

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	7 March 2017
Subject:	Integration Self-Assessment – Next Steps

Summary:

A report detailing the feedback from a self-assessment exercise with Board members and wider partner organisations was presented to the Board in December 2016. As a result of this, meeting partners were asked to share the details of the self-assessment exercise with their Clinical Commissioning Group Governing Bodies and to identify up to three priority areas for improvement.

This report presents the priority areas for improvement identified by stakeholders and proposes a series of next steps for the Board to take to promote further integration.

Actions Required:

The Board is asked to:

- Consider and note the feedback from partners detailed in Appendix A.
- Agree with the proposal to focus activities on:
 - promoting closing integration between health, care and housing; and
 - progressing the Proactive Care agenda.
- Delegate to the Executive Director of Adult Care and Community Wellbeing and the Interim Director of Public Health, responsibility for progressing the Next Steps under section 1a and 1b on the third page of this report.

1. Background

Closer integration between health and social care is a key national driver through programmes such as the Better Care Fund. At a local level, the Lincolnshire Health and Wellbeing Board has a duty to bring together local health and care leaders to promote integration and oversee the commissioning of services in line with the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

To support this process, in October 2016 the Board invited partners to take part in an Integration Self-Assessment exercise. The toolkit developed by the Local Government Association enables local health and care leaders to critically assess local ambition, capabilities and capacity to integrate services. Feedback from this exercise was presented to the Board in December 2016. Overall, the general view was that progress has been made in Lincolnshire; but there is still scope for further progress to be made to ensure all partners and stakeholders were engaged in the integration journey. To enable this to progress, the Board asked for commitment from partners to share the outcome of the self-assessment exercise within their organisation and as a next step, to identify priority areas for improvement.

A letter from the Chairman of the Board was sent to wider partners on 9 December 2016 asking for comments by 30 January 2017. Five responses were received and a summary of the feedback is contained in Appendix A. Although only a limited number of responses were received from partners, the clear message that can be drawn from the overall self-assessment exercise is that Lincolnshire has an ambition to work closer together to integrate health and social care. To address the areas for improvement shown in Appendix A, two transformational agendas have been identified where it is recommended the Board promotes greater integration.

a) Integration Commissioning Approach to Health, Care & Housing

Suitable accommodation that is safe and warm is one of the foundations of personal wellbeing. It enables people to access basic services, build good relationships and maintain their independence – all resulting in a better quality of life. Helping people to stay well and maintain independence as they grow older is critical for health, and helps to reduce pressure on health and care services. Therefore, good housing and preventive services can make a fundamental difference to health and wellbeing.

Ensuring people in Lincolnshire have access to good quality, energy efficient housing that is both affordable and meets their needs is a key priority for the Board in the Joint Health & Wellbeing Strategy (JHWS). Although progress has been made since 2013 to address the issues of fuel poverty and tackle homelessness, there is a growing recognition that health, care and housing need to work closer together to improve the outcomes for individuals, alleviate pressures on health and care services and help maintain people's independence.

There have been some recent successes:

- As part of the current Joint Strategic Needs Assessment (JSNA) review, the District Housing Network have taken on the role of Expert Panel for the '*Housing*' JSNA topic. The review has highlighted the close connection between housing and health, and the new topic commentary reflects this relationship.

- The successful bid to the Entrenched Rough Sleepers Social Impact Bond Funding Programme. The bid was put together by a multi-agency partnership made up of the County Council, District Councils, health providers, Clinical Commissioning Groups, voluntary & community sector organisations and community safety organisations.

Next steps

- The Board is to encourage health, care and housing partners to work together to agree a shared understanding and commitment to closer integration.
- Under the guidance of the Board, governance arrangements to be agreed which clearly sets out roles and responsibilities, working relationships and accountability to the Health and Wellbeing Board.
- The establishment of the Strategic Delivery Group to develop the integrated commissioning approach to health, care and housing with regular updates and reports on progress to the Health and Wellbeing Board.

b) Proactive Care Agenda

The Proactive Care agenda aligns to the JHWS theme focused on '*Supporting people to lead healthier lives*' and is a key component of the Sustainability and Transformation Plan (STP). The vision of the Proactive Care Plan focuses on targeting resources on keeping people well and healthier for longer by giving them the tools, information and support within their community to help people make healthier choices and take control over their own care. To achieve this, there will need to be a change in the relationship between individuals and the health and care system, with a move to greater personal responsibility. Activities are focused around three workstreams:

- Prevention – the delivery of population based prevention programmes such as smoking cessation, adult and childhood obesity and Making Every Contact Count.
- Self-Care – providing access to a range of low level support and care to help people maintain their independence such as a directory of services, social prescribing and integrated personal care commissioning.
- Proactive Care – the provision of support that is responsive and, wherever safe to do so, is delivered in, or close to, people's own home through integrated cross organisational neighbourhood teams.

Next Steps:

- The Board is to encourage partners to work together on progressing the Proactive Care Agenda by:
 - Ensuring appropriate governance and programme management arrangements are in place which sets out clear roles and responsibilities, accountability and relationship to the Board.
 - Receiving recommendations about future involvement.
 - Receiving regular updates on the progress being made to deliver the Proactive Care Plan.

2. Conclusion

The Health and Wellbeing Board has a duty to promote joint working and encourage integration to improve health and wellbeing in Lincolnshire. The Integration Self-Assessment exercise has enabled the Board to assess the key elements and characteristics needed for successful integration. Following further engagement with partners, this report proposes two priority areas for improvement.

3. Consultation

Partners from statutory and non-statutory agencies were invited to give feedback to the Board as part of the self-assessment exercise.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Priority Areas for Improvement

5. Background Papers

Document Title	Where can the document be viewed
Stepping up to the place: Integration Self-Assessment Tool	http://www.local.gov.uk/adult-social-care-/journal_content/56/10180/7859151/ARTICLE

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AREAS FOR IMPROVEMENT

Appendix A

Rank	Areas for Improvement	Essential requirements	Feedback
1	Getting it done in Lincolnshire	<ul style="list-style-type: none"> • Appropriate arrangements and transactional skills in place to deliver across the <u>whole</u> health and care system • Appropriate governance arrangements in place to make binding decisions at the required pace • Appropriate agreed processes in place to support local changes • Agreed change model for the whole of the health and care system 	Integration needs to go beyond health and care organisations it engages wider partners who can contribute to health and wellbeing, for example housing, and include wider partners and stakeholders, for example the housing and the third sector.
1	Shared Vision	<ul style="list-style-type: none"> • Clear understanding of where there are gaps in capacity and resources • Local case for change reflects the national challenges • Clear evidence base informing the future demand for services • Clear picture of future resources 	Shared commitment to prevention and wellbeing which sets out the role all partner agencies can play in improving the health and wellbeing of communities and tackling health inequalities.
1	Shared Systems (Models)	<ul style="list-style-type: none"> • Partners have agreed which modern care delivery models best improve health and wellbeing outcomes in Lincolnshire • Partners have agreed how financial resources will be deployed to best effect 	Develop a community catalyst model for social prescribing, self-care and self-management as part of multi-specialty community practice. Embedding voluntary sector infrastructure into the integrated Neighbourhood Teams and social prescribing pilots.
2	Shared Commitment	<ul style="list-style-type: none"> • Shared understanding on the objectives of integration and prevention • Shared understanding on the benefits and challenges of integration • Shared and demonstrable commitment to a preventive approach • Commitment from all stakeholders to the changes required for transformation • Services and local system is designed around individuals and the outcomes important to them 	Develop an integrated commissioning approach to health, care and housing to improve the outcomes for individuals to alleviate pressures on health and care services and to promote closer integration and working relationships with District Councils and Housing providers. Development of a Joint Commissioning Strategy for Health, Care & Housing through a Joint Commissioning Board with accountability to the HWB.

Rank	Areas for Improvement	Essential requirements	Feedback
2	Shared Decision Making	<ul style="list-style-type: none"> • Right stakeholders involved to make binding decisions • All relevant partners are engaged and committed to playing their part • Agreed governance for local system-wide working 	<p>There is still a need to agree governance arrangements which enable service integration to be achieved.</p> <p>Closer working with other statutory boards, e.g. Safeguarding Boards, with the aim of promoting the right to live safely, free from abuse and neglect.</p>
3	Shared Leadership and Accountability	<ul style="list-style-type: none"> • Right relationships, shared values and behaviours to work together for the public good • Able to reach shared solutions • Willingness to put the needs of the public before the needs of individual organisations • Trust between system leaders and organisations • Arrangements in place to hold organisations to account for delivery • Clear governance in place to inform partners on progress • Roles and responsibilities clearly set out in terms of reference • Open communication 	<p>Building understanding between agencies is vital to securing integration. Partners need to be honest about their strengths and weaknesses, and seek to understand the drivers for the actions of others, especially where they may disagree with these. It is easy to resource actions, but giving time to develop and assess the healthy relationships is harder to justify. Building trust involves shared ownership for failures and criticism, as well as successes and praise, and underpins the ability to achieve shared or delegated decision making.</p>