivation, gender, age, ethnicity. • Reduction in deaths attributed to COVID-19 as a direct result of the impact of the vaccination programme. • Reduction in hospitalisation and serious illness due to COVID-19 as a direct result of the impact of the vaccination programme
Actions to be continued	<ul style="list-style-type: none"> • Management and support of current outbreaks. 	<ul style="list-style-type: none"> • Continue to focus on ensuring community 	<ul style="list-style-type: none"> • Ensure surveillance can quickly identify 	<ul style="list-style-type: none"> • Grow, strengthen, and embed an 	<ul style="list-style-type: none"> • Development of further integration with 	<ul style="list-style-type: none"> • Support and implement alternative

	<ul style="list-style-type: none"> Improving communication and assurance regarding testing of professionals visiting care homes. Support the vaccination programme – second doses and remaining residents and staff. Communication with care home providers re visiting arrangements following the DHSC guidance being updated. 	<p>testing is accessible for those staff in education settings who cannot access testing through other routes</p> <ul style="list-style-type: none"> Ensure information about community testing for parents, carers and support bubbles of children returning to schools and colleges is shared through comms Ensure continued accessibility of Public Health support and guidance during out of hours to support leaders managing cases in schools and colleges when reopening for face-to-face teaching 	<p>potential outbreaks that may be linked to specific places, locations, or communities</p> <ul style="list-style-type: none"> Establish and implement comprehensive communications plan to focus on preventing outbreaks, behaviours, and targeted messaging e.g., webinar's, newsletters, tool kits etc. Ensure continued monitoring and support to settings experiencing increasing occurrences of Covid 19 to prevent outbreaks. 	<p>Integrated Preventative Approach and 'Community First' Approach within North Lincolnshire's public sector partners and the Voluntary and Community Sector.</p> <ul style="list-style-type: none"> Develop key 'community leader' communication conduits to enable appropriate information is accessible. Support organisations with 'in reach' to the communities identified, assisting them to connect into the wider network. Training for staff and volunteers to enable community needs to be better met and enable better understanding and communication. 	<p>regional/national Test and Trace, and isolation follow up support mechanisms.</p> <ul style="list-style-type: none"> Fully embed the Community Testing offer within the business-as-usual Local Test and Trace Service Planning to increase the target population cohorts for Community Testing, scaling up testing capacity (where required) and adapting to meet national testing programme requirements. Develop and deliver community collect arrangements for home testing kits (initially school pupil families and bubbles). Implement continuous improvement activity as identified in the Performance Dashboard 	<p>vaccination sites to increase uptake of the vaccine and reduce the health inequalities gap by proactively targeting certain communities or areas where the COVID-19 vaccine uptake is lower than the Place or England average.</p> <ul style="list-style-type: none"> Develop and roll out a targeted communications plan to support the vaccination roll out and uptake, including utilising a range of methods to reach all communities. Develop and implement any additional actions required following continuous review of the COVID Vaccination data considering all Health Inequalities.
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Local Outbreak Management Plan (LOMP)

12 March 2021
Control version: Version 2
Status: Approved

Theme 1: Care Homes

Theme 2: Schools Year Years and College settings

Theme 3: High Risk Places, Locations and Communities

Theme 4: IPA

Theme 5: Local Test and Trace

Theme 6: COVID-19 Vaccination Programme

Care Homes		
Shazia Ahmed/Victoria Lawrence		
Desired outcomes <ul style="list-style-type: none"> To support the resilience of the care home sector in North Lincolnshire and facilitate solutions to the challenges of the COVID-19 pandemic, through an offer of support which enables the delivery of quality care and the safety of both residents and staff. Outbreaks within care homes are prevented and where they do occur, they are effectively managed and contained. 		
Success measures/performance metrics <ul style="list-style-type: none"> Reduction in the number of outbreaks within care homes. Vaccination uptake of care home residents and staff is maximised and above the England average. Reduction in serious illness, hospitalisation and deaths of care home residents and staff due to COVID-19. Care homes maintain adequate staffing resources to meet the care and support needs of the residents. All front-line staff receive infection, prevention, and control and donning and doffing training. All new guidance including in respect of testing and visiting is effectively implemented. 		
Action	Progress Made	Lead
Oversight of outbreak situation across our care homes	<p>As of 4 March 2021, there are 30 people (23 residents and 7 staff) testing positive across 6 care homes (. One care home has an outbreak which is significant with 19/31 residents and 6/28 staff having tested positive. 90% of residents and 81% of staff have been vaccinated and majority of those who have tested positive have been vaccinated. Both residents and staff are largely asymptomatic. Two IMTs have taken place with the care home overseen by the oversight group and risk mitigation and management actions have been agreed and implemented. Eight people finish their isolation period today, but further PRN testing completed yesterday and awaiting test results.</p>	SP/SA/VL
MOU between NLAG enabling bank staff to be used by care homes	NLaG have now confirmed that the paperwork to agree the MOU will be completed to enable it to be operationalised at the point NLaG have sufficient staffing capacity to support care homes and the wider system.	HD
Ensure adequate COVID testing in place across settings	Concerns have been raised by care home managers about the level of assurance and communication regarding the testing of professionals visiting care homes are being addressed with the community health services The discretionary element of the ASC Rapid Testing Fund has been distributed to and received by care home providers to further support testing in March.	SP/SA
Ensure the timely and effective distribution of grant funding.	The Workforce Capacity Fund and additional discretionary Infection Control Fund has been distributed against requirements and received by providers.	VL

Visiting arrangements	<u>Visiting arrangements in care homes</u> : Sets out how care homes can support families and visitors to visit residents from 8 March. The guidance has been replaced with a new version to reflect the announcements in the roadmap published on 22 February (COVID-19 Response – Spring 2021) for the next phase in opening up care home visiting has been circulated to care home providers .	
Support COVID vaccination programme in Care Home settings	94% of care home residents and 80% of care home staff have received the first dose of the vaccination. A letter has been provided for care home managers to give to members of their staff teams who have not yet taken up the opportunity of a vaccination with further information about the vaccine and an offer of a discussion about any reservations they may have to encourage uptake. Second doses to commence from week commencing 8 March 2021. PCNs communicating directly with care homes regarding dates, paperwork and numbers once they have received confirmed delivery dates. See separate vaccination theme report.	HD/VL
What are the next key actions/priorities?		
<ul style="list-style-type: none"> • Management and support of current outbreaks. • Improving communication and assurance regarding testing of professionals visiting care homes. • Support the vaccination programme – second doses and remaining residents and staff. • Communication with care home providers re visiting arrangements following the DHSC guidance being updated. 		

Schools, Early Years & College Settings		
Jemima Flintoff		
Desired outcome/s		
<ul style="list-style-type: none"> • To ensure business continuity in settings across North Lincolnshire so that all children have access to education and childcare which is uninterrupted • Schools and settings continue to deliver high quality learning for all children, prioritising vulnerable children and the children of key workers in line with the national guidance when COVID public health intelligence requires schools to close 		
Success measures/performance metrics		
<ul style="list-style-type: none"> • Transmission in schools and settings remains low through effective control measures and as a result schools and settings remain open and minimise disruption to children’s learning. • Attendance and available benchmark measures of children’s achievement remain at least in line with national comparators 		
Action	Progress Made	Lead
Effectively manage enquiries from educational settings to ensure the right children and staff are self-isolating, and ensure business continuity in education settings	<ul style="list-style-type: none"> • <u>All North Lincolnshire schools and colleges reopened on 8 March 2021 in line with national guidance. All schools are complying with national guidance for staff testing at home; secondary pupils have three tests at school before returning to face to face education and from then home testing.</u> https://www.gov.uk/government/news/mass-testing-for-secondary-pupils-as-all-schools-and-colleges-fully-reopenfrom8-march • Parents and other adults in households with children at school or college, who do not have symptoms, can now access regular, rapid coronavirus (COVID-19) testing. https://www.gov.uk/guidance/rapid-lateral-flow-testing-for-households-and-bubbles-of-school-pupils-and-staff 	Head of Standards and Effectiveness

	<ul style="list-style-type: none"> • Early years settings continue to be open in line with national guidance. • There have been 51 cases in schools and settings in the last 14 days, 19 in staff, 21 in children and the remainder in parents. 	
<p>Areas of good practice</p> <ul style="list-style-type: none"> • Daily School Support meetings including officers from education and inclusion, transport, school organisation, health and safety, public health and children’s social care attend to ensure rapid response to changing and emerging need across the sector. • Schools and Early Years Settings played an essential role in understanding community transmission in 2020 as they reported cases in parents as well as children and staff. This was beyond what was asked in national reporting but ensured that local intelligence about outbreaks in businesses were able to be identified managed quickly • A nuanced approach to advice and guidance about managing bubbles and identifying close contacts for schools and early years settings has supported resilience in the sector, with almost no school closures during Autumn 2020 with attendance rates for primary, secondary and special all above national average for the same period. • A suite of local documents has supported schools to have consistent approaches to keeping in touch with vulnerable children and recording and reporting cases. Updated guidance on a page distributed after half term in readiness for schools reopening • COVID-19 stay safe banners produced and given to all primary and secondary schools and alternative provision settings to ensure parents and carers, as well as children do not gather outside school • Leadership briefings provide regular, monthly updates to schools. Most recently information shared with schools on 1 and 2 March briefings included local health intelligence, Holiday Activities and Food scheme, Winter Covid Grant Free School Meal vouchers, recent changes to Ofsted, DFE School Support during Covid, and Covid exams arrangements for Year 11 pupils. • Fortnightly cluster meetings on MS Teams for school leaders have supported resilience in the sector and facilitated sharing of best practice, for example around meeting children’s learning needs through remote teaching and learning. • Schools have reviewed arrangements for the safe running and it is anticipated that attendance levels will return to those of the autumn term within two or three weeks of reopening – this averaged at around 87% for secondary and 90% for primary schools during autumn 2020 and was better than national. • Experience indicates that some families will be anxious and not send children back at the start, however as schools remain open, parental confidence increases with linked improvement in attendance. To support this, NLC officers are working with schools and families to encourage those who are reluctant for their children to return to education. • Ongoing individual advice guidance for early years settings including communication of COVID business support and an application through Schools Forum to provide hardship funding has ensured business resilience and no Early Years setting has had to permanently close as a result of COVID 19. 		
<p>Issues / Risks</p> <ul style="list-style-type: none"> • A proportion of staff working in schools have been identified as CEV under the revised criteria and advised not to work in school as a result. Most schools can manage the impact of this on ratios and business continuity however the LA is supporting those that are particularly affected to manage the impact of this. • Out-of-School Clubs continue to be the most vulnerable of childcare settings as these have no funded places and places are fully paid by parents and carers. Increases in parents working from home has seen reduced demand for this sector which may present that sector with business continuity issues in the longer term. 		
<p>What are the next key actions/priorities?</p>		
<ul style="list-style-type: none"> • Continue to focus on ensuring community testing is accessible for those staff in education settings who cannot access testing through other routes • Ensure information about community testing for parents, carers and support bubbles of children returning to schools and colleges is shared through comms 		

- Ensure continued accessibility of Public Health support and guidance during out of hours to support leaders managing cases in schools and colleges when reopening for face-to-face teaching

High Risk Places, Locations and Communities		
Lesley Potts		
Desired outcome/s		
<ul style="list-style-type: none"> • To develop defined preventative measures and outbreak management strategies to manage high risk places, locations, and communities of interest to prevent further transmission of COVID19 and outbreaks in North Lincolnshire. 		
Success measures/performance metrics		
<ul style="list-style-type: none"> • Reduction in COVID-19 positive cases across North Lincolnshire • No Outbreaks identified in North Lincolnshire due to preventative measures in place • Good practice/learning shared across high-risk settings to break the chain of transmission and support the economy 		
No.	Action required	Completed
1.	Utilise existing covid-19 shield infrastructure to support the local response	✓
2.	Map and risk assess potentially complex settings and those who currently provide liaison and support to these settings	✓
3.	Establish a plan for proactive preventative infection control advice and guidance for: <ul style="list-style-type: none"> • High Risk Communities • Health care settings • Supported Housing • Business settings 	✓
4.	Ensure surveillance can quickly identify potential outbreaks that may be linked to specific places, locations, or communities	Ongoing
5.	Define preventative measures and outbreak management strategies in line with the joint working agreement for high-risk settings and communities	Ongoing
6.	Engage with local employers (within public service and beyond) and encourage the development / updating of local business continuity plans to prepare for scenarios where large proportions of the local workforce are asked to self-isolate (especially those required to deliver critical face-to-face or in office services)	Ongoing
7.	Develop contingency plans for those who need to move from their existing household	✓
8.	Establish and implement comprehensive communications plan to focus on preventing outbreaks, behaviours, and targeted messaging e.g., webinar's, newsletters, tool kits etc.	Ongoing
9.	Take a risk based intelligence led approach to compliance by using national. regional and local intelligence to inform projects and enforcement responses	Ongoing
Areas of Good Practice		

- A whole system approach was taken via strategic and tactical high-risk groups convened to map relevant settings via relevant practitioner leads in primary service areas. This provided a single place to report and manage cases, outbreaks and workloads effectively.
- The organisation is well placed and agile to create virtual teams, with a willingness to support and manage outbreaks, using their transferable skills to support businesses.
- Utilising of the existing Business newsletter, that has a reach of 6900 businesses with a 98% open rate, to share key messages on advice and guidance on prevention of transmission, outbreak support and financial assistance
- Integration of the data to provide a single view of individual case data, outbreaks, and a case management dashboard.
- Our strong relationships with business used to encourage voluntary case reporting to facilitate rapid response to any outbreaks and the review of control measures in place.
- The creation and operation of an Incident Management Team (IMT) where an outbreak is identified, bringing together Public Health, Environmental Health, Economy and Growth, Public Health England, Health and Safety Executive and Businesses to support them to manage business continuity, whilst breaking the chain of transmission. This has enabled the IMT to work together and enable solutions, such as, providing access to mobile testing unit, onsite visits from Environmental Health to review risk assessments and provide support and guidance. This has been well received by businesses and fostered relationships of mutual respect and honesty across all partners.
- The learning gained through IMT's has been shared across the wider business sector (including our own organisation) to prevent further transmission, via Business webinars and the sharing of best practice with a flexible and adaptable approach to our own practice.
- There has been a strong coordinated approach to event management based on risk, local infection rates and our regulatory responsibilities.
- There has been good community engagement including faith groups and local leaders carried out by EH to share Covid 19 secure information and to support the community sector.
- We have taken a risk-based intelligence led approach to inspections and project work across business sectors using national, regional and local intelligence. e.g., the Retail project carried out ensuring premises are Covid 19 secure.
- Intelligence has been shared across all partners via the Health Protection and Outbreak Management Group to target where enforcement visits are made, and informal visits have been carried out by Environmental health on behalf of HSE. An agreed working protocol has now been developed around outbreak management at HSE enforced premises.
- A proactive approach has been taken to extending the 'everyone in' initiative for homeless into all lockdowns and maintaining a process of review, to keep our most vulnerable safe and well.
- There has been a shared comms narrative led by emerging risks, identified through IMT, enforcement visits and data.
- The Covid Prevention Assistants have been well received by residents and provide visible support.
- Work carried out to ensure a Covid 19 secure response to any emergencies around evacuation and emergency shelter.
- Having a single point of contact for high-risk settings has worked well.

Issues / Risks

- Should a business refuse to engage this could have an impact on North Lincolnshire case numbers.
- Resources need to continue to be available to ensure IMT's remain robust in the future to manage further transmission of COVID19 and outbreaks in North Lincolnshire.
- Businesses need a quick response and turnaround from the national LFD testing programme.
- We need to get the balance right in businesses around payment and self-isolation of staff to encourage compliance with self-isolation.

- We need to encourage honesty from potential contacts, to enable them to share any breach of COVID19/working protocols that could have led to transmission.
- HSE resilience at a local level.

IPA -

Sandra Simmons

Desired outcome/s

Build upon the existing effective relationship created through community enablement activities in partnership with North Lincolnshire Voluntary, Community and Social Enterprise (VCSE) Alliance and the wider voluntary and community sector.

To ensure support for vulnerable local people to get help to self-isolate (e.g., facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities. In line with new legislation and government guidance - Shield and CEV arrangements

Success measures/performance metrics

- Strengthen and embed a 'Community First' Approach and increase the capacity of the community and voluntary sector.
- To enable a greater range and diversity of community support and engagement to meet community and residents needs at the lowest level

No.	Action required	Completed
1	Grow and embed an Integrated Preventative Approach with place, public sector partners and the VCS, enabling communities to reduce the spread of Covid -19.	Ongoing
2	Strengthen and embed a 'Community First' Approach and increase the capacity of the community and voluntary sector. To enable a greater range and diversity of community support and engagement to meet community and residents needs at the lowest level.	Ongoing
3	To facilitate and grow the reach and a shared understanding of our most ethnically diverse communities– working with local leaders and interest groups to increase uptake and community ownership of COVID-19 guidance, particularly amongst disabled people and/or people from BAME communities.	Ongoing
4	Develop the communication conduit between communities, local authority, and system partners to influence what and how we communicate and support our residents. Utilising the Intelligence and Innovation Hub to analyse and present this qualitative data in a way that can be utilised by communities, local and national partners to influence and effect long lasting change.	Ongoing
5	Develop a community led Steering Group with representatives from the identified hard to reach communities, VCSE, public health, public and private sectors to steer and monitor progress against actions.	Established
6	Support organisations with 'in reach' to the communities identified, assisting them to connect into the wider network including expanding and enhancing the existing Community Champions role, providing, and promoting accessible public health information, healthy behaviours, and positive mental health training.	Ongoing
7	Create the space to have 'Community Conversations' on doorsteps and familiar places, assisting hard to reach people to identify and prioritise their needs, identify their assets	Ongoing

	and work with individuals, communities and partners to draw upon resources to facilitate and implement locally identified solutions.	
8	Build on the positive and pro-active relationships created with large companies during Covid 19 to develop 'Canteen Conversations' with staff from BAME groups to influence the approach to 'messaging' and connect people into community support networks.	Ongoing
9	Utilise these communication networks to introduce people to, and provide, good quality information and guidance, from trusted local and national sources using appropriate media and language targeted at the identified hard to reach groups with a particular focus on health protection, Covid 19 messaging, practical application, and safe behaviour.	Ongoing
10	Community Champions ensure residents remain up to date with the latest information, advice, and guidance directly from public health experts. All communities are represented within the Community Champions network and strategy groups	Established
11	Communications tailored and targeted for specific vulnerable groups re self-isolation, social distancing, preventative behaviours, translating.	Good progress being made
12	Community Support – Community Enablement Team, Covid Community Champions	Good progress being made
13	Groundwork engagement with vulnerable communities – understanding barriers, perspective, anxieties.	Good progress being made
14	Develop Soft intelligence related to risks to vulnerable groups	Good progress being made

Good Practice

- **Building on the foundations** of the Integrated Adults Partnership, and the collaboration and development of the VCS Alliance.
- **Place Planning** - Taking our learning forwards and framing it within the Council Plan and priorities for Place by establishing a three-year workplan for the priority of 'enabling resilient and flourishing communities'.
- **Volunteering:** The creation of a Volunteer Hub enabling Volunteer managers to receive training on providing quality experiences for volunteers.
- **Support for Community Groups to build on their collaborations to support individual residents during covid to become more formally affiliated Community Organisations.** Supporting the more vulnerable members of their communities to feel less isolated and more involved.
- **Community Champions.** The development of Community Champions provides people with the opportunity to engage in volunteering through acting as a quality communication conduit and local influencer of good behaviours.
- **Shared Conversation across partner organisations to create better collective conversations.** Creating greater, and a more sustainable infrastructure for the voluntary and community sector by working collectively using shared funding across the council and CCG – Health. Innovative ways of having a 'a conversation' to check isolated residents Health and Wellbeing through 'Bags of Kindness delivered by known and trusted volunteers from within the community.

- **Community Insight and dialogues** – looking at solutions through the eyes of residents. Gaining a greater perception of what is like to live and work within an area. Building and deepening relationships with local businesses to develop contacts and reach into the community.
- **Establishing a Community Champions Steering Group**, with greater representation and voice of a wider diversity of communities. Enabling a more targeted approach to communications, supporting more vulnerable residents.
- **The use of intelligence and community and partner’s insight to provide a rapid response to need that is proportionate and manages demand.** Use of data stratification identifying higher numbers in areas of most disadvantage, BAME communities and Households accessing FSM. This has enabled a much more targeted approach to communications, a shared dialogue across community leaders and partners and supported the focus of resources and messaging.
- **Using a Risk Stratification approach to the use of data** to provide high levels of diligence but keeping low numbers in terms of long term of high numbers of residents needing support.
- **Agile and creative workforce who have learnt new skills and ways of working across organisations and within the local community** – a wider sense of understanding of the challenges of residents and their own transferrable skills sets.
- **Created, and grown a ‘blended workforce’ from across different areas of the council and local partners, particularly the VCS.** This has enabled the opportunity to deepen relationship and understanding of each other’s roles and provided the capacity to extend the VCS and volunteer workforce.
- **A collective approach not defined by organisational barriers and concepts. Creating a blended, strengths-based approach - being proactive and agile in thinking ideas through based on local insight, data, and community voice.**
- **A weekly Community Partners Meeting with a specific task and finish remit linked to IPA priorities.** Providing a forum to share and embed a collective understanding and shared language in relation to Community Enablement at a strategic, partnership and operational level.
- **Cross referencing insight and roles to increase reach.** For example, The VCS Volunteer Coordinator encourages all 300 vaccine volunteers to become Community Champions.
- **Strong representation with local Health leaders and GPs – Humber and Wolds CCG** – By Identifying shared priorities and communication links – For example, a BAME Seminar 2nd March across Humber and Wolds CCG with local GPs leading. Linked to Community Champions and local businesses newsletters.

Helen Manderson

Local Contact Tracing and Testing

Desired outcome/s

To provide a local end to end test, trace and isolate service for North Lincolnshire to find positive cases earlier, break chains of transmission and prevent outbreaks.

Success measures/performance metrics

- Optimisation of testing capacity
- Embedding of testing as part of everyday life for target population cohorts
- Equality of offer across all locations, age, gender, ethnicity, disability within target population cohorts
- Reduction in community transmission and number of outbreaks
- Positive user experience
- No of cases transferred to local contact tracing,
- % of cases successfully contacted.
- Number of target population cohorts booking and attending tests.
- No +ve, -ve and void tests completed
- Number of contacts per +ve case

No.	Action required	Completed
1.	Develop a robust local contact tracing service.	✓
2.	Development of further integration with regional/national Test and Trace, and isolation follow up support mechanisms.	Ongoing
3.	Set up local community testing sites in Scunthorpe and Brigg for critical workers.	✓
3.	Fully embed the Community Testing offer within the business-as-usual Local Test and Trace Service.	Ongoing
4	Development of a Contact Tracing performance dashboard	✓
5.	Further development and integration of a performance Dashboard across local test and trace.	Ongoing
6.	Planning to increase the target population cohorts for Community Testing, scaling up testing capacity (where required) and adapting to meet national testing programme requirements.	Ongoing
7.	Develop and deliver community collect arrangements for home testing kits (initially school pupil families and bubbles).	Ongoing
8.	Keep under review the need for on-site community testing and the development of options for effective delivery.	Ongoing
9.	Develop and roll out an intelligence led, targeted engagement action plan, including comms to encourage take up of testing and compliance with self-isolation requirements.	Ongoing
10.	Implement continuous improvement activity as identified in the Performance Dashboard.	Ongoing

Areas of Good Practice

- A fully integrated approach has delivered a seamless service for contact tracing and local testing.
- Collaborative working from subject experts across the council and partners to enable the effective mobilisation, at pace of the community testing sites.
- A flexible approach to enable the service to scale up or down to meet future needs, including mass testing.
- Testing centres have been matched to centres of population for target cohorts, with initial capacity for over 2,600 tests per week, enabling rapid roll out of testing to public and private sector critical workers.

- Reuse of digital infrastructure and use of established supply chain to meet set up needs.

Issues / Risks

- The reused digital infrastructure does not allow us access to all data or control over booking capacity, a bespoke solution that integrates with the Performance Dashboard could improve efficiency.
- Including Community Collect for home testing kit collection, will enable us to best support people to get tested, to deliver this work we may need to work outside of the test sites, in communities.
- Hard to reach groups are not unique to the Contact Tracing and Testing service, we need to ensure no one is excluded or left behind.

Public Health Delivery Plan

COVID-19 Vaccination Programme

Desired outcome/s

- To deliver a rapid COVID-19 vaccination programme across North Lincolnshire, which prioritises the roll out to the most vulnerable populations first before expanding to cover all eligible individuals, in line with the national guidance, whilst seeking to maximise vaccine take up and minimise health inequalities.

Success measures/performance metrics

- Vaccination uptake per each JCVI cohort is equal to or greater than the England average.
- Vaccination uptake is equally comparable across all sectors regardless of areas of deprivation, gender, age, ethnicity
- Reduction in deaths attributed to COVID-19 as a direct result of the impact of the vaccination programme
- Reduction in hospitalisation and serious illness due to COVID-19 as a direct result of the impact of the vaccination programme

No.	Action required	Responsible Officer	Completion date
3.	Place based Senior Responsible Officer COVID-19 Vaccination Group established to coordinate, support and seek assurance on the roll out of the vaccination programme within North Lincolnshire, incorporating all system partners.	NLCCG COO, Deputy CEO NLC and DASS NLC	Completion December 2020 - ongoing
4.	Support and implement the roll out of the Vaccination programme across the 4 Primary Care Networks covering the North Lincolnshire geographical area.	NLCCG COO and NLCCG MD	Completion January 2021
5.	Support and implement a larger vaccination site within North Lincolnshire to support the roll out of the programme in line with increased vaccine supply into the region and the commencement of the 2 nd doses of vaccines for those already vaccinated with a first dose (mid-March 2021 onwards).	NLCCG COO	Planned - 15 th March 2021
6.	Review and analyse the vaccination data to determine areas of lower uptake to ensure a targeted approach for the local population.	Deputy DoN&Q NLCCG and Public Health	March 2021
7.	Targeted approach to increasing uptake amongst the Care Home workforce	DPH	March 2021
8.	Support and implement alternative vaccination sites to increase uptake of the vaccine and reduce the health inequalities gap by proactively targeting certain communities or areas where the	NLCCG COO and NLCCG MD	March 2021 - ongoing

	COVID-19 vaccine uptake is lower than the Place or England average.		
9.	Develop and roll out a targeted communications plan to support the vaccination roll out and uptake, including utilising a range of methods to reach all communities (e.g. use of material in alternative languages, use of different styles of communication – verbal, written, videos, COVID champions).	NLC and NLCCG Head of Communication	March 2021 – ongoing
8.	Develop and implement any additional actions required following continuous review of the COVID Vaccination data considering all Health Inequalities, promoting alternative access to the COVID vaccination programme, myth busting support, use of local COVID Champions and local leaders within Place to promote the health benefits.		March 2021 – ongoing

Areas of Good Practice

- Initial uptake of the vaccination programme across all cohorts has been very well received in North Lincolnshire.
- Very good uptake of vaccination rates for residents within the Care Home sector which has started to see a reduction in the severity of the illness and hospital admissions from this sector. The positive take up was achieved through excellent collaboration between the PCN, GPs and the Care Home sector who ensured proactive support in preparing for the vaccine programme and ensuring all relevant consent and pre- vaccination visits were undertaken prior to vaccination dates.
- Local GP's have been supporting vaccine hesitancy by recording videos in multiple languages (16 now live) to support myth busting and general uptake. These have been shared and promoted across many different platforms including local news reporting and social media channels across the Humber, Coast and Vale ICS.
- Role modelling from local Health Care staff, especially GP's by promoting that they have been vaccinated has increased confidence in the local programme.
- Extensive external communications, on a weekly basis, via radio, local news channels, social media and local newspaper articles by the Medical Director and Chair (Local GP) of the CCG, encouraging prevention strategies for COVID-19 and promoting the vaccination programme locally with a focus on the health benefits.
- The location of the first Local Vaccination Site in North Lincolnshire played a significant part in creating a positive uptake in the ethnic communities as the area has a large population. Positive patient experiences and word of mouth has influenced uptake in the local population, which is also an area of higher socio-economic deprivation.
- Excellent collaboration between all system partners, including but not limited to the PCN's, CCG, Local Authority and Volunteer sector who ensured the smooth running of local vaccine sites which has promoted positive feedback and patient experience.
- Use of local COVID-19 vaccination webinars have been used to target myth busting and promote the vaccine programme across a variety of settings and population groups.
- Addition of a local Pharmacy Site increased access opportunities.
- Excellent collaboration with the Local Acute Hospital in relation to implementing a Health and Social care vaccination hub for the workforce with an electronic booking system for rapid and timely access to appointments.

Issues / Risks

- Lack of vaccine supply and short notice delivery dates have caused difficulty and frustration in the planning and preparation across PCN sites.
- Lack of data and sharing opportunities regarding vaccine uptake in the earlier days of the programme caused difficulty in ascertaining the local position against each cohort, to enable thorough planning and ensure equity across Place.
- Change to guidance regarding the 2nd dose timing interval resulted in an excessive amount of administration requirements within each PCN and frustration from a patient perspective.

Covid-19 Prevention and Outbreak Management Communications Plan

Adam Lovell

The principles of the communications plan will remain true and will be applicable across a broad range of territories; transmission, testing, isolating, vaccine.

The two aims previously of preventing the spread and managing outbreaks will, I presume, remain constant.

Effective communications will help achieve the outcomes/aims:

- informing residents and businesses of what they need to do
- educating them further as to the risks and how their behaviour has a direct impact upon achieving the aims
- motivating them towards taking action/adjusting to the new normal throughout the duration of the continuing impact of Covid-19
- reassuring that while the risks remain we can control the spread by taking simple measures to protect ourselves, our families and our communities.

Activity will be aligned to the Council Priorities and cognisant at all time of demand management:

- Keep people safe and well
- Prioritise the most vulnerable
- Enable resilient and flourishing communities
- Enable economic growth and renewal.

Any Outbreak management communications is founded in crisis communications:

Strategic Aims

- To ensure those who need to know about an outbreak do so in a timely, responsible and measured way
- To maintain public confidence and trust in the organisations and systems involved.

Crisis communications Principles

- Be first. The first source is that which against all others are measured.
- Be right. Accuracy is critical to credibility.
- Be credible. Honesty is fundamental to maintaining trust.
- Express empathy. Emotion cannot be countered with facts. People must first know that their leaders care.
- Promote action. Giving people something specific to do restores a sense of control over out-of-control circumstances.
- Show respect. Lack of respect for a public in crisis undermines trust.

Results of the COVID-19 Communication Impact Survey is attached



Covid-19 Impact
Survey Report.pdf

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

COVID-19 OUTBREAK PREVENTION AND MANAGEMENT UPDATE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide the Health and Wellbeing Board with a progress report against the six key themes from the Local Outbreak Prevention and Management Plan.

2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire's Local Outbreak Management Plan (LOMP) was updated in March 2020. The plan is based on six key themes which are essential to prevent outbreaks and reduce case numbers.
- 2.2 The Implementation and effectiveness of LOMP is assessed through the Health Protection and Outbreak Management (HPOM) group which meets on a weekly basis. This report provides the Health and Wellbeing Board members with a summary of progress against each of the key themes.
- 2.3 PHE surveillance shows that a new COVID variant, known as Delta, has now become the dominant variant in England. Research is currently ongoing regarding the potential impact of Delta. A recent Public Health England (PHE) reportⁱ identified that positive Delta cases increase the risk of hospitalisation, although no further information was provided in terms of length of hospital admission or actual impact on health. Evidence suggests that vaccines are highly effective against delta after 2 dosesⁱⁱ.
- 2.4 Proactive surveillance is being undertaken in North Lincolnshire to identify priority cases which may have an increased likelihood of causing outbreaks. This ensures rapid enhanced contact tracing can take place to help contain the virus and reduce the risk of ongoing transmission.
- 2.5 The government's original target date for removing all legal limits on social contact was June 21. However, this has now been delayed because of the concerns over the Delta variant and to provide more time to vaccinate people before the remaining rules can be lifted.
- 2.6 Whilst the covid rates for North Lincolnshire are comparatively low, we need to be mindful that rates in other areas of the UK have been rising (some significantly) which may impact on our rates on the future.

3.0 PROGRESS ON LOMP THEMES

3.1 Care Homes

The Care Home Oversight Group meets regularly to review local data and intelligence, coordinates support to care homes around infection control and outbreak management, and leads on implementing the COVID-19 Care Home Support Plan.

Over recent weeks, the number of staff and residents in care homes testing positive for COVID have been very low (reaching zero at some points). Outbreaks have been managed promptly and effectively. Vaccinations in care homes continues to be a high priority. Currently 96% of care home residents and 83% staff have received their first dose of the vaccine and second vaccinations received by 92% of residents and 78.7% staff.

3.2 Education settings

Weekly meetings are in place to oversee the outbreak prevention and management in educational settings.

Number of staff and pupils testing positive is currently very low. However, where outbreaks (two or more linked cases) have occurred, these have been managed effectively through incident management teams (IMTs).

Epidemiology has been used to offer targeted support to selected schools that have recently affected by outbreaks, including offering 'walk-in' vaccinations for priority staff.

3.3 High-risk workplaces, communities and locations

The council and partners continue to work effectively with workplaces. Bulletins are sent to workplaces on a regular basis to keep them updated on COVID advice. Recently a COVID webinar for workplaces was run by the council to provide an interactive session to talk about epidemiology and prevention strategies.

Where workplace outbreaks are identified, and there is a risk of onward transmission, the council works with the host organisation to reduce the likelihood of additional cases.

The mobile testing unit has successfully been deployed in workplaces and has enabled a number of asymptomatic positive people to be identified and to self-isolate, thus effectively breaking the chain of transmission.

3.4 Local test and Trace

Workplace testing was made available to organisations in North Lincolnshire from St John's Market and the Brigg Venue. However, as

availability of home testing, community collect testing and on-site workplace testing etc has become mainstreamed, demand for this service has declined. These facilities have now been suspended, so resources can be used more effectively elsewhere.

Greeson Hall will now be used for target / assisted testing for the Froddingham / Crosby community and will go live during June. In addition, flexible arrangements for targeted testing in other North Lincolnshire localities will be made available should, swift deployment of testing be required.

The council continues to work effectively with PHE around contract tracing. The council is employing enhanced contract methodology for priority cases.

Surveillance information around possible and confirmed variance of concern (VOC) is shared with the contract tracing team and PHE at the earliest opportunity to ensure prompt action is taken.

3.5 COVID Vaccination programme

The COVID Programme continues to be rolled out and is now available from 18+ years age groups.

Whilst vaccination take-up has been very high for a large proportion of the eligible population, we have noticed lower uptakes in some areas of North Lincolnshire. The latest inequalities data continues to show that we have two ward areas that have the lowest vaccine uptake and we are continuing to work collaboratively across the system to support initiatives to increase confidence, convenience and reduce complacency. This includes a re-focus and / or continuation on;

- Increased communication.
- Increased focus on promoting the Baths Hall (positive walk-in sessions at the Baths Hall were held on 13th June with around 250 individuals seen who had not pre-booked).
- Use of Clinical Champions and Trusted Leaders to promote positive messages.
- Change in messaging to highlight that 1 in 5 people in the 40-50 age group are not yet vaccinated.
- Pop up sessions with walk in opportunities to commence over 4 weeks at Greeson Hall.
- 'Pop up' sessions within businesses to continue
- Making vaccines available for priority groups in areas where there have been evidence of variants of concern.

3.6 IPA

The IPA group is working effectively to support communities. This includes:

- Supporting with key messaging and facilitating vaccine take up in priority communities.
- Helping increase vaccine take-up through promoting walk-in sessions for priority groups at the Baths Hall.

- Helping develop community communications to reinforce key messages and encourage vaccine take up.
- Working with Community Champions regarding Target messages and weekly communications.
- Continuing dialogue with residents and community groups to raise alerts re access to vaccinations and social distancing.

4.0 Next Steps / Priorities

As demonstrated by significant decrease in COVID cases, the Local Outbreak Management Plan (LOMP) is proving effective. The key priority over the next few months will be:

- Continue using behavioral insights and innovative communication to increase testing and vaccine take up.
- Continue with effective surveillance to identify issues of concern, especially VOCs, so prompt action can be taken.
- Continue to work collaboratively partners, workplaces and schools to further reduce the rates.
- To ensure that work is prioritised to deal with any confirmed or suspected new VOC, thus ensuring maximum opportunity to contain the virus.
- Continue to develop the contact tracing model to ensure that priority cases are followed up at the earliest opportunity.
- Ensuring infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on local hospitals.

5.0 OPTIONS FOR CONSIDERATION

5.1 The Health and Wellbeing Board is asked to consider this report and note the work undertaken by the Health Protection and Outbreak Management Group.

6.0 ANALYSIS OF OPTIONS

6.1 Successful prevention and management of local outbreaks is vital to break the chains of covid transmission, along with rollout testing and vaccinations to enable people to return to and maintain a more normal way of life.

7.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

7.1 Financial implications associated with the council's covid response and recovery continue to be monitored.

8.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

8.1 Implications and risks associated with Covid are being monitored constantly and

mitigations being implemented as necessary.

9.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

9.1 A council-wide approach to assessing the impact of Covid- has been adopted.

10 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

10.1 Ongoing consultation and co-production with a range of partners and key stakeholders is integral to our local response.

11 RECOMMENDATIONS

11.1 That the Health and Wellbeing Board notes the Outbreak Prevention and Management progress as outlined in the report.

DEPUTY CHIEF EXECUTIVE & DIRECTOR OF PUBLIC HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NR
Author: Steve Piper
Date: 21 June 2021

ⁱ [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

ⁱⁱ <https://www.gov.uk/government/news/vaccines-highly-effective-against-b-1-617-2-variant-after-2-doses>

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North Lincolnshire
Clinical Commissioning Group

North Lincolnshire Covid-19 vaccination programme update

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Health and Wellbeing Board

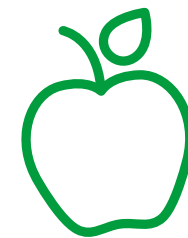
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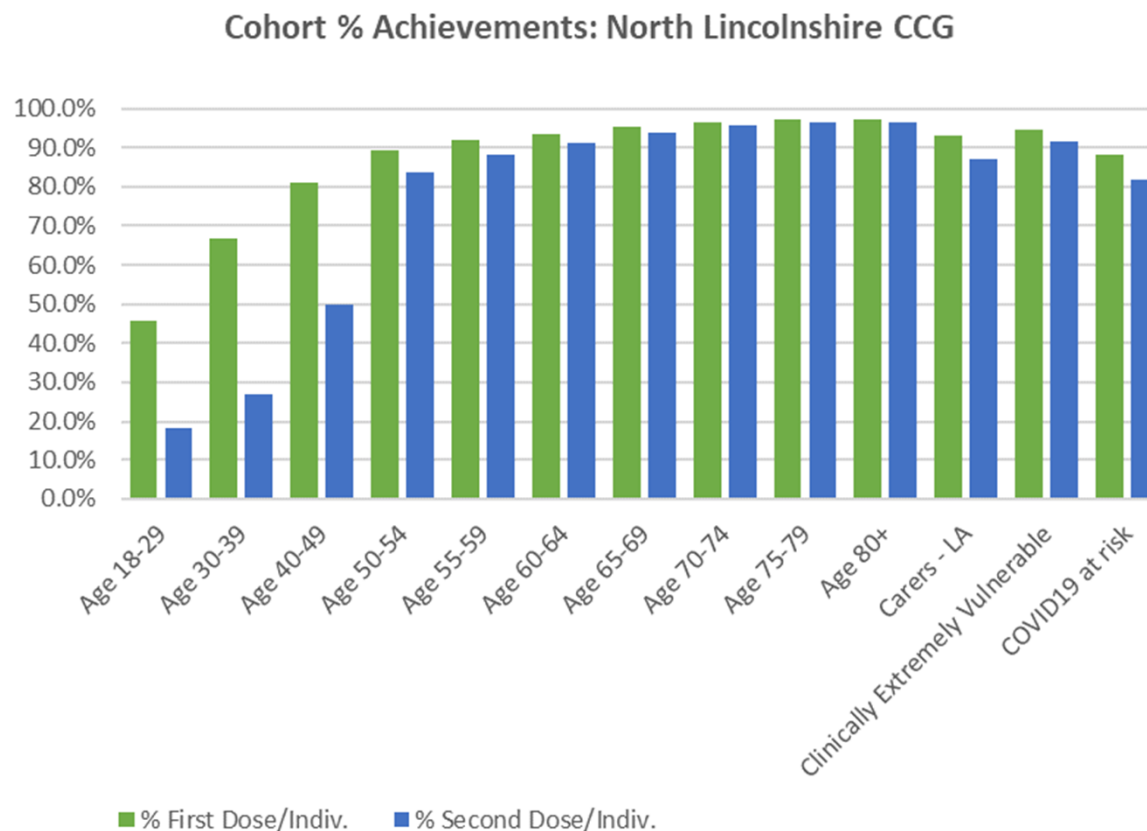
Agenda Item 10

COVID-19 vaccination programme uptake in North Lincolnshire as at 24th June 2021



North Lincolnshire
Clinical Commissioning Group

Age Group	% First Dose/Indiv.	% Second Dose/Indiv.
0-29	45.7%	18.4%
30-39	66.7%	26.9%
40-49	81.1%	49.8%
50-54	89.5%	83.6%
55-59	91.8%	88.2%
60-64	93.4%	91.1%
65-69	95.2%	93.9%
70-74	96.6%	95.6%
75-79	97.2%	96.6%
80+	97.3%	96.5%
Carers - LA	93.3%	87.1%
Clinically Extremely Vulnerable	94.5%	91.6%
COVID19 at risk	88.1%	81.8%



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COVID-19 vaccination programme uptake for care homes as at 24 June 2021

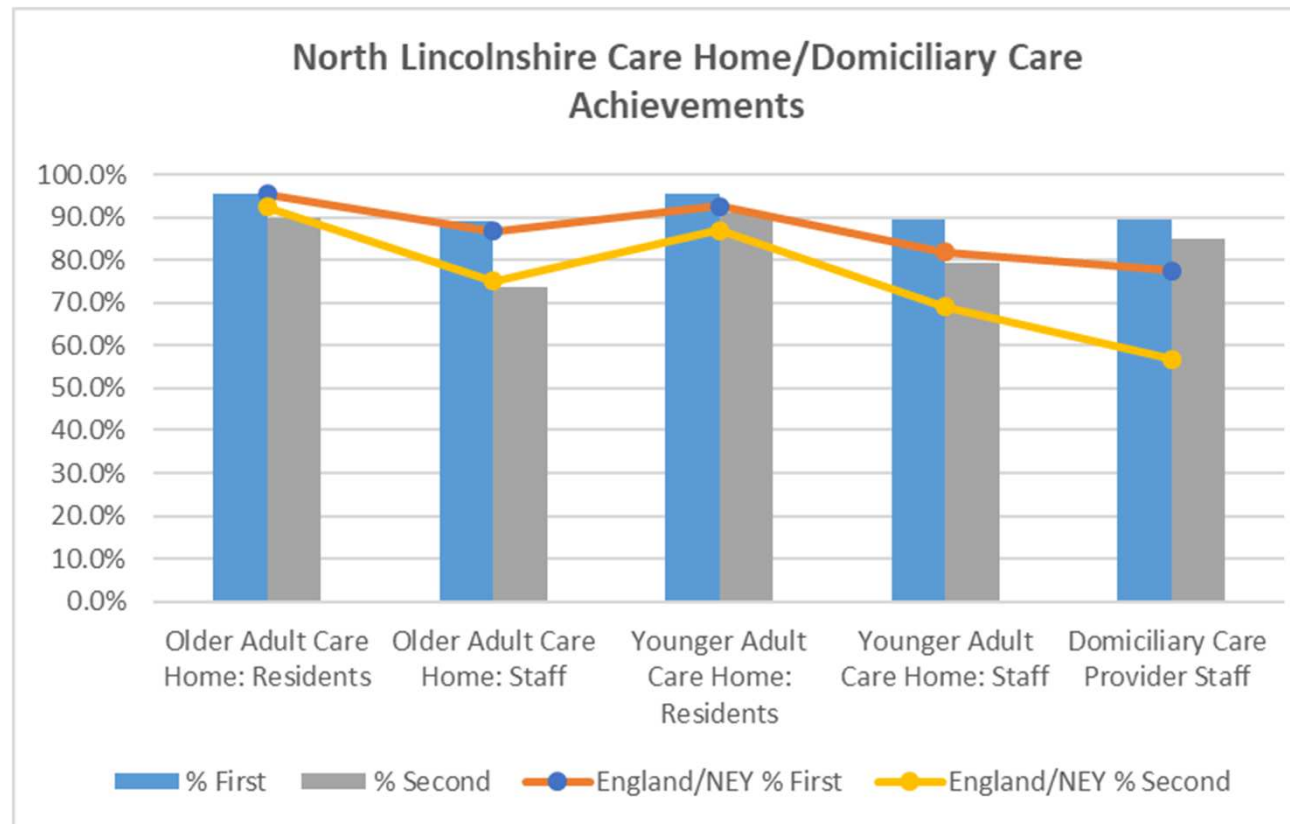


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Clinical Commissioning Group

Home Staff and Resident Achievement

	% First	% Second
Older Adult Care Home: Residents	95.7%	89.7%
Older Adult Care Home: Staff	89.1%	73.5%
Younger Adult Care Home: Residents	95.7%	91.0%
Younger Adult Care Home: Staff	89.6%	79.5%
Domiciliary Care Provider Staff	89.3%	84.9%

Percentage not available for Younger Adult and Domiciliary Care so not shown



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COVID-19 vaccination programme for North Lincolnshire



North Lincolnshire
Clinical Commissioning Group



- All 4 PCN sites have and continue to deliver the COVID-19 vaccination programme in collaboration with their general practices. The first site went live in December 2020
- Excellent rollout of the vaccination programme across the care home sector with exceptional uptake for residents and very good progress made for care home staff. Ongoing bespoke work to target those where uptake for staff and residents requires additional support.

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COVID-19 vaccination programme for North Lincolnshire



North Lincolnshire
Clinical Commissioning Group

Baths Hall mass vaccination site established 19th March which has been very successful and delivered 25,000 vaccines to date

Collaboration with the acute hospital hub in the early phase of the vaccine rollout to coordinate and support health and social care staff to ensure high uptake of the vaccine. The hospital hub has since closed down following the successful vaccination for health and social care staff

System wide collaboration and support to implement pharmacy sites and a mass vaccination site within North Lincolnshire to increase the flexibility, convenience and uptake for the local population

Second doses have been brought forward from 12 weeks to 8 weeks in line with national guidance

System wide communication and engagement strategy that has been refreshed as the programme has developed.

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North Lincolnshire
Clinical Commissioning Group



ing you build a **healthy future**



COVID-19 Vaccination Programme for North Lincolnshire



North Lincolnshire
Clinical Commissioning Group

Reducing the inequalities gap in relation to the vaccine programme has been a key focus throughout the vaccine programme and something North Lincolnshire can be particularly proud of. Some highlights include:

More than 20 YouTube videos in different languages were produced by local clinicians to encourage confidence and uptake in the vaccination programme

Thousands of vaccination flyers promoting local delivery were distributed across our most deprived wards where uptake was at its lowest (data driven intelligence)

Vaccine pop-up clinics taken into workplaces with large and diverse workforces – such as Two Sisters and Wren Kitchens. To date, we have vaccinated almost 500 employees at the latter site.



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COVID-19 vaccination programme for North Lincolnshire



North Lincolnshire
Clinical Commissioning Group

Vaccine pop-up sessions delivered within local faith buildings such as Sikh temples and Islamic mosques

Pop-up sessions delivered across eight settings for the homeless and rough sleeping community

Pop-up sessions continue to be delivered across ward areas with lowest uptake and areas of highest deprivation – namely in busy locations of Crosby and Park and the town centre

Maximised our contacts in the community and COVID-19 Champions to encourage positive vaccine communications

Persistent positive media coverage of our initiatives which breeds widespread confidence in both the vaccine and our ability to implement a safe and effective programme.

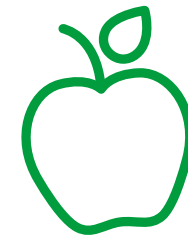


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North Lincolnshire
Clinical Commissioning Group



Agenda Item 12

Summer Operational Plan and North Lincolnshire Priorities 2021/22

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Humber plan Operational Plan 2021-22



Voluntary & Community Sector



Integrated plan developed by ICS partners as a single plan

National planning priorities

Workforce

- Support and training for Trauma, resilience hub, system-wide Coaching Network
- Growth and retention of staff
- Equality, inclusion and Diversity of workforce
- Staff health and well-being workshops

Mental Health, Learning Disabilities and Autism Services

- Delivery on Mental Health Investment Standard, delivery of LTP ambitions (CYP Eating Disorders and Perinatal Mental Health)
- Deliver Serious Mental Illness (SMI) health-check target by Q4 (60% of people with SMI)
- Deliver Learning Disability (LD) health-check targets; 33% by Q2 and 67% by Q4
- Crisis alternatives
- Community Mental Health Transformation
- Reduce LD inpatients to 14 across Humber

Health Inequalities

- Reduce inequalities exacerbated by pandemic
- Increasing the detection and management of Hypertension, Atrial Fibrillation, Familial Cholesterololaemia
- Improving outcomes for patients with Heart Failure

Primary Care

- Appointments at 105% of March 2019-20 baseline to support restoration of services (e.g. screening, LTC clinics, Cancer)
- Increasing Humber primary care workforce by 258.7 FTE to support rest and recuperation and restoration of services
- Targeted Covid and Flu programme uptake alongside universal offer



National planning priorities



North Lincolnshire
Clinical Commissioning Group

Acute and Cancer Recovery

- 62.1% reduction in Incomplete pathways for priority 2 (those patients that need to be seen in 28 days) from 1,417 to 537
- 42.8% reduction in Incomplete Referral To Treatment (RTT) pathways over 52 weeks; from 13,178 to 7,540
- Increase in use of independent sector to support recovery
- Recovery of first seen cancer referrals: Hull University Teaching Hospitals (HUTH)
- Recovery of cancer treatment volumes
- Reduction in 63 day + cancer waits: HUTH reduced from 280 to 130 patients by Sep 2021, NLAG reduced from 128 to 115 patients by Sep 2021.

Community services

- Integrated model for discharge to assess (D2A) ; frailty
- Anticipatory management – risk stratification, early intervention and prevention
- Responsive – urgent care and crisis response to prevent admissions
- Enhanced Health in Care Homes
- Information of community services to provide 2-hr crisis response
- aim to achieve 15% increase in 2 hr response from initial baseline on agreed pathways. Agreement on priority pathways (frailty, respiratory, falls and stroke)
- Pilot key pathways by Q3 with implementation by Q4

Covid & Pulmonary Rehab

- Long covid assessment clinics already in place, with a detailed pathway developed.
- Delivery of priority out of hospital respiratory pathways : Long COVID Clinics and Oximetry@home
- Development of a virtual ward @home operating model

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System work supporting Acute Recovery



North Lincolnshire
Clinical Commissioning Group

NHS 111 clinical assessment service (CAS) expansion

Embedding Discharge to Assess management coordination, block booked beds continue where needed

HCV programmes

- ^{Page 51} outpatients transformation; patient initiated follow up PIFU), Connected Health
- Network model, Rapid Expert input
- Waiting well

Community 2 hour response for implementation

Additional independent Sector commissioned activity

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Risks and Issues

Progress to note

Clear agreed priorities for H1 and beyond across Humber strategic partnership

Humber strategic partnership established and governance agreed

Balanced finance plan submitted. Mental Health Investment Standard (MHIS) achieved in plan.

Progress in addressing Acute backlogs in all domains.

- Overall Waiting list static 88,000
- 52 weeks reducing 42.8% (1300 to 7500)
- P2 over 4 weeks reduction 62.1% (1417 to 537)

Plans deliver Elective Recovery fund (ERF) – ICS wide

Targeting resource against health inequalities

Risks and potential mitigations

- Recruitment across all sectors and rest and recuperation of staff
- Assumptions of high activity in the Acute Sector across summer (Sept high baseline)- working through ERF
- Independent Sector – working as collaborative partner with Trusts, future financial risk and widening inequalities
- Proactive case finding to reduce inequalities - targeting areas of deprivation
- System reorganisation – disengagement / reduced focus
- Return to ‘normal’ financial regime carries significant risk for system. Considerable financial challenge for H2 and beyond- value for money and efficiency
- Scarce capacity in transformational expertise and PMO
- Community -2 hours community response, risk of implementation – workforce and finance. D2A financial risk

Local priorities

Prevention

- Embed social prescribing and expand referrals from GP practice to other stakeholders
- Implementation of cardio-vascular interventions to tackle health inequalities

Primary Care

- Support the development and implementation of Additional roles (funded by Additional Roles Reimbursement Scheme (ARRS))
- Refresh of Primary Care strategy
- Workforce strategy review
- Support full restoration of services
- Further PCN development



Local priorities

Mental Health, Learning Disabilities and Autism

- Development of a Crisis House as an alternative to hospital admission
- Full implementation of Core 24 model and Primary Care Mental Health Network model
- Implementation of year 1 of the Community Mental Health Transformation plan
- Increase SMI health-checks through the mobilisation of the Primary Care Mental Health Network model
- Implementation of all-age neurodiversity pathways and reducing waiting lists
- Delivery of the Learning disability health-check target (from 63.9% to min of 67%)
- Reducing avoidable out of area placements through the development of local alternatives
- Review of adults eating disorder pathway

Children's and Maternity services

- Implementation of the Mental Health Support Team model
- Delivery of Children and Young People Emotional Health and Well-being plan
- Implementation of the LD CAMHS pathway
- Recommissioning of the Children and Young People Trauma service (in conjunction with North Lincolnshire Council)



Local priorities

Out of hospital services

- Development and implementation of the 2 hour urgent response
- Implementation of the Integrated Frailty standard operating procedure
- Delivery of the Ageing well programme
- Redesign and implementation of the community respiratory model, including covid recovery and pulmonary rehabilitation

in hospital services

- Delivery of the outpatients transformation programme, including Advice and guidance, patient initiated follow-up, Connected Health Network model and pathway redesign
- Urgent Care review
- Development of Diagnostic hubs



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Health and Care across Humber Coast and Vale and North Lincolnshire

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North Lincolnshire Health and Wellbeing Board
28th June 2021



Humber, Coast and Vale

Agenda Item 13

Integration and Innovation: working together to improve health and social care for all

The Department of Health and Social Care's legislative proposals for a Health and Care Bill published 11 February 2021.

Legislate for every part of England to be **covered by an integrated care system (ICS)**, made up of an **ICS NHS Body** and a separate **ICS Health and Care Partnership**, bringing together the NHS, local government and partners.

Duty to collaborate across the health and care system and a **triple aim duty** on health bodies, to ensure three aims of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

A key responsibility for these systems will be to **support place-based joint working** between the NHS, Local Government, community health services and other partners such as the voluntary and community sector. **Place level commissioning** within an integrated care system will **align geographically** to a **local authority boundary**

Health and wellbeing boards (HWBs) will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to regard.

Remove barriers to integration through **joint committees, collaborative commissioning approaches and joint appointments**, as well as a recommendation to preserve and strengthen the right to **patient choice** within systems, and more effective data sharing

CCGs will cease to exist beyond April 22. Staff below Board level will transfer to ICS. There will be a greater focus on **population health and outcomes in contracts** and the **collective system ownership of the financial envelope**.



Humber, Coast and Vale shared vision

Start well



Live well



Age well



Helping people to look after themselves and to stay well

Our environment, schools and communities promote and nurture the health and wellbeing of all children and families

Providing services that are joined-up across all aspects of health and care

Schools and health and care services work together to provide a seamless service and equip families and children with the tools to manage their own health

Improving the care we provide

Children and young people have access to high quality specialist care with safe and supported transitions to adult services

Our environments and local communities help us to avoid unhealthy habits and any stigma surrounding mental health

Early support for health issues is consistently available and there is true parity of esteem between physical and mental health

Our people have access to high quality mental and physical health care with care plans in place for on-going support

Our people are supported to manage their long term conditions and maintain independence

As our people grow older they are supported to maintain their independence at home or in their community with seamless care between organisations

Hospital care is consistent, of high quality and safe ensuring our people can get in and out of hospital as fast as they can when this is necessary

Ensuring HCV Population are engaged in their own health



Connecting HCV's health and care services and population with services



Supporting & delivering HCV's Workforce



Transforming HCV Estate



Enabled by



Humber, Coast and Vale Operating Arrangements

Places: East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire, North Yorkshire and York

Provider Collaboratives: HCV Acute Trusts, HCV Mental Health, Learning Disabilities and Autism, HCV Community Health and Care

Primary Care Executive

ICS NHS Body: Operating through two geographical partnerships (Humber and North Yorkshire & York)

Health and Care Partnership: The whole

In addition this will be supported by a:

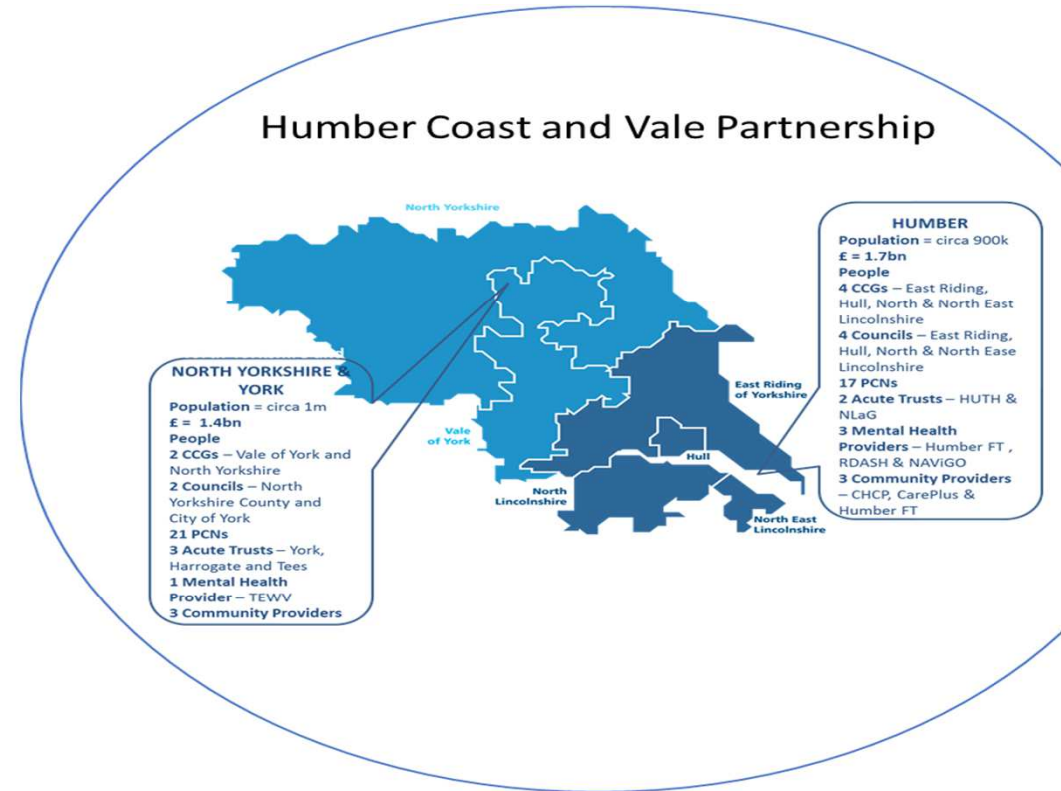
Clinical & Professional Group

Population Health and Health Equity Board

Chairs and Members Advisory Group / Partnership

Assembly

Transitional Partnership Executive Group



Humber, Coast and Vale - Seven Tests

- Improve population health
- Improve access and address health inequalities
- Drive better quality, productivity and value
- Actively engage with wider socio-economic development
- Operate effectively as an equal partner with local government and the VCSE
- Co-produce strategies, plans and outcomes with patients, citizens and their representatives
- Manage change well



Integrated Care System Operating Principles

Statutory functions will transfer into a new NHS body - NHS Humber Coast and Vale - from April 2022. Any Local Authority / Adult Social Care functions held by CCGs will transfer back to Local Authorities.

HCV will discharge its responsibilities through Place-based and Sector-based units of operation (Place Partnerships and Provider Collaboratives). This is because some services are better managed locally – such as primary and community care - and others are better managed across a bigger geography – such as specialised care and elective care services.

The NHS resource allocation will flow to Place via a Humber allocation into the ICS. The Humber Partnership Director is the designated officer responsible for allocations to Place.

Humber will work through the four Place Partnership joint committees to facilitate allocation decisions about local services which drive integration, improve health outcomes and reduce health inequalities.

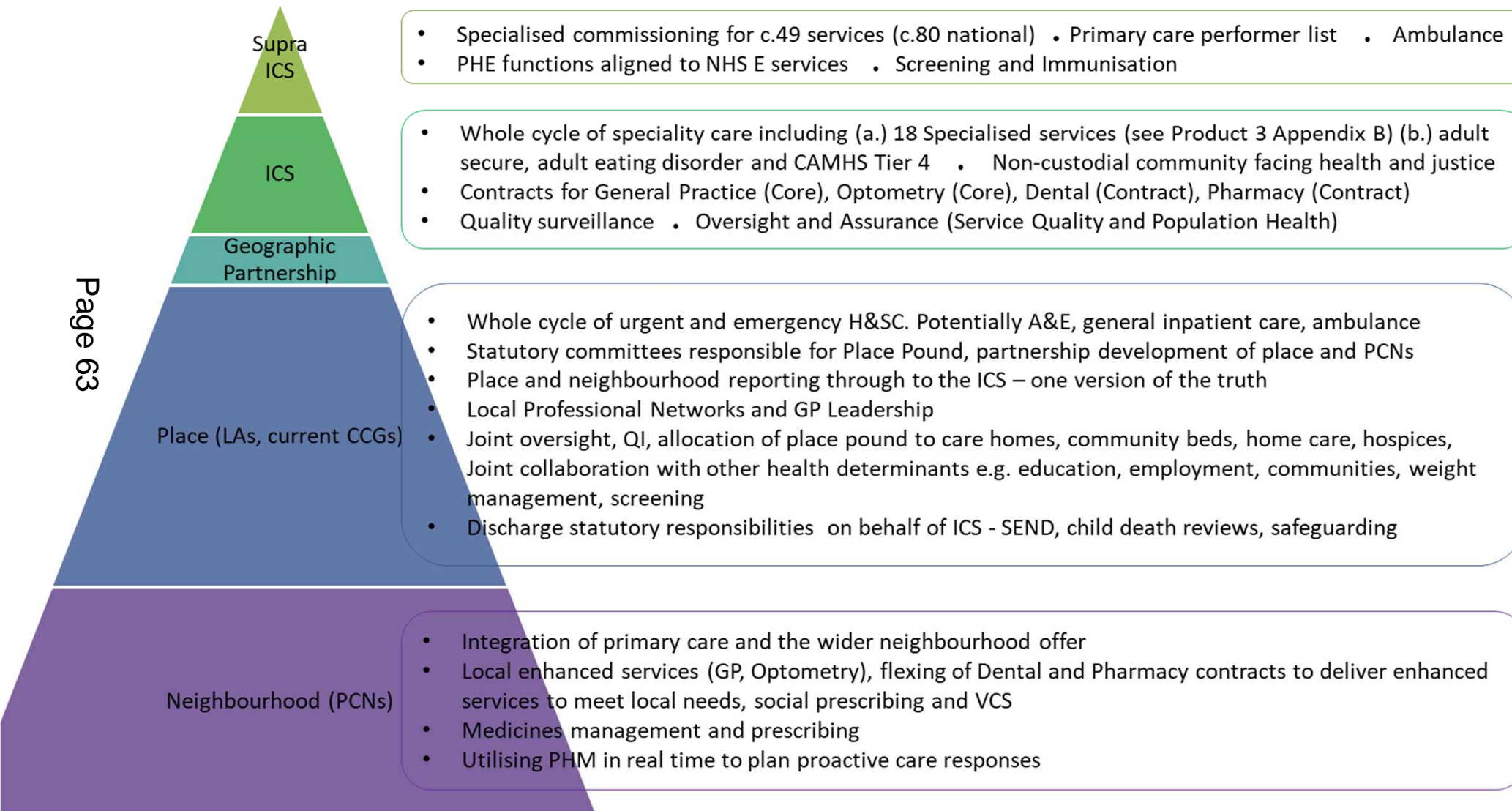
Place Partnerships will be hosted by each of the four Local Authorities, with a Place NHS Director and very senior clinical leadership supported by other professional support functions.



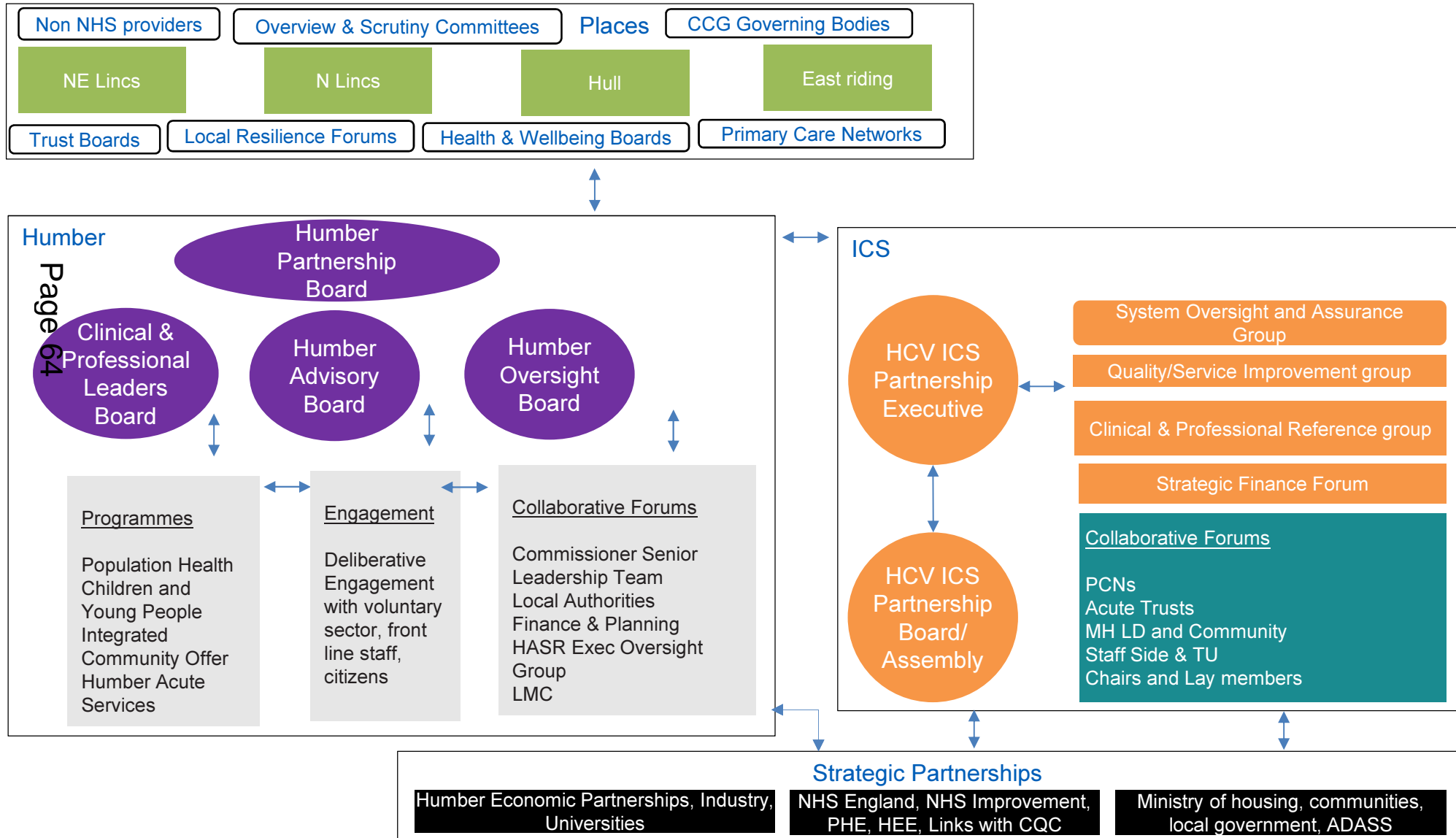
Fig 1. Building from the neighbourhood up – aligning CCG and NHSE commissioning

What will be done at neighbourhood, unless it's better done at place/ICS, or at place unless it's better done at ICS level.

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Humber Partnership Governance established since June 2020



Implications and opportunities of legislative change

- The **majority of services will be designed, delivered and overseen at Place**
- **Not all services will operate within a Place footprint – some will operate at Humber Coast and Vale level** (e.g. some acute and mental health services currently commissioned by NHS England and CCGs) **and others at a North East and Yorkshire region level** (e.g. the majority of NHS E Specialised Commissioning services, screening and immunisation services)
- Some roles will operate and be described differently reflecting an increased focus on
 - population health, health inequalities
 - system as opposed to organisational planning – no more commissioner-provider split
 - participatory clinical and citizen leadership
- For North Lincolnshire rather than thinking as a set of commissioners and providers we will be working together as partners (providers, local authority, community and voluntary sector, PCNs and NHS leadership in Place to integrate care and improve the health of people living in North Lincolnshire - system first, organisation second)

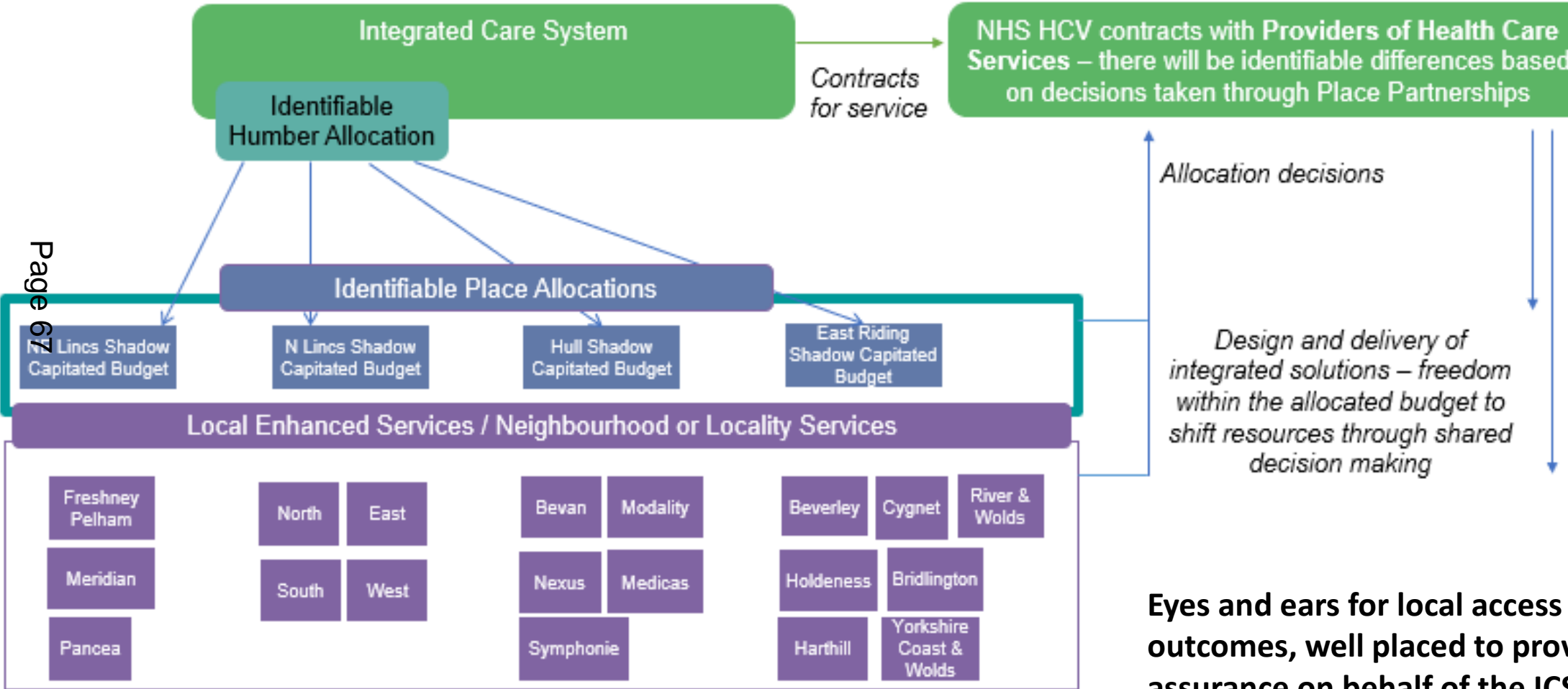


Place Partnership – Place Shaper

- Commissioning evolves into two broad activities:
 - *system integration* (design, delivery, development – more operational and working with providers)
 - *strategic planning* (populations, partnerships, shared priorities, shared truth)
- Strategic leadership and integrated delivery team led by an NHS Director (COO), accountable to Humber Partnership Director (Emma Latimer’s role) with a ‘dotted line’ to an Executive Place Director (such as a Council Chief Executive).
 - Primary Care Integrated Delivery – working directly with Primary Care including dental, pharmacy and optometry, council wards and localities
 - Strategic Planning NHS and LA across the whole Place system
 - Provider Collaboration – multi-agency leadership and integrated delivery
- Accountability to the NHS through the ICS structures and to Place through the Health and Wellbeing board and local democratic structures



Custodians of the Place Pound



North Lincolnshire Work to Date

- Place arrangements will reflect local vision/priorities recognising health inequalities and local working arrangements
- Current governance includes Committee in Common, Integrated Adult Partnership, Integrated Children's Partnership and Integrated Commissioning and Quality Executive.
- We have agreed a Health and Care Plan for North Lincolnshire & Joint Plans for Adults & C&YP
- Initial discussions with local authority CEO, Leader, CCG COO and Chair and Director of Adults and Community Wellbeing
- Accountability through H&WBB. Exploring next step for a Joint Committee/partnership in Place
- Capacity within Place - capacity will come from employees of the Statutory Body but also other parts of the system (providers, public health etc) and collaboration across the Humber where makes sense to do that
- Further skills development in particular Population Health Management and change management/transformation
- More capacity to be directed in to PCNs, Population Health Management, health inequalities improving health outcomes
- More work to understand the interfaces with other parts of the system such as horizontal provider collaboratives



and Partnership ment	Planning and Coordinating Services	Quality Outcomes and Sustainability	Primary Care and PCN Development	Service Delive
<p>o planning and hip management th providers, PCNs, e, VCS and opment relationship s including VCS and ity g model to deliver population integrated</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 69</p>	<ul style="list-style-type: none"> • Integrated strategic planning & development with local authority and other partners community, VCS etc • Place planning and strategic development • Service and Transformation teams & PMO support • Neighbourhood development • Reduce health inequalities & improve health outcomes • Equality and inclusion 	<ul style="list-style-type: none"> • Local accountability for driving improvements in service and quality and performance and user experience • Assurance to wider partnership Humber/ICS • Specialist quality functions • Integrated clinical leadership • Designated roles safeguarding, SEND 	<ul style="list-style-type: none"> • Wider determinants of health including Population Health Management • PCN and Primary care development • Neighbourhood development • PCN development and maturity 	<ul style="list-style-type: none"> • CHC clinics • PHB • Case man • Medicines management

Developing and Understanding Needs

intelligence support to PHM, understanding local need and improving outcomes and quality
intelligence to support quality outcomes and assurance
on of local business intelligence approaches such as RAIDR
management

Engagement with Communities and Place

ication and marketing to support health activation/ improvement
agement and public involvement
engagement

Enabling Functions

force development, HR, data analytics and BI/IT/ finance & contracting, comms, governance and assurance, specialist support, professional leadership

Provider Collaboratives

- The role of Provider Collaboratives is standardising care, optimising resources (sites, staff, scale) and shared approaches. The Provider Collaboratives are developing governance to share costs, benefits, risks, and interface with Local Authorities Place and Primary Care collaboratives. They align with the activities described in the 'ICS' section of the pyramid.
- Sector-based Provider Collaboratives have an important role to play in Place Partnerships. For example, solutions to addressing access to A&E and outpatient services may be more readily addressed through investing or reallocating resource into other local services and sharing risks across the Place Partnership
- Membership reflects HCV geography e.g. Provider Collaboratives in North Lincolnshire will be represented by North Lincolnshire and Goole NHS FT and Rotherham, Doncaster and South Humber NHS FT.
- Provider Collaborative and Place Partnership arrangements will both need accountability and assurance arrangements for the things they are responsible for – these will need to be consistent especially around local access and interface services.



Timeline

Place arrangements will be developed in distinct phases:

- DEVELOP April – September 2021
- AMALGAMATE with CCG arrangements September 2021
- TEST October – March 2022
- OPERATE April 2022 – October 2023
- MATURE October 2023 – March 2024



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NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Integrated Children's Trust update

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To update the Health and Wellbeing Board regarding the progress and developments under the auspices of the ICT
- 1.2 To ask that the Health and Wellbeing Board note the progress to date and to support the ongoing developments

2. BACKGROUND INFORMATION

- 2.1 The Integrated Children's Trust (ICT), which was established in September 2019, is a partnership of organisations that commission and provide services for children, young people and families in North Lincolnshire. It has a specific focus on the integration of health, social care and education provision for children, young people and families and enables partner agencies to meet their statutory duty, under the Children Act 2004, to co-operate to improve the wellbeing of children.
- 2.2 Under the auspices of the ICT, we want to create a system that works for all children, young people and families and through our One Family Approach (OFA), we will work together towards our ambition for children to be in their families, in their schools and in their communities.
- 2.3 The Children's Commissioning Strategy 2020/24 was endorsed by the Health and Wellbeing Board and other relevant partnership and governance arrangements in September 2020. The strategy, along with two other key strategic documents (the Children's Challenge 2020/24 and the Helping Children and Families in North Lincolnshire document 2020/24) set the foundations for driving forward partnership action and system change.
- 2.4 The Children's Commissioning Strategy articulates the areas of focus that the ICT will 'shine a light' on for partnership action and system change to reduce inequalities and improve outcomes for children, young people and families (OFA, emotional wellbeing and mental health, early years, SEND support and the Children's Challenge). There is an ongoing commitment across the partnership to progress at pace so we continue to be in a strong position to respond to local need and drive forward partnership action.

- 2.5 The OFA is being used and adopted within the provision of all services and has been adopted in the review and re-write of other area wide plans for example the Emotional Wellbeing and Mental Health, Best Start and Special Educational Needs Disabilities (SEND) and Inclusion plans.
- 2.6 We have continued to drive forward partnership action and achieve a high level of performance which demonstrates that children and families are accessing and receiving the support and services they need at the earliest point leading to improved outcomes. Examples of key headlines in relation to performance, populations and impacts are that:
- Front door contacts, referrals, repeat referrals and assessments have remained consistent evidencing the continued drive to ensure children and families are supported at the right level at the earliest opportunity
 - The children in care population is at its lowest level since before the end of 2015/16, which reinforces our ambition for children to be in their families, in their schools and in their communities
 - We have reduced the number of children in external provision enabling them to remain connected to their local support networks and wider community
 - Trend data indicates that the COVID-19 response and the drive to ensure that vulnerable children and young people attend school are impacting positively on exclusions
 - A reduction in the use of alternative learning provision demonstrates our focus on inclusion
 - There has been successful engagement in Kooth and an increase in take up which has resulted in a six month contract extension
 - 62 school settings (including primaries, secondaries, Post 16 providers and alternative provision) along with school governors engaged in the Wellbeing for Education Return which enabled school staff to respond to and support the wellbeing and mental health needs of young people in their settings
- 2.7 Key progress and developments to date include:
- To reflect the wider partnership engagement in the OFA and their significant contributions and commitment to achieving our ambition, membership of the ICT has been extended to include Humberside Police. Systems leaders within Humberside Police took up their role at the meeting with effect from May 2021.

- Our OFA is underpinned by our organisational model which is founded on building resilience and enabling independence, so that children are in their families, in their schools, and in their communities. This forms the foundations for managing demand across the system by embedding the principles of early whole-family help. We have embraced our OFA and there is an ongoing commitment across the partnership to progress at pace, so we continue to be in a strong position to respond to local need and drive forward partnership action. Key milestones, activity and impact to date include:
 - Partnership and governance arrangements: The OFA Steering Group was established in July 2020 and has taken a lead responsibility for jointly planning, driving, delivering and overseeing partnership action and system change in order to achieve improved outcomes and reduced inequalities as part of the shared commitment towards a system that working for all children, young people and families in North Lincolnshire. This will be further strengthened by the launch of the MHCLG's Supporting Families Programme (which supercedes The Family Initiative), and which aligns itself to the principles of the OFA. An inaugural OFA Supporting Families Steering Group took place in May 2021 with a broader multi agency representation to capture the premise of whole family working. Work is progressing to develop the terms of reference, initial plan and associated workstreams based around the following areas: integration and transformation; data maturity and measurable outcomes; workforce development; and information sharing, governance and accountability. As such, there are opportunities to further refine the OFA partnership and governance arrangements and associated plans and workstreams.
 - Information and Communications: Further work has been undertaken to develop the suite of resources to enable the principles of the OFA to be shared widely, to raise awareness and to enable the OFA to continue to permeate conversations, behaviours and practice across the workforce. Resources now include the Children's Commissioning Strategy, Children's Challenge, Helping Children and Families in North Lincolnshire document, OFA on a page, slide deck and visual 'film' representation.
 - Workforce Development: A range of workforce development sessions have now been facilitated, as follows:
 - 7 sessions involving 272 multi agency leaders, managers and practitioners (from education, children's social care, other council services, health, police, housing and providers) during November/December 2020
 - Bespoke sessions with RDASH 0 to 19 service, SENCO's and schools leaders

- Development sessions with managers and practitioners across children's services, learning skills and culture as well as sessions with the police and community safety and the health community

In all cases, the sessions were positively received and the evaluations indicated that there was a marked improvement in attendees understanding and awareness of the OFA at the end of the sessions. There is also evidence that OFA is permeating through conversations, behaviours and practice.

- Measures of Success: Work has progressed to develop measures of success under the auspices of outcomes-based accountability principles. From a system wide, OFA perspective, the ICT previously agreed in principle the dashboard framework and further work has been undertaken to develop the associated 'umbrella' indicators which best reflect the system, to populate the data and performance and to develop the story behind the baseline. There are further opportunities to align the OFA measures of success with the OFA Supporting Families Programme outcome framework.
- Action Learning Project: A programme of sessions were undertaken to test out the OFA consultation formulation model at different points of the child's journey to identify learning within a multi-agency forum. The process provided the opportunity to further consider the OFA formulation tool which is built around the six P's including presenting, predisposing, precipitating, perpetuating, protective and predicting and to introduce formulation as a team tool for problem solving. An evaluation of the project has identified a number of key recommendations for partnership action including the development of an integrated (targeted and psychologically led) consultation-formulation provision; to embed the six P's model within existing practice frameworks; to implement an OFA workforce development plan; and the instigate a data and system development workstream to tackle the challenges identified in this project. Further discussions have been held and a project brief and scoping document are being developed to pilot a consultation formulation integrated team.
- Information Sharing: Partners recognise that the sharing and processing of information is essential for delivering services and improving outcomes for the communities and individuals we serve. As part of the Action Learning Project, a draft OFA Information Sharing Agreement (ISA) was developed through the Steering Group to reinforce partners' commitment to protecting personal data and ensuring good data sharing practice as part of the consultation / formulation pilot.

Moving forward, it was agreed to utilise the already established documents as appropriate (the Children's MARS Information Sharing Guidance Advice for practitioners providing safeguarding services to children, young people, parents and carers; the Integrated Multi Agency Partnership Information Sharing Agreement and the Information Sharing Agreement for learning through Scrutiny and Assurance activity).

- Data Development: Work has progressed to develop the intelligence available from performance data through a Data Collection Tool prototype that has been developed using emerging software. The data currently in scope is that held within the Local Authority and work is ongoing to validate the available data, test the Data Collection Tool in practice and develop reporting systems. The information from this project will be analysed alongside the findings from the Action Learning Project to create an evidence-base for planning of the next stages of OFA integration. This will also link into the implementation of the OFA Supporting Families Programme.
- Through the ICT, we have maintained oversight of the 'shine a light' areas of focus through regular reporting by lead officers, which evidences ongoing partnership action to help achieve our ambition. Examples of innovation which demonstrate the OFA in action include:
 - The **Partnership Integrated Triage (PIT)** which was piloted in March 2021 and subsequently mainstreamed into practice. The PIT has been highly effective in embedding the principles of the OFA in action by reducing the proportion of information shared by the police which previously concluded with no further action, ensuring that the needs of the children and families are met at the lowest level by the most appropriate person.
 - Nationally, there has been growing concern and focus on **pre-birth to two year olds**. Local practice has been reviewed and strengthened to mitigate potential additional risk within the context of the pandemic. There are strengthened management oversight arrangements in place and enhanced connectivity between Children's Centres, FaSST, 0 to 19 and maternity services and this will continue to be reviewed.
 - We have continued to maintain a focus on vulnerable children in education. The **daily tasking meetings**, which were established in April 2020 in response to COVID-19, are now embedded into practice and they are continually reviewed to reflect the changing context maintaining a one team approach to supporting more vulnerable children to access education as appropriate.

- Work is coming to fruition in the development of the **OFA Hub**, which is a new service aimed at supporting children to remain in their families, in their communities. The service will offer intensive multi agency outreach support and interventions to prevent family breakdown, and overnight care on a short term or crisis basis. The ethos of the OFA Hub is that a family's needs are met early, at the lowest level and that any intervention aims to equip children and their families with the skills they need to build resilience and empower them to be independent of services.
- Through the ICT, there is a focus on maximising opportunities and maximising potential to address the hardship that children and families currently face within the context of COVID-19 and to contribute toward reducing inequalities and longer term disadvantage as a result of the pandemic. There have been ongoing discussions to develop priorities and progress recovery and renewal planning across the partnership. Building on these conversations, an ICT: Education Recovery and Renewal event was held with schools at which 65 leaders attended from the ICT and education provision to orientate and engage them with the local priorities for recovery and to develop a shared understanding of how these priorities can inform renewal within the system for children. The priorities for action were agreed through the ICT and education leaders, and an underpinning action plan is underway through identified leads across the partnership.
- While maintaining paramountcy of place, we have also led and contributed to the development of the Humber Children's Partnership, which is underpinned by the principles of the OFA and will ensure children and families are a key focus within the Humber Coast and Vale Integrated Care System.

2.5 Areas for further development and next steps include:

In the context of the Health and Wellbeing Board's plan for integration and the agreed commissioning intent, we will drive forward ongoing implementation of the OFA. This will require a continued commitment from commissioners and will impact on service reconfiguration in the future. Implementing our integration agenda will impact on demand management and enable children and families to access information and support at the earliest point leading to better outcomes.

As part of the OFA implementation, we will also:

- Further develop and embed the OFA to focus on:
 - integration and transformation
 - data maturity and measurable outcomes
 - workforce development and stakeholder engagement
 - information sharing, governance and accountability

- Undertake focussed work to progress recovery and renewal prioritisation and planning.

Continue to take account of, shape and influence the changing landscape from a place based perspective and wider footprint; and ensure we maintain a focus on children and families, on whole family working and on achieving our ambition for children to be in their families, in their schools and in their communities.

3. **OPTIONS FOR CONSIDERATION**

- 3.1 Health and Wellbeing Board members are asked to note the progress of the ICT and to support the ongoing developments

4. **ANALYSIS OF OPTIONS**

- 4.1 The work across the partnership to deliver our integrated commissioning intent contributes to our aim to create a system that works for all children, young people and families.
- 4.2 Through our OFA, we will continue to develop an understanding of our local population through data, performance, practice wisdom and voice in order to address root causes and work innovatively across the partnership to recover and move to long term renewal.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 There are no direct financial and resource implications associated with this report, though the implementation of the OFA, through the Children's Commissioning Strategy, will impact on financial and other resources across health, social care, education and police.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 The agreed outcomes under the auspices of the ICT and articulated in the Children's Commissioning Strategy, align with the outcomes within the Council Plan (safe, well, prosperous and connected).

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 An integrated impact assessment has been undertaken for Children's Commissioning Strategy. No adverse impacts were identified.

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 8.1 The progress and developments to date have been achieved through ongoing engagement and consultation with all key stakeholders across the partnership.

9. RECOMMENDATIONS

- 9.1 That the Health and Wellbeing Board notes the progress of the ICT, supports the areas for further development and reaffirms their ongoing commitment towards integration and partnership action towards our commissioning intents, including the implementation of the OFA.

DIRECTOR OF CHILDREN AND COMMUNITY RESILIENCE

Church Square House

30 – 40 High Street

Scunthorpe

North Lincolnshire

DN15 6NL

Author: Julie Poole, Strategic Board Development Co-ordinator

Date: June 2021

Background Papers used in the preparation of this report:

[North Lincolnshire Council | OFA - North Lincolnshire Council \(northlincs.gov.uk\)](http://northlincs.gov.uk)

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Health and Care Integration Plan 2021- 24

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The Health and Wellbeing Board is requested to approve the publication of the refreshed Health and Care Integration Plan 2021 – 24. (appendix A)

2. BACKGROUND INFORMATION

- 2.1 The Health and Care Integration Plan 2019 - 24 annual report of progress and refreshed priorities was approved by the Health and Wellbeing Board on 22 March 2021 (minute 374 refers).
- 2.2 The plan is set in the context of the Health and Wellbeing Board's responsibility to promote joint working and demonstrate how we continue to focus on transforming the lives of people in North Lincolnshire through developing a 'Sustainable, Enabling, Integrated Health & Social Care System' that empowers our local population, promotes self-help, and provides opportunities to develop relationships across communities.
- 2.3 The refreshed plan is structured around our strategic priorities: **people** and **system**, across our shared strategic principles: Enabling Self Care, Care Closer to Home, Right Care Right Place and Best Use of Resources.
- 2.4 Our strategic **people** priorities approved by the Health and Wellbeing Board are:
- Ensuring equity of access to all aspects of health and well-being using population health management techniques, and other intelligence for vulnerable groups to organise proactive support for them.

- Enabling people to live their best lives, ageing well, in their homes, in their communities; having choice and control over their lives, including the people who care for them.
 - Enhancing the health and care of residents living in care settings.
- 2.5 Our strategic **system** priorities approved by the Health and Wellbeing Board are:
- Support and develop primary care networks (PCNs) to further align primary and community services.
 - Simplify, modernise, and further align health and care (reflecting system changes, including through technology and by joining up primary and secondary care where appropriate).
 - coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
 - develop an integrated workforce strategy to enable new models of care to be delivered.
- 2.6 The proposed Health and Care Integration Plan 2021 - 24 recommended for publication is enclosed at Appendix A. The refreshed plan has taken account of the proposals in the White Paper Integration and Innovation: working together to improve health and social care for all, published in February 2021.
- 2.7 A detailed action plan is in development to take forward the Health & Care Integration work programme. Monitoring, review and reporting of progress against the detailed action plan will be delivered through the Integrated Adults Partnership, with oversight of delivery through the North Lincolnshire Accountable Officers group.
- 2.8 Annual progress reports of the Health and Care Integration Plan 2019 - 24 will continue to be presented to the Health & Wellbeing Board.
3. **OPTIONS FOR CONSIDERATION**
- 3.1 The Health and Wellbeing Board is recommended to approve the publication of the refreshed Health and Care Integration Plan 2021 – 24.
4. **ANALYSIS OF OPTIONS**
- 4.1 The refreshed plan across the strategic priorities, principles and resultant actions will enable the partner organisations to continue to develop a

'Sustainable, Enabling, Integrated Health & Social Care System' which meets peoples needs and provides best use of resources.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 Joint working across partner organisations within North Lincolnshire gives an opportunity for a greater influence over the factors that affect the health and wellbeing of our population.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 N/A

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 The plan covers all age, all levels of need and as such is fully inclusive.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Consultation will be undertaken with relevant Council Officers, partner organisations, the Voluntary and Community Sector and individuals to ensure inclusivity, and a coordinated approach to delivery.

8.2 Further engagement with the various stakeholder groups will continue with development of the future action plan.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board is recommended to approve the publication of the refreshed Health and Care Integration Plan 2021 – 24.

Director of Adults and Community Wellbeing
& Chief Operating Officer (NLCCG)

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL
Author: Wendy Lawtey
Date: 14 June 2021

Background Papers used in the preparation of this report:

North Lincolnshire Health and Care Integration Plan 2021-2024

North Lincolnshire Partners



4 PCNs East, South,
North and West



Introduction

This is an update of the five year plan first published in 2019 and is set in the context of the Health and Wellbeing boards responsibilities to promote integration. The plan shows how we intend to focus on transforming the lives of people of North Lincolnshire, through developing a sustainable, enabling integrated Health and Social Care system that empowers our local population, unlocks and builds community capacity.

This plan sets out:

- our place
- our people
- our shared ambition for people and the workforce
- who we are and what we do together
- what we do well
- our shared strategic principles
- what people have told us
- our main achievements since the original 2019 plan
- our strategic priorities.

Partners have committed to improving outcomes for the population and place of North Lincolnshire: safe, well, prosperous and connected are the outcomes that we are working together to improve. A detailed action plan sits beneath the plan to monitor and review our progress and achievements.

Our place is

- ✓ A fantastic place – an area of expansive countryside, contrasting landscapes, scenic beauty, vibrant market towns and home to world class steel processing and manufacturing.
- ✓ A place to live. It's home to 172,000 people, where average wages for those in full time work are higher than the regional average and with lower house prices.
- ✓ A place to grow up. Where 9 out of 10 children and young people attend a good or outstanding early years setting, school or college and go on to achieve better outcomes than the England averages.
- ✓ A place to grow older. Where life expectancy is at its highest level, continuing to improve each year and where quality of care provision is high. All homecare providers are rated as good and most care homes rated as good or better.
- ✓ A place for outdoor living. With over 600 miles of footpaths, cycle ways and water ways as well as 17 nature reserves and quality parks and green spaces (four with Green Flags Award). There are a range of sports and leisure facilities and cultural arts venues that promote our local history and heritage.
- ✓ A place for businesses to grow. With access to the UK's major centres, Europe and beyond through road, rail, air and sea, there is lots of potential to invest and diversify.



Our People

- In 2019 21.4% of our population are aged 65+ compared with 18.4% for England.
- In the 2011 census of North Lincolnshire, there were approximately 70,680 households. Over a quarter (27.5%) of those were one person households.
- By 2039 our North Lincolnshire population is predicted to increase by 4.2%.
- There has been an estimated growth of 23.5% in the number of people aged over 85.
- An ageing population may influence housing needs, requiring more accessible housing options.
- The 2011 census showed 1 in 9 people are caring for someone else (19,000 people).
- In 2011 5.8% of people reported their health as poor / very poor, and 19.3% reported a long term illness or disability.

Our ambition

Partners have signed up to a shared ambition for North Lincolnshire to be the **Best place to live, work, visit and invest** and for all our residents to be **safe, well, prosperous and connected**.

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Health and Care Integration Plan

We have also signed up to focus on transforming the lives of people of North Lincolnshire through developing a **Sustainable – Enabling** Integrated Care System across all life stages and levels of need, that **empowers** our local population and **unlocks** and builds community capacity.

The persons' voice is at the heart of all we do.

Work in partnership for the good of our population.

Safeguarding partnerships.

Quality community and education provision.

High performing Council services.

North Lincolnshire CCG rated good NHS Oversight Framework rating.

Agreed focus on early help.

Focus on Place to support thriving communities.

Healthy work place scheme for local business.

Know our populations.

What we do well



Our shared strategic principles

Enabling Self Help

Helping people in ways that reduces or delays their need for care and support encourages self responsibility and is empowering for individuals and their families.

Care Closer to Home

People expect services to work together to enable them to have their needs met within their locality when ever possible. Adults achieve better outcomes when they remain in familiar settings.

Right Care Right Place

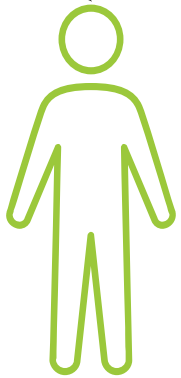
When people require health and care, getting the person to the most appropriate setting to meet their needs enables better outcomes, specifically where the care needed is specialist. It also means the care delivered has to be right and for the right length of time.

Best Use of Resources

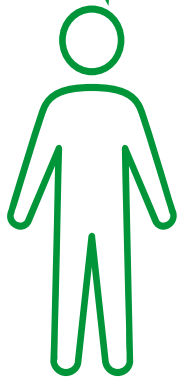
Continually looking to find the most cost effective way of meeting peoples needs in hospital and in the community, using our organisational assets makes sure people are in the centre and involving local people in the future design of local services is more sustainable; as is a workforce who attends to their own health and is aware of the empowering nature of self help is a must.

Person-Centred Care

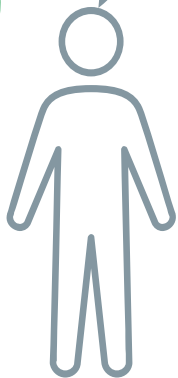
I have a place I can call home, not just a 'bed' or somewhere that provides me with care.



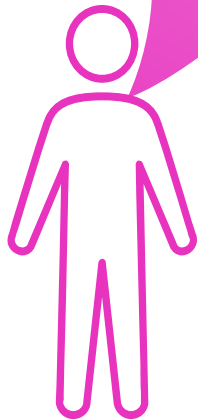
I am supported to manage my health in a way that makes sense to me.



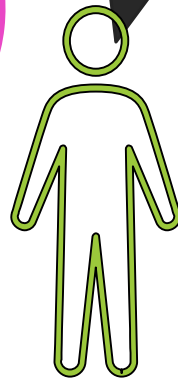
I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.



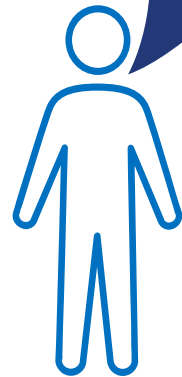
I have a co-produced personal plan that sets out how I can be as active and involved in my community as possible.



I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.



I am supported to plan ahead for important changes in life that I can anticipate.



Our main achievements 2019-21 include

- A 'community first' approach was applied, putting the person at the heart of everything we do. In addition to providing information, advice, and guidance; connecting more vulnerable residents and families to direct support from within their community (Appendix A & B).
- A new 'Welcome Home' service to support people leaving hospital has been developed with the voluntary sector to ensure people returning have everything they need at home.
- A single point of access for community health and social care has been created and provides the public and professionals a single contact point for advice and support.
- A GP role has been established to support an urgent response to people in crisis in their own homes, alongside community health and social care resulting in a reduction in avoidable hospital admissions and A&E attendances.
- The Urgent Treatment Centre providing urgent care without the need to attend A&E, was implemented and is provided at Scunthorpe General Hospital.
- A joint approach to supporting frail and elderly residents has been developed which will enable a pro-active approach to supporting people living with long term health and support needs.
- Focused reviews on the hospital discharge process, highlighted what needs to be different moving forward to enable people to leave hospital at the right time and support them to remain in their own homes.
- The Primary Care Networks (GP arrangements Appendix C) covering North Lincolnshire are now well established and have been pivotal in delivering the vaccination programme.
- The vaccination program for COVID-19 has had a high uptake locally with all groups offered the vaccine within timescales.

Our main achievements 2019-21 continued

- The mental health community model has been developed, providing support to people with mental ill health, closer to home.
- A draft strategy has been developed for palliative end of life care and is currently out for consultation across North Lincolnshire.
- Infection prevention control training has been provided to all front-line care home and homecare staff, keeping people safe and well and reducing the spread of infection.
- Partners have adapted to new ways of working using technology, and people in receipt of care and support have embraced this change.
- Workforce plans changed to support our response during the COVID-19 pandemic. People were deployed differently to take on new roles and transferred to contribute to our emergency response within acute, community and social care settings.
- A&E departments altered across the region to help respond to Covid-19 and winter pressures.
- Humber, Coast and Vale staff resilience hub was launched to support health, care and emergency service workers who may be struggling from the impact of Covid-19.
- Tablet devices were provided to ensure that care home residents could remain connected to GPs from the outset of the Covid-19 pandemic.
- Electronic Palliative Care Co-ordination Systems (EPaCCS) and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) were implemented.
- A standard competency framework for end of life care skills across partners was implemented, and working together to develop standard training for agreed priority areas. Three initial priorities are being developed: clinical practice/direct patient care; communications skills and symptom management including last days of life.

Our Strategic Priorities



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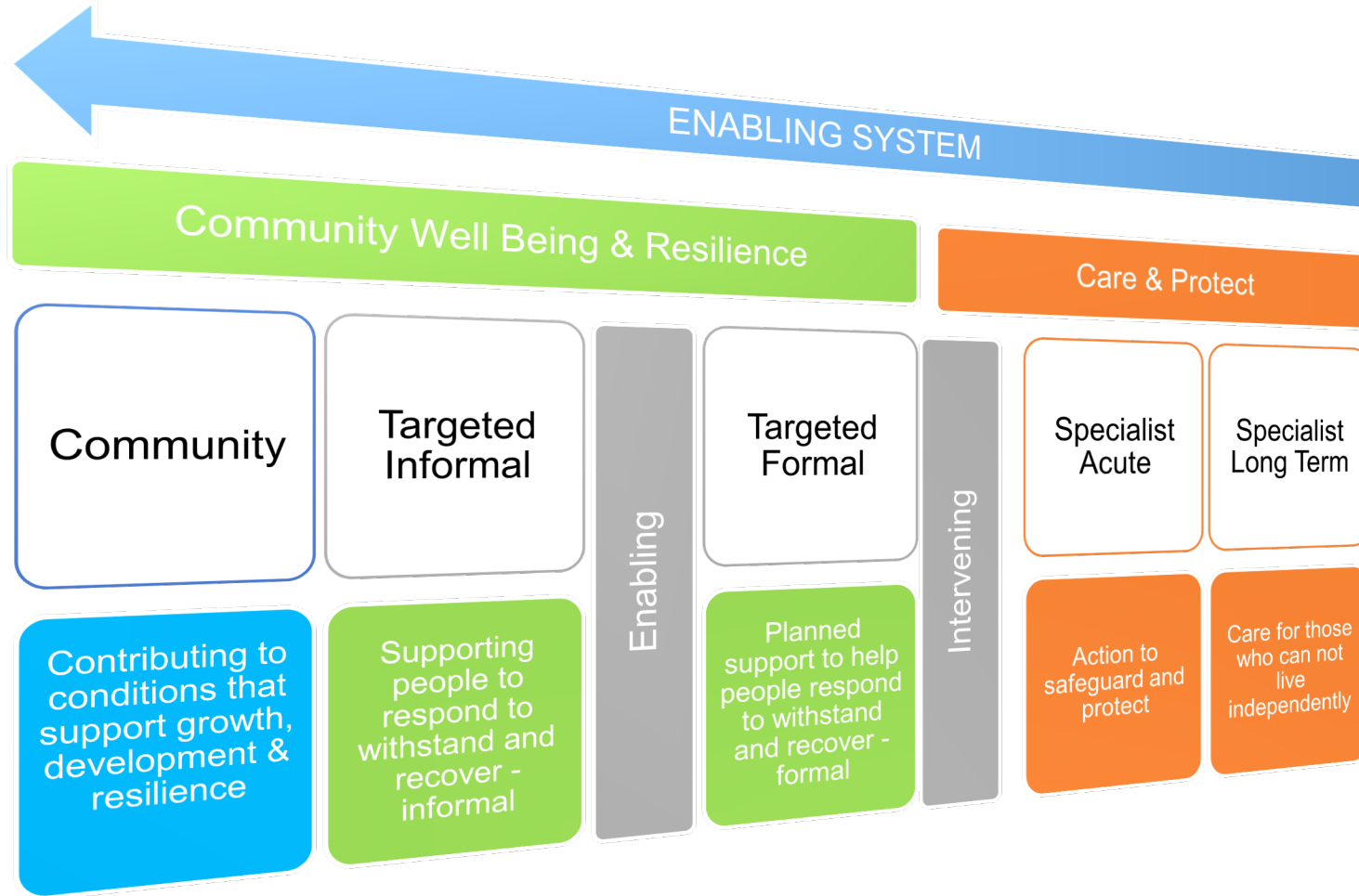
People

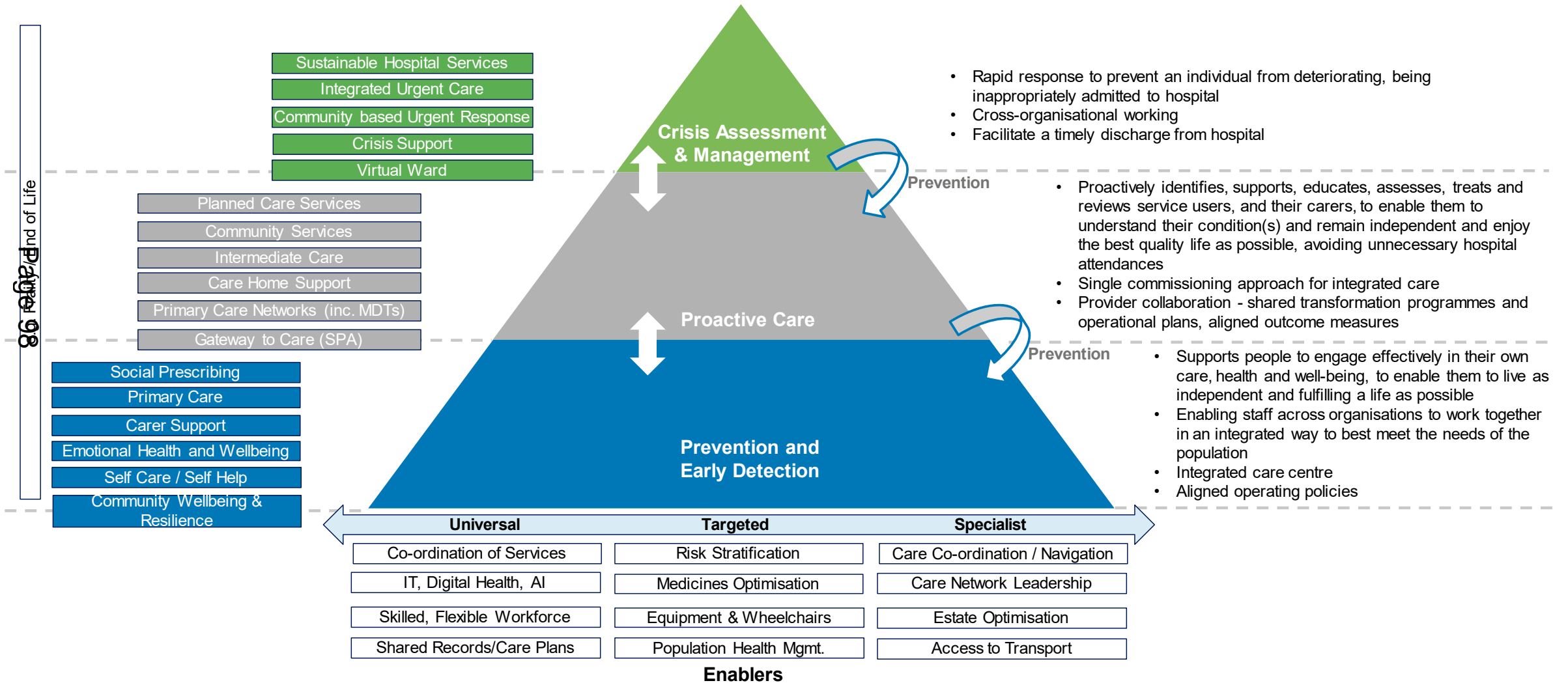
- Ensuring equity of access to all aspects of health and well-being using population health management techniques, and other intelligence for vulnerable groups to organise proactive support for them.
- Enabling people to live their best lives, ageing well, in their homes, in their communities; having choice and control over their lives, including the people who care for them.
- Enhancing the health and care of residents living in care settings.

System

- Support and develop primary care networks (PCNs) to further align primary and community services.
- Simplify, modernise and further align health and care (reflecting system changes, including through technology and by joining up primary and secondary care where appropriate).
- Coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
- Develop an integrated workforce strategy to enable new models of care to be delivered.







East PCN – population 31,639 (Apr 2021)

The Killingholme Surgery
Riverside Surgery (Brigg)
Barnetby Medical Centre
West Town Surgery (Barton on Humber)
The Medical Centre (Barnetby)
Trent View Medical Practice

South PCN – population 73,063 (Apr 2021)

Cambridge Avenue Medical Centre
Ancora Medical Practice
Ashby Turn Primary Care Centre
Kirton Lindsey and Scotter Surgery
West Common Lane Teaching Practice
Cedar Medical Practice

North PCN – population 33,329 (Apr 2021)

Central Surgery (Barton on Humber)
Winterton Medical Practice
Bridge Street Surgery (Brigg)

West PCN – population 44,511 (Apr 2021)

South Axholme Practice
Church Lane Medical Centre
The Oswald Road Medical Centre
The Birches Medical Practice
Market Hill

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