

Bassetlaw Integrated Care Partnership

Update for Health and Wellbeing Board, June 2019















Bassetlaw Primary Care Homes

System (pop'n 1m+) South Yorkshire and Bassetlaw ICS/ Nottinghamshire ICS **Place** (pop'n 100-350k) Bassetlaw ICP Neighbourhood (pop'n 30-50k) 3 Primary Care Networks: Newgate, Larwood and Bawtry and Retford and Villages Health improvement populations

The ICP:

- will deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time;
- is a partnership of chief executives and senior leaders from BCVS (Chair), Bassetlaw District Council, Bassetlaw NHS CCG, Doncaster and Bassetlaw Hospitals NHS Trust, Healthwatch, Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust and three Primary Care Networks.

South Yorkshire and Bassetlaw: An Integrated Care System

May 2019

Since becoming an ICS...

- We have invested over £1m into our Local Maternity System to improve care for all mothers and babies. 85% of women now have a Personalised Care Plan
- We have new pathways for lower GI, prostate and lung cancers helping to diagnose and treat people earlier and improve overall outcomes
- A new, perinatal mental health service has been established across Doncaster, Rotherham and Sheffield
- We became a national exemplar in reducing out of area placements in adult mental health services
- We are providing extended access GP appointments, at evenings and weekends, for 100% of our patients

We have 21 clinical pharmacists, 135 trainee nurse associates and 825 care navigators supporting primary care services across the region

£4m supported more people to stay well



0.5m towards employing more diabetes nurse specialists



)30m

of additional funding from NHS England in 2018/19





>0.5m is helping to prevent suicides

Over a third (nearly £13m) went to neighbourhoods and communities

£2m supported the earlier diagnosis of cancer



Since becoming an ICS ...



Over 14,000 people shared their views on purchasing over the counter medicines.







Over 2500 people with long term physical or mental health problems are being supported to find or stay in employment.



Video case studies highlight our new ways of working:

www.youtube.com/SYBintegratedcaresystem



We have created a Travel and Transport Group to advise on the impacts of service transformation

Our Citizens' Panel celebrated its' first birthday in January 2019 and we have face to face conversations with around 100 members of the public every month

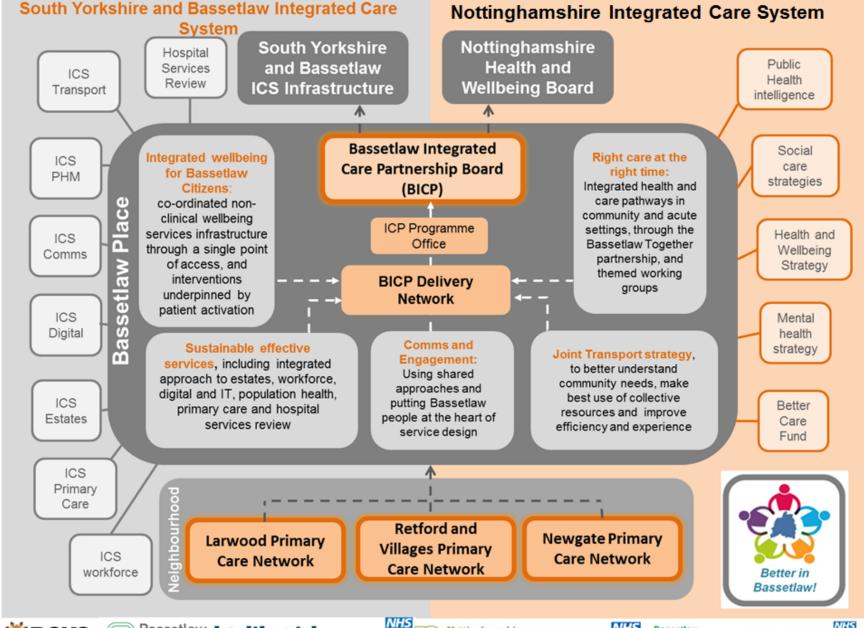


Top media Tweet earned 1,337 impressions

Did you know the AHP workforce is our third largest staff group? We held our first AHP Council last month with nominated reps coming together to see how the thousands of highly qualified and dedicated AHPs can better support our health and care services to deliver the best care pic.twitter.com/pSeXXsDQ2o



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Colored Street Colored Col





Better In Bassetlaw Place Plan 2019-2021

Find out more here >



Bassetlaw Integrated Care Partnership

The purpose of the Bassetlaw Integrated Care Partnership is to deliver improvement in experiences, health and wellbeing for Bassetlaw citizens, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time. This will support local people to stay well in their own homes and communities so everyone can be better in Bassetlaw.



MORE ABOUT US

#Better in Bassetlaw

Local priorities



Integrated support for the wellbeing of Bassetlaw citizens, including community-based, person-centred approaches, encompassing welfare, housing, social activities, employment and health support



Providing the right support at the right time, through integrated health and care pathways in community and acute settings



Joined-up communications and engagement, using shared approaches and putting Bassetlaw people at the heart of service design



Joint Transport strategy, to better understand community needs, make best use of collective resources and improve efficiency and experience.



Sustainable and effective services, enabled by an integrated workforce, digital and estates infrastructure and making the best use of the Bassetlaw £.















Integrated Support for the Wellbeing of Bassetlaw Citizens

- Engaging local people with Healthwatch

 'what makes the biggest difference to wellbeing, and how should it be accessed?';
- Insights have informed the development of a model for a single route and referral to non-clinical health and wellbeing support in the community – self-care and patient activation so people have the knowledge, skills and confidence to manage their own health better *;
- Promoting physical activity and connecting people - 'Miles in May' *;
- Harworth*.



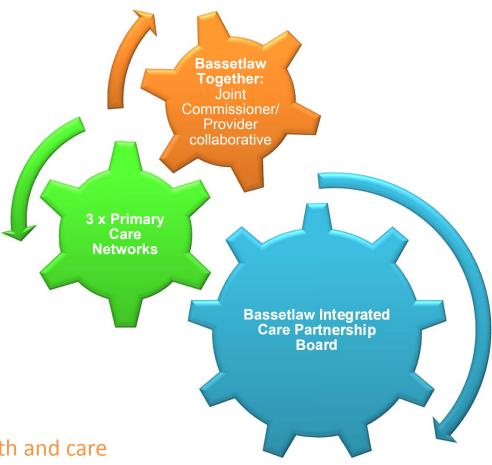
- * Healthy, sustainable places
- * Healthier decision making
- * Working together to improve health and care services



Providing the Right Support at the Right Time

Development of Bassetlaw Together * – progressive commissioner/ provider collaborative, designing new pathways for:

- Mental health;
- Urgent and intermediate care;
- Dementia and frailty;
- Children and young people's wellbeing*
- And others....



*Working together to improve health and care services

*A good start in life



Communications and Engagement

- Comms and engagement network;
- Partnership bulletin and website www.betterinbassetlaw.co.uk;
- Shared campaigns vaping, flu, ED;
- Initiating and collating engagement insights;
- Collaborative partnership model implementation and training across partners

*Working together to improve health and care services





Bassetlaw Transport Strategy

- Better understanding the relationship between transport and wellbeing* from ethnographic approaches with communities – more to follow;
- Using partnership and influence to shape bus routes and services;
- Link with parish councils via transport summit;
- Joint bids to Better Care Fund for 'infokioks';
- Independent travel training, and better use of voluntary sector



^{*} Healthy, sustainable places



Sustainable, Effective Services

- Making best use of the Bassetlaw £;
- Workforce Strategy;
- Digital and IT;
- Estates;
- Population Health Management and population segmentation approaches.



^{*}Working together to improve health and care services

^{*}A good start in life

Measuring success

Bassetlaw Integrated Care Partnership Outcomes Framework								
Indicator	Target	Benchma rk	Actual	YTD	Trend	Trend Interpretation	Frequency	Period
A. Redu	ced Healtl	and Wellbu	eing Ineq	qualities				
i.(a) The gap in under 75 Standardised mortality ratios for deaths from Cancer from National Rate		0.0	17.1			.ow / downward trend is bette	3 year pooled	2015 17
i. (b) The gap in under 75 Standardised mortality ratios for deaths from Respiratory Disease from National Rate		0.0	3.5		$\Big\}$.ow / downward trend is bette	3 year pooled	2015 17
i. (c.) The gap in under 75 Standardised mortality ratios for deaths from Cardiovascular Disease from National Rate		0.0	1.0		\langle	.ow / downward trend is bette	3 year pooled	2015 17
ii. Income deprivation		14.6%	13.7%			Lower is better	Annual	2015 16
iii. Number long term unemployed supported back into work (contact made with DWP, awaiting response)							Annual	
iv. Number of healthy options takeaways providers available in Bassetlaw (data available, awaiting response)							Annual	
v. (a) Children in Reception Year classified as obese		9.50%	11.80%		}	.ow / downward trend is bette	Annual	2017 18
v. (b) Children in Year 6 classified as obese		20.10%	22.90%		~	.ow / downward trend is bette	Annual	2017 18
vi. Healthy life expectancy at birth (Males)		79.6	78.7		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Higher / Upward trend is bette	3 year pooled	2015 17
vi. Healthy life expectancy at birth (Females)		83.1	81.9			Higher / Upward trend is bette	3 year pooled	2015 17
vii. % children in out of work families (Nottinghamshire)		4.20%	3.5%			Lower is better	Census	2011 12
viii. Child Poverty (Children in low income families (under 16s))		16.8%	15.8%		>	.ow / downward trend is bette	Annual	2015 16
ix. Child development at age 5		60%	57.9%			Higher is better	Annual	2013 14
x. GCSE achievement (5A"-C inc. Eng & Maths)		58%	68.1%			High / Upward trend is better	Annual	2015 16
xi. % households living in fuel poverty		11.1%	11.4%			.ow / downward trend is bette	Annual	2016 17
xii. Overcrowded households (at least 1 room too few)		4.8%	2.2%			Lower is better	Census	2011 12
xiii. Homelessness (Statutory homelessness: rate per 1,000 households)		2.4	1.0		√	.ow / downward trend is bette	Annual	2017 18
xiv. Reduced social isolation (TBC – work in progress to establish information flows)								
B. Improved health and wellbeing outcomes								
i. Number of people attending activities supported by Active Communities team (meeting 1st April)	30189		9,177	28,247		Higher is better	Quarterly	2018 19
ii. General health bad or very bad		5.49%	6.74%			Lower is better	Census	2011 12
iii. Low birth weight of term babies		2.82%	3.03%			.ow / downward trend is bette	Annual	2017 18
iv. Obese adults		61.3%	66.4%			.ow / downward trend is bette	Annual	2016 17
v. Percentage of adults binge drinking on heaviest drinking day (NCC level)		16.5%	15.9%			Lower is better	4 year pooled	2011 - 14
vi. Std Rate of hospital admissions due to (excessive) alcohol consumption (narrow definition)		632	744		\ \	.ow / downward trend is bette	Monthly	2017 18
vii. Smoking Prevalence		14.9%	19.6%		\sim	.ow / downward trend is bette	Annual	2017 18
viii. Healthy eating adults		57.4%	55.8%			High / Upward trend is better	Annual	2016 17

Questions and feedback?

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