

Lincolnshire Health and Wellbeing Board

Integration Self Assessment - Findings

Module A – Do we have the essentials for the integration journey in Lincolnshire?

This module explores the essential elements that need to be in place for integration ambitions to be achieved. It explores whether or not the system has a shared culture, trust between individual organisations, and a shared commitment and agreement to redesigning the health and social care landscape together.

The module also looks at whether there is a genuine sense of shared leadership across the system, with a clear understanding of where joint and individual accountability sits, and whether the system has the right governance and leadership to achieve its integration ambitions.

Lines of Enquiry:

- **A1 – Shared Commitment in Lincolnshire**
- **A2 – Shared Leadership in Lincolnshire**
- **A3 – Shared Accountability in Lincolnshire**
- **A4 – Getting it done in Lincolnshire**

A1 - Shared Commitment in Lincolnshire

Strengths – the majority of responses ‘agreed’ or ‘strongly agreed’

There is a shared understanding on the objectives of integration and prevention

There is a shared purpose and vision of how to improve health and wellbeing

System leaders understand the benefits and challenges of integration

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

System leaders have taken responsibility for their contribution to improving health and wellbeing

There is a shared and demonstrable commitment to a preventive approach which focuses on promoting health and wellbeing for all citizens

Local system leaders have gained commitment from all stakeholders to make the changes required for transformation

The services and local system is designed around individuals and the outcomes important to them

A2 - Shared Leadership in Lincolnshire

Strengths – the majority of responses ‘agreed’ or ‘strongly agreed’

Partners have honest conversations about the challenges facing the whole system and its component parts

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

System leaders have the right relationship, shared values and behaviours to work together for the public good

Partners are able to reach shared solutions

There is a willingness to put the needs of the public before the needs of individual organisations

There is trust between system leaders and organisations

A3 - Shared Accountability in Lincolnshire

Strengths – the majority of responses ‘agreed’ or ‘strongly agreed’

The health and care system have arrangements in place to hold organisations to account for delivery

There is clear governance in place for accounting to partners on progress

The system shares data

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

Roles and responsibilities are clearly set out in terms of reference and they match the decision making authority

There are clear links to each other’s organisations statutory decision making responsibilities

There is open communication

The right information is provided to the right people to enable them to carry out their roles and responsibilities

There are agreed key metrics and benefits

A4 - Getting it done in Lincolnshire

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

There is capability and capacity to deliver integration

Given the scale of integration needed, we have the appropriate arrangements and transactional skills in place to deliver across the whole health and care system

Appropriate governance arrangements are in place to make binding decisions at the required pace

Appropriate agreed processes are in place to support local changes which will meet the tests of law for public bodies

Local system leaders have agreed a change model for the whole of the health and care system

There is strong programme management in place to align resources and tasks

Module B – How ready for delivering integration is Lincolnshire’s health and care system?

Having taken a broad overview in Module A of the commitment to deliver integration, this module focuses on the practical working arrangements that are required to ensure that the shared commitment is translated into successful delivery.

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Key lines of enquiry:

- **B1 – Our Shared Vision**
- **B2 – Shared Decision Making**
- **B3 – Shared Systems – models**
- **B4 – Shared Systems - enablers**

B1 - Our Shared Vision

Strengths – the majority of responses ‘agreed’ or ‘strongly agreed’

Partners have a clear understanding of where there are gaps in capacity and resources

The local case of change reflects the national challenges facing health and care

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there is a clear evidence base assessment informing the future demands for services

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

Partners have a clear picture of future resources

B2 - Shared Decision Making in Lincolnshire

Strengths – the majority of responses ‘agreed’ or ‘strongly agreed’

System leaders are engaging with communities and stakeholders to secure their engagement in ‘what’, ‘why’ and ‘how’ change needs to happen

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

The right stakeholders are involved to make binding decisions

All relevant partners – local authorities, CCGs, NHS England, providers, community & voluntary sector leaders – are engaged and committed to playing their part

Partners have agreed the governance for local system wide working

Services are being developed in conjunction with communities, service providers and the people that use them

Lincolnshire has the right decision making footprint agreed for planning and delivering the integration improvement needed

B3 - Shared Systems - models

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

Partners have critically assessed and agreed which modern care delivery models would best improve health and wellbeing outcomes

Partners have appraised and agreed which organisational models best support Lincolnshire’s modern care delivery model

Partners have appraised and agreed how financial resources will be deployed to best effect

B4 - Shared Systems - Enablers

Strengths – the majority of responses ‘agreed’ or ‘strongly agreed’

Workforce needs are being considered across the whole system to ensure the supply, adequate training and development of multidisciplinary approaches

Areas for Improvement – the majority of responses were neutral or ‘disagreed / strongly disagreed’

Information and technology, at an individual and population level, is shared between relevant agencies and individuals

Access and efficiencies are being maximised across the public estate

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