LINCONSHIRE HEALTH AND WELLBEING DEVELOPMENT ASSESSMENT ACTION PLAN

Characteristic	Areas for improvement identified by the Board	Actions	Progress
1. Vision	No defined systematic approach to stakeholder engagement and management which is meaningful and supports delivery of the Vision/JHWS.	1.1 Complete a Stakeholder Analysis Exercise	
	Further work needed to ensure wider stakeholders and partners understand & share the Vision/JHWS by referring it in their strategies and commissioning plans. Work is also needed local communities, citizens, service providers and service users 'get' the vision and feel they have shared ownership.	1.2 Develop an Engagement and Communication Strategy for the HWB which encompasses the JSNA/JHWS and aligns with key dependencies such as LHAC	
	Need for wider engagement and promotion of the HWB to clarify its role in the local health and care system, and demonstrate the added value.	1.3 Establish a Communication Network with CCGs& partners to enable a more joined up approach to communication and engagement	
2 Strategy	The infrastructure and delivery mechanisms to support the delivery of the JHWS are not fully developed / embedded.	2.1 Map delivery mechanisms under each theme to provide a visual to share with Board Sponsors and partners.	
		2.2 Work with Board Sponsors/PH Leads to establish & embed appropriate delivery mechanisms.	
	There is no mechanism for the HWB to describe what it has achieved, the changes it has made for local people and the value the Board is adding – i.e. can the community describe what differences have been made.	2.3 Produce an Annual Report to share with partners & key stakeholders. (To be linked to the annual assurance report on the JHWS).	
		2.4 Develop a series of case studies that 'tell the story'.	

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	There is a need to formalise the process for refining/refreshing the JHWS in light of feedback and new intelligence.	2.5 Formalise the process for reviewing the JSNA & JHWS.	
	Links and dependencies with other relevant strategies, plans and Boards need to be clarified.	2.6 Work with partners and stakeholder to map relevant strategies and plans to the JHWS to identify links and interdependencies.	
		2.7 Establish list of lead officers for each key strategy/dependency and ensure appropriate communication & engagement mechanisms are put in place.	
3 Leadership	Lack of clarity about the role and responsibility of Board Sponsors – need to understand what is expected of them and how they add value.	3.1 Produce Role Descriptor for Board Sponsors.	
	Not all Themes have Lead PH Officers or delivery mechanisms for Board Sponsors to engage with, making it difficult for them to act as the 'Theme Champion'.	3.2 Ensure each Theme has a designated PH Lead and Officer support	
		3.3 Agree 'offer of support' for Board Sponsors.	
		3.4 'Theme Updates' to be a standing item on the HWB Agenda to enable Board	
		3.5 Sponsors to raise issues by exception	
		3.6 Develop a standard template for Board Sponsors to use to raise issues by exception.	
	The agenda is too big making it difficult to have any meaningful debate. The Board needs to be clear about	3.7 Change format of 'Previous Action' list to show outcome of activity.	
	its role – strategic vs. operational	3.8 Review agenda management approach.	

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4	Needs Assessment & Management of Priorities	 HWB needs to be assured that the evidence in the JSNA & feedback from service users, patients and the public still supports the themes/priorities in the JHWS. HWB needs assurance that the JSNA is being used as a shared evidence base and is being embedded in the plans of partners and providers. 	 4.1 Undertake full review of the JSNA (scheduled for 2015) to inform JHWS refresh. 4.2 Undertake a Joint Strategic Asset Assessment, to augment with the JSNA, which recognises values and maximises the collective resources that exist in a community to help sustain independence & improve people's quality of life. 	
5	Governance, Risk Sharing & Assurance of outcomes	Improve engagement with all District and other key partners/stakeholders	 5.1 Develop wider engagement mechanisms with District HWB Partnerships & Lead Officers/ClIrs 5.2 'District Update' to be a standing item on the HWB Agenda to enable the District Representative to raise any issue by exception. 5.3 Make better use of Informal Board Meetings; having them as workshops and inviting wider partners to attend i.e. all districts, NHS Providers, Third Sector, Housing sector. 	
		 Need to clarify the role of the HWB with the overall governance structure – how does it link with other committee/boards/ groups, where does the accountability lie and who is responsible for what. Specifically need to clarify relationship with: Health Scrutiny Committee for Lincolnshire Adult and Children's Safeguarding Boards 	 5.4 Map the wider governance structure to identify linkages & key relationships. 5.5 Develop a three way Protocol between HWB, Healthwatch Lincolnshire and Health Scrutiny Committee for Lincolnshire – this will include the process for sharing intelligence and avoiding duplication of effort. 5.6 Agree protocol with Children's and Adults Safeguarding Boards. 	Protocol presented to HWB 30 September for approval. To be presented to HSC on 22 nd October. Expected to be presented to HWB at December 2014 meeting.

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		Need to use Informal Board meetings more effectively – the style of these meetings needs to promote more debate and discussion.	5.7 Informal meetings to be less formal and conducted in a manner which encourages and prompts constructive debate.	Proposal agreed by Chairman. Less formal approaches to be used for informal HWB meetings.
6	Information & Intelligence	Need to agree a mechanism for the HWB to receive views of local people, feedback obtained from the community and evaluation of citizen experience.	6.1 As part of reviewing the JSNA/JHWS develop approach and mechanisms for the HWB to receive views and feedback.	