

## Lincolnshire Health and Wellbeing Board Self-Assessment 2015

### Stepping up to the challenge – Local Leaders

This assessment provides evidence on how Lincolnshire's Health and Wellbeing Board is meeting the five local challenges for action posed by the LGA and NHSCC benchmarked against the key components for an effective health and wellbeing board detailed at the end of this appendix. The assessment also identifies potential improvements for the Board to take.

Step Change - Cultural and Behavioural Challenges	Lincolnshire Health and Wellbeing Board Self-Assessment		
	Progress	Comment & Evidence	Improvement Plan
Increasing parity, trust and confidence between board members, both at and between formal board meetings, ensuring that HWBs, as far as possible, feel as much a committee of the CCGs as of the Council and that all board members understand their role.	Green	<ul style="list-style-type: none"> <li>Lincolnshire HWB is an equal partnership between the local health and social care commissioners.</li> <li>There is a mutual recognition of the clinical, professional and political skills that individual members of the HWB bring to the table.</li> <li>Non clinical HWB members are also playing an important role on the newly established primary care committees.</li> <li>The Vice Chairman is from Lincolnshire West CCG and he attends Agenda Planning meetings with the Chairman to agree the Board's work programme and forward planning.</li> <li>All members of the HWB are able to place items on the agenda.</li> <li>In line with statutory guidance, the Board has agreed governance arrangements which encourages shared decision making and promotes mutual trust. The Terms of Reference and Procedural Rules are reviewed annually and include information on both individual and organisational roles and responsibilities.</li> <li>Each theme of the JWHS has two Board Sponsors – an elected member and clinical lead, apart for Theme 5 which is supported by an elected member and the representative from Healthwatch Lincolnshire. The role of the Board Sponsor is to champion the Theme at the Board and provide guidance, advice and advocacy for the Theme in the wider partnership arena. Working in conjunction with the Theme Lead they are required to take forward the outcomes in the JHWS.</li> <li>The long term ambition for health and social care integration is being progressed through Lincolnshire Health and Care (LHAC) and the Better Care Fund (BCF) agreement which aims to drive large scale improvement, innovation and transformation in order to meet the demographic and fiscal challenges facing Lincolnshire. The Joint Commissioning Board (JCB) has been established to strategically manage the joint commissioning arrangements and Section 75</li> </ul>	<ul style="list-style-type: none"> <li>Review the Board's governance arrangements and structures: <ul style="list-style-type: none"> <li>Once a year at the AGM in June, or</li> <li>in response to changes in national guidance or statutory requirements.</li> </ul> </li> <li>Introduce a regular reporting mechanism between the Joint Commissioning Board and the HWB which covers all aspects of the JCB's work including LHAC &amp; the BCF, and which provides assurance to the Board on the progress being made to integrate services.</li> </ul>

Lincolnshire Health and Wellbeing Board Self-Assessment			
Step Change - Cultural and Behavioural Challenges	Progress	Comment & Evidence	Improvement Plan
		<p>agreements. It also acts as the programme board for LHAC. The JCB and sub-structures (five Delivery Boards) form part of the wider governance arrangements supporting the HWB. The HWB receives quarterly updates on both LHAC &amp; the BCF.</p> <ul style="list-style-type: none"> <li>The HWB has agreed working protocols with the Lincolnshire Safeguarding Children's Board, Lincolnshire Adults Safeguarding Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire.</li> </ul>	
Ensuring a focus on outcomes, developing, monitoring and reporting on progress towards a small set of agreed outcomes that will have the most impact	Amber	<ul style="list-style-type: none"> <li>The Joint Health and Wellbeing Strategy for Lincolnshire 2013-18 (JHWS) was agreed by the Shadow HWB in September 2012. It is based on the five priorities identified in the Joint Strategic Needs Assessment (JSNA) and followed an extensive consultation exercise with partners, stakeholders and the public. The JHWS provides the strategic commissioning framework for health and social care and includes the key priorities for improvement, and the arrangements for monitoring progress.</li> <li>In September 2014, the HWB reaffirmed the priorities in the JHWS; in doing so the Board was 'comfortable' with the level of progress being made; given it was only year two of a five year strategy. However, the HWB did identify a number of short term improvements and asked for a review of the JHWS to ensure it 'remained current' and took account of recent developments such as LHAC and the BCF.</li> <li>The JHWS Mid Term Review was completed and approved by the HWB in June 2015. This exercise specifically focused on reviewing the suite of indicators being used to monitor the JHWS and on identifying additional high level actions that will be progressed between now and 2018. A supplementary JHWS document has been produced to sit alongside the original JHWS.</li> <li>Delivery mechanisms, other key strategies and wider dependencies have begun to be mapped against each JHWS Theme and implementation of the JHWS has gained traction with some quick wins already achieved.</li> <li>The HWB has assured itself that CCG and LCC Public Health strategic planning aligns to the JHWS and focused on tackling the key areas for improvement.</li> <li>In June 2015 the HWB agreed the Assurance Framework which details the steps the HWB will take to ensure itself, the Council and stakeholders that progress is being made to improve health and wellbeing. However, the Assurance Framework is only starting to be implemented and may require further refinement to ensure the</li> </ul>	<ul style="list-style-type: none"> <li>Implement the Assurance Framework – specifically the annual assurance report, Theme Dashboards and Annual Report – to evidence progress and overall impact of the JHWS.</li> <li>Work with Health Scrutiny to agree appropriate scrutiny arrangements for the JHWS.</li> <li>Continue to promote links between the JHWS and other key strategies in order to identify opportunities for joint working on shared agendas.</li> </ul>

Lincolnshire Health and Wellbeing Board Self-Assessment			
Step Change - Cultural and Behavioural Challenges	Progress	Comment & Evidence	Improvement Plan
		<p>Board is receiving the right level of information. The first Annual Assurance Report and Theme Dashboards will be presented to the HWB in September 2015.</p> <ul style="list-style-type: none"> <li>• Arrangements for how the JHWS will be scrutinised by Health Scrutiny and other scrutiny committees where appropriate have tentatively been agreed.</li> </ul>	
Improving local capacity and understanding, working from the same information baseline and drawing on the same intelligence about their local population	Amber	<ul style="list-style-type: none"> <li>• The Joint Strategic Needs Assessment (JSNA) provides the local picture of health and wellbeing needs and has informed the priorities in the JHWS. It has also been used to inform LHAC and the BCF, as well as influencing the commissioning plans for CCGs and Public Health. However, further work is needed to ensure the JSNA and JHWS priorities are fully embedded across all organisations; this includes developing stronger links with district/locality partnerships and with other key strategic boards such as the Community Safety Partnership and the Greater Lincolnshire Local Enterprise Partnership.</li> <li>• The HWB has collective ownership of the JSNA and receives an annual report on updates and changes to the topics.</li> <li>• In March 2015 the HWB agreed the arrangements for a fundamental review of the JSNA during 2015/16. The format, structure and content of the JSNA will be considered as part of the review – including the identification of any gaps. Partners, key stakeholders and community groups will be involved throughout the process and their views will be used to help shape the future options and recommendations which will be presented to the HWB in March 2016.</li> <li>• A Steering Group has been set up to oversee the JSNA Refresh – membership includes representation from Healthwatch Lincolnshire, District Councils, CCGs, Children's Services, Adult Care, Public Health and Involving Lincs.</li> <li>• The JSNA is housed on the Lincolnshire Research Observatory alongside other data and information on the local population – this is readily available to partners and stakeholders.</li> <li>• Some data sharing protocols are in place; however this is an area which needs further work especially in connection with LHAC and the development of Neighbourhood Teams.</li> <li>• More work also needs to be done to bring data sets together so that LCC, CCG &amp; other partners plan services on data not only from traditional health sources but also from the Observatory.</li> </ul>	<ul style="list-style-type: none"> <li>• The JSNA Review needs to be an inclusive process which addresses the needs of all stakeholders (i.e. content, processes, format and structure).</li> <li>• Continue to embed the JSNA across all partners to ensure a 'health in every policy approach' is adopted in all local plans and strategies to maximise health gain and minimise negative impacts on health.</li> <li>• Work to ensure all partners take full ownership of the JSNA, including producing relevant topic commentaries.</li> <li>• Systematically gather evidence on how the JSNA is influencing / informing commissioning and decommissioning decisions.</li> <li>• Agree information sharing protocols</li> </ul>

Lincolnshire Health and Wellbeing Board Self-Assessment			
Step Change - Cultural and Behavioural Challenges	Progress	Comment & Evidence	Improvement Plan
			<ul style="list-style-type: none"> <li>Agree common datasets and parameters for collecting information (e.g. Patients, service users and carers' experience of services).</li> </ul>
Establishing the right footprint for commissioning, joining together with neighbouring HWBs and delegating to district or CCG level as appropriate	Green	<ul style="list-style-type: none"> <li>The relationship between the HWB and districts is emerging but needs strengthening. Not all district areas have local HWB arrangements in place, so the HWB will need to look at other opportunities or mechanisms to engage at a more local level (possibly through Neighbourhood Teams) - this will be particularly important during the review of the JSNA and refresh of the JHWS.</li> <li>Since December 2014, a standing agenda item has been available for locality partnerships to table items at the HWB, this has yet to be utilised.</li> <li>Neighbourhood Teams (NTs) have been developed to deliver healthcare as close to where people live rather than in hospital. NTs work in the community to build care around individuals, enabling people to remain in or close to their own home whenever possible so they receive good quality co-ordinated care, relevant to their needs. The teams include health, social care and third sector organisations.</li> <li>The four Lincolnshire CCGs have been given full approval by NHS England on their applications to take on responsibility for commissioning the majority of GP services from April 2015.</li> <li>Co-commissioning arrangements between the CCGs and LCC have been established for a number of adult specialist services such as Autism and Mental Health. These pooled budget arrangements are being managed through the JCB.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to promote links with district councils and promote the development of local HWB partnerships.</li> </ul>
Systematic engagement with the full range of health and care providers	Amber	<ul style="list-style-type: none"> <li>The Chairman and Chief Officers from NHS Providers are invited to attend Informal Health and Wellbeing Board meetings. In addition, the Police and Crime Commissioner and representatives from Lincolnshire Police and Fire &amp; Rescue have also received an invitation to attend the Informal HWB meetings.</li> <li>A District representative sits on the formal HWB and representatives from all District Councils are invited to attend the Informal HWB meetings. Arrangements are in place for all districts to brief the representative before and receive feedback after each formal board meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a comprehensive, overarching Engagement Framework for the HWB which sets out the broad principles on how the Board will engage with partners, stakeholders and the public, and will inform the</li> </ul>

Lincolnshire Health and Wellbeing Board Self-Assessment			
Step Change - Cultural and Behavioural Challenges	Progress	Comment & Evidence	Improvement Plan
			<ul style="list-style-type: none"> <li>Health and care providers sit on the Delivery Boards - part of the wider governance supporting the development of LHAC. An extensive consultation and engagement exercise on the emerging options for health and care in Lincolnshire is due to begin in the autumn.</li> <li>The HWB has used the development of the JHWS, PNA and refresh of the JSNA as opportunities to engage with key providers and stakeholders.</li> </ul>

## **What a good HWB looks like**

The Local Government Association and NHS Clinical Commissioners, in their publication *'Making it better together – a call to action on the future of health and wellbeing boards'*, identified the following characteristics as *'key components of an effective HWB'*

### **Shared Leadership**

- An equal partnership of local commissioners
- Mutual recognition of the clinical, professional and political skills that HWB members bring to the table.
- A willingness to move away from institutional cultures and ways of doing business towards a common understanding of what matters.
- The bringing together of a wide range of local and national agencies and resources in innovative and imaginative ways with a demonstrable impact on outcomes.
- Demonstrate shared leadership to design and deliver services for their local population, taking account of the wider determinants of health (for example, by working with housing, planning, local economic partnerships, police and crime commissioners)
- An ongoing and constructive relationship with the diversity of health and care providers to shape health and care services to meet the needs of local people.
- A system wide approach to addressing health and social care workforce challenges including shared recruitment and retention strategies and supporting a dialogue between providers and commissioners to develop a sustainable workforce with the right skills, rewards and values.

### **A Strategic Approach**

- Shared ownership of a strategic approach to joined-up commissioning, - assessing need, agreeing priorities, managing demand, stimulating and managing provider markets, procuring services, and reviewing them to ensure they are contributing to improved health outcomes.
- Able to focus on a manageably small number of local priorities that will have maximum impact on health outcomes, including public health measures and preventative approaches.
- Shared approach to identifying and addressing workforce development needs, supporting practitioners, professionals and the wider workforce including patients, service users, carers and the voluntary sector.
- Designing services which are population-orientated, co-designed, person centred, addressing inequality and disadvantage, and based on evidence.
- Focusing on services which are integrated, accessible, innovative, safe and of high quality, increasingly improving health and wellbeing over time.

- Working at a pace and scale that makes sense locally, for example taking a flexible approach to commissioning footprints – on a larger scale with neighbouring HWBs and on a more local level in devolving down commissioning to districts or CCGs.

### **Engaging with communities**

- Working with local communities in developing a vision and strategies for service design and redesign.
- Being jointly accountable to local residents and reporting progress on local health priorities.

### **Collaborative ways of working**

- Openness and transparency in the way they operate, for example, sharing information about budgets.
- Pooling and sharing risks as well as budgets, as mutually agreed.
- Sharing data and intelligence to underpin health profiles, needs assessments and strategic commissioning on behalf of the local population.
- Having good working relationships with service providers across health, social care and public health.
- Making and encouraging the best possible use of new technologies both in service design and in carrying out their own work.
- Sharing information to monitor progress and measure impact on improved health outcomes.

**This page is intentionally left blank**