

CASE STUDY

Experience Led Commissioning of health and care services in North Lincolnshire

The system challenge

North Lincolnshire Clinical Commissioning Group (CCG) used ELC to inform the development of its integrated care planning framework. This covered care from conception through to end of life. This wide ranging ELC programme aimed to understand health and wellbeing in the context of peoples' lives.

The focus question:

“What needs to happen to keep you and your family and friends well and living an independent life in North Lincolnshire?”

Communities of interest

The programme engaged with:

People (n=200)

- Parents with young families
- Parents of children living with disabilities
- Care home residents
- Older people
- People living in recovery from drug and alcohol issues
- People who work (mainly in public services including frontline health professionals and caregivers)

Programme design

Programme phase	Methodology chosen
Discovery	13 outreach events conducted over 4 weeks
Dream	Positive Futures Planning workshop attended by front line staff, people and commissioners
Design	Co design workshop attended by front line staff, people and commissioners

Touch points

People (staff participated as people in this programme)

- Childhood
- Learning life skills
- Transition to adulthood
- Coping with emotional loss
- Dealing with crisis
- Developing positive coping strategies
- Physical health

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- Mental health and wellbeing
- Relationships
- Life purpose

Open questions:

- What works well and helps you and yours to live life to the full?
- What needs improving?
- What is the one thing you would change?

Key insights:

This programme found that current health and care services were failing to deliver what matters most to people who want: support when life is tough, to be listened to, understood and seen as an individual person. People to retain their mobility, independence and sense of purpose e.g. being supported to for others, make a difference, do things that make them happy. This is especially the case during crisis and times of life transition – and it is during these transitions when the health and care system often fails them.

The key learnings were:

Independence keeps you well. The NHS and social care tend to behave as if keeping people well keeps them independent. This work suggests that it is, in fact, the other way around and that preserving and supporting ‘independence’ (and as part of that – preserving mobility) is actually keeping people well. In this work, people define ‘independence’ as: being in control of my life, doing the things that fulfil me, being able to care for myself and my condition and being able to get out and about to see friends and family and do the things that fulfil me

Mobility is major determinant of independence. Investments in ‘mobility preservation’ are not just about mobility aids and house adaptations – although these are important. It is also about things like: safe pavements, organized walking clubs, good public transport links and car sharing schemes, disabled badges and access – plus all work to prevent falls. This work suggests that there should be more investment in ‘mobility preservation’ and that commissioners should ensure there a minimal or zero waiting times for all types of mobility support for maximum commissioning impact on keeping well

People who care for others – both those who work in caring professions (including front line health care professionals) and family carers – have much in common. Both prioritise the health of those whom they care for before their own health and are prone to delaying seeking help with their own symptoms and health issues. This puts both groups at additional risk and means commissioners need to think about directing providers to identify and support them to keep well

The fulfilment formal and informal carers get from their caring work keeps them well. It is a fine balance. Both paid, professional and unpaid carers and the health professionals who care for them need to watch for signs that they may be approaching the ‘tipping point’ so that support is provided proactively and in advance to help them keep going and coping

People who work in front line health care provision and caring roles in care homes perceive they have unsupportive relationships with GPs and feel their health concerns are being not taken seriously by their GP

Peer support provided by people who are ‘experts through experience’ is an essential part of any wellness system. It needs management infrastructure to support and embed peer support. This needs to be commissioned. It is not a free good and needs to be supported. The voluntary sector may be especially good at supporting peer support. Commissioners should commission for outcomes from support – not simply provide funding

People and families do not connect with the term ‘integrated care’. They talk about the relationships with professionals contributing to keeping them well. Relationship based care systems keep people well. Relationships between front line teams and across organisations are part of this. It is relationships between people - not processes - that achieve integrated care. Commissioners should invest in building relationships instead of designing pathways and processes.

From the person and family perspective, being listened to, supported and understood by the teams who support them is key. Having one safe, trusted person to go to for reassurance who listens and deeply understands them as a person and their story (life context of their condition) is key. Knowing they are ‘there’ if needed is often enough

Friends and family are the main source of emotional support for people. That is why it is so important to keep people connected with loved ones when they going through transition and to involve loved ones in planning and conversations about care. It is also the reason why those who have little social support are especially vulnerable to becoming ill and dependent. Peer support from people with shared experience is part of this support circle. It may be more or as helpful to help people deal with emotional wellbeing issues

To keep well, everyone needs a sense of purpose in their life. That purpose is often not paid work - although that is important for those who can find work. For most people that purpose comes from caring for others. This desire to care is an asset as there are many people in the community - especially older people - who want to contribute and care. Commissioners can invest in enabling this. It will enhance well-being within both those who do the caring and those who receive the care.